

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON OVERSIGHT AND
INVESTIGATIONS

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April 30, 2020
Start: 1:03 p.m.
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HELD AT: Remote Hearing

B E F O R E: Ritchie J. Torres
Chairperson

COUNCIL MEMBERS: Diana Ayala
Corey Johnson
Ben Kallos
Rory I. Lancman
Keith Powers
Carlina Rivera
Rafael Salamanca, Jr.
Ritchie J. Torres
Mark Treyger
Kalman Yeger
Inez D. Barron
Deborah L. Rose
Alicka Ampry-Samuel
Justin L. Brannan

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

J. Phillip Thompson
Deputy Mayor for Strategic Policy
Initiatives

Dr. Camara Phyllis Jones

Dr. Shondra L. Ford

Dr. Maya Clark-Cutaia

Dr. Carmen R. Isasi

David Jones

Bertha Lewis

Theo Oshiro

C. Virginia Banks

Frankie Miranda

Joanne Yu

Dr. Diana Hernandez

Dr. Marcus Hilpert

Dr. Rosa Gill

Dr. Perry Pom

Dr. Henry Chen

Steve Choi

Beatrice Diaz Taverez

Halley Gorenberg

Barika Williams

Adrian Holder

Melissa Sklars

Carlin Cohen

Beth Finkel

Aricelis Lucero

Tesia Hunt

David Nocenti

Chi Judeserat

Marina Ortiz

Sara Wolf

Sudah Acharaia

Brian Romero

Reverend Wendy Calderon Payne

Reverend Wendy Calderon Payne

Lorena Carusias

Sade Lipcott

Elizabeth Clayroy

Ashley Sawyer

Lucy Sexton

Chris Norwood

Jalisa Gilmore

Madaha Kinsey Lamb

Monica Yemkan

Nancy Bedard

Risa Rodriguez

Solange Azure

Leah James

2
3 CHAIRPERSON TORRES: OK, Steve, you can
4 go.

5 SERGEANT AT ARMS: Ladies and gentlemen,
6 welcome to the Committee on Oversight and
7 Investigations. Will council members and council
8 staff please turn on their video at this time.
9 Please place all cell phones and electronic devices
10 to vibrate. You may send your testimony at
11 testimoniesatcouncil.nyc.gov. Once again, that's
12 testimoniesatcouncil.nyc.gov. Thank you, Chair, and
13 we are ready to begin.

14 CHAIRPERSON TORRES: Are we waiting for
15 the Speaker?

16 UNIDENTIFIED: The Speaker is here, sir.

17 CHAIRPERSON TORRES: I know the Speaker
18 has some remarks.

19 SPEAKER JOHNSON: Thank you, Chair
20 Torres. I'll keep it simple. Um, I mean, this
21 hearing today is, of course, about the disparities
22 that we've seen, ah, in our city. It's no
23 coincidence that black and brown communities, ah, as
24 well as Asian communities, are taking the brunt of
25 the impact of this crisis physically and financially,

2 and we are failing communities of color right now and
3 we're gonna feel the effects for decades if we don't
4 turn things around. The people here today, ah,
5 already know that. You don't need to hear it from
6 me. I have a platform. I get to speak to New
7 Yorkers all the time. I want to use my opportunity
8 to speak to actually pass the mic to these
9 communities to amplify their voices, the voices of
10 communities that are hurting right now, and the
11 voices of those that are serving these communities on
12 the ground. Today I'm here to listen and to start a
13 dialogue. So I am not gonna speak any further. I
14 want to thank everyone for being here, and I want to
15 turn it back to Chair Torres.

16 CHAIRPERSON TORRES: Thank you, Mr.
17 Speaker, and thank you to the Black, Latino and Asian
18 Caucus, ah, which has been the inspiration behind
19 today's historic hearing on racial disparities. In
20 particular, I'm deeply grateful for the leadership of
21 Adrienne Adams, one of the cochairs of the BLAC.
22 Good, I'm City Council Member Ritchie Torres and I
23 chair the Committee on Oversight and Investigations.
24 From the very beginning of the novel coronavirus
25 outbreak we've heard a common refrain, that the virus

2 is "the great equalizer", the great leveler, that the
3 virus "does not discriminate." It is true the virus
4 affects all of us, but it affects us unevenly. The
5 outbreak of SARS COV-2 has held up a mirror to the
6 stark inequalities that have made COVID-19
7 disproportionately deadlier in communities of color.
8 Latinos and African Americans have twice the
9 likelihood of dying from COVID-19 compared to the
10 rest of the city. The Asian community is confronting
11 a new wave of discrimination unleashed by the
12 president himself. There is nothing accidental about
13 the racially disparate impact of COVID-19. The rates
14 of poverty and pollution, the prevalence of pre-
15 existing conditions, the overcrowding of homes, the
16 occupational hazards of an exploited essential work
17 force, all of these are rooted in a larger historical
18 and social context worth examining. Both our city
19 and our country have what I call a compromised social
20 immune system. And the purpose of our hearing is to
21 examine in detail the intersecting ways in which the
22 city's compromised social immune system has made
23 communities of color especially susceptible to the
24 worst impact of COVID-19. In almost all City Council
25 hearings the government does most of the talking

2 while the public largely watches passively from the
3 sidelines. At today's hearing instead of the elected
4 officials largely speaking as we normally do we will
5 largely listen and instead of arranging for the
6 mayor's office to testify first we have asked the
7 administration to listen first and then to
8 incorporate what is said and what is learned into
9 testimony at a future hearing. The work of city
10 government must be informed by the expert opinions of
11 public health professionals as well as by the lived
12 experiences of those directly affected and those
13 advocating on behalf of the affected. I look forward
14 to listening. Before proceeding with the first
15 panel, I understand that we have been joined by
16 Deputy Mayor Phil Thompson. Deputy Mayor, please
17 introduce yourself for the record.

18 DEPUTY MAYOR THOMPSON: Hi, I'm Phil
19 Thompson for Strategic Policy and Initiatives for the
20 City of New York.

21 CHAIRPERSON TORRES: Thank you, Deputy
22 Mayor, and I would like to acknowledge the following
23 colleagues who are in attendance, ah, the cochair of
24 the BLAC, Council Member Adams, Council Member Ayala,
25 Council Member Koslowitz, Menchaca, Powers, and rose,

2 and we will announce members as the hearing unfolds.
3 So we'll begin with the first panel. Stephanie, can
4 you call up the first panel?

5 COMMITTEE COUNSEL: Sure. So, thank you,
6 thank you Chair. I'm Stephanie Jones, counsel to the
7 Oversight and Investigations Committee. Before we
8 begin, I want to remind everyone that you will be on
9 mute until you're called in to testify, where you
10 will be unmuted by the host. I will be calling on
11 panels to testify, as the chair just mentioned.
12 Please listen for your name to be called. I will be
13 periodically announcing who the next panelist will
14 be. I will call you when it is your turn to speak.
15 During the hearing, if council members would like to
16 ask a question please use the Zoom raise hand
17 function. I will call on you in order. Thank you.
18 First, we will hear from a number of experts and
19 representatives of impacted communities on this
20 important issue. Our first panel will consist of Dr.
21 Camara Phyllis Jones, Dr. Shondra L. Ford, Maya
22 Clark-Cutaia, and Dr. Carmen R. Isasi. Once I call
23 on you, Council Members, please specify which
24 specific panelist you are directing your testimony
25 to. For panelists, once your name is called a member

2 of our staff will unmute you and then you can begin
3 your testimony. Once you are finished please remain
4 on the line as we will open it up to council member
5 questions once all members of this panel have
6 delivered their testimony. First, I would like to
7 welcome Dr. Camara Phyllis Jones to testify, who will
8 be followed by Dr. Shondra L. Ford.

9 DR. CAMARA PHYLLIS JONES: Hello, good
10 afternoon, and thank you for inviting my testimony.
11 I am Dr. Camara Phyllis Jones. I'm a family
12 physician and epidemiologist, and my work is on
13 naming, measuring, and addressing the impacts of
14 racism on the health and well-being of the nation.
15 So, Chair Torres, you opened this up so perfectly.
16 People, um, act as if, ah, it's a surprise to see the
17 disproportionate infection rate and the
18 disproportionate deaths in black and brown and Native
19 communities, um, in this country because, of course,
20 all of us were susceptible to this virus, but this
21 coronavirus has found and exposed the huge, ah,
22 fractures in our society. It's exposed the fact that
23 opportunity is not equally distributed in this
24 country, nor is exposure to risk equally distributed,
25 and we have a name for the system of structuring

2 opportunity and assigning value by so-called race in
3 this country and the name of that system is racism.
4 Many people, the importance of saying that word
5 should not be lost. Um, I have to say that many
6 people in this country are in denial that racism
7 continues to exist and have profound impacts on the
8 health and well-being of the whole nation. And so
9 when we see something like COVID-19, where the black
10 and brown bodies are piling up so fast that they
11 can't be normalized or ignored, they wake up and say
12 oh my God racism. But that, people woke up maybe
13 with Hurricane Katrina. Maybe they woke up with,
14 you know, the hurricane in Puerto Rico. Maybe they
15 woke up with the poisoning of the Flint water supply.
16 But what happens is that then this nation falls back
17 into the slumber of racism denial. So I think first
18 of all it's important for us to acknowledge that
19 there is a system of structuring opportunity and
20 assigning value that's working in this society. I
21 just, um, I've submitted some written testimony, so I
22 want to just quickly, because I know I only have a
23 short amount of time, um, say how is racism turning
24 into the COVID-19 [inaudible], um, in communities of
25 color and it's happening actually in two ways. It's

2 happening through increased infections, rates of
3 infection, and that's because we're more exposed and
4 less protected. And then once infected it's
5 happening because we carry in our bodies the burdens
6 of living in disinvested communities, poisoned
7 communities. So we are the ones with higher rates of
8 diabetes and heart disease and hypertension and
9 asthma and all these other things, which in the
10 context of this infection make us more likely to die.
11 And also often we have less access to, ah,
12 functioning, at least functioning for us healthcare
13 system. So now that we know about these differences
14 what we need to do is we're compelled to act. Some
15 people might say, oh, racism, well nothing we can do
16 about that. Au contraire. There's a lot that we can
17 do about it in the short, medium, and long term. In
18 the short term if people are more exposed because of
19 their frontline jobs or because they're incarcerated
20 or because they're unhoused or living in crowded
21 situations, if people are more exposed we need to
22 make it more feasible for as many of us as possible
23 to safely shelter in place. We certainly don't need
24 to do what's happening in my home state of Georgia,
25 where we're, we're pushing people back into the work

2 force and lifting the stay-at-home orders. So we
3 need to keep those stay-at-home orders and make it
4 more feasible for people to safely shelter in place,
5 which mean perhaps evening lobbying for, dare I say,
6 a universal basic income, or at least more than one-
7 time payment, making sure that the, that the Payroll
8 Protection Act, which is supposed to keep people
9 employed in small businesses actually gets to our
10 small businesses, um, to decarcerate people who are
11 imprisoned in our prisons, jails, detention centers,
12 and to provide housing for those who are unhoused.
13 We need to make it more feasible for as many of us
14 possible to be safely sheltering in place. And for
15 those people who are part of that essential work
16 force which has been until recently completely
17 overlooked and completely undervalued, we need to
18 make sure that they have the protective, personal
19 protective equipment that they need, the full gear,
20 the full thing, like the N95 masks, as well as hazard
21 pay. And recognizing that, ah, once we get more
22 infected, that we have more of these diseases, we
23 need to make sure that we're testing, ah, vigorously
24 in communities that are overexposed. Um, we need to
25 make sure that we get, um, I'm actually recommending

2 a la Singapore or a la South Korea that we have
3 middle level isolation centers for people who are
4 infected. They don't have to go back to their
5 families, ah, because they're not sick enough to be
6 hospitalized, thereby infecting more people in their
7 family or in their community, that there be isolation
8 centers in trusted places, we don't want people to
9 feel incarcerated, but isolation centers that are
10 staffed by nurses, who have thermometers and can
11 check oxygen levels with pulse oximeters, who have
12 oxygen in place, and who can look at people and know
13 when it's time for them to go to the hospital and be
14 transferred as opposed to somebody saying, well am I
15 sick and I can't breathe, right. Um, and also we
16 need to make sure that we never use the existence of
17 pre-existing conditions as a way of, ah,
18 disqualifying people from life-saving resources in
19 case the resources become scarce, or even putting
20 them lower on a, on a, um, some kind of, ah,
21 prioritization scheme. There are other things that
22 I've indicated in my written testimony. I just have
23 two other quick points and then I will, ah, cede this
24 floor. But what we need to do in terms of affecting
25 the pandemic for all of us, for the whole nation, is

2 that we need to treat this problem, which is after
3 all a public health problem, with public health
4 strategies. So far because we did not treat this
5 infection as a public health problem but rather
6 treated it as a medical care problem, then we have
7 made it a problem that's overwhelming our healthcare
8 system. We, the kind of testing we need to do, not
9 only do we need more testing, but we need a public
10 health surveillance strategy for testing as opposed
11 to what we're doing right now, which is if you are
12 sick enough to qualify to get a test after begging
13 for it two or three times then we are using it to, to
14 confirm a diagnosis, one person by one person.
15 That's the way you document the course of a pandemic
16 and its worst impact. But to really be able to
17 change the course of the pandemic we need to be doing
18 population-based probability samples, probably
19 weekly, of a random sample of the New York City
20 population to, sampling both asymptomatic and
21 symptomatic people to see how much infection is there
22 in the community right now. Because when we look at
23 people who are hospitalized, that's a two-week-old
24 estimate. That's how many were there two weeks ago.
25 And when we look at [inaudible] that's a three- to

2 four-week-old estimate of the prevalence of the
3 infection. If we find out by testing both
4 asymptomatic and symptomatic people in a probability
5 sample way, public health surveillance, we will know
6 how much infection is there now, which will help us
7 predict where we need to have our health resources in
8 two weeks. It also enables us to identify
9 asymptomatic infected people and isolate them,
10 thereby, ah, really interrupting these, these
11 asymptomatic spreaders who are a big part of getting
12 the disease continuing, and we need to do contact
13 tracing for everybody and monitor and quarantine
14 those contacts. In this way we can not only document
15 the course of the pandemic, we can alter the course.
16 And so my last comment is that now in this pandemic
17 and going forward we need to be guided by health
18 equity, and there are three principles for achieving
19 health equity that need to guide our response right
20 now and as we try to build a whole new better future.
21 Those three principles are valuing all individuals
22 and populations equally, recognizing and rectifying
23 historical injustices, and providing resources
24 according to need. So thank you again for inviting
25 my testimony and, um, I see my, my time.

2 COMMITTEE COUNSEL: Thank you so much,
3 Doctor. Please remain on the line as we will open up
4 to Council Member questions once all members of this
5 panel have delivered their testimony. Next, we
6 welcome Dr. Shondra L. Ford and Dr. Maya Clark-
7 Cutaia. Dr. Ford?

8 DR. SHONDRA L. FORD: Good morning,
9 Honorable Council Speaker Corey Johnson, Council
10 Member Chair Ritchie Torres, um, chair of the
11 Oversight and Investigations Committee, and all other
12 committee and council members present. Thank you for
13 the opportunity to share remarks with you that might
14 inform your questions for Mayor de Blasio's office in
15 addressing racial and ethnic inequities in the COVID-
16 19 pandemic. Briefly, I am founding director of the
17 Center for the Study of Racism, Social Justice, and
18 Health in the UCLA Fielding School of Public Health.
19 The research, scholarship, and teaching that our
20 faculty affiliates conduct involves empirical work to
21 document specific health and healthcare-related
22 implications of various forms of racism, including,
23 but not limited to, antiblack racism, nativism, and
24 anti-immigrant sentiment, discrimination on the basis
25 of religion, such as Islamophobia and anti-Muslim

2 racism as well as anti-Semitism, and other forms of
3 social injustice. In light of the expertise my co-
4 panelists have I thought it would be useful to offer
5 remarks based on what we've learned from the HIV
6 epidemic and its relationship to racism. My comments
7 today draw on the state of the science on racism as a
8 public health issue as reflected in the book that I
9 recently coedited on racism as a public health
10 problem, *Racism, Science, and Tools for the Public*
11 *Health Professional*. It also draws on more than a
12 decade of research on the implications of racism-
13 related factors for disparities in HIV diagnosis,
14 care, and well-being. I want to highlight just a
15 couple of concerns this morning, or this afternoon.
16 Um, first, while the emergence of data on disparities
17 in rates of COVID have raised awareness about the
18 need to issue, to ensure equity in diagnosing cases,
19 it's important to ensure equity across each stage of
20 the continuum of care. And by continuum of care I'm
21 referring to the key stages at which an individual
22 must interact with the healthcare system in order to
23 do well. With respect to HIV, this includes testing
24 to get a diagnosis as well as getting the test
25 results. For those who test positive, getting linked

2 to care, being retained in care, that is, staying in
3 care over the long haul, if needed, and adhering to
4 prescribed treatment regimens and prescribed
5 medications. And we can evaluate disparities or
6 potential disparities at each of these stages along
7 the lines of the timeliness, the aggressive of
8 treatment options, and the quality of services that
9 are provided at each of these stages. Health
10 inequities do occur within the healthcare system.
11 Therefore, having assistance to health care, though
12 important, does not address the differential
13 treatment patients receive within the healthcare
14 system. In general, implicit biases, which reflect
15 imbedded, institutional policies and practices, lead
16 to systemic differences in how quickly racial and
17 ethnic minority patients receive care and how
18 aggressively their healthcare needs are treated.
19 These factors in turn further contribute to racial
20 and ethnic disparities, and with an infectious
21 condition there are implications not only for the
22 well-being of the specific patient, but also for
23 those with whom this patient interacts, so close
24 family members and others within their community.
25 Similarly, the development of a treatment does not

2 mean that disparities will necessarily be eliminated.
3 The evidence from the HIV epidemic suggests, in fact,
4 quite the opposite, that disparities are likely to be
5 exacerbated if any treatments or solutions that
6 become available are made available without proactive
7 intentional consideration of equity. And I don't
8 know if it was received, but I mailed, emailed, a
9 slide that I'd like to reference if it is available,
10 um, to council members. It is, um, it's, it's
11 highlighting the patterns of, of AIDS diagnosis and
12 the ways in which the availability of antiretroviral
13 therapies, which have been tremendously useful,
14 actually exacerbated that disparity. So while
15 African Americans had always experienced higher rates
16 of HIV and AIDS than their share of the overall US
17 population would suggest, it was in 1996 when
18 antiretroviral therapies became widely available that
19 we saw a shift in the nature of disparities in this
20 country such that, um, African Americans and to a
21 lesser degree, ah, Latinos, Latino populations, were
22 less able to make, to access the antiretroviral
23 therapies and thus the overall disparities, the
24 magnitude of those disparities between blacks and
25 whites and Latinos and whites actually grew. Since

2 1996 and ironically, instead of reducing the black-
3 white differential in AIDS as might be expected, over
4 time the availability of antiretroviral therapies
5 appears to have exacerbated them. It's also
6 important to consider, um, concerns about labor
7 implications for communities of color working
8 proximally to COVID-19. Data from the US Bureau of
9 Labor Statistics indicate that in 2019 18.2% of all
10 janitors in the US are black, 31.6% are Latino.
11 These numbers likely under count undocumented
12 persons. 37.2% and 17.6% of nursing, psychiatric,
13 and home health aides are black and Latino,
14 respectively, again, disproportionate relative to the
15 shares of the overall population. I did not address
16 here, in the interest of time, another consideration
17 that I believe is important to think about, and that
18 is the concerns with conspiratory beliefs and
19 mistrust. We can draw on the HIV literature to
20 better understand this. But in conclusion for now,
21 allow me to say that there are important ways and
22 considerations for thinking about how racism and
23 inattention to equity matter at each stage of the
24 continuum of care, from diagnosis, getting the test
25 results, um, getting linked to appropriate health

2 care, remaining in care as needed, and adhering and
3 being able to adhere to the appropriate medications
4 and treatment regimens. These considerations and the
5 evidence from the HIV epidemic provide stark evidence
6 that disparities are in fact likely to persist if a
7 more proactive approach to addressing them is not
8 undertaken at this point in the COVID-19 pandemic.
9 As long as those disparities persist in pockets of
10 our most vulnerable populations, where more complex
11 strategies are necessary to fully eradicate there
12 problem, there are risks for our entire society, not
13 just for those vulnerable communities. So I thank
14 you for the opportunity to offer these remarks and I
15 look forward to responding to your questions.

16 COMMITTEE COUNSEL: Thank you so much,
17 Doctor. Next, we will be calling on Dr. Maya Clark-
18 Cutaia, followed by Dr. Carmen R. Isasi. Maya?

19 DR. MAYA CLARK-CUTAIA: Good afternoon,
20 Chairperson Torres and all council members present.
21 My name is Dr. Maya Clark-Cutaia and I am an
22 assistant professor at New York University Rory
23 Meyers College of Nursing and the Grossman School of
24 Medicine. I'd like to thank you for the opportunity
25 to testify today and share my knowledge on the topic

2 of COVID-19, um, and particularly its impact on
3 vulnerable populations. Individuals suffering from
4 underlying medical conditions, in particular those
5 with multiple chronic conditions, such as heart
6 disease, obesity, and kind disease, are at risk, are
7 at increased risk of the COVID-19 diagnosis and
8 COVID-related mortality. According to the Centers of
9 Disease Control 78% of COVID-positive patients
10 admitted to the ICU in the US had one or more
11 underlying health conditions. These individuals are
12 often black and brown and from other vulnerable
13 populations, the elderly, the immunocompromised, the
14 institutionalized, and the disenfranchised. This is
15 the population of patients that I provide care for as
16 an acute care nurse practitioner and conduct research
17 with. My patients are from minority backgrounds.
18 They live in low socioeconomic status neighborhoods
19 and have low health literacy. They are the patients
20 with diabetes and hypertension, supported by
21 federally subsidized programs, already making
22 decisions regarding their health versus their basic
23 necessities. As such, they are likely to have poorly
24 controlled medical conditions. They are the patients
25 in under-resourced communities. My patients are

2 often, are also often in nursing homes. However,
3 they could just as easily be in prisons and jails
4 because the risks and health disparities for these
5 populations are the same. The advent of COVID-19 has
6 not only highlighted existing disparities and
7 inequities, it has reminded us of the significantly
8 poor, poorer outcomes related to lack of resources in
9 these communities. As the COVID-19 illness
10 emphasizes disparities and the incidence and
11 prevalence of underlying medical conditions and
12 treatment regimens in these vulnerable populations,
13 it forces us to take stock of how recurrent provision
14 and division of healthcare resources in our country
15 contribute to the healthcare inequities. Forget that
16 many advantages afforded to those of money, of means,
17 such as testing and homeopathic remedies that may or
18 may not work, the sheer way of life of many of these
19 patient populations puts them at risk of serious
20 illness and not adhering to recommended restrictions
21 and management plans, for example. They have to go
22 to work to make money and they are less likely to
23 seek medical care and more often to rely on social
24 networks like their church for their support. They
25 are the computer, commuter nation, sometimes taking

2 multiple busses to and from work daily. They are the
3 patients who have less ability to tune in to CNN,
4 Fox, or MSNBC and search the web or other news
5 outlets to stay informed of the COVID-19 crisis. For
6 those that are institutionalized, in nursing homes or
7 prisons, tighter quarters do not allow for social
8 distancing. Furthermore, much-needed resources, such
9 as medical staff and supplies, are limited in some
10 institutions, depending on location, geography, and
11 funding, for example, are under-resourced. Many of
12 us would like to assign blame and we would like to
13 prosecute a perpetrator. But the fact of the matter
14 is these disparities have existed long before COVID-
15 19 and will sadly most likely persist after this
16 pandemic. This is not to say that tackling
17 disparities and inequities is hopeless, but that it
18 is time to change our outrage into action, action
19 that is sustainable and action that is meaningful.
20 We as providers and researchers need to be innovative
21 in the ways that we reach our patients and ensure
22 that they have the resources they need to keep
23 themselves healthy and reduce their risk of
24 contracting COVID-19. This includes eating well and
25 sleeping well, exercising, taking their medications

2 on time, and adhering to treatment schedules like
3 dialogue regimens. We need to ask ourselves
4 difficult questions, such as how are these patients
5 obtaining their medications from the pharmacy, how
6 are those who are suffering from kind disease being
7 transported safely to and from dialogue when they are
8 already immunocompromised? How are we reducing their
9 risk when the suggested personal protective equipment
10 is already worn and patients still suffer from line
11 infections and PPE is now at a premium? How often,
12 excuse me, how are patients consuming the recommended
13 diet when the general population continues to stock
14 up during these periods of restriction? What foods
15 remain on the shelves that is SNAP- or WIC-approved?
16 How do you get exercise in a neighborhood that is not
17 safe to walk? How do you get enough the sleep when
18 the burden of living paycheck to paycheck weighs
19 heavily upon your chest? And then we need to come up
20 with creative solutions. Providers need to educate
21 patients and identify at-risk vulnerable populations
22 as well as their potential needs and how to address
23 them? It is paramount that we facilitate rapports
24 between communities with resources and those without.
25 Policy makers need to broaden the scope of federally

2 subsidized programs. It is time to begin to
3 incentivize healthcare professionals to work in these
4 under-resourced areas and institutions. While such
5 programs have existed for rural areas, there are many
6 areas in which underserved and vulnerable populations
7 still require attention. We need to gain a better
8 understanding of the facilitators of the disparities
9 in our nursing homes and the prison system and
10 develop realistic solutions to bring resources into
11 these facilities. We also need pharmaceutical
12 companies, pharmacies and health systems, to provide
13 medications to patients free of charge and to
14 potentially ensure that these prescriptions are
15 delivered to those in need. Local politicians can
16 encourage safe practices to keep their constituents
17 healthy, like crowd control and safe distancing in
18 line at the grocery store and supporting local food
19 delivery and other necessary efforts. We need to
20 demand the jails and prisons institute early release
21 programs and create optimal management conditions for
22 those caring for these forgotten populations. If we
23 fail now to protect these groups from COVID-19,
24 especially in vulnerable communities, each of us will
25 be impacted by the loss of a loved one to this novel

2 illness. Thank you for the opportunity to testify.

3 I welcome any additional questions the committee may
4 have.

5 COMMITTEE COUNSEL: Thank you so much for
6 your testimony, Doctor. Finally, we will be calling
7 on Dr. Carmen R. Isasi to deliver testimony. Doctor?

8 DR. CARMEN R. ISASI: Um, thanks. Ah, my
9 name is Carmen Isasi. I'm associate professor at the
10 Albert Einstein College of Medicine. I'm an
11 epidemiologist. My research, ah, addresses the, ah,
12 role of adversities in health, ah, among Hispanics
13 and other immigrant populations in the city and
14 across, ah, the country. Ah, I appreciate the
15 invitation and the opportunity to, ah, you know, have
16 some comments about the, the effects of the pandemic
17 on our, um, communities of color. Not surprising,
18 COVID-19 has exposed once more the structural forces
19 that drive disparities and increases the
20 vulnerability of people of color in New York City and
21 elsewhere in the country. Eh, higher COVID-19 risk
22 and burden that has manifested in our population of
23 color, of, of color, ah, is a result of a greater
24 exposure to the virus, ah, due to major, um,
25 challenges that our communities have faced, um,

2 difficulties in social distancing and job-related,
3 ah, given that a, a great majority of our population
4 have jobs that are deemed essential for the, you
5 know, running of, of the city and the state. Um, in
6 addition the higher severity and mortality that we
7 have observed is, as my colleagues have expressed,
8 you know, due to the higher burden of underlying
9 conditions that our, our communities already
10 experience given, um, the higher rates of diabetes,
11 the higher rates of hypertension, and the
12 difficulties of maintaining, ah, the management, a
13 good, adequate management for their conditions. This
14 is also an expression of the barriers to access to
15 health care and health insurance in the communities
16 of color remain, um, limited to. They have limited,
17 they have in this pandemic, they have had limited
18 access to testing in a timely manner that we have,
19 you know, affected, um, their, their health and
20 exposed them to greater risk of mortality or more
21 severe, ah, progression. Ah, in addition, ah, given
22 that all routine appointments, ah, have been paused
23 or significantly decreased, you know, in the whole
24 network of hospitals and primary care, um, ah,
25 offices there have been extreme difficulties in

2 management of their chronic conditions, therefore
3 increasing the vulnerability of our communities. As
4 we move forward, ah, we need to start talking about
5 building from equity, having an equity framework as
6 we engage in discussions on what the new reality is
7 gonna be for delivering the health care for the city
8 and for the state and how to mitigate disparities.
9 We have to look at some of the strategies of
10 delivering of health care that are being posited as
11 [inaudible] the future may in fact accentuate
12 disparities further. One example is telemedicine
13 and, um, you know, several, in the Bronx in several
14 hospitals there's been a shift during this pandemic,
15 pandemic to offer services through telemedicine. But
16 it requires an infrastructure and technology that our
17 low-income families and our families of color do not
18 have, and even it's gonna be a harder, ah, barrier
19 for our, ah, population with language barriers. All
20 of these resources for telemedicine are directed for
21 people who are very fluent in English. And the
22 traditional translators that we have at hospitals
23 cannot be easily incorporated. There's also a lot of
24 incorporation, ah, of patients navigators, for
25 example. So, so far, you know, we have observed in

2 the Bronx issues with video-based visits. Um, as I
3 said, some of our, our parents, our families do not
4 have, um, the infrastructure. Their Wi-Fi connection
5 is poor. They have to convert to phone visits. , ah,
6 the parents or the adults are not tech savvy and
7 therefore cannot figure it out how to connect the
8 video portion of those, um, those new ways to deliver
9 the, ah, visits. And there's also, um, you know,
10 potential barriers in the sense of how we are gonna
11 manage, the things that cannot be managed through
12 telemedicine with video-based visits [inaudible] like
13 drawing the blood for, for, um, the conditions, ah,
14 during, um, you know, the conditions to be able to
15 control, check the glucose, etcetera. And, ah, on
16 vaccinations, um, some older communities are, ah,
17 proposing that that could be like drive through for
18 families to get their childrens vaccinated. But here
19 in our communities where, where people don't have
20 cars they have not the ability to go through, ah,
21 testing or immunizations, ah, through these, you
22 know, novel ways of delivery. So this is, um,
23 something that we need to start discussing. You
24 know, we need to root our understanding of our
25 communities and start, ah, building, ah, the capacity

2 to respond and minimize or mitigate the impact on our
3 community. Thanks again, ah, for the council to
4 invite me to, ah, talk on the health of, um, my
5 community and, ah, I welcome questions.

6 COMMITTEE COUNSEL: Thank you all,
7 panelists. First we will turn to Chair Torres for
8 questions. Chair?

9 CHAIRPERSON TORRES: Thank you. Before I
10 ask questions, I would like to acknowledge a few more
11 council members, Council Member Louis, Lancman,
12 Salamanca, Levine, Yeger, Kallos, Ampry-Samuel, Mark
13 Treyger, and Rosenthal. But before, Mr. Speaker, do
14 you want to ask questions first, or?

15 SPEAKER JOHNSON: Ah, thank you, Mr.
16 Chair. Again, I want to pass the mic. I want to
17 allow the members from the BLAC who have been
18 spending an enormous amount of time on this, I want
19 to allow them to ask questions during this time, led
20 by you as chair of this committee and as a member of,
21 ah, that caucus that we're so proud of. But I want
22 to turn it over to a bunch of the members of color
23 who are waiting, ah, to ask questions. So thank you.
24 I may come back at a later point, but I want to pass
25 the mic for now and it was really wonderful to hear

2 these incredible panelists, ah, and their amazing
3 testimony. With that, I'll turn it back to you to
4 start the questioning and then hand it off to some of
5 our other colleagues.

6 CHAIRPERSON TORRES: So to, to call the
7 doctors. You know, in our society health is often
8 framed as a, as an individual rather than a
9 structural phenomenon. It's often framed as a choice
10 rather than a, a circumstance. And so I'm wondering,
11 what's the public health response to those
12 attributing the prevalence of pre-existing conditions
13 in communities of color to a failure of personal
14 responsibility, a failure of personal choice. And
15 one example that comes to mind is the commentary from
16 the Surgeon General, who said that communities of
17 color have to avoid alcohol, tobacco, you know, what
18 is, because every time we mention the R word, racism,
19 it provokes a visceral reaction, and so what is the
20 public health response to that narrative?

21 DR. CAMARA PHYLLIS JONES: If I, if I
22 might start, um, the, the problem, there are three
23 big cultural things that are, ah, working against
24 people acknowledging the existence of racism. So I
25 just want to name those and, and the public health

2 response is to fight against those. The first is
3 that in this nation we have a very narrow focus on
4 the individual, which you just described as
5 manifesting itself in terms of blame for health
6 conditions. But it also make all systems and
7 structures invisible or irrelevant. So we're, even
8 when we think about health research, we're trying to
9 get [inaudible] individual to the genes as opposed to
10 acknowledging that polluting industry or poor housing
11 or all of these other structural things that we can
12 see with our eyes. If we just spent that same amount
13 of money addressing those issues we'd have a much
14 bigger impact on health. So the fact that we are
15 narrowly focused as an individual, as a society, um,
16 keeps people, it's a, it's a, it's a cultural thing
17 or a value thing that we must address. The second is
18 that we're ahistorical as a nation. So we act as if
19 the current distribution of advantage and
20 disadvantage were just a happenstance and as if the
21 present were disconnected from the past. So we need
22 to address that, too, and we need to even, New York
23 City Council when you're considering issues should
24 hire a historian, because if you understand how the
25 knot that you're trying untie was put there, if you

2 understand the history of a problem then you're more
3 likely to be able to untie that knot. But we need to
4 acknowledge the foundational, that racism is
5 foundational in our nation's history, we have to
6 acknowledge all of the many levels, including, ah,
7 right after World War II when the housing segregation
8 became even more formalized, um, and there I refer to
9 the work of Richard Rothstein and the color of law,
10 many other people who are talking about these things.
11 We need to become more historical. And then the
12 third of these huge barriers that we must address,
13 all of us as a society and nation, is the endorsement
14 of the myth of meritocracy, the story that goes
15 something like this. If you work hard you will make
16 it. Now I give you that most people who have made it
17 have worked hard. Not everybody who has made it has
18 worked hard. We have very prominent examples of that
19 right now. But most people who have made it have
20 worked hard. But there are many, many, many other
21 people working just as hard or harder who will never
22 make it because of an uneven playing field which has
23 been structured and is being perpetrated by racism,
24 sexism, heterosexism, all of these isms. And to the
25 extent that we endorse this idea of equal opportunity

2 and the myth of, of meritocracy, um, when we deny
3 racism we have to blame people. When we deny these
4 unequal structures, right, because they make us
5 uncomfortable, they make us feel like oh my God
6 somebody just called me racist. And so we deny these
7 things. Then, then, we are blaming people. We're
8 saying they're lazy or stupid or ignorant or
9 superstitious or whatever and blaming them. So we
10 need to address those. Those are just three of seven
11 barriers to achieving how that [inaudible] articulate
12 it. But these three in particular, not only, ah,
13 make us ill equipped as a nation to open our eyes and
14 see what's going on, but they allow people to go back
15 into that somnolence of racism denial. And we have
16 to resist that going forward out of this as well.

17 CHAIRPERSON TORRES: I have a question
18 for Dr. Ford. Dr. Ford, you, if I understand your
19 correctly, testimony correctly you drew an analogy
20 with HIV and AIDS.

21 DR. SHONDRA L. FORD: Yes, yes.

22 CHAIRPERSON TORRES: That despite
23 advances in, there's a common refrain about HIV and
24 AIDS is that it's no longer a death sentence. But
25 that's not necessarily the case, about the, you know,

2 the complexion of your skin, your ZIP code are
3 certainly factors in whether HIV and AIDS is a death
4 sentence because of inequitable distribution of
5 healthcare resources. Do you worry that in the
6 context of COVID-19 there might be an inequitable
7 distribution of antivirals and vaccinations and how
8 do we prevent that?

9 DR. SHONDRA L. FORD: I do. I, um, I
10 wanted to respond, just adding one more things to
11 those important remarks that Dr. Jones made, to add
12 part of the issue is that we don't have the data.
13 You asked what is the public health response to those
14 charges that it essentially are victim blaming. The
15 [inaudible] data we collect are data that facilitate
16 victim blaming. It makes it easier to do that, and
17 that's a lot what the data we collect are. I think
18 it would be useful, for instance, to collect in
19 addition to, for instance, race and ethnicity, what's
20 happening inside the healthcare system once people
21 get into the healthcare system, how adequately, how
22 quickly do all patients receive their prescriptions
23 and so forth. If we could track things like that we
24 would be able to tell a different story. Or if on
25 their intake forms when, when people come to, ah, the

2 clinic we do assess their family history and
3 everything. What if we ask about the, whether
4 they're living in slumlord type [inaudible] or
5 something. We would be able to track that as a
6 public health problem. So I think a big part of it
7 is having the data because the data allow us to tell
8 different stories. And with that I draw a parallel
9 to, um, when the general public realize that we
10 couldn't really say how many deaths were happening
11 due to gun violence because people weren't able to
12 study that. In terms of whether or not I'm concerned
13 about the, um, about disparities actually becoming
14 worse based on what we've seen with HIV, the short
15 answer is yes, I'm very concerned. Um, I'm concerned
16 because the epidemic is going to unfold and it's
17 already unfolding in different communities
18 differently. And in the communities who are most
19 vulnerable the solutions needed to address it, as you
20 know and as was already articulated, are also more
21 complex, and so there is that. In this case part of
22 what has me very concerned is that, um, starting from
23 the, the very beginning in the way that the president
24 framed the disease and the condition as a Chinese
25 one, racializing it, and, um, finding ways to make

2 this a source of division, the reason that concerns
3 me is to this day HIV prevention workers are still
4 trying to battle conspiracy beliefs, ah, about
5 whether or not the government put HIV in certain
6 communities, whether or not the folks are able to get
7 the same quality of care, um, and these, these kinds
8 of concerns are exacerbated in a context when the
9 rollout of the prevention efforts were so uneven that
10 even if there is, let's say there's absolutely no
11 conspiracy whatsoever and everything is intended to
12 be, intended to happen equally, the very nature of
13 the underlying inequities means that it might look
14 like some communities are being directly targeted and
15 that kind of quote unquote data would simply provide
16 fodder to support the kinds of conspiracy beliefs
17 that, that we saw and that we still see with HIV.
18 So, um, I think that building a trustful relationship
19 is going to be essential and, um, yeah, I'll, I'll
20 leave it there. I think that's critical.

21 DR. CARMEN R. ISASI: Yeah, I would like
22 to add to that that, you know, once vaccines are
23 available or even treatments, ah, for these, ah,
24 virus, you know, the cost and the access for the
25 people who are more vulnerable is gonna, you know, be

2 a problem or could be an important problem
3 [inaudible] disparities. Um, there are already
4 examples from chronic conditions where, you know,
5 novel therapies are, um, you know, identified for
6 treating cholesterol or diabetes. This, these tends
7 to be very costly and not all insurance cover that.
8 So how we're, we're gonna ensure that our communities
9 have access to these, you know, new vaccines and new
10 therapies that are gonna emerge despite, you know,
11 despite the, the cost associated with that.

12 UNIDENTIFIED: And also having providers
13 who know about these treatment regimens or these
14 protocols. Um, if we don't have that level of
15 provider in these communities it's not gonna happen
16 at baseline.

17 DR. CARMEN R. ISASI: Exactly.

18 CHAIRPERSON TORRES: I have more
19 questions [inaudible] but I want to give my
20 colleagues an opportunity to ask questions.

21 UNIDENTIFIED: And I have to apologize,
22 but I'm, I have to go to another meeting right now,
23 um, and Deanna Porter, who organized it, knew that I
24 was gonna have to cut out early. So my apologies and
25 thank you for inviting my testimony...

2 CHAIRPERSON TORRES: Oh, thank you.

3 UNIDENTIFIED: And the rest of the people.
4 You got it.

5 CHAIRPERSON TORRES: Thank you for
6 coming. I, I want to start with, um, Council Member
7 Adams. Do you have any questions?

8 COUNCIL MEMBER ADAMS: Yes. Thank you so
9 much, Chair Torres. Thank you for your leadership.
10 Ah, thank the Speaker also for his leadership. Um,
11 to all of the, um, doctors that have provided
12 testimony so far, ah, we really do appreciate your
13 brilliance, um, first of all, ah, in your
14 presentation, your thoughtfulness for being here with
15 us today. You know, um, on, on April 6 the BLAC, um,
16 I am a cochair of the BLAC as, ah, the chair
17 mentioned. We sent a letter to our elected officials
18 and we, we put up several points. Um, I'm just
19 interested to know your thoughts on testing right now
20 because we're getting conflicting, ah, thoughts and
21 advice about antibody testing versus swab testing and
22 every other kind of testing. And we know right now,
23 particularly in our communities of color, there is
24 such a frenzy around being tested. There's a frenzy
25 around walk through or drive, walk up or drive

2 through testing right now and, and, and, and those of
3 us who, ah, composed the letter, um, ah, by the BLAC
4 thought it was a really important point to put in to
5 address the lack of testing still, um, in our
6 communities of color. We're getting it in drips and
7 drabs, but not necessarily to the extent that we feel
8 that we should be seeing it. So my question really
9 is are we really on the right track right now in
10 talking about testing and continuing the testing in
11 our communities, and if so, um, is it the standard
12 testing? Is it the antibody testing? What type of
13 testing should we be concerned with right now, ah, as
14 our communities continue to be infected, continue to
15 die at monumental proportion? What should our
16 focus around testing right now be, um, and knowing,
17 too, that there is such a hysteria in our communities
18 for testing?

19 UNIDENTIFIED: So I know for our community
20 our issue has been one that we don't have enough
21 tests. The tests that we do have there isn't
22 sufficient ability to analyze those tests, and we're
23 still asking which is the best test to provide our,
24 our, um, our patients. Um, so unfortunately I don't
25 have an answer for that. We're still trying to get

2 to the bottom of it. I think the important thing,
3 um, is that we have to come up with some sort of
4 testing, right? Some sort of testing that's
5 accessible, that's available, that we can then act
6 upon, which we still, I mean, I take phone calls from
7 patients 36 hours a week and I'm still trying to
8 figure out how best to get tested. Um, we don't know
9 who we're testing all the time. Sometimes those, ah,
10 those instructions have been, you know, test everyone
11 with symptoms, test those who are febrile, test those
12 who have family members who could be exposed. Um,
13 there hasn't been much consistency in terms of which
14 is, ah, what the outline is. But I would, I would
15 definitely say to stay on that track 'cause we need
16 to someone to step out front and give us some
17 guidance in terms of how best to keep our patients
18 safe and the question is still out there.

19 COUNCIL MEMBER ADAMS: Yeah, that's,
20 that's really encouraging to hear that because at
21 times, you know, personally, um, it's been a mantra
22 of mine for weeks. We've submitted several, several
23 lists into the governor and mayor and, ah, several of
24 our thoughts across particularly in [inaudible]
25 Queens have been rejected, um, and suggestions, and

2 we consider them still to be viable, ah, suggestions.
3 So it, it was important for me to hear from you all,
4 you know, what you feel about the testing. We were
5 told initially it's not important. It's the health
6 care that's important and getting the hospital bed,
7 so we saw where that got us. We're sending a ship
8 away right now. Comfort has gone away...

9 UNIDENTIFIED: Right.

10 COUNCIL MEMBER ADAMS: [inaudible]
11 because we didn't need that and, and our insistence
12 continues to be on testing in communities of color so
13 thank you very much for that.

14 UNIDENTIFIED: It's gonna be really
15 important to back to, getting folks back to work.
16 How do we know who's healthy and who isn't?

17 COUNCIL MEMBER ADAMS: Exactly, exactly,
18 our point exactly. Dr. Ford, did you want to add
19 anything to that? I think I saw you lit up there.

20 DR. FORD: I would add that there are
21 actually more than one reason to, um, to think about
22 I testing, and I share that concern about the quality
23 of testing and what tests actually tell us
24 [inaudible] be. I don't think we really know, to be
25 honest with you. Um, and also there appear to be a

2 number of different kinds of tests, so, um, again,
3 when I think about the continuum of care and equity
4 one thing to keep, um, on the radar is are we getting
5 the best tests of the tests that are now available,
6 and I can't answer that question now, but that is a
7 question that I would keep on, on the radar screen.
8 Another reason why I think it's important, um, two
9 other reasons I think it's important to emphasize
10 testing. One is this concern about fairness and
11 equity. Um, to, it may not be a great test but if
12 everybody else has that test our communities need to
13 have access to it, too. And that's important just on
14 the face of it, but I think it's also important in
15 the long term, because if we are not included then
16 that, again, adds to this mistrust and the potential
17 for conspiracy beliefs and things in the long run.
18 And then the final reason that I think it's really
19 important to continue to press for testing is testing
20 is considered the gateway to the care continuum.
21 It's considered the gateway to all other aspects of
22 care. And it is, again, a source of data that
23 essentially establishes the need for resources for
24 the community, um, for health care long term along
25 these other stages. And so, um, pushing for testing,

2 in my opinion, at least helps to establish that there
3 will be a push for other, um, sources of support
4 along the rest of that continuum of care.

5 COUNCIL MEMBER ADAMS: Thank you, Dr.
6 Ford. Just one more [inaudible], I'm gonna direct it
7 to, um, to Dr. Cutaia. Ah, in your testimony you
8 talk about, um, um, close quarter, um, ah, close
9 quarters and the impact that close quarters jails and
10 shelters have had, um, regarding this pandemic. So,
11 um, what can we do? Um, we know, ah, that jail is
12 going to be jail, shelter is going to be shelter, but
13 do you have any suggestions and ways that we can
14 mitigate, um, ah, the risks in jails and in our
15 shelters?

16 DR. MAYA CLARK-CUTAIA: Sure. So my
17 concerns there are that the, the resources at
18 baseline aren't available for things like washing
19 hands, drying hands, wiping down surfaces that are
20 mutually shared. Um, I've heard that, ah, there are
21 prisoners saying they don't have masks, that they
22 weren't instructed to do any of these things. Um,
23 that's where the failure is. We need to get back to
24 making sure that we're giving people just the basic
25 education to protect themselves, and then making sure

2 that those who are providing care to them also get
3 those same protections. Are they being tested? How
4 are they getting to and from work? What happens when
5 they go home?

6 COUNCIL MEMBER ADAMS: Yeah.

7 DR. MAYA CLARK-CUTAIA: So that they're
8 not transmitting it or carrying it back into the
9 facilities as well. Um, it is just that simple.

10 COUNCIL MEMBER ADAMS: OK.

11 DR. MAYA CLARK-CUTAIA: It really is just
12 that simple. It's just that we are ignoring these
13 calculations and not providing the resources to them.

14 COUNCIL MEMBER ADAMS: Right, exactly.
15 Thank you so much. Thank you all for your testimony
16 today. Thank you, Chair.

17 CHAIRPERSON TORRES: Thank you so much,
18 Council Member Adams. Ah, the next questioner is
19 Council Member Rivera, who is the chair of the
20 hospitals committee.

21 COUNCIL MEMBER RIVERA: Hi everyone,
22 thank you so much for your testimony. Ah, I am the
23 chair of the hospitals committee. I, ah, I guess I
24 have one questions related somewhat to hospitals.
25 And then I wanted to ask you all about, about food

2 insecurity. So my, my question on hospitals is that
3 the city has said that in, in response to this
4 evidence of, of the disparities that they're
5 investing in grassroots, grassroots outreach and
6 telemedicine. But I think what we've seen is that
7 the telemedicine is not really working in terms of
8 follow-up and consultations. And I think a lot of
9 that also has to do with language access, which was
10 mentioned in your testimony. So, um, we, we've seen
11 that 21% of hospitals, 55% of, of FQHCS, they
12 actually have difficulties in recruiting even Spanish
13 speaking, ah, health professionals and that is the
14 second language, ah, most frequently spoken. So what
15 are, are these the appropriate areas of focus this,
16 this investment in telehealth infrastructure or do
17 you think we need people in our hospitals [inaudible]
18 language?

19 DR. CARMEN R. ISASI: I, I didn't hear
20 the last question?

21 COUNCIL MEMBER RIVERA: I wanted to ask
22 whether this would be appropriate area of focus to be
23 investing in, ah, telehealth infrastructure that is a
24 lot more, I guess sophisticated than what we have and
25 how can we prevent this, these sorts of language

2 barriers going forward? I know you mentioned
3 language access in your testimony...

4 DR. CARMEN R. ISASI: Right.

5 COUNCIL MEMBER RIVERA: ...Doctor, thank
6 you.

7 DR. CARMEN R. ISASI: Yeah, that's a,
8 that's a very, um, you know, important question. I,
9 I don't think like going, you know, opposing
10 telemedicine is the way to go. Definitely
11 telemedicine has several advantages and, uh, that a
12 lot of, you know, higher income populations benefit
13 from. You know, people with better health literacy,
14 with better resources, can call the doctors and have
15 like an appointment using a video conference call.
16 So my testimony was not to imply that this is not a
17 solution for low-income, ah, communities or
18 communities of colors, but rather, you know, make
19 sure that the infrastructure is there and that we
20 cannot really, you know, widen the digital divide
21 that we have. So the answer is not gonna be that
22 simple. You know, it's a complex issue because, you
23 know, how can we rely on a system that is unequal?
24 And I'm talking here, you know, the digital divide
25 [inaudible] don't have the infrastructure at home to,

2 ah, have, you know, good connections to be able to
3 communicate with their, ah, providers, ah, video
4 conferences. So that's on one hand, you know, kind
5 of like the technical aspects and, um, and also there
6 needs to be like some training. You know, not only
7 for providers to do that, but also for the patients,
8 to be able to navigate, you know, even, you know,
9 myself with all the skills I, I have like troubles
10 joining this Zoom [laughs], ah, call, so that's, you
11 know, an example how this is not necessarily, you
12 know, easy for everybody. If we're gonna be talking,
13 you know, young parents, if we're gonna be talking
14 about, you know, the elderly, how are they gonna
15 navigate that? And, um, you know, and adding to that
16 the language barrier. Um, so traditionally, you
17 know, for example, at Montefiore Hospital there's
18 been these services that the provider does not speak
19 the language of the patient you call this, you know,
20 service and they, you know, provide immediate
21 translation. But it's more like of a, it's a
22 physical thing. That doesn't exist or it's not
23 translated into this virtual world. So how can we
24 manage that? Is there, you know, is there a way to
25 have like these translators available when these

2 patient interactional [inaudible] remotely? Is there
3 the technology for that? Are there the resources for
4 that? So those are the things that need to be
5 explored before really implementing, you know,
6 telemedicine as a way to, you know, continue
7 providing care under different, different
8 circumstances.

9 UNIDENTIFIED: I definitely think there's
10 a place for both, though, um, you know, piggybacking
11 on what Dr. Ford said before about trust and the lack
12 thereof. This is a place, there's definitely a space
13 where, um, you know, we can get the community
14 involved and the dialysis centers in which I work the
15 patients don't rely on what I say. They rely on what
16 the dialysis technician tells them, what the patient
17 next to them tells them, um, and this is where I
18 think we have a potential to really make change if we
19 utilize those natural-born leaders in the community.

20 UNIDENTIFIED: Actually I wanted to just
21 make a point echoing that, because right now we see
22 that across the country the military and the police,
23 and policing and military type strategies are being
24 enlisted to do public health work. And, um, that is
25 in terms of a public health response is ill-advised.

2 Meanwhile, there are people all across the nation who
3 are trained to do community health work and, um,
4 right now many of them may actually be sitting at
5 home, um, unable to work and I think in terms of
6 labor making use of, I mean, it's a win-win on all
7 levels to shift to thinking about what would it
8 involve, what would it mean to involve these folks in
9 doing that work instead of involving the police or
10 the military, um, in doing that kind of work.

11 COUNCIL MEMBER RIVERA: I, I agree with
12 you, ah, a hundred percent. I think the community
13 health workers could, could use more professional
14 development. They certainly want to work, and I
15 think this could be used in so many spaces, even
16 with, with, with our, our, ah, pregnant people, from
17 pregnant women who are facing so many challenges even
18 pre-pandemic, which is something that I'm really
19 trying to work on, and to your point, ah, I think
20 it's as a high 29% of New York City households don't
21 really have access to online broadband. So we don't
22 even have the internet capability if you are savvy
23 enough, and that has a lot to do with poverty and
24 racial disparity. So my, my second question is on
25 food insecurity, and it has to do with underlying

2 conditions with, with, um, many of you covered. I
3 just gave, I was just out dropping food, my third
4 week in a row in the building where I grew up, which
5 was project-based Section 8, 171 low-income families,
6 many of them, many of them with underlying
7 conditions, asthma, obesity, hypertension, diabetes,
8 all of the things that are very prevalent in Latino
9 communities, black communities, Asian communities.
10 We know that food is a very big issue, food deserts,
11 how expensive it is. Um, we're glad that, that food
12 stamps are accepted at our local markets, at our
13 local green markets, but what role do you believe
14 food insecurity may play in the high rates of
15 underlying conditions, um, and, and what can we do as
16 a city about it? I mean, it's such a, such a big
17 issue is the food insecurity piece, and, and I thank
18 you all for mentioning it. And I, I guess my, my
19 follow-up kind of is we knew that these conditions
20 already were in our black and brown and Asian
21 communities and yet we did not send the resources in
22 my opinion to these communities to help kind of
23 prevent what we saw unfold, which was a, which was a
24 complete decimation. So I just, I just want to know

2 your thoughts on, on food insecurity and, and how
3 that has played a role.

4 UNIDENTIFIED: I do a lot of work in this,
5 um, in this space because I work with dialysis
6 patients and most of their restrictions, you know,
7 kind of evolve around sodium restrictions, pot and
8 food restriction, and I was just having this
9 conversation yesterday about how the use of SNAP and
10 WIC and doesn't translate into healthful foods,
11 right? You can use an EBT card at a grocery store.
12 You can use an EBT card at a gas station. You can
13 get food pretty much anywhere, um, but it may not be
14 what you actually need to eat. And I think treating
15 food as medicine is highly unfair and I'm hopefully
16 working on a study that will allow us to try that
17 with some dialysis patients in the community where we
18 can deliver meals to them, take away that risk of
19 food security, insecurity, and demonstrate that if I
20 help them eat well they have better outcome. Um,
21 we'll see if, if, ah, the funding bodies like that
22 idea, but for me it sounds like it's simple. You
23 know, this, it's a basic need. If we feed you well
24 your outcomes will improve.

2 DR. CARMEN R. ISASI: Yeah. I want to add
3 to that that, you know, a few years ago in, in one of
4 my studies in the Latino community, and this was pre-
5 pandemic, we had like very high rates of food
6 insecurity despite all the resources the community
7 had. And, ah, and that was, you know, it's, it's
8 heartbreaking and that has an impact on, you know,
9 the control of diabetes, you know, the family's
10 health, the children's health, etcetera. Um, I think
11 that this food insecurity is gonna even get worse,
12 you know, when a lot of our community, um, have lost
13 their jobs in the, and it's gonna be hard to, you
14 know, find a job again in the near future. So this
15 is something that needs to be accounted for. I mean,
16 I agree with my colleague that, you know, have to
17 access to SNAP and WIC doesn't necessarily translate
18 into, you know, healthy foods and there's more work
19 to be done there. But I think like all the resources
20 have to be deployed now and instead of cutting
21 benefits to try to enhance the benefits that people
22 receive right now or have to receive in the near
23 future.

24 COUNCIL MEMBER RIVERA: There's certainly
25 real data on this, um, but thinking longer term it

2 would also be important to try, oops, let's see, to
3 try to make sure that, um, dealing or things like
4 that, ah, petty crimes that are tied to food
5 insecurity do not become a major basis for over
6 policing, um, black, brown and Asian communities and,
7 and then, I mean, the over policing could be an issue
8 on its own, could be considered an issue on its own.
9 But to the extent it then places people in congregate
10 housing or other places that are, um, higher risk for
11 infection or transmission then, um, then that could
12 become an issue. So I guess what I'm saying is if
13 it's possible to kind of think ahead about what kinds
14 of strategies or, or polices or practices might be
15 put in place with respect to, ah, crime and policing
16 to minimize the possibility of that happening.

17 COUNCIL MEMBER RIVERA: Well, thank,
18 thank you, for where you said on open policing. I
19 think that overcrowding has proven to be a very big
20 issue in our communities. And I have a piece of
21 legislation to open our streets. But I do not want
22 to open them, um, relying heavily on NYPD personnel
23 so that way our communities do feel further over
24 policed. So I'm trying to do that in, in tandem and
25 be responsible and have it be more community lead,

2 and I know this is a big problem and I, I thank you
3 for your comments, and I thank everyone for answering
4 my questions. Thank you, Mr. Chair, for the time.
5 If there's a second round happy to participate.

6 CHAIRPERSON TORRES: Of course. Ah, the
7 next questioner is the chair of the Immigration
8 Committee, Carlos Menchaca. Council Member Menchaca.

9 COUNCIL MEMBER MENCHACA: Yes, hi, thank
10 you, and thank you to the Chair and the Speaker and
11 the entire council today. I wanted to, as the chair
12 of the Immigration Committee just really hone in on
13 the undocumented community and really get a deeper
14 dive in the impact to the undocumented community.
15 We, we talked a little bit about telemedicine and
16 language access. But if there's anyone that can kind
17 of talk a little bit about that, um, that experience,
18 ah, I know that we're, we're feeling it on the ground
19 in immigration communities. We're seeing it in
20 things like the census. Ah, high immigrant
21 population areas around the city are incredibly low
22 right now in the census responses. Um, that's all
23 gonna have an impact, um, for the next 10 years and
24 we can't make um, reach that gap. So I, that's,

2 that's my first kind of opening question, ah, to the
3 doctors.

4 DR. CARMEN R. ISASI: Well, the first
5 problem is like, you know, the current environment in
6 terms of the heavy, ah, you know, the, the heavy line
7 in terms of, ah, you know, the approaches to deal
8 with immigration has really impacted our communities
9 and the undocumented immigrants are the vulnerable of
10 the vulnerable, vulnerable population right now.

11 And, you know, on the ground they are not only, I
12 mean, we have reports that they, you know, in other
13 counties that the fear of even going, sending the
14 kids, you know, to school, you know, going to the
15 doctors. But, you know, I wonder now if it's also,
16 you know, fears to, you know, seek care even under
17 this pandemic, you know, conditions, and what kind of
18 access of care they're gonna have, what kind services
19 are gonna get access to when everything is gonna, is,
20 is being curtailed right now. So, you know, it is a
21 big, a very big problem.

22 UNIDENTIFIED: Unfortunately, um, there's
23 been some data coming out of NYU that being Latin or
24 Hispanic increases your risk of mortality, um, and I
25 think a lot of that has to do with patients not

2 coming in and seeking care until the very last
3 second. There's a fear to seek care. There's a fear
4 related to the way that undocumented, um, are
5 currently treated and I think this has been an issue,
6 ah, as long as I have been a provider, but it's much
7 worse now, um, that I, I don't, I don't know what the
8 answer is, but I can definitely tell you that we are
9 seeing that, that they're dying. They're not doing
10 well. They're not coming off ventilators. They're
11 not leaving ICUs, and we're definitely getting them
12 much more ill than I would like to see them.

13 UNIDENTIFIED: Can you unmute Council
14 Member, can we keep the council members asking
15 questions unmuted?

16 COUNCIL MEMBER MENCHACA: OK, I think
17 that's, thank you. And, and I think that the, um,
18 the conversations that I want to have here, um, and
19 these are questions more for the administration. But
20 the last question, and I'll, I'll hand it back to the
21 chair, is when we think about revamping the
22 healthcare system and we are thinking FQHCs, for
23 example, ah, the federal, the federal clinics in our
24 neighborhoods, what role do you feel that they need
25 to be playing in this transition, ah, if we, if

2 they're moving into telemedicine. Ah, what advice
3 can you share with us to really demand of our local
4 clinics?

5 UNIDENTIFIED: Council Member Menchaca,
6 are you directing that question to a particular
7 panelist, or?

8 COUNCIL MEMBER MENCHACA: Ah, to either,
9 either of the doctors.

10 DR. CARMEN R. ISASI: Well, FHQ clinics
11 are the forefront of, you know, of the, the services
12 that immigration population have and especially
13 undocumented, ah, populations or groups. So the, the
14 role is important. But I think like in any strategy
15 that is deployed or intended to be deployed should
16 consult with community leaders to best address the
17 difficulties and the, the challenges that the
18 communities are expressing and, and how to, you know,
19 bring, you know, closer that gap and be able to
20 rebuild the trust that the undocumented community has
21 been losing over the years.

22 COUNCIL MEMBER MENCHACA: Great. Thank
23 you. And, and I mentioned that just because I think
24 that that's where we're seeing that in Red Hook and
25 Sunset Park, ah, the bridge to the, the local clinics

2 are, I think, where we're gonna have to spend a lot
3 of time and reconfiguring it. Ah, and it's gonna
4 require some resources from the city and some other
5 big partnerships, um, but thank you so much and, and
6 I'll save some questions for the administration
7 later. Thank you. Back to you, Chair.

8 CHAIRPERSON TORRES: Thank you so much,
9 Council Member Menchaca. The next questioner is the
10 chair of the Committee on Justice System, Council
11 Member Lancman.

12 COUNCIL MEMBER LANCMAN: Thank you very
13 much. Um, and I want to thank the, the panelists,
14 the witnesses, ah, for your really informative and
15 important testimony, and Ritchie, thank you for
16 having this hearing. Um, you know, the context for
17 much of the conversation is the fact that racism and
18 racial disparities exist and permeate, ah, our, our
19 healthcare system and the health that people of color
20 and communities of color, ah, are able to have and
21 from our perch of the Committee on Justice System we
22 know and see and deal with firsthand how that same
23 racial inequality and racism, ah, permeates the
24 criminal justice system. One of issues that I and
25 other colleagues who have, ah, chair committees with

2 responsibilities over different parts of the criminal
3 justice system have been grappling with have been,
4 um, the, the difficulty in getting people out of
5 Riker's Island who are at tremendous risk of getting
6 the COVID-19 infection and, and having very serious
7 [inaudible] as well as trying to minimize the amount
8 of policing that we're engaging in as a city right
9 now, ah, in, in part, ah, because of the vast racial
10 disparities that exist there. So I'd, I'd be
11 interested in hearing from, ah, any of the witnesses
12 your perspective on how we can inform the
13 conversation, shape the conversation, ensure that the
14 conversation about, for example, um, releasing people
15 from Riker's Island who really should not and do not
16 need to be there, um, is, ah, a questions
17 fundamentally of racial justice, um, as, as well as,
18 ah, just a pure health issue.

19 COMMITTEE COUNSEL: Council Member, is
20 your question directed towards a specific panelist?

21 COUNCIL MEMBER LANCMAN: Well, I mean, I
22 think any of the, the panelists can, can answer, um,
23 and if my question is so, um, obvious or phrased in
24 such a way that, ah, that an answer isn't required
25 that's, that's OK, too. Um, but I do think, um, I

2 and I know some of the other of my colleagues have
3 been involved in this issue have been frustrated by,
4 I'm gonna put this carefully, by the lack of
5 appreciation of how the racial justice, injustices
6 that, that permeate our criminal justice system are
7 also manifesting themselves in who ends up being
8 trapped on Riker's Island in the middle of a
9 coronavirus crisis and, and who gets to, to go home
10 and, and who's never been put through the criminal
11 justice in, in the first, first place. So if any of
12 the panelists or witnesses have anything to say on
13 that, that's, that's terrific. If not, I will just
14 leave it with, um, encouraging all of my colleagues
15 and, and all of us engaged in this conversation, ah,
16 to be mindful that the injustices of the criminal
17 justice system are exacerbating the negative outcomes
18 for people of color and communities of color in the
19 coronavirus crisis.

20 DR. SHONDRA L. FORD: I think that's a, a
21 very critical point. Um, this is Dr. Ford. I
22 believe that it is not a misstatement to say that to,
23 to allow that kind of injustice to continue or to
24 persist where racial and ethnic minorities or other
25 groups are systematically exposed, however,

2 unintentionally or where they are systematically at
3 risk is, is a more accurate way to put it, is
4 literally, I mean, we don't think of it as putting
5 people, you know, placing people at risk, but that is
6 essentially what we're doing by default. And I have
7 actually stayed up quite a few nights lately thinking
8 about the morality of it, in addition to it being a
9 public health issue. Um, so I do think it's
10 important to convey that failure to, to release
11 people is actually, um, is actually an action that's
12 placing people at risk, and not only placing
13 individual people, but it's directly, it's, it's
14 going to directly contribute to disparities. I think
15 that reframing it as not a crime question primarily,
16 but a question of health, and, again, this goes back
17 to rethinking on whom do we rely to address it. Um,
18 I think that's absolutely critical because the
19 training, you know, we use the tools we have and it's
20 important to think of the army that's addressing it
21 as being the public health professionals, that army,
22 not another army, and I, I'm hopeful that by shifting
23 the orientation in terms of who's doing the work and
24 who's, who's able to talk about being on that
25 frontlines and doing it that that will help to shift

2 the overall conversation as well. The, this is a
3 very difficult set of questions that you're raising
4 but part of what makes it difficult is our insistence
5 on framing it as a question about crime. And so I
6 believe that an important way to, ah, an important
7 thing to do is really to shift the orientation. And
8 part of that is shifting who's doing the work, um,
9 because they will use the language of their field,
10 the community health workers, etcetera. Thank you.

11 COUNCIL MEMBER LANCMAN: Ritchie, thank
12 you very much.

13 CHAIRPERSON TORRES: Of course. Ah, the
14 next questioner is the health chair, ah, Council
15 Member Levine, who had a wonderful profile in the
16 *Washington Post*. Council Member Levine. Is the
17 Council Member there?

18 COUNCIL MEMBER LEVINE: Hi, there.

19 CHAIRPERSON TORRES: OK.

20 COUNCIL MEMBER LEVINE: Ah, apologize.
21 Um, thank you, thank you so much, Mr. Chair, and, ah,
22 thank you for your leadership on this issue, ah, and,
23 and pushing this to the fore. This has been a really
24 inspiring conversation, a disturbing conversation.
25 Um, I, I want to ask about what I think is an

2 emerging challenge and, and one of the greatest
3 sources of inequity so far in this crisis, which is
4 the difficulty in protecting your family if one
5 member is sick. Ah, those who are wealthy and have a
6 large house, um, maybe you have a basement or
7 separate bedroom and it's possible to isolate. But
8 for those who have small apartments and large
9 families it's almost impossible and, in fact, this
10 has been one of the main drivers of the spread of
11 this disease. It's one reason why low-income
12 neighborhoods, one of many, including so many others
13 you've spoken about today, why low-income
14 neighborhoods have had much higher rates of
15 coronavirus. So the city needs to offer an
16 alternative so that people can isolate safely from
17 their families. And, um, that, that is a great use
18 of the many vacant hotel rooms that we have and, in
19 fact, at least at some level this work has begun, ah,
20 beginning last Wednesday. We are now offering, um,
21 these hotel rooms to the family, to some families who
22 need it. I, I don't believe there's a member of the
23 administration, ah, still, um, in this hearing, but
24 as far as I know they haven't reported yet on how
25 many have, ah, taken up this option. Ah, but we're

2 gonna need many, many thousands of rooms so that no
3 one has to be stuck in an apartment where they could
4 risk, ah, contaminating their family. And, ah, and
5 the last point I'll make that perhaps I'll, I'll ask
6 some of our, our, ah, experts to weigh in on is the,
7 the program that we're gonna be building soon to
8 trace contacts of everyone who's had exposure to the
9 virus and ask folks to quarantine for 14 days at
10 home, um, and providing them their food and
11 medication [inaudible] when they're at home. This is
12 important because it's gonna allow us to restart the
13 economy, but, um, I'm really worried about how this
14 is gonna play out in low-income communities and
15 communities of color. Ah, I don't want this to feel,
16 to be something that's imposed from above. I want
17 there to be deep community engagement at every single
18 stage, ah, of the design and delivery of this
19 program. I think we need community-based
20 organizations engaged, again, in the design and
21 delivery in the door-to-door work, in the delivery
22 work, in the medical check-ins. Um, I, I can't think
23 of, of, of a task which is gonna require greater
24 sensitivity, ah, greater cultural, ah, awareness,
25 greater language skills than this program, um, and

2 I'm talking about something that's huge, that could
3 require mobilizing thousands of staff people. Ah, so
4 I, I just wanted to put that out there. If any of
5 our panelists would like to weigh, weigh in I'll
6 appreciate that. And, and again, um, to, to Chair
7 Torres, thank you for being an outspoken leader on
8 this issue, um, for convening this important
9 conversation. I don't know if the Speaker is still
10 on, but I want to thank him as well for his
11 incredible leadership on this issue, and to all my
12 colleague in the BLAC, um, what you've done to
13 highlight this has been invaluable and I, I fully
14 support you and, and grateful for your leadership.
15 Thank you. Back to you, Mr. Chair.

16 SPEAKER JOHNSON: Thanks, Mark. It's
17 nice to see you.

18 COUNCIL MEMBER LEVINE: Oh, thank you,
19 Corey, thank you.

20 SPEAKER JOHNSON: Thanks.

21 CHAIRPERSON TORRES: Our next, our next
22 questioner is the chair of the Education Committee,
23 Council Member Mark Treyger.

24 COUNCIL MEMBER TREYGER: Thank you, Mr.
25 Chair, and thank you to the Speaker, my colleagues,

2 and all the powerful, um, ah, panelists for very
3 powerful testimony. Um, I, I want to speak from an
4 education lens for a moment and direct my questions
5 to our esteemed doctors, physicians, for their
6 expertise. Ah, prior to the pandemic, ah, just to
7 give some facts, we have about 1.1 million students
8 in our school system. Three-quarters of our students
9 are at or below the poverty line, with over 200,000
10 students, ah, who are, are with IEPs. We have over
11 100,000 students who are in temporary housing, over
12 30,000 students who are in shelters, tens of
13 thousands, over 100,000 students, multilingual
14 learners, who were traumatized by, ah, national
15 hostilities towards immigration communities during
16 the pandemic. The inequities, the trauma have
17 greatly exacerbated, ah, conditions. Ah, thousands
18 of kids still have not been given access to learn,
19 um, and I would like to hear, ah, your thoughts on
20 the important role that licensed social workers play
21 now more than ever to provide direct services to our
22 students. We have a system of over 1.1 million
23 students, but only about 1500 or so licensed social
24 workers, and social workers don't just take on cases
25 of kids, they also become family social workers

2 helping mom, dad, and those, and those at home as
3 well. Ah, and also the role of nurses. Hundreds of
4 our schools did not have and still do not have full-
5 time nurses working in their schools and many
6 communities, such as in Coney Island or even
7 Elmhurst, Queens, for example, um, their primary
8 healthcare access point is the public hospital.
9 Wouldn't it be something if you had proactive primary
10 healthcare access points in your schools to serve as
11 a community school. So if you could speak on that to
12 bolster our argument that every school should be a
13 community school with social, full-time social
14 workers and full-time nurses. I would greatly
15 appreciate your expertise and support on that. Thank
16 you so much.

17 DR. CARMEN R. ISASI: Those are
18 important, ah, thoughts. I mean, there is a wide,
19 you know, body of literature that, you know,
20 indicates that trauma is important in the long term
21 for the health and development of a child, even the
22 health as adult. So what our children are
23 experiencing now is gonna have long-term consequences
24 if not enough resources are deployed in terms of
25 mental health services and, ah, health services in

2 general. So if schools, for those schools who have
3 like, um, it's, you know, health, um, like nurses or
4 school health services, those are better equipped to
5 deal with that. But you're right that there are many
6 that don't have those resources. Certainly social
7 workers are gonna be key, you know, to help navigate
8 the, the children and their families through this and
9 the impact, because they, they, you know, right now
10 we're seeing the impact in terms of, you know,
11 infection and morbidity per se of the virus in our
12 families. But a year from now, two years from now,
13 we're gonna have the impact on the psychosocial and
14 economic component.

15 COUNCIL MEMBER TREYGER: Correct.

16 DR. CARMEN R. ISASI: And what are we
17 gonna do? We need to be prepared to mitigate that,
18 especially now with low-income, ah, communities and
19 our communities of color.

20 COUNCIL MEMBER TREYGER: Thank you, thank
21 you. And do you, generally speaking, support the
22 idea of having our schools being really, ah,
23 reimagined as community schools, ah, with full-time
24 supports, such as having adequate social worker to
25 student ratios, having adequate full-time nurses to

2 student ratios because for many communities,
3 particular communities of color, low-income
4 communities, the school is the primary access point
5 for very key services for children and for families.
6 And if we keep depriving them of these vital services
7 in the healthcare industry and other industries, in
8 many cases the school is the access point for fresh
9 food, fresh produce. And so as we see right now in
10 this crisis schools are meal sites. So if, do
11 doctors, ah, on the, the panel support the idea of
12 really reimagining our schools as community centers,
13 community schools, where learning and, ah, nutrition
14 and healthcare and, and trauma-informed measures to
15 provide direct therapeutic services to address the
16 trauma that this pandemic has greatly exacerbated,
17 even before the pandemic and certainly during the
18 pandemic. And I, again, thank you all and the chair
19 for your time.

20 DR. CARMEN R. ISASI: It's an, it's an
21 interesting approach, and I think, you know, we were
22 talking before about how we reimagine, the health,
23 you know, the health system, the health delivery
24 system. I think everything needs to be reimagined
25 now and how, how we're gonna prevent for the further

2 disparities to increase and prevent another disaster
3 like the ones we are observing now.

4 COUNCIL MEMBER TREYGER: Thank you.

5 UNIDENTIFIED: We also see that a lot of
6 our children are receiving most of their resources
7 through the school anyway. And it's been successful
8 already, so why not continue in that vein to ensure
9 that our, our students don't end up becoming, you
10 know, adults with chronic conditions that we could
11 have prevented in elementary school or middle school.

12 COUNCIL MEMBER TREYGER: Thank you.

13 CHAIRPERSON TORRES: Thank you. My
14 understanding is, ah, thank you, Council Member
15 Treyger. My understanding is we've been joined by
16 the public advocate. Ah, Public Advocate Williams,
17 are you here?

18 PUBLIC ADVOCATE WILLIAMS: I am. Can you
19 hear me?

20 CHAIRPERSON TORRES: Yeah, honored to
21 have you here and, ah, feel free to ask questions.

22 PUBLIC ADVOCATE WILLIAMS: Thank you so
23 much. Ah, I really appreciate, ah, the opportunity.
24 I want to thank you, Chair Torres, for, ah, being
25 here and bringing this up and the leadership you've

2 shown, as well as our Speaker. Um, and I think
3 everyone who is on the panel, um, representing them,
4 themselves as frontline workers or representing
5 others, I really wanted to be here today to just make
6 sure that I was on the record putting some of this
7 disparity in context just from, from my office, and I
8 wanted to make sure that I, I was willing to be
9 clear, because like all of you and all of us I know I
10 have grown more aggravated, ah, as the time passed
11 by. Ah, as we cross the 20,000 New Yorker who has
12 lost their lives, ah, these numbers didn't have to be
13 this way and certainly the [inaudible] didn't have to
14 be this way. I just want to be on the record in the
15 council of this body to be clear that this just has
16 something to do with, ah, an unintelligent racist in
17 the White House which I'm clear about. Um, but this
18 also has very much to do with our local leaders in
19 the name of, ah, Mayor Bill de Blasio and especially
20 Governor Andrew Cuomo who asked for and received
21 unprecedented powers. And that can't go without any
22 accountability, ah, because what we had was truly
23 three cis gendered white males who were in executive
24 positions to make decision. They didn't even have
25 people around them when they were having these press

2 conferences, and we can see that. And the people who
3 are hurt are the people who look so much different
4 than them. And we never had a clear message for a
5 lockdown. Ah, we never had a bold message and we
6 never adapted to the data as we got it. I recall the
7 mayor not shutting down his teams. Um, the mayor
8 equivocating on St. Patrick's Day. The governor,
9 specifically his words, we don't want to use shelter
10 in place 'cause we don't want to scare people.
11 Spending days and name it PAUSE. Spending days for
12 cause and effect. He wanted to turn the dial, to use
13 his words, 25%, 50%, 75%. Many of us at that time
14 said there's a human cost to this inaction and we are
15 seeing that human cost now. Ah, they, both of those
16 men, put forth policies, ah, that were different and
17 so for certain segments they said we're going to, ah,
18 you have to shelter in place or telecommute. The
19 people who can do that either went to the Hamptons,
20 where their rent was raised, so many people went
21 there, or they stayed home in Manhattan where they
22 can have groceries delivered to them, pharmacies
23 deliver to them, because they had that
24 infrastructure. The rest of the city were told that
25 you are now essential workers. Ah, you cannot

2 telecommute. You have to go home. You have to go
3 work and come back. On top of that, you're gonna go
4 to work and come back with no personal protective
5 equipment. And top of that you're gonna go to work
6 with no personal protective equipment and we're not
7 even gonna test you. The decisions of where to put
8 the USNS Comfort, where to put the field hospital in
9 Central Park instead of Van Cortland Park or Prospect
10 Park were made by these two men. Just a week or so
11 ago they discovered why NYCHA was, ah, and so the
12 decisions, and so I want to applaud the two of them
13 for actually trying to get resources more from the
14 federal government. But the decisions of where those
15 resources went in this city and in this state was a
16 decision they made. The decision to not close down
17 the city was a decision that they made. And so it's
18 just aggravating to watch folks on TV pretend as if
19 the decisions they made did not cause this disparity.
20 You don't get to hide behind saying that these
21 communities have a lack of health resources
22 beforehand, ah, or that we have a dense city. All of
23 those things were know before COVID was here. COVID
24 has exposed it. The question is what was the plan
25 for the least among us? What was the plan for the

2 nursing homes? What was the plan for the
3 incarcerated? What was the plan for the vulnerable
4 communities? We had none. And we're now just trying
5 to implement something. As a matter of fact, the
6 governor said we don't have time to deal with the
7 incarcerated. He said the nursing homes are not his
8 job. I want to make sure that the accountability for
9 the people who made these decisions, one, because
10 that's what leadership is, and two, as we move
11 forward with the same people who brought us to this
12 situation, if they will not even admit to the
13 mistakes that we're made how will we then correct it
14 to move forward? And this is something that is
15 eating at me every single day because there are those
16 of us who pleaded and begged and did whatever we
17 could to make swifter, bolder decisions. That never
18 happened. And so now we have two-thirds of the top
19 ZIP codes that were tested were in white, wealthier
20 neighborhoods while the people who were dying were in
21 black and brown communities in the Bronx, in Queens,
22 and in Brooklyn. What data were you using? I'm glad
23 that the BLAC, my office, and others asked for this
24 data. We're now asking for data on the NYPD of who's
25 getting summonses and who's getting arrests, and I

2 assure you we will see a disparate, ah, impact there
3 as well 'cause the NYPD can't solve this problem by
4 themselves. There needs to be a communal
5 enforcement. That's hard to do when the mayor and
6 the first lady are going for walks in the parks, when
7 liquor stores were open, when constructions were
8 open. So I'm thankful to the administration for the
9 task force that many [inaudible] were put in place.
10 There's still questions about when they're gonna be
11 put in place, who it's going to be. I'm happy to
12 work with Deputy Mayor Thompson. I would not have
13 chosen the first lady as a cochair, but I want to
14 move forward. Ah, we'd like to know, ah, if we're
15 gonna see an impact in this year's budget, ah, and,
16 and the timeframe for some of the recommendations.
17 If we don't get those questions answered, um, the
18 task force may not be worth much. And I just wanted
19 the opportunity to make sure that was on the City
20 Council record. I thank this body for having this
21 conversation and I'm looking forward to when the
22 administration will be here so we can ask them why
23 they moved so slowly, if at all. But thank you all
24 to the panel. Thank you, ah, Chair Torres and Mr.
25 Speaker.

2 CHAIRPERSON TORRES: Thank you, Mr.
3 Public Advocate. Our, our next questioner is Council
4 Member Barron, the chair of the Committee on Higher
5 Education.

6 COUNCIL MEMBER BARRON: Ah, thank you so
7 much. Can you here me? Oh, I think, OK, can you
8 hear me?

9 CHAIRPERSON TORRES: I can, I can hear
10 you perfectly.

11 COUNCIL MEMBER BARRON: Yeah, thank you.
12 I just want to thank you for having this, ah,
13 important gathering and for all of the persons who
14 are here. I just want to be on the record, you talk
15 about getting on the record, that what we're looking
16 at in terms of the disparate numbers of blacks and
17 Latinos who are being recorded as being infected and
18 in fact dying from this disease is not looking at the
19 symptoms of their having, ah, those social
20 determinates of good health in low numbers. It's not
21 just looking at the fact that yes, the increased
22 numbers of those who have heart conditions and
23 chronic conditions and diabetes and, ah, asthma,
24 those are symptoms of the result of systemic racism
25 that we have been subjected to since we have been

2 here. And until we look at changing all of that,
3 doing away with those systems, and putting in place
4 new systems that are going to be more equitable in
5 providing the services to our communities that they
6 need we're gonna continue. I still say that we need
7 to, as someone, one of the panelists said, get
8 increased testing. One of the panelists said testing
9 is the gateway to everything else that's going to
10 come because it will determine how the resources are
11 going to flow. So I commend, ah, those council
12 members, the BLAC, who have said that that is a
13 priority. And we're hearing all of the numbers of
14 testing is increasing. I want to see that that is in
15 fact the case 'cause people are still saying they
16 wanted to get tested and are not getting tested,
17 supposedly because they don't have all the criteria
18 that would, ah, necessitate the agencies saying, OK,
19 you're going to be allowed to have this testing. So
20 I think that it's important that we on the ground,
21 those organizations that have validity and
22 credibility with our communities be at the forefront
23 of providing the leadership. Ah, with all due
24 respect for bike lanes and everything else, no one in
25 my community said that they thought a response to the

2 disparate number of infections and deaths would be
3 ameliorated by a bike lane. And until our
4 communities are the one making the decisions and
5 saying what it is that we want to see in our
6 communities and getting that response, until that
7 happens, we're gonna again be at the mercy of those
8 who are sitting in these positions to make those
9 decisions to say oh, we're going to give you this,
10 we're the great benefactors, we're going to give you
11 this, and until black people and brown people who are
12 the ones being most disparately infected in a
13 negative way are the ones who say what it is they
14 want to see and how they want to see it implemented
15 and the priorities of them coming down, we're gonna
16 be, ah, expanding the, the same disparities that
17 we're facing now. As I've asked people in my
18 community, they're not concerned about a bike lane.
19 They want that money to immediately be put into
20 testing, immediately be put into the conditions that
21 they are facing when they are told to isolate, and
22 they're going back to, to crowded conditions and
23 don't have the ability to move to another room of the
24 house, and we want to see long range, we're talking
25 about the immediacy of what we're facing as well as

2 the long term change of the systems so that we are no
3 longer, ah, subjected to living in conditions that
4 have us with limited economic opportunity so that we
5 don't have a healthcare plan that allows us to be
6 able to get the, ah, responses to our needs in our
7 community. So I want to thank the panel. I've heard
8 that from the panel. And I want to say to my
9 colleagues we have the opportunity to make sure that
10 we steer this movement in a direction that's
11 responsive to what we see happening in our
12 communities and making sure that those funds get
13 directed to, to those, ah, opportunities and systems
14 that will ensure that we as a people begin to get
15 some equity in what it is that we're facing in terms
16 of the poor health, the, ah, limited access to food,
17 the, ah, unsatisfactory or inadequate health systems
18 that are in our community as well as those other
19 things that have been mentioned - education, the over
20 policing. We already see a disparity in how, ah, our
21 community is responded to when we so call don't
22 distance appropriately and other communities get
23 responded to. So I want that on the record. I want
24 to encourage my colleagues to be strong. I want to
25 encourage my colleagues to comment on things that are

2 given to us, saying that this is what the black and
3 brown community will need to move out of the
4 disparities and say yeah or nay or say ask us first.
5 You know, ask us as a black and brown community
6 whether it is we want to see. And I want to thank
7 the panel for their contributions, and I support my
8 colleagues as we stand strong, as we move forward in
9 these budget times and now we call out those persons
10 in power who cut money to hospitals, who cut the
11 programs for health, but yet who still stand on a
12 grand stage and talk about how we're helping to fight
13 this pandemic in New York State. Thank you.

14 CHAIRPERSON TORRES: Thank you, Council
15 Member Barron. The next questioner is Council Member
16 Brannan. Council Member, are you with us? I don't
17 think Council Member Brannan is here. Council Member
18 Ayala?

19 COUNCIL MEMBER AYALA: Hi, good afternoon
20 everyone. Um, actually, very fitting that I go after
21 Inez 'cause I, you know, I, I couldn't agree more
22 with every single thing that, you know, she has said.
23 Um, you know, no one has come to us to ask us
24 anything in our communities. Um, I'm really
25 horrified at the thought of what the next, you know,

2 few years is gonna look like, um, in terms of, you
3 know, our constituents' mental health. I'm the chair
4 of the Mental Health Committee and so, you know, for
5 obvious reasons this is something that is really, ah,
6 near and dear to my heart. But we are not hearing
7 from anyone and access to mental health is already a
8 problem. In a pandemic it's virtually impossible to
9 seek help. Ah, we have NYC Well, which is, it's
10 great, it's a great program. Um, but we don't have,
11 there's no one in our communities, there's no one
12 speaking to our constituency, um, and that's a,
13 that's a huge problem, especially when we have
14 families that are, ah, losing loved ones and not even
15 being allowed an opportunity to grieve appropriately,
16 where we have families that are losing employment and
17 then having to worry about how they're gonna make
18 rent, how they're gonna buy food, how they're gonna
19 care for their families. Um, the, the overwhelming
20 amount of stress that is being imposed on all of us,
21 I mean, I am, you know, I'm, I'm oftentimes, you
22 know, feeling, ah, quite, you know, depressed as
23 well, right? Um, I have an outlet, I have people
24 that I can speak to, I'm very fortunate in that way.
25 But not everybody has that. Um, my husband and I

2 developed COVID and my mother, who lives with us,
3 subsequently developed it as well because we live in
4 a household where there are seven members, and even
5 though we have a three-bedroom apartment, it's not
6 the biggest apartment, it's not small enough, but she
7 suffers from mental health issues. And she was, ah,
8 secluded to a space in the house by herself now
9 because everybody was kind of quarantined and that
10 was eating at her. You know, she was going insane.
11 And so she kept breaking into our room, which is how
12 probably she, she got it. Um, but she [inaudible]
13 house, um, and not being able to speak to anyone,
14 right? She doesn't go on the computer, right? She's
15 not computer literate. Um, she can only cope with so
16 many people a day. It was really eating at her and
17 so I'm really concerned about, ah, what this looks
18 like for our mental health. I'm concerned about
19 young people. We don't talk enough about our young
20 people. They have lost every single outlet. They
21 don't go to school anymore, and I use my, my own
22 children, I love to use my family as an example of
23 everything. But, um, I have three, three, ah,
24 teenagers at home, two 18-year-olds and a 14-year-
25 old, and they normally don't go out. But they, they

2 release all of the social and emotional needs at
3 school, right? And so when they come home they are
4 fine. They've satisfied whatever, you know, they
5 needed to satisfy throughout the day. But we don't
6 have that anymore and so, you know, who, we're not
7 really addressing, um, our young people in that way.
8 We're not considering, you know, all of the
9 sacrifices that they've had to make, um, that they
10 will no longer graduate, that they don't see their
11 peers, that they don't have, um, access to that kind
12 of activity, and so I wonder if this, you know,
13 something that in your fields you're, you're hearing,
14 um, something that you're paying attention to, um,
15 we're, obviously, you know, really concerned at the
16 council and we'll be, you know, look forward to
17 having, um, hearings on this to learn more about what
18 that looks like, what does mental health look like
19 for first responders, what does it look like, you
20 know, for families, but really curious to see what
21 the panel, um, has to say about that.

22 DR. SHONDRA L. FORD: I'm sorry. I just
23 wanted to say that I have to leave and it's been a
24 privilege to participate in this conversation. And
25 I'm happy to, ah, forward my remarks and, um, I'm

2 happy to respond to specific questions in the future
3 if they come up. Excuse me, and thank you.

4 CHAIRPERSON TORRES: Thank you, Dr. Ford.

5 UNIDENTIFIED: I don't work with
6 pediatrics, um, specifically. But, ah, some of my
7 colleagues obviously do and this has been, um,
8 definitely very much on their minds, this and the
9 health of frontline workers, those who are related to
10 frontline workers. Um, and the other question is,
11 you know, what are we going to do in the recovery
12 phase? We're gonna have a lot of people who are very
13 ill for a very long time, um, that are gonna have
14 what we expect to be pretty severe disabilities that
15 are gonna require, um, care as well. So I think the
16 recovery phase is going to be, um, if not as
17 stressful, more stressful than what we're currently
18 going through now because it's also uncharted
19 territory. Ah, we're trying to stay abreast of
20 mental health and make sure to recommend it when
21 possible. Um, but, again, with the risk of people
22 transmitting the disease how best do we do that? How
23 do we keep people safe? How do we get mental health
24 into people's homes, um, is a question that remains
25 for all of us. But it's definitely a question that

2 we are talking about. It's an issue that we're
3 trying to, um, answer for our patients and provide
4 some management.

5 CHAIRPERSON TORRES: Council Member
6 Ayala, do you have any more questions, or?

7 COUNCIL MEMBER AYALA: I don't.

8 CHAIRPERSON TORRES: Thank you, Council
9 Member.

10 COUNCIL MEMBER AYALA: Thank you.

11 CHAIRPERSON TORRES: The next questioner
12 is Council Member Rose. Council Member Rose? Can we
13 unmute Council Member Rose?

14 COUNCIL MEMBER ROSE: OK, hi, can you
15 hear me?

16 CHAIRPERSON TORRES: I can hear you, yes.

17 COUNCIL MEMBER ROSE: OK. Hi. Um, I, I
18 want to thank you, ah, Chair Torres, for having this
19 hearing. Um, it's very timely. Um, in fact, it's
20 overdue. Um, and I want to thank the Speaker for,
21 um, for giving this such importance. Um, I, I think,
22 I want to thank all of the doctors who testified
23 today, um, as to, um, relating it back to historic
24 and systematic racism. I think we can't address any
25 of these issues unless we address them. Um, Dr.

2 Camara talked about, um, the historical significance
3 of, of how we kind of arrive there and, um, we can't
4 address the density and housing and the close, ah,
5 capacity that people have to live in without
6 addressing red lining and gerrymandering and
7 gentrification. Um, these are all issues that we
8 have not, um, had I think the courage to talk about
9 here, um, in New York City. Um, I live on Staten
10 Island and those are very real issues, even up until
11 today. And so I wanted to talk about, you know, um,
12 it was said that access to, um, to testing and to
13 care is paramount to stemming, you know, the spread
14 of the, ah, COVID-19. Um, and testing was, was a
15 key. And in all of the communities of color that
16 was, that was absent. There was no testing available
17 in Staten Island. The only testing that was
18 available was a drive-through, which was all the way
19 on the other side of island where people who don't
20 drive didn't have access to. We, ah, we were not
21 addressed in our communities because we don't have a
22 public hospital. And in the absence of a public
23 hospital we were totally, totally left out of any
24 plan that the administration came up with, because we
25 didn't have a public hospital. And so we have two

2 private hospitals, which were very small, um, fish in
3 a huge pond in private hospitals and we were denied,
4 um, resources early on and, um, and protective
5 equipment for our workers. We are isolated twice.
6 We are isolated as a community of colors, but we're
7 also isolated geographically. Um, we're not even
8 considered in any plans because we don't have a
9 public hospital. And so my, my question is how is it
10 that we can talk about access to care and, um, we can
11 eliminate total populations, um, based on the fact
12 that there is one, not a public hospital, and two,
13 by, by geography. And I wanted to ask the doctors if
14 in fact they found if capacity was an issue or had a
15 disparate impact on the level of care that
16 communities of color receive and, um, and if so, um,
17 how do we, how do we combat that? And we also, um,
18 how do we get culturally competent care, because we
19 have a federally qualified health center that was
20 working in our communities and the community of color
21 and they were not given the equipment or the, the
22 PPEs, um, masks, or the tests that they needed. They
23 had a very small, um, limited amount. They were
24 issuing them in our NYCHA project and then they were
25 then following up to make sure that people had food,

2 that they had access to medication, and that they
3 would check on them periodically since the hospitals
4 would not take them because of a capacity issue. Can
5 you tell me how we are supposed to address, um,
6 address access to healthcare, um, with these types
7 of, of limitations put in place? And, um, and I'd
8 really like to hear if you found or felt that there
9 was any, um, disparate impact on the communities of
10 color based on capacity on, on the healthcare system
11 ability, the capacity issues? Thank you.

12 CHAIRPERSON TORRES: Do any of the
13 panelists have a response? Ah, Council Member Rose,
14 do you have a, are you directing your question to a
15 particular panelist?

16 COUNCIL MEMBER ROSE: I, I was hoping
17 that one of the doctors that, um, had been on the
18 frontline in this, um, pandemic could, you know,
19 could answer my questions, especially about capacity
20 or lack of capacity.

21 UNIDENTIFIED: So I'm not a doctor, I'm a
22 nurse practitioner, um, but I can tell you that from
23 my experience the, the units are way beyond capacity,
24 um, doing one-and-a-half to two times more patients
25 than they should be. The nursing staff are taking

2 six patients to a nurse in an ICU where the setting
3 is typically one to two patients in the ICU. Um,
4 we're turning operating rooms into ICU beds. We're
5 putting units that typically don't have critical care
6 capacity and turning them into critical care units.
7 So, yes, we are way beyond capacity. We are also
8 redeploying nurses to areas where they have never
9 practiced before. You now have, um, physicians and
10 nurse practitioners taking care of specialities
11 they've never managed before. And although, you
12 know, we get generalized training, um, in med school
13 and as nurse practitioner students, your speciality
14 becomes what you know, and so has this affected, um,
15 the provision of care? Likely. Um, to what degree I
16 cannot say. But, um, I can definitely tell you that
17 the way that we're delivering care is not the ideal
18 way to provide care in this situation.

19 COUNCIL MEMBER ROSE: Thank you.

20 CHAIRPERSON TORRES: Thank you, thank you
21 Council Member Rose. The next questioner is the
22 chair of the Public Housing Committee, Alicka Ampry-
23 Samuel, followed by Council Member Brannan. Council
24 Member Ampry-Samuel, are you here?

2 COUNCIL MEMBER AMPRY-SAMUEL: All right,
3 yes, I'm here.

4 CHAIRPERSON TORRES: Thank you for
5 joining us.

6 COUNCIL MEMBER AMPRY-SAMUEL: Thank you.
7 Um, thank you so much, Chair Torres, as well as, um,
8 Speaker Johnson for, um, putting together this
9 hearing. What we're talking about today is really a
10 highlight of what many of us have been screaming and
11 yelling and fighting about for the past nine weeks
12 and as the chair of the Public Housing Committee and,
13 more importantly, as a black woman living in a low-
14 income black community, um, caring for a school-age
15 child and a very fragile mother, mentally and
16 physically, um, and with, I feel, an entire community
17 on my back, this has been a nightmare. Not only do I
18 represent the highest concentration of public housing
19 in the country, I have thousands of seniors who live
20 in HUD 202 and families who are living in rent-
21 controlled buildings, rent-stabilized buildings, and
22 they have always struggled, before COVID-19. And it
23 didn't take a rocket scientist to see that a virus
24 that attacked the lungs would have a serious impact
25 on the families that I represent. And the time that

2 it took to even get the attention we needed two
3 months later is just outright disrespectful and a
4 total disregard to humans in need, and the people in
5 my district were just flat out not a priority at all.
6 And many lives were lost that could have been saved.
7 And when I look back at just the first map that this
8 city released that highlighted the percentage of
9 patients testing positive, that map was released on
10 March 26, and it didn't even list the Brownsville
11 community on it. So when we talk about being left
12 out and forgotten that map dated March 26 is a clear
13 indication of certain communities just being
14 forgotten. So the data has always been there. We
15 knew exactly who were bearing the greatest burden
16 during this pandemic. And yet black and brown
17 communities were left to fend for themselves for
18 weeks. And now that we see relief efforts ramping up
19 at the same time when we're talking about opening up
20 streets and the governor talking about opening up the
21 state, and we're seeing press conferences over and
22 over about hope being there and the numbers coming
23 down. But yet we're still dying. And I know my
24 uncle, Nathaniel Royal, died last night in Brookdale
25 Hospital. And my uncle went to one hospital in the

2 community, tested negative, he was in there for a
3 week and half, came home to a crowded apartment in
4 Van Dyke Houses, with his mother, who is 90, and two
5 other uncles, and tested positive, went back to
6 Brookdale, and died within two weeks. He died last
7 night at 7:22. And he's the 28th person that I know
8 personally, loved, and cared about who have passed
9 away. Personally, 28. And so we all grieve. So
10 with that my question was in align with what, um, ah,
11 Council Member Levine talked about and Council Member
12 Ayala about overcrowded apartments. And we know that
13 overcrowded apartments is a struggle and we see this
14 every single day. But to say that, you know, hotels
15 are opening up is not really a realistic, um, ah, way
16 to address this discussion, this issue. And, um,
17 when we talk about family members who have mental
18 illness, um, you know, mental challenges, we can't
19 say that a caretaker is, you know, if they test
20 positive then they can go to a hotel. Or we can't
21 say that, you know, Grandma, who has a mental
22 illness, can be, you know, isolated in a hotel. We
23 can't say that. So my question is, what is a
24 realistic way to address overcrowding that we still
25 see and people are still dying, and this mental

2 health issue has only exacerbated, what's a realistic
3 way to, to, for us to, um, to give real information
4 and advice to families that live in overcrowded, um,
5 apartments and situations, because hotels is not the
6 answer, um, at all and families still have to work
7 and families are still coming home to crowded
8 apartments and families are still dying, rest in
9 peace to my Uncle Kato Nathaniel Royal who died last
10 night in Brookdale. So that's just my question to
11 anyone who is able to answer it, just a realistic,
12 um, answer.

13 UNIDENTIFIED: I'm sorry for your loss. I
14 have to tell you that, um, many of my patients are
15 going through the same thing. I spoke to a patient
16 the other day who is taking care of her 85-year-old
17 mother and her 94-year-old father and both of them
18 are COVID positive and she is not. Um, there is no
19 way for her to go. She cannot go stay in a hotel.
20 They cannot go stay in a hotel. They require that
21 she cares for them. I have patients who are parents
22 of young children that are positive that they're
23 caring for. They cannot leave home. Um, so the best
24 that I can tell them to do is to do their best to
25 wash their hands, keep their areas clean, make sure

2 their children are doing the same thing, um, that
3 they don't have people who are not in the homes with
4 them coming in frequency, that they don't go in and
5 out and expose themselves, um, to other unknown
6 sources of possible infection. It's a, it's
7 definitely a tough situation, and many of us don't
8 have the option of isolating ourselves from our
9 family members because we are caregivers. Um, it's,
10 it's a double-edged sword, to be perfectly honest.

11 COUNCIL MEMBER AMPRY-SAMUEL: OK, thank
12 you. Um, yeah, that's just been, it's you know, and
13 it's just a tough, um, it's a tough questions and
14 clearly, you know, something that is just really
15 gonna take a whole lot of people to figure out. We
16 thought that, um, you know, providing the families in
17 NYCHA with, you know, they came, they swooped in with
18 the National Guard and dropped off, um, sanitizer and
19 mask, but it was one per apartment and not one per
20 person that lived in the apartment, and there was no
21 help or guidance with even the distribution, and I
22 found myself out there pumping, um, sanitizer into,
23 ah, water bottles, um, um, as we live in a developing
24 country. Um, so, you know, I guess it's just a
25 continued conversation I look forward to having with

2 my colleagues and folks from the task force that the
3 mayor's office just announced to really figure out
4 how to save the lives of, um, you know, the folks
5 that are still living and, um, you know, figuring out
6 a way to, to help those families. So thanks
7 everyone, and thanks again for the opportunity to
8 speak.

9 SPEAKER JOHNSON: Thank you, Alicka
10 [inaudible] big hug right now. I'm so sorry for your
11 loss.

12 CHAIRPERSON TORRES: Yeah, Alicka, thank
13 you for just beautifully capturing what it means to
14 be a woman of color in the face of COVID-19. That
15 was powerful testimony. I want to call, um, Council
16 Member Brannan. I'm having trouble hearing the
17 Council Member.

18 SPEAKER JOHNSON: We can't hear you,
19 Justin, but it doesn't, it says you're unmuted, so I
20 don't know. Maybe try to mute and unmute yourself
21 and see if that works? I think we can, go ahead, can
22 we hear you? No. Why don't you log out and then log
23 back in?

2 CHAIRPERSON TORRES: In the meantime, Mr.
3 Speaker, do you have any questions before we move on
4 to the next panel?

5 SPEAKER JOHNSON: Ah, I do. Um, I don't
6 want to spend too long. I wanted to kind of waive my
7 time before and let members of the, ah, council go
8 before I went. But let me just go through a few.
9 First, I want to say thank you. I mean, these
10 panelists have been unbelievable today. I'm just so
11 grateful to all of them and their unbelievable
12 expertise and guidance and everything that they've
13 said. And I also want to thank the members of the
14 council, to hear from so many members who have been
15 personally impacted and whose communities have been
16 ravaged, um, by COVID-19. I just wanted to ask a few
17 questions. You know, I wanted to, to kind of check
18 in and see, and anyone can take this, from a public
19 health perspective what do you all think are the most
20 effective strategies from gauging and communicating
21 with communities that may be especially vulnerable,
22 ah, to COVID-19, such as communities of color? Ah,
23 are there major gaps that you've been seeing from
24 government leaders? Are there things that you think
25 that we could be doing to improve communication, um,

2 to these hardest-hit communities? And if, if anyone
3 wants to take that, um, I don't know if there's
4 anyone, I don't know if, ah, if Dr. Maya Clark-
5 Cutaia, I apologize if I mispronounce your name, ah,
6 if you want to answer that question?

7 DR. MAYA CLARK-CUTAIA: Sure, um, this is
8 pretty much the patient population that I work with,
9 um, most often and I think what I've found is that
10 relationships mean a lot. Knowing the community,
11 knowing the needs of the community means a lot.
12 Spending time in the community means a lot. Making
13 sure that the community understands that what you say
14 you're going to do, you actually do. It means a lot.
15 Coming back and telling my, my community what my
16 results were from the work that I've done seems to
17 mean a lot. And those things have made an impact in
18 terms of being able to have conversations with
19 patients and have them come back to me with concerns,
20 um, and needs of our community.

21 SPEAKER JOHNSON: Thank you. [inaudible]

22 DR. CARMEN R. ISASI: In addition, I
23 would like that, you know, engaging the community,
24 um, and expertise of community health workers.
25 Community health workers traditionally have been a

2 tremendous resource in terms of educating our
3 communities, linking them to resources, and being a
4 trust source of, um, you know, information as well
5 as, you know, the linkage to health services. So
6 from the public health perspective, you know,
7 leveraging the community health workers that, you
8 know, are engaged already in the system via community
9 health organizations or, um, health services, ah,
10 would be a way to go.

11 SPEAKER JOHNSON: Thank you. And do you
12 all think that the city has been sufficiently
13 forthcoming with data, ah, with public health data,
14 on a day to day, week to week basis in ways that are
15 helpful to researchers who are studying the impact of
16 the disease, especially the impact on communities of
17 color? How would you all, um, sort of grade the city
18 as it relates to the data that they've put out to be
19 able to help researchers and clinicians and
20 scientists who need to use that data to understand
21 these impacts?

22 DR. CARMEN R. ISASI: That's a great
23 question. Um, certainly, you know, seeing the daily
24 updates from the city in terms of, you know, numbers
25 of cases, ah, being tested and positive, being

2 hospitalized and the death is important. But I think
3 there has been a gap, especially at the beginning in
4 showing how this was disproportionately affecting
5 community of colors, and I think that needs to
6 change. I think it would be a, a great resource for
7 the, not only the, you know, the scientific community
8 but also the, the public health community in terms of
9 knowing the actual data. How many people have been
10 able to be tested? How many people couldn't get
11 access to that? Of those, ah, deaths that there were
12 not regionally, you know, attributed to COVID death
13 because they died at home, were they related to the
14 infection or not? So what has happened, and I don't
15 think there was that, ah, much of information on that
16 regard.

17 SPEAKER JOHNSON: Thank you. I see David
18 Jones raising his hand and he's not been on this
19 panel, but he is one of the, ah, I think most
20 important leaders in New York City and is the head,
21 of course, for the Community Service Society, so I'm
22 gonna unmute him and David, if you wanted to answer
23 that question go ahead.

24 DAVID JONES: Yeah, ah, we, we've been
25 concerned about this because the city stopped

2 reporting, ah, on a timely basis the demographic
3 impact of death and, and, ah, people going into the
4 system. We would urge the council to say the city
5 has to start giving, ah, accurate, almost daily
6 reports on how this is hitting. We can't operate in
7 this sort of, oh, this is the gross number. We have
8 to take it by race and, and locality to really be
9 effective here. So I would urge this is something
10 the council can leverage the city to do. It would be
11 enormously helpful to people to understand what's
12 going on. And I'll stop.

13 SPEAKER JOHNSON: Thank you. And I
14 wanted to ask, I'm glad that the city and state are
15 starting to focus on the need for contact tracers.
16 You've seen the announcement that the governor made
17 with Former Mayor Bloomberg about needing to hire up
18 what they've called an army of contract tracers. But
19 I think, ah, ah, Dr. Carmen Isasi just said this, so
20 I don't be repetitive, but I think it's an important
21 point to make. We need to make sure that we hire
22 people who are culturally and linguistically
23 competent for communities all across New York City.
24 You need someone who speaks Bengali for the Bengali
25 community. You need someone who speaks Yiddish for

2 the Orthodox Jewish community. We need someone who
3 speaks Spanish. You need someone, ah, who speaks
4 Tagalong. We need someone that speaks to all of
5 these communities and I wanted to just see if you all
6 think there are ways that we should be thinking about
7 recruiting and advertising to make sure we are
8 getting contact tracers that will actually be able to
9 communicate effectively throughout all communities in
10 New York City and if you have seen, you may not have
11 seen, but if you've seen any other cities that we
12 should look to as models on how to do effective
13 contact tracing for an extraordinarily diverse, ah,
14 public. So any thoughts on recruiting and
15 advertising and any other cities that we should look
16 to that have done this effectively on getting the
17 right type of people to become contact tracers?

18 DR. CARMEN R. ISASI: Yeah, I haven't
19 seen, um, you know, all the city's effort just yet,
20 ah, but, but something to add to the list of, you
21 know, cultural sensitive is also sensitivity about
22 like, ah, you know, documentation status, ah, because
23 people are gonna be afraid to respond. If you're
24 gonna be, you know, calling somebody and ask who
25 you've been in touch with, who are you, you know,

2 where, ah, you know, had dinner with or who you
3 visited, who lives at home, what is this, you know,
4 families have members who are not documented. And
5 how are they gonna be reliable answering that when
6 there are fears that that would trigger, you know,
7 putting at risk, um, you know, their, their families
8 to be deported or, or detained because of their
9 documentation status. So I think, you know, that has
10 to be added to the training in sensitivity that, ah,
11 all these, you know, tracers need to, to receive.
12 Ah, you know, where to advertise, college, you know,
13 community colleges, community centers, you know, the
14 community health organizations, you know, all these
15 community centers that are around, you know, the
16 neighborhoods and, and have people who may qualify
17 for these, those are great venues to try to hire
18 people that are representatives from the community
19 and are, you know, vested in the health of the
20 community.

21 SPEAKER JOHNSON: Thank you, and, and I
22 apologize, I am not sure I can see all of the
23 panelists or people that have been speaking so if
24 they're, that, that spoke before so eloquently and
25 wonderfully so if there are other people that, that I

2 can't see right now who were testifying before on
3 this panel that want to answer I'm happy to hear from
4 other folks as well. OK. Um, lastly, just a last
5 question, ah, and I think you've talked about some of
6 this in your opening statements, ah, but also in some
7 of your responses to the council members today. But
8 just kind of a, a broad answer, a kind of an
9 overview, from what you have seen, ah, what does the
10 city need to do better? What else can we be doing
11 now? Of course, we understand the long-term issues
12 and the long-term disparities and the glare and the
13 gaping holes in our social safety net and in our
14 healthcare system. But immediately, today, ah, in
15 the next three days, in the next week, what are the
16 things the city can be doing more of and what can we
17 do better in the days ahead, as it relates to
18 communities of color, low-income communities,
19 immigrant-dense communities, what else should we be
20 doing?

21 DR. CARMEN R. ISASI: Well, I think the
22 first is to protect better our essential personnel,
23 you know, and give them the, what they need in terms
24 of protection, making sure that the guidelines and
25 the recommendations for everybody who is working in a

2 grocery store, for everybody who is now reporting to
3 a construction site, for everybody who is, you know,
4 delivering food, ah, that has the protected, um, you
5 know, equipment that they need to remain healthy, and
6 continue the testing. You know, centralizing those
7 places that most of you have highlighted in terms of
8 housing, in terms of nursing, ah, homes, the most
9 vulnerable now. So those are the things that we need
10 to focus immediately.

11 UNIDENTIFIED: I would agree and, um,
12 piggyback on that and say that testing is going to be
13 key and education is going to be key in these
14 communities. Um, letting these communities know how
15 to keep themselves safe, what to do if they feel that
16 they are becoming ill, where to safely seek
17 treatment, how to seek treatment, um, what to do if
18 they can't speak for themselves. There's a lot of
19 education that really needs to happen solely around
20 self-care and how to take themselves, in addition to
21 ensuring that patients can get tested so that we then
22 know where the resources need to dispersed.

23 SPEAKER JOHNSON: Thank you. And before
24 I turn it back to Chair Torres, ah, just for a moment
25 because I can't stay on the rest of the hearing, I

2 have to go lead a budget negotiating team, ah, a two-
3 and-a-half hour meeting on the city's budget, another
4 Zoom conference. But I just want to take a moment
5 and there are a lot of people that I see on this call
6 that I could call out, ah, who have been friends and
7 wonderful. I see former borough president, Virginia
8 Fields, ah, who, who is wonderful. But I want to
9 take a moment and just thank Oren Barzilay, who is,
10 ah, the president of local EMS union 2507, and his
11 workers have, his amazing, amazing members, have been
12 the ones who have been going door to door, home to
13 home, as EMTs that have been going in and saving
14 thousands and thousands and thousands of New Yorkers,
15 and many instances without the proper personal
16 protective equipment that they need. His, his union
17 has suffered a tremendous number of losses, ah,
18 during this time. Ah, it is scary, ah, these EMTs
19 who are not being paid a fair wage. Instead of, you
20 know, talking about a ticker tape parade, which may
21 be nice at some point, we need to pay our EMTs
22 appropriately for the work that they do and cover
23 them and their families. So I want to just thank
24 Oren and his union and his members for all of the
25 compassion and hard work, working double shifts, not

2 seeing their families, afraid to go home because
3 they've been exposed and they're gonna potentially
4 expose their children or loved ones. I saw a story
5 last week of a young EMT who died by suicide. You
6 know, John Mondello, so, you know, I, I just want to
7 thank you, Oren, for, for everything that you have
8 been doing and everything that your members have been
9 doing during this time, and we want to make sure that
10 you all are not just thanked with our words but that
11 you are appropriately and your members are
12 appropriately compensated for the work that you all
13 doing. I unmuted you for a moment. I know you're
14 going to testify in a second and before I go I just
15 wanted to recognize you thank you for everything
16 you're doing.

17 OREN BARZILAY: I, I sincerely genuinely
18 appreciate that. Thank you so much, ah, Speaker
19 Johnson. That means a lot, not just to me but to all
20 our members. Ah, you guys are the backbone of our
21 city and to hear this come out from City Hall all the
22 time, ah, it means, it's tremendously valuable to all
23 our members. So thank you, thank you for everything.

24 SPEAKER JOHNSON: Anything we can do,
25 Oren, to be of help. I know you're going to testify

2 with some things that you need. But anything we can
3 do, let us know. We know that so many of your
4 members, again, are people of color, are women, ah,
5 women of color, who are these essential workers that
6 are on the front line literally saving thousands of
7 people's of lives every day and for the first few
8 weeks of this unbelievably painful, ah, moment in New
9 York City you saw people just talking about hearing
10 siren after siren after siren through the streets of
11 New York City, and we know that people were driving
12 those ambulances. We're in the back of those
13 ambulances keeping people alive, and those are your
14 members. So I just want to give my deep gratitude
15 from the entire City Council to you and to your union
16 and to your members, and anything you need we want
17 you to let us know.

18 OREN BARZILAY: Absolutely, thank you
19 again. I'm, I'm, I can't thank you enough. Thank
20 you.

21 SPEAKER JOHNSON: Thank you, and I want
22 to turn it back to you, ah, Chair Torres.

23 CHAIRPERSON TORRES: Thank you, Mr.
24 Speaker. Before we move on to the next panel I just
25 want to explain that we're going to take the input

2 that we gained from the panelists to inform our next
3 hearing, which will focus on cross examining the
4 administration's plan for addressing racial
5 disparities. And so I'm curious, to, to, to the
6 panelists, what questions should we ask the
7 administration at the next hearing? What's the most
8 important question we could ask?

9 UNIDENTIFIED: I would want to know about
10 testing and resources so that you can ensure that you
11 get resources to your, to the community.

12 DR. CARMEN R. ISASI: Yeah, I, I was
13 about to say the same thing, the testing, the, um,
14 and about the plans for protecting essential
15 personnel.

16 CHAIRPERSON TORRES: Thank, thank you, I
17 appreciate your testimony, thank you so much. Ah,
18 Stephanie, can you call up the second panel?

19 COMMITTEE COUNSEL: Sure, thank you,
20 Chair, and thank you to our panel again for
21 testifying. Our next panel will consist of Bertha
22 Lewis, David Jones, Theo Oshiro, C. Virginia Fields,
23 Frankie Miranda, and Joanne Yu. A few reminders.
24 Council members who have questions for anyone in the
25 panel please use the raise hand function in Zoom and

2 the chair will call on you after all these panelists
3 have completed their testimony. Once the chair calls
4 on you, please specify which specific panelist you
5 are directing towards and panelists knows who, who
6 should answer. For panelists, once your name is
7 called a member of our staff will unmute you and then
8 you can begin your testimony. Once you are finished
9 please remain on the line as we will open it up to
10 council member questions once all members of this
11 panel have delivered their testimony. When council
12 member questions begin, panelists and council members
13 who are asking questions, if you could please leave
14 your mics unmuted if possible just to facilitate the
15 flow of the conversation. Going forward, each
16 panelist will have three minutes to deliver their
17 testimony. First, I would like to welcome Bertha
18 Lewis to testify, who will be followed by David
19 Jones. Bertha?

20 SERGEANT AT ARMS: Time starts now.

21 BERTHA LEWIS: Hello. Can you hear me?
22 Can you see me? 'Cause I can't see myself.

23 CHAIRPERSON TORRES: I can hear you, but
24 I cannot see you.

2 BERTHA LEWIS: Ah, somebody took my video
3 off. I don't, you know, I don't know, ah, start my
4 video. Hey, [inaudible].

5 CHAIRPERSON TORRES: I can see you.

6 BERTHA LEWIS: This is the first time
7 I've ever done this Zoom thing. I'm old, you know,
8 so thank you. Um, so, um, I been listening in and
9 I'm gonna tell you right now my, my opening testimony
10 is five minutes. So that's all I got to say about
11 that. Now, but, I do want to thank you all for
12 inviting me to talk about the, some of the racial and
13 economic disparities that's been exposed today, ah,
14 by this pandemic, this plague, as our president says
15 and to do just what needs to be done. So, one, I
16 think there are five important things. You need to
17 fund an independent study to document exactly what
18 happened during the course of this pandemic, and let
19 me be clear when I say independent, I mean
20 independent, and I mean outside the control of the
21 city and its leaders. That means you. You got to
22 consolidate the various databases that are used to
23 keep track of testing, infections, hospitalization,
24 treatments, and deaths. This is especially important
25 in times like this but it should also be the way

2 going forward that things should be done, ah, when we
3 return to so-called normal times. You've got to
4 establish a new office of pandemic research and
5 response. The need for such an office became
6 apparent shortly after the pandemic began and that
7 need is not going away any time sonogram. We had
8 one, ah, you know, novel corona, there's gonna be
9 more. Establish new healthcare programs to address
10 the various needs that are identified during the
11 course of the independent study and work with New
12 York State's Congressional delegation to ensure that
13 all future federal funds are distributed through
14 municipalities rather than through federal agencies
15 and large destructive banks. Let me just jump ahead.
16 Um, I've set my full testimony where I elaborate on
17 each of these five things, but I'm just gonna jump to
18 my personal experience. To begin with, I'm a
19 trifecta. I'm definitely over 50, I am obviously
20 black, and I have diabetes. Because I have diabetes
21 I undergo dialysis treatments three days a week.
22 Those treatments take place in a dialysis center, who
23 I am in a room with 19 other patients undergoing
24 similar treatment.

25 SERGEANT AT ARMS: Time's expired.

2 BERTHA LEWIS: All of these people are
3 people of color. And some of these folks are COVID
4 positive. All right. So, here. Um, even though our
5 group is one these, you know, big groups that are so-
6 called at risk, ah, tests are not being conducted.
7 Now you all blew nursing homes when everybody knew
8 the first folks were elderly with underlying
9 conditions. There are over 100 dialysis centers in
10 New York City. 46,800 people are treated every
11 single week. And yet no testing is done at these
12 centers and you are not thinking about the healthcare
13 workers that work in these centers. Why have we
14 among the most vulnerable residents of this city been
15 totally ignored. Clearly Mayor de Blasio has done
16 nothing to take care of me during this pandemic, nor
17 has Governor Cuomo. He's done nothing to, to help as
18 far I can determine. He doesn't even know if I've
19 been infected or any other dialysis patients have
20 been infected and sure as hell our President Trump
21 has not done anything to do, to suggest that he's
22 particularly worried about my health and safety.
23 Which means that you, you, City Council members, you
24 are our only hope. That's why I'm so happy you're
25 having this. We can do a better job with these

2 virtual things. But that's virtuality for you. Do
3 whatever you can to ensure that every resident of New
4 York City is able to get tested whenever they want,
5 in a location that is within walking distance of
6 their residence. Second, you got to ensure that we
7 implement programs that will ensure that fewer
8 minorities in this city are harmed by the next wave
9 this horrific disease and that next wave, you know,
10 good old Dr. Fauci told us, is coming this fall.
11 Third, you've got to commit to addressing the
12 underlying problems that everybody has made
13 abundantly clear that affect minorities. And fourth
14 and most important, I want you to commit and I want
15 you to commit right now today that you will do
16 whatever necessary to ensure that when a vaccine is
17 developed to prevent corona 19, Ms. Rona, as we call
18 her in the black community, that that vaccine will
19 get distributed in a way that will ensure that
20 minorities are not at the end of the line. If you do
21 nothing else do that. That is your job. So thank
22 you for allowing me to voice some of my thoughts. I
23 know some of you who know me you might say, well, you
24 know, she's, that's just radical. I understand that.
25 But the problems we are trying to overcome have

2 become entrenched in every aspects of our lives and
3 they can only be resolved if we are willing to
4 embrace this concept of change. Unlike many people,
5 y'all that know me know I don't waste time while I'm
6 in self-isolation wishing that we could get back to
7 the way that things were as quickly as possible. The
8 way things were weren't so good for me. I spend my
9 time thinking about what can be done to make things
10 better, ah, than the way they were before. Let me
11 just say also, City Council, Mr. Speaker, I know you
12 gone now. But I don't know what your process is but
13 you need to be talking to each other because the
14 stories that I heard shared today and the statements
15 that I heard shared today by City Council members,
16 you already know the answers. You already know so
17 don't ask questions that you already now the answer
18 to. Um, also you already know the [inaudible] that
19 are on this panel have been talking about this stuff
20 forever. I don't know what kind of power you have
21 but you need to exert your power now. No budget,
22 nothing moves until this caucus, this committee gets
23 what it needs. You can't keep complaining. You're
24 in office. You're in power. You are our only hope.
25 Minority businesses are our only help. To hell with

2 the mayor's task force. Y'all know what that's all
3 about. You tell these task [inaudible] what you want
4 and what you need. You already know it because
5 you've all made statements about the. So thank you
6 for, for letting me speak. I really am happy to be
7 on with the rest of, um, my, ah, panel members and,
8 um, when you ask us questions ask us short questions.
9 Don't ask us questions, um, that come behind a grand
10 statement from each of you. Thank you all.

11 COMMITTEE COUNSEL: Thank you for that.
12 I'm Counsel Jeana John taking over for Stephanie
13 Jones. Bertha, please remember to remain on the line
14 as we will open it up to Council Member questions
15 once all members of their panel have delivered their
16 testimony. Next, we will welcome David Jones to
17 testify, who will be followed by Theo Oshiro. So,
18 David...

19 DAVID JONES: Thank you, Mr. Speaker...

20 SERGEANT AT ARMS: Time starts now.

21 DAVID JONES: And, ah, Chair Torres. I'm
22 David Jones. I'll just say I'm head of CSS and a
23 member of the board of the MTA. Ah, I think the
24 prior panels have already covered a lot of what I
25 would say. I had my staff prepare a long document

2 that goes through a number of different initiatives -
3 housing, health, paid sick leave, um, ah, criminal
4 justice, so I'm submitting that. But I would like to
5 put one thing out there. I've the governor's
6 approach to budget and the cutbacks he's suggesting,
7 and I've see the mayor's, ah, proposals. I think you
8 and the council have to do an equity screen here,
9 because some of the cuts they're talking about
10 directly impact the poor communities more than
11 anywhere else. Ah, I don't want to keep beating up
12 on Mayor de Blasio, but his decision to cut summer
13 youth employment that Councilwoman Rose [inaudible]
14 pointed out is perhaps one of the most devastating
15 impact on teenagers, 120,000 of them, who need work,
16 have no school to look forward to, and are already
17 loosely connected, ah, to the labor market. That's
18 not a good investment while you keep a ferry service
19 running at deep subsidy. We gotta have an equity.
20 What are critical issues to keep this city viable and
21 what are sacred cows that you're unwilling to touch.
22 I also think the governor came through with an
23 expense budget with no suggestion of revenue raisers.
24 All those ideas that many on the council have already
25 put now have to come to the poor. Yes, there has to

2 be austerity. It has to be austerity that's going to
3 be focused in areas that we can cut back in, but it
4 can't rip through education, health care, and the
5 rest at the expense of everybody else because you
6 don't want to touch those in influential areas where
7 people have big money and can, you know, be political
8 contributors. So we heard, we have to come back to a
9 billionaire's tax. There are 112 billionaires living
10 in the City of New York. As a one-time shot in World
11 War II, World War I, in the Great Depression, people
12 were asked to step up, at least in the short term, to
13 provide revenues that are so vital. To have this
14 business as usual is just totally unacceptable. So
15 I'll leave that. I'll, I'll submit my testimony.
16 I've even suggested now that we have such a great
17 loss in the value of gasoline let's start upping the
18 tax on gasoline, not to the extent that it brings
19 people back to three dollars a barrel, ah, three
20 dollars a gallon, but we certainly can get a dollar
21 on every one that's sent out, something that is
22 innovative, that applies to the state, that helps
23 transportation, that helps health care, housing, and
24 the rest of the critical needs of the city. Thank
25 you very much.

2 COMMITTEE COUNSEL: Thank you, David.

3 Please remember to remain on the line as we'll open
4 it up to council member questions when everyone has
5 testified. Next we will welcome Theo Oshera to
6 testify, who will be followed by C. Virginia Fields.
7 Theo?

8 SERGEANT AT ARMS: Time starts.

9 THEO OSHIRO: Thank you very much. Um,
10 my name is Theo Oshiro. I'm deputy director at Make
11 the Road New York. I want to thank the committee,
12 ah, the chair, Ritchie Torres, and the speaker for
13 the opportunity to comment today. Ah, the community
14 that Make the Road serves are among the hardest-hit
15 by this crisis. Our largest base is in central
16 Queens, the epicenter of the epicenter, where
17 Elmhurst Hospital has been in the national spotlight,
18 heroically trying, ah, with few resources to save
19 some of the most impacted community members in our
20 city. Across all of our sites at Make the Road, our
21 members and participants are dying. Many more of our
22 staff and members are or have been sick and have lost
23 family members. We have had to train frontline staff
24 on how to help community members locate bodies of
25 deceased loves ones so those bodies can be located

2 and tracked until it is possible to have a burial if
3 the family can even afford one. New York City areas
4 where low-income people of color reside are the
5 hardest hit. According to an NYU Furman Center
6 analysis, neighborhoods with higher rates of
7 confirmed COVID cases have lower median incomes and
8 higher shares of residents who are black or Hispanic.
9 Notably, the analysis also confirmed what we already
10 knew from our own direct experience. COVID-19 is
11 more prevalent in areas where more people reside in
12 crowded units and there are higher rates of confirmed
13 COVID cases in areas where less of the population is
14 able to work from home. In the epicenter of the
15 pandemic the numbers are stark. Immigration
16 communities are among the hardest hit by COVID-19.
17 Most New York City residents are employed in
18 essential jobs, that are employed in essential jobs
19 are immigrants, 54% of total according to fiscal
20 policies [inaudible]. Over a quarter of food and
21 drugstore, 22% of social service, and a striking 36%
22 of cleaning service employees do not have citizenship
23 status. And that's according to the New York City
24 comptroller's office. The impact of this increased
25 exposure combined with other factors is taking its

2 toll. [inaudible] residents make up 34% of
3 coronavirus deaths. It is clear, as others have
4 said, that structural injustices that have been
5 around for generations have now allowed this virus to
6 decimate our communities. One particularly hard-hit
7 segment of our community are immigrant workers who
8 are undocumented, as Council Member Menchaca raised
9 earlier. Nearly one in six New York City jobs lost
10 due to the pandemic was held by an undocumented
11 worker. And this is the population that had been and
12 have been doing the most dangerous frontline jobs.
13 No matter, no matter hours an undocumented worker has
14 spent at a dangerous essential job their family will
15 not be able to access pandemic unemployment
16 assistance if that worker dies after contracting
17 coronavirus. They won't be able to access unemployed
18 insurance or in many cases even food stamps.

19 SERGEANT AT ARMS: Time's expired.

20 CHAIRPERSON TORRES: Let him finish his
21 testimony.

22 THEO OSHIRO: New York City must do
23 everything it can to fill the gaps that will
24 inevitably be left by our city and state governments.
25 Charities have been stepping up, but this will never

2 be enough to have a real impact on this community.

3 The city should look for ways to provide real support

4 to these communities at scale. I want to echo what

5 my colleague, David Jones, was just saying about

6 investment in our communities, ah, you know, at Make

7 the Road New York we've been working double time to

8 address the needs of our communities and demand for

9 our services has doubled. Ah, we've been on the

10 phones and even though our physical spaces are closed

11 our, our, our staff are, are busier than ever to meet

12 the complex needs of our members. Our organizations

13 must still pay rent and other expenses and allow our

14 staff to do their job. The city, including

15 discretionary contracts, should be as flexible as

16 possible and continue to reimburse nonprofits for all

17 their expenses in this critical time. We understand

18 that, ah, hard financial times are in our futures,

19 but if our city cuts funding to crucial nonprofit

20 services epicenter communities will sink deeper into

21 crisis. Ah, Committee Member Rory Lancman has

22 spearheaded the low-wage worker initiative, which is

23 currently the only funding we have enabling us to

24 support immigrant workers who are essential workers

25 and are also excluded from many forms of relief.

2 This initiative and others like legal services for
3 the working poor and [inaudible] are more crucial now
4 than ever and will be into the future. And of course
5 health initiatives will be more than important than
6 ever. I want to, we, we were talking about earlier
7 about community health workers and I wanted to, ah,
8 highlight how crucial community health workers will
9 be to, to our response as a city. At Make the Road,
10 ah, we have trained community health workers for many
11 years and even before the pandemic we have seen the,
12 the critical ways and real high-impact ways in which
13 they've been able to improve health outcomes for
14 community members, either train community members
15 from the community that speak the language of the
16 community who are able to have the trust of, ah,
17 patients and, ah, encourage them to adhere to
18 medication, ah, and also to make sure that, um, that
19 health outcomes generally for our communities are
20 improved. Ah, and also, you know, another word on
21 language access which we talked about earlier. Our
22 city has actually strong policies around language
23 access, not only from an executive order, but through
24 legislation, and so the framework is very much there.
25 Ah, but investment is needed. You know, we've seen

2 that even though the framework is there, ah, the
3 language services that limited English proficient New
4 Yorkers needed in this moment, ah, fell apart and,
5 and it has been because, ah, you know, adequate
6 investment in the systems, the staff needed to
7 provide those services, ah, had not been as strong as
8 it could have been. Ah, my testimony is longer,
9 around other, ah, very important health initiatives,
10 ah, and funding that needs to be preserved. But
11 I'll, I'll submit that in the written comments. And
12 I really appreciate the committee's time today. Ah,
13 and thank you for working on this crucial topic.

14 COMMITTEE COUNSEL: Thank you, Theo. Ah,
15 please remain on the line as we'll open it up to
16 council member questions once everyone on this panel
17 has testified. Next we will welcome C. Virginia
18 Fields, followed by Frankie Miranda. C. Virginia
19 Banks.

20 C. VIRGINIA BANKS: Thank you.

21 SERGEANT AT ARMS: Time starts now.

22 C. VIRGINIA BANKS: And in my four-minute
23 time I want to just address something that our
24 earlier panel was talked about and that is the
25 importance of data. Working with the New York City

2 COVID-19 group that's comprised of many of the
3 leading advocacy groups here in the city we have
4 presented or will be presenting to the City Council,
5 city mayor, and government some recommendations but
6 enhancing data collection, the dissemination and the
7 utilization of data to mitigate against growing
8 health disparities in this epidemic here in New York
9 City. And there are three areas that we think are
10 important. We need data transparency, so that we
11 have information based on race, ethnicity, gender,
12 age, language spoken at home, pre-existing health
13 conditions, and ZIP codes. That will help us know
14 more better where to target our resources and we know
15 that in communities of color is where those resources
16 need to go. We need enhanced data collection in
17 collaboration with community-based partners. Given
18 the unprecedented nature of this crisis it is
19 critical to collect additional data about cases in
20 partnership with high-priority communities, people
21 who work on the ground, who know the needs of
22 essential workers in our communities, like at the
23 grocery stores, the pharmacy, the nursing homes, and
24 others. Collaborations with community-based partners
25 will also be critical to fill the gaps in knowledge

2 about populations in our community and hopefully to
3 began to address issues of overcrowding and well as
4 people at risk of domestic and residential violence
5 and those living in shelters. Thirdly, we need more
6 routine communication regarding the efforts and the
7 outcome. The city must work with communities and
8 community groups representing our populations to
9 discuss the data, share analysis reporting, and
10 ownership of the findings. If the city is not able
11 to provide this kind of information be transparent
12 and tell us so that we're not expecting things that
13 are not forthcoming. Fourth, we need to addressing
14 unintended consequences of data dissemination and
15 third and lastly we need clear application of data
16 for policy, programs, and milestones. These specific
17 recommendations with all of the details will be
18 presented to the council, especially in light of this
19 hearing today.

20 UNIDENTIFIED: OK.

21 C. VIRGINIA FIELDS: So there are
22 practical things that we should be doing around data
23 and how data can help inform what it is we need to do
24 in our communities. Lastly, let me say, too, as
25 Bertha said, I have been listening and your, this has

2 been a most heartfelt and heartwarming hearing today,
3 to hear the council members speak honestly about the
4 lack of engagement of council members because the
5 community is not being engaged to the point that we
6 can identify we can identify who is being called
7 upon, and to hear the council members, especially
8 Council Member Rose talk about what is happening out
9 there in Staten Island. It is time to take action
10 and we're prepared to do that, and on behalf of the
11 New York City COVID, ah, New York City COVID-19
12 Working Group we will be submitting these
13 recommendations with the hope of moving us further at
14 least on the matter of data. Thank you, ah,
15 Chairman, and thank you for all of the members of the
16 committee, and I will sit in on this, but it has been
17 most important and I'm glad I stayed.

18 CHAIRPERSON TORRES: Thank you, Madam
19 Borough President.

20 COMMITTEE COUNSEL: Thank you. Please
21 stay on the line as there will be council member
22 questioning once everyone has testified on this
23 panel. Next we'll welcome Frankie Miranda, followed
24 by Joanne Yu. Frankie?

25 FRANKIE MIRANDA: Thank you.

2 SERGEANT AT ARMS: Time starts now.

3 FRANKIE MIRANDA: Thank you to Speaker
4 Johnson, Chair Torres, and committee members. Um,
5 the impact of COVID-19 in communities of color in New
6 York City is staggering. Data from the New York
7 City Department of Health shows that the virus is in
8 Latinos and blacks in the five boroughs at twice the
9 rate that is killing whites. Official public data is
10 just now accounting for hundreds of men and women who
11 have died of the disease in their homes. Indeed,
12 when the worst of this crisis subsides we will find
13 that the, a significant number of Latino New Yorkers,
14 especially those whose immigration status was
15 unsettled, avoided hospitals out of fear of incurring
16 cost of care or falling victim to the anti-immigrant
17 enforcement actions of the Trump administration. The
18 economic impact of the pandemic is felt in a special
19 and difficult ways in the Latino households across
20 the city. As it was mentioned before by the doctors,
21 Latinos and immigrants are less likely to have jobs
22 that allow them to work remotely or [inaudible] by
23 social distancing rules. They are also more likely
24 to suffer from food insecurity and lack of health
25 insurance. The economic impact of this pandemic on

2 the Latino community will be nothing short of
3 devastating because Latino workers are over-
4 represented in frontline service sectors of the
5 economy. They make up a sizeable portion of the
6 newly, the newly employed. As Councilman Menchaca
7 and my colleague Theo mentioned, many of our people
8 remain employed [inaudible] backbone of what is now
9 considered the essential work force. Those are store
10 staff, cooks, caretakers, cleaners, delivery workers.
11 To make matters worse, there are massive holes in the
12 pandemic safety net especially for the undocumented
13 mixed status families and people related to an
14 undocumented immigrant, whose jobs are disappearing,
15 who are not eligible for unemployment insurance, who
16 have no company-sponsored health insurance to rely
17 on, and who won't be receiving support from the
18 federal government. My point here in the last few
19 seconds that I have is that if we are to effectively
20 address these unprecedented crisis in the Latino
21 neighborhoods and communities of color in New York
22 City we must make sure the Latino community-based
23 organizations and communities of color organizations
24 are front and center when it comes to resource
25 allocations and interventions directed at our state's

2 most affected population. Our nonprofits are deeply
3 embedded in our neighborhoods, providing frontline
4 help and human services to millions of New Yorkers
5 and they're also economic engines, employing tens of
6 thousands of people. I'm talking to my members...

7 SERGEANT AT ARMS: Time [inaudible]

8 FRANKIE MIRANDA: ...every day and my
9 colleagues like Joanne Joe and all that we are seeing
10 is that our organizations are not being funded or
11 taking into consideration when some of these large
12 decisions on food security and other areas are being
13 decided as we speak. So we need to make sure that
14 the response and the resources of the city reflect
15 the face of this epidemic. Thank you so much.

16 COMMITTEE COUNSEL: Thank you, Frankie.
17 Please stay on the line for council member
18 questioning after our last speaker. And our last
19 speaker is Joanne Yu, after which there will be
20 council member questioning. Joanne?

21 SERGEANT AT ARMS: Time starts now.

22 JOANNE YU: Thank you, everyone. Thank
23 you, Chair Torres, all the council members, ah,
24 Council Member Ampry-Samuel I'm sorry for your loss.
25 Your testimony was really touching. My name is

2 Joanne Yu. I'm the executive director of the Asian
3 American Federation and as we start to hold these
4 hearings to figure out how we're gonna open our city
5 we are obviously seeing the disparities of the
6 American class and caste system play out in the black
7 and Latino communities who have paid a
8 disproportionate price in terms of death and illness
9 and job loss, and these outcomes are, are inevitable
10 as, if we take into account the years of socioeconomic
11 neglect and lack of funding directed at communities
12 of color. Um, thank you so much for this
13 opportunity. Ah, I want to share with you what I,
14 my, my member agencies are telling me, um, even
15 before this pandemic, ah, as we, Frankie and I have
16 been on the speaking, um, path, um, our community
17 organizations were always chronically underfunded,
18 always one paycheck, you know, one month away from
19 just not being able to pay our staff. We are worried
20 about all the budget cuts happening, um, for, and,
21 and the budget cuts that, um, will happen on, off the
22 backs of this illness, ah, the virus. The, um, David
23 Jones, you know, as he mentioned about SYEP, this is
24 a mechanism that help to get low-income families out
25 of poverty and to be able to help to build career

2 ideas and now, um, as that program got decimated, now
3 our, our nonprofit organizations are adding to the
4 unemployment line and we are scrabbling to figure out
5 what we're, what we're going to do to help our kids.
6 Um, the, one of the things I want to share with the
7 council members, they, my, my member agencies are
8 terrified that you are going to cut discretionary
9 funding. For many of our, of the many, 70 nonprofit
10 organizations that we represent they, many of them
11 receive discretionary funding and that is what
12 they're running their emergency COVID food programs
13 off of. If discretionary funding goes away, they
14 don't know what is gonna happen. All of the programs
15 that have been rolling out it is so obvious who is
16 not at the table. Um, one of my members said to me,
17 um, I'm using all my discretionary funds to be able
18 to feed our seniors. Ah, we want a contract with the
19 state, we want a contract with a, a restaurant. They
20 don't know, they don't, they never done business with
21 the city before so now I'm filling out forms for
22 them, yet I've never done it before and so all of a
23 sudden, um, you know, I'm a social worker, I want to
24 help my seniors, I'm not a contracts person, but I
25 don't even know how to fill these forms out and this

2 is where we are. I want to talk about, um, I know
3 time is running out and I will submit my full, ah,
4 testimony, but I also want to talk about the
5 importance of public charge, you know, with Trump's
6 policies the Asian non-citizens are disenrolling at
7 nine times the rate of Asian citizens, people who are
8 eligible to receive this are terrified. So they are
9 disenrolling and we don't know how to make sure that
10 they stay on so that they can get programs.

11 SERGEANT AT ARMS: Time's expired.

12 JOANNE YU: I'm serving my members and
13 I've said to them are they asking you public charge
14 questions and people are saying absolutely. Every
15 agency has said yes, they're coming to me to say I'm
16 hungry, I'm out of, I don't have a job. But if,
17 please don't enroll me in public benefits because it
18 means that I might have to have, there's gonna be
19 immigration consequences. So this is the concern of
20 our, um, community. I want to talk about what
21 Frankie mentioned about food programs. Um, contracts
22 are getting, contracts are, you know, being written.
23 Ah, people are getting money, nonprofit
24 organizations. I know for a fact none of those
25 organizations look like people like us leading those

2 conversations. We want to make sure that we get food
3 programs to our seniors. I am reading stories of
4 seniors who are, looking a pictures of seniors
5 receiving bags of potato chips for their meals. I
6 am, I read a Facebook post this morning of a young
7 man who said he's raising money because he is, he
8 says, you know, he realizes that the, um, seniors he
9 works with they get bags of carrots as a meal. This
10 is not a meal. This, the, the speed of how they had
11 to implement this, I totally appreciate, but why are
12 they not using the resources that they have? That's
13 all of us. There are millions, our, our seniors
14 don't go to food banks. Our seniors cannot eat the
15 meals that are given to them that's selected on a
16 random basis, none of those contractors know any of
17 our community members. And we've all offered up
18 ourselves as resources. That is not happening. I
19 know that, um, I don't speak just for the Asian
20 Americans small businesses. I speak for all
21 communities of color small businesses. This loan
22 programs, we cannot ask people to take on more debt
23 during this time, all the small business owners.
24 They, you cannot ask them to put their workers on the
25 unemployment line. Those loan and grant programs are

2 not eligible to us. There is language capacity
3 issues, there is cultural issues. Small business
4 owners keep their receipts in a shoe box. They don't
5 have accountants to be able to file picture perfect
6 documentation and so we are completely not within
7 even the realm of, um, being able to file for, you
8 know, PPE, PPP. Um, one of the questions that I get
9 constantly, how do we access testing and, you know,
10 we, we have a lot of workers who live with five
11 strangers, so if one gets infected, um, where do we
12 send them. They're afraid to go home, and their, ah,
13 roommates are saying they can't come home. Um, I
14 know the city has a program to open up hotel rooms.
15 How do we even access that? They have programs that
16 we don't know anything about. How do we enroll our
17 members in that? How do we get our people in that?
18 I, and I, you know, I appreciate everybody talking
19 about the numbers of people who are impacted. Um, I
20 looked at, there was a report yesterday of the South
21 Asian community, um, in Elmhurst, um, the South Asian
22 community, the Bangladeshi community are the poorest
23 New Yorkers and they are the frontline workers and
24 they are, the deaths are really high but they're not
25 counted because they're dying at home. They're dying

2 at home because they can't go to the hospital.
3 They're dying at home because they can't get tested.
4 People have been rejected three, four times and they
5 just stay home and there's nobody to bury people. It
6 has been crazy out here. Other, the other, um, thing
7 I want to address with you, because you've all been
8 our biggest supporters, e-bikes, undocumented
9 community, you know, for many years, two-and-a-half
10 years, many of you stuck with me and fought with me
11 to legalize this e-bike workers. The irony of the
12 governor legalizing the e-bikes and then now they're
13 being able to deliver food just before the pandemic
14 hit. So all of a sudden for two-and-a-half years
15 these guys were vilified and then ta-da magically
16 they are essential workers. They have no equipment.
17 They're at the mercy of these billion-dollar
18 corporations who are making the customers, you know,
19 Grub Hub sends me an email saying to me can you
20 contribute to the worker fund should they get sick.
21 No, you have a three-billion-dollar revenue. Go fund
22 it yourself. Stop preying on immigrants. Our, our
23 city, there is no way that they are not gonna work
24 with our city, and we need, the council needs to step
25 up and really put your foot down to say if you want

2 to work here you need to play by our rules. Um, the
3 hate crimes. Um, I've asked NYPD will you ever
4 inform our community it is never the job of the
5 federation and it is not our, um, MO and our style to
6 say we want to increase, you know, police interaction
7 between all the communities of color. We started our
8 own reporting site because NYPD let me scream by
9 myself for three months and now there, there's a,
10 there's a workshop today and everything is moving
11 now, but still, when people report they don't even
12 take it seriously. Um, I have instances where nobody
13 ever thought that, oh, Asians are targets of, of
14 racism and hate crime. Well, it's happening now.
15 The, the small business numbers that declined, that
16 happened early for us, a 90% business decline in
17 February where restaurants were closing because of
18 racism. The mental health, I totally appreciate
19 Councilwoman Ayala, she has been one of my most
20 critical partners talking about mental health.
21 People are calling asking for help. Um, all of the
22 Asian American, the three Asian American mental
23 health programs said they are beyond capacity. We're
24 gonna need to talk about this. I see Dr. Gill, um,
25 on this call and I know she's been one of our most

2 important, ah, she's been a mentor and she's been a
3 really out, you know, important speaker on this
4 issue. Kids are having anxiety, seniors are having
5 anxiety. I read something where the seniors are
6 afraid to go outside because they're afraid to get
7 robbed, um, and so they're staying home and they
8 can't even go grocery shopping. So all of this is to
9 say I am really grateful for, to the council for this
10 opportunity to share our community stories and hope
11 that our restart really includes visionary plans for
12 a new economy that is centered on the everyday true
13 essential workers of the city and after being months
14 at home we are for sure going to try to go back to
15 what we see as a normal. But this is an opportunity
16 to reject all of the injustices that we have felt
17 that we could not fix and bring together those who
18 have been invisible all this time to build a new city
19 and I hope this legislative body will work with us to
20 demand accountability and economic fairness for all.
21 Thank you.

22 COMMITTEE COUNSEL: Thank you all. Now
23 we will turn to Chair Torres for questions. But just
24 a reminder to all speakers on this panel and any
25

2 council member asking a question, please leave your
3 mic unmuted. Chair?

4 CHAIRPERSON TORRES: Thank you. Thank
5 you for your testimony. Um, you know, there's a
6 section in which the council has cognitive dissonance
7 because on one hand COVID-19 has given a greater
8 consciousness of racial disparities. But on the
9 other hand we're facing these monumental budgetary
10 challenges. You know, IBO estimates over the next
11 three years we could have 14 billion dollars' worth
12 of deficits. That was before the 9, 8 billion dollar
13 cut from the state in funding to localities. So how,
14 how do we reconcile the, the needs which [inaudible]
15 racial disparities in the face of austerity imposed
16 by the federal government, ah, and by COVID-19?

17 THEO OSHIRO: Well, with all due respect,
18 ah, I, I just want to emphasized what, ah, Joanne
19 mentioned is that decisions are being made.

20 Decisions are being made. There is limited funding.
21 Decisions have been made and, um, the resources need
22 to go to those communities and the best way to do
23 this is through a nonprofit network of organizations
24 of color that already exist in the city. This is
25 what our organizations are ready, that we are not

2 being, we are not being considered in these decisions
3 and we're trying to get the proper, um, introductions
4 and the proper conversations. Joanne can tell, you
5 know, we have been in many of these conversations.
6 So we're not asking to do anything that is not being
7 done right now and, um, ah, with that, you know, it's
8 just simply fairness, equity, and parity in terms of
9 like what exactly is happening in the city with
10 regards of these, of these, ah, before it was talked
11 about contact tracing. Ah, Massachusetts already
12 recruited a thousand people to do contact tracing and
13 they're doing very well. And what are they doing?
14 They're contacting and they're contracting people in
15 communities through or community-based organizations,
16 so I want us to really think about how can we move
17 forward with these conversations, knowing that there
18 is a network here ready to serve, I mean, that is
19 already serving. Keeping employees against all odds,
20 but many of them are like six weeks away to run out
21 of funding for their payroll, and they're trying as
22 best as possible to respond to some of these, um,
23 some of these, ah, new challenges.

24 DAVID JONES: I think the other thing you
25 have to look at, and I started to talk about it, um,

2 this is, you know, a couple ways bureaucrats or
3 elected officials tend to do it, we'll do an across-
4 the-board cut. In this environment that's not
5 appropriate because we have communities that have
6 already been devastated and to make everyone co-equal
7 and say oh, you're all gonna take a 10% cut is not
8 appropriate. That we have to dig into this, this
9 equity lens I think that Frankie is talking about has
10 to be there. This is about fairness but also equity.
11 Every community is suffering the same. Certain
12 communities need the kind of resources that our more
13 desperate communities need. And, again, there has to
14 be a revenue side to this. This can't be a zero sum
15 game where we're gonna take it all out of the expense
16 side and not consider serious ways to get revenue
17 into the system. Not to mention it will be a hard
18 lift, I mean, we've got an attitude, oh, we can't
19 touch certain communities or people of wealth because
20 they'll leave the city. Well, frankly, if this thing
21 goes really badly for our communities they're gonna
22 leave, because this place will be intolerable because
23 of new infections that will break out, because of new
24 problems, social problems that could emerge when you
25 have hundreds of thousands of disconnected young

2 people who have no chance of working and now have
3 their education set back potentially years. We have,
4 you know, to be arguing it, and the council has to be
5 in the forefront of this argument.

6 UNIDENTIFIED: I agree with David.

7 UNIDENTIFIED: I agree.

8 UNIDENTIFIED: No, I was just gonna say I
9 fully agree with the, the last comments that were
10 made and to be brief this really is the time for
11 leadership at the council because you come from the
12 communities, the BLAC, representing the populations
13 we're talking about, and to make sure that you are a
14 part of the discussions when these decisions are
15 being made, not after the fact and coming to ask your
16 opinions, but demanding to be at that table because
17 you know the impact it will have on your community.
18 Secondly, the decisions are a matter of life and
19 death in these communities as we have been hearing on
20 the panel before and as we all know, that if
21 resources are lost in our communities it is a death
22 sentence for many of our people. So using your
23 voices, using your positions for the people you
24 represent and demanding nothing less but equity as
25 these decisions are being made.

2 UNIDENTIFIED: Um, I, how do I say
3 something here to answer the question? I don't
4 know...

5 UNIDENTIFIED: I can't hear you.

6 UNIDENTIFIED: We can hear you.

7 CHAIRPERSON TORRES: You can, yeah,
8 Bertha, you can speak.

9 BERTHA LEWIS: OK, listen. It's the
10 majority of the council. Nothing moves without you.
11 You cannot take the view that oh, you know, this
12 [inaudible] cut. You have to look at this budget.
13 You all can decide how to rearrange the priorities
14 for who gets cut. If you're, you asking all of us
15 today, ah, to [inaudible] communities of color and
16 yet one of the themes that's running through this is
17 we depend on you all, a lot of us do, um, to actually
18 fund us here. So, number one, um, not only the
19 healthcare workers on the front lines but the people
20 you've asked to be on these panels are on the front
21 lines. You're serving the people and you say you
22 care about them. Number two, this whole thing about,
23 um, minority businesses, I had posited before this
24 that you've got the City Council can [inaudible]
25 banks, um, to access. We deposit our money with the

2 very folks that made the last economic crisis. We
3 don't have to do business with these people. We're
4 in a crisis. The City Council could raise up and say
5 that's it, we are [inaudible] looking at, ah, who we
6 do business with and we're not just gonna take these
7 Band-Aid things. We put billions of dollars, our
8 whole city budget goes through Citibank, Chase, this,
9 and also what the City Council could exert itself and
10 say pension funds for the working class on the line
11 here, we're going to reassess how, ah, the city
12 invests, um, with folks. You, you can rearrange how
13 your priorities are. Again, you know, I agree with
14 David and all my panelists. We're crying out to you
15 all to seize your power, to use your power. You've
16 got to be able to do it. You are our last line of
17 defense, all of you. Mr. Chairman, you were one of
18 the first to get hit with this virus. This is
19 personal now. This is not theoretical and it's
20 beyond political. You all in the City Council, you
21 know, the forces that be like shut the city down you
22 all can shut the city government down if they do not
23 deal with this. So rearrange who's being funded and
24 what this budget looks like. You don't give a rubber
25 stamp to it anymore. Hold the depository banks where

2 the city has put its funds to account here. You
3 know, I don't know what to tell you, because if you
4 don't rise up and exert your power now as a council
5 then what? We're gonna have an entirely, ah, three-
6 quarters of a new City Council in 2021. If those of
7 you who are leaving and going out, you know, don't
8 let a crisis befall without you taking advantage of
9 it. Now is the time, again, you know, we're counting
10 on you. So rearrange the budget. Don't give this
11 mayor a rubber stamp on it. You know, they didn't do
12 it in Albany. You can do it down here. Don't look
13 at the cuts. Look at what you have and you decide
14 where it goes.

15 JOANNE YU: Council Member, that's a
16 really tough question because I think it's a question
17 out of, ah, fairness because we've never gotten our
18 fair share of the resources. So all of a sudden
19 you're saying how do we cut that? I don't know. I
20 mean, like, you know, not to be disrespectful but
21 that's not our problem. Because we've, we already
22 know how to make do with the little crumbs that we've
23 been given and what we're saying to you right now is
24 that that cannot be the new normal. Um, I signed on
25 to a letter recently by a group that works on, um,

2 you know, police, ah, you know, responsibility, CPR,
3 and the police get to keep their entire budget
4 intact. And I thought hell, no, not on the backs of
5 seniors who are starving. Why does the police get to
6 keep their entire executive budget when people are
7 going hungry and people are getting potato chips to
8 eat for meals? This is not that time and, you know,
9 one of the things that I am very, you know, like we
10 all have worked together, communities of color. We
11 are the majority of minority city and I can tell you
12 when we emerge out of this we are not going to be
13 sitting down quietly, and it's not gonna be OK to, to
14 continue to make us, you know, like share a piece of
15 pie. We want our own pie. We want to, we want to be
16 able to, we contribute greatly to everything, the big
17 economy, the little economy, obviously our
18 communities are the front lines, we're the invisible
19 hands. And as we start to plan this, you know,
20 emerging out it can, you, we cannot be asked that
21 question. That is not fair to us because we've never
22 gotten our share. Asian community, we are 16% of the
23 population. We get 1.4% of the city contract dollar.
24 That is, that is, those are some pitiful statistics.
25 And so, you know, I want to, we have your back. It

2 is exactly what Bertha said. It is time for a
3 revolution. It is time for us to rethink what the
4 priorities of the city are, who the city will
5 prioritize, and if you want to lead that revolution
6 we will stand behind you.

7 CHAIRPERSON TORRES: You know, we've
8 spoken about future contracts. I know several of the
9 organizations on the panel are plugged into a larger
10 network of not-for-profits. What's the status of
11 existing contracts? Have your, have the not-for-
12 profits on the ground had trouble securing funds more
13 so than normal? If you could just explain the
14 experience in the midst of COVID-19?

15 C. VIRGINIA BANKS: One of the things that
16 I know, ah, my organization, National Black
17 Leadership Commission on Health, in working with a
18 number of networks and organizations throughout the
19 city here, ah, they are really struggling, because
20 number one in the current contracts they're not
21 receiving the dollars from, ah, city government or
22 state government. There are delays in receiving
23 monies on these current contracts. Yet we're
24 continuing to provide services and programs, doing
25 outreach in the communities and assisting in many

2 ways with the hope that the money will come later,
3 but for the time being many people are continuing to
4 work on faith. Some organizations are, ah, having to
5 furlough staff because they cannot continue. They do
6 not have the ability as perhaps financial ability as
7 some others do. And they were not prepared, ah, you
8 know, I don't know how many people were prepared for such
9 a pandemic, but many of them were not prepared
10 technologically, in terms of being able to work from
11 at home remotely and therefore they are not, you
12 know, doing, ah, work that the contract demands. So
13 I agree with the comments about the role of
14 nonprofits and they cannot be sacrificed because
15 without the nonprofits so much more, which I said at
16 City Council hearings, government should give
17 nonprofits whatever they ask for. Hold us
18 accountable for the monies because government can
19 never do what nonprofits do. So they're suffering.
20 We're all suffering right now because of delayed
21 payments and moving into the next fiscal year, ah,
22 for the city in terms of July 1. We have no idea
23 what is going to happen, and that's why it's so
24 important for the City Council to hold a line on a
25 lot of these proposed cuts coming to organizations.

2 THEO OSHIRO: I, I would just add that,
3 you know, I think that at Make the Road we, we do
4 get, ah, you know, the various different city
5 contracts, um, to provide services, and as I
6 mentioned in my, in my testimony, you know, nonprofit
7 organizations, including [inaudible] would have had
8 to really shift the way that we do work, right? I
9 think that we've had to make sure that our staff are
10 doing existing work plus other kinds of work as well
11 because we need all hands on deck to, to meet every
12 kind of need that we're seeing right now. So I think
13 in terms of contracts we need to make sure that city
14 contracts are as flexible as possible to the reality
15 that nonprofits are seeing on the ground right now.
16 Um, I've seen that, you know, there's some thought,
17 ah, that, you know, potentially, ah, nonprofits have
18 fewer costs now that many of our offices are closed,
19 and we know that that's definitely not the reality,
20 right? We have unmet costs where, you know, shipping
21 supplies out to our, our, our staff members in their,
22 in their homes, we're still paying rent, right?
23 Well, we're still, um, not only paying existing bills
24 but additional costs as well. So I wanted to make
25 sure to highlight that. And, you know, I, I know

2 that there is, ah, it's a big sprawling government,
3 right? We know that there's lots of different
4 agencies, lots of different contracts. I think what
5 nonprofit organizations need most now is clarity and,
6 and a streamlined process and, and, you know, simply
7 a simple process so that we're not buried in
8 paperwork in the moment, ah, where we're really
9 needing to be on the phones, ah, delivering food and
10 all the stuff that we're doing.

11 FRANKIE MIRANDA: And to add to add to
12 Theo, ah, some of the guidelines that the city had
13 released with regards to, ah, city contracts, ah, we
14 know that there was some sort of like communication
15 saying that, ah, everything after March 12 was going
16 to be only reimbursed if it was essential, but then
17 we were asking about what was the definition of
18 essential and finally yesterday we got the
19 communication about what is exactly considered
20 essential, but there are some limitations in there
21 that if you haven't started your program before March
22 22, um, you're not going to get reimbursed. So
23 there's been a lot of scrambling around and there has
24 been so much talk about that there is, these
25 reimbursements will occur but now it's like figuring

2 out and we kept asking for, for answers and it took a
3 long time to really understand what exactly are these
4 restrictions. So many of these funds will never be
5 reimbursed. We'll never be reimbursed because
6 there's no plan to reshift or to do the modifications
7 necessary for these contracts, ah, to be reimbursed.
8 So there are many challenges, even for the monies
9 that has been already allocated and promised.

10 JOANNE YU: Council Member, you know, the
11 contracts are slow to begin with. You know, getting
12 paid was, ah, slow to begin with. It would take
13 months and like, you know, we would start a new year
14 and then meanwhile we start, we're working off the
15 old, ah, year. And so right now we do need those
16 funds. None of us have a big, ah, reserve. Um, you
17 know, we live, we are, we are, you know, dangerous,
18 ah, you know, living on the edge, um, and we don't
19 have money to be, you know, be able to have, you
20 know, they say a solvent nonprofit has six months of
21 revenue, ah, six months of reserve and there's no
22 way. I don't think we have six weeks of, ah,
23 revenue. So the city needs to pay out much faster,
24 but that's not happening and now, now that, you know,
25 everybody is working at home I think they are trying

2 to figure out the mechanisms to make it happen, like
3 now you no longer have to, you know, triplicate, ah,
4 notaries, ah, you know, they'll accept an electronic
5 signature. But the payment needs to happen faster
6 because that's what we're paying our staff with and,
7 as Frankie mentioned, there's a lot of confusion
8 about essential services. Everything we're doing at
9 this point is essential services. I'm not really
10 sure what the distinction is, like our job right now
11 is to keep people alive and keep people, you know,
12 getting, getting the help they need, we're making
13 sure the vulnerable populations are, um, taken care
14 of. And so, you know, I read that memo and I just
15 laughed because I thought well what is not essential
16 at this point, right? Like you know, you know, one
17 of my board members recently said to me and I, you
18 know, I laughed and I thought it was pretty profound,
19 like you know, he said I realize that the true
20 essential workers are working right now. The, the,
21 all the unessential workers are at home ordering food
22 from, that gets delivered, right? So I consider
23 myself that I'm not an essential person. You know, I
24 am, I am not essential worker. My leadership work is
25 important to amplify those voices, but right now, you

2 know, my job has been working 14 hours a day, making
3 sure that the, the needs of the undocumented
4 immigrants, the mental health needs, um, you know,
5 the small business owners who are panicking, planning
6 on filing bankruptcy, um, those are the concerns that
7 we have. How is that not essential in getting our
8 city started?

9 BERTHA LEWIS: Um, the, it's, for the,
10 again, um, here's the thing. There on the, um, this
11 new task force that, ah, the mayor set up, the OSI
12 just gave the mayor 35 million dollars and there's
13 other, ah, big-time philanthropists that want to give
14 the city this money. You know, at some point, again,
15 you guys have got to say wait a minute, we're not
16 going to have OSI or this, you know, Bill Gates or
17 whomever, ah, you know, say that they're giving the
18 city this money and we don't have anything to say
19 about it, you know. We're always at the end of the
20 line. So again, ah, council members, stand up, you
21 know, like Joanne says, we got your back, we've
22 always had your back, OK? If, if, if you stand we
23 will stand with you, and we will go down with you.
24 But, you know, there's just all of this God damned
25 philanthropic money that, you know, folks want to

2 feel good about while they're in, you know, their
3 other home in Connecticut. So, you know, you, you
4 got to let OSI and all of these big philanthropies
5 know any money that's coming in, ah, to this city we,
6 the City Council, ah, will tell you, as Joanne said,
7 who's essential and who's not.

8 C. VIRGINIA BANKS: Yes, I just want to
9 make one committee because unfortunately I'm going to
10 have to leave the call now. But, again, there will
11 be follow-up, um, Mr. Chairman and members of the
12 council with any information specifically again as it
13 relates to [inaudible], what I spoke about
14 specifically about enhancing data, providing
15 sufficient information so that we can direct the
16 resources of where they are needed in our own
17 communities and as those resources come into our
18 community we can direct the location. What are the
19 best testing sites? What are the best locations in
20 order to, um, do, ah, contact testing? How is that
21 going to be implemented? Community-based
22 organizations and the many networks that we have,
23 faith-based organizations must become a part of this
24 at the local level and that would scale up, testing,
25 outreach, and a lot of the other things that have

2 been talked about here today. Secondly and lastly, I
3 do agree again with the council with the discussion
4 around the council and I am hopeful that the BLAC
5 will really step up based, if nothing else, on the
6 discussions that have taken place on this call today,
7 and everything that has been expressed. Thank you so
8 much, Councilwoman Barron for your comments and to
9 the public advocate who opened it up to around these
10 issues. We stand with you. So let's work together,
11 and I'm very hopeful that we can escalate a lot of
12 what needs to be done in our own communities through
13 the amplification of our voices, our resources,
14 identification of needs, and making sure that those
15 needs are being met. Thank you so much, and I
16 unfortunately have to leave the, ah, conference at
17 this time. Thank you.

18 CHAIRPERSON TORRES: And my final
19 question for the panel is what questions should we
20 ask of the administration at the next hearing?

21 UNIDENTIFIED: [laughing]

22 UNIDENTIFIED: Oh, brother.

23 BERTHA LEWIS: [laughing] Well, what the
24 hell? You know, [laughing], you know what questions
25 to ask, Mr. Chairman. You know, ah, again, um, just

2 being an elected official, a City Council member
3 doesn't strip you of your humanity and your common
4 sense. Um, I think all of the panelists here and
5 like, I love all of them 'cause these are my brothers
6 and sisters down on the ground. Um, you know, we've
7 all told you what we think should be done and what
8 has been happening, so when you say what questions
9 should we ask, you know, you already know what
10 questions you should ask, you know, how is that this
11 didn't happen, how is that that didn't happen, you
12 know, what's going on. Everybody, um, has told you.
13 You don't have to keep, um, hearing it over and over
14 again, and even, you know, if you don't take the
15 questions that we say that you should ask, ask your
16 questions because you're right there, you know, in
17 the council. You, you know, you see the sausage
18 making, you know, all the time, you know, and, and,
19 listen, I'm just, I'm so frustrated because, you
20 know, my community has been at risk, I'm personally
21 at risk, and all of the stuff that has been
22 happening, um, to us, none of us can tell you all of,
23 ah, what has been happening down here on, on the
24 ground. So, you know, you know what questions to
25 ask. You'll ask the right questions, um, when the

2 time comes and, you know, there's like 70, 80 some
3 people on this call. There's other, um, ah, panel
4 members that I see. So I'm just saying you know.

5 CHAIRPERSON TORRES: No, the reason I
6 ask, ah, you know, I just want to be, let me address
7 that point because elected officials, we don't know
8 everything...

9 UNIDENTIFIED: Right.

10 CHAIRPERSON TORRES: ...have on-the-ground
11 insights that can inform the questions we ask. So
12 you made a point earlier, Bertha, about dialysis
13 centers. To be honest with you, that's not something
14 that had occurred to me. So now that's going to be
15 incorporated into the City Council's plan. So if
16 there are any distinctive questions beyond the
17 obvious that I could ask at the next hearing let me
18 know. Ah, that's, that's the point of the question.

19 JOANNE YU: I think one of the questions
20 I have, um, I have a question about everything, but
21 the question I have is, um, how are, how are
22 decisions being, how are the cuts being prioritized,
23 right? Is there some minimal, you know, data about
24 which communities will be impacted, right? Because
25 honestly like I feel like the cuts that are

2 happening, we're gonna, our communities are gonna be
3 victimized again. And, you know, like SYEP, that
4 serves poor kids of color and so I'm thinking when
5 that cut happened I said oh my God here we go again,
6 right? So I would like to see, I would like to also
7 see who gets to keep the resources and who, who
8 doesn't. You know, like I said, we never even had a
9 shot at getting anything but, you know, I'm on calls
10 and I'm thinking what, what are people talking about?
11 They are like 50 steps ahead of me and this is when I
12 call Frankie, you know, and say did you know that
13 XYZ? Like why are you not here, right? Um, I'd like
14 to know, um, who's getting all the funding? Um, I
15 know for a fact that, you know, there was a 25
16 million dollar investment made in, for instance, Food
17 Bank. I'm not hitting on Food Bank, good for them.
18 But I know for a fact that my community, my senior
19 agencies, don't access Food Bank and Food Bank has
20 nothing to do with us. And so, then, great, I'm glad
21 that they got 25 million dollars. But where's my
22 five million dollars? And I, I think these are the
23 conversations that we need to ask. Like who's
24 getting the money and, and I want to know, the people
25 who are getting the money, I want to see the

2 breakdown of who they're feeding and supporting,
3 because that's the other question is, um, you know,
4 if you're getting money to serve low income, you
5 know, we know who the low-income folks are because
6 that's all folks like us, um, and so we'd like to see
7 the data breakdown of that. Like I think there needs
8 to be accountability instead of just writing checks
9 because that's how things work and like that how's
10 things work for working sick. I think that is, I
11 think we really need to make a commitment that we
12 cannot go back to contracting as usual because our
13 community, our community took the brunt of this.

14 DAVID JONES: Well, I think in the, in
15 the housing arena particularly, if we were revert to
16 what the administration was doing of essentially
17 going and subsidizing large developers again, because
18 they're quote in trouble, and continue to starve
19 places like NYCHA, um, and also start playing games
20 with numbers of what affordability is, where suddenly
21 affordability becomes \$75,000 to \$100,000 a year as
22 opposed to people who were desperately needing at the
23 bottom. I think those are the kinds of inquiry that
24 they, they've sort of gotten away with over time and
25 that, that takes digging and it also takes

2 understanding that there is a tendency to provide,
3 ah, support for political characters. I've been
4 getting out of political life and for a long time,
5 but this is a reality we have to recognize. But I
6 think this is a chance you have as the administration
7 changes to lay the groundwork for what the next
8 administration will look like, by asking these very
9 tough questions now, and forcing the administration
10 to come up with answers that make sense to you and
11 your constituents. So I think a lot of us would be
12 more than willing to help in that process.

13 THEO OSHIRO: I would, I would just add
14 that, um, you know, I want to continue to shed light
15 on this issue of, of, of our city's undocumented
16 community because, ah, you know, what we know and we
17 hear in response to the need to, to provide, ah,
18 resources to the undocumented is that it's
19 impossible, that it's, that, you know, the state
20 government, that there's rules and laws and
21 regulations at the state level that prohibit the city
22 or limit the city in it's ability to uphold and, and,
23 and support the undocumented community. You know,
24 our, our city has, has been built by, by immigrants.
25 Ah, our city in this moment has run, ah, largely

2 because of, of the work of immigration communities
3 and people of color. And so I, I would like to hear,
4 you know, not only from the mayor but, but from, you
5 know, our council members and our elected officials
6 into the future what the plan is to engage, you know,
7 with the state to make sure that we are not limited
8 in this way in such a crucial community for our city.
9 Um, you know, at Make the Road we've been, um,
10 fighting at the state level to make sure, um, that,
11 you know, whatever waivers or, or legislation that
12 needs to happen at the state level happens so that we
13 can support the undocumented, um, ah, but, you know,
14 we want to continue to partner with you all, um, and
15 push the state to make this a reality. So I, I would
16 want to shed light on that and get real answers on a
17 plan to, to, to push our state to, to loosen these,
18 these limitations.

19 CHAIRPERSON TORRES: Ah, Frankie, you
20 actually inspired me to ask about the administration,
21 why has the administration failed to engage
22 organizations like yours in the hiring of socially
23 sensitive contact tracers. So that's, again, that's
24 something I had not thought of and, and, you're,
25

2 you're mute, I think. Can we unmute Frankie?

3 Juanita, can we unmute Frank?

4 FRANKIE MIRANDA: Ah, yes, thank you so
5 much. Ah, I had my cat running around making noises,
6 so I muted myself, sorry.

7 CHAIRPERSON TORRES: Got it.

8 FRANKIE MIRANDA: Ah, yes, absolutely,
9 you know, again, you know, we see the, the model that
10 Massachusetts is doing, so that's, that could be
11 also, you know, a good way to look at it. They
12 already have hired more than a thousand people in
13 communities through nonprofit organizations to do
14 contact tracing and, again, you know, here in the
15 city we can do an incredible job reaching out to our
16 networks and doing outreach. We do it all the time.
17 So if people are going to really trust somebody
18 knocking on their doors or calling on the phone,
19 rather than saying I'm from the Department of Health,
20 especially in our communities, they'd rather have
21 somebody with, with their, their community
22 organizations, their, um, community organizers that
23 will trust and then will give them actually the last
24 10 people, 20 people, they have, they have contact
25 with. So it will be critically important to be done

2 this through nonprofit organizations in communities
3 of color.

4 CHAIRPERSON TORRES: I just want to thank
5 all of you for taking the time to participate.

6 JOANNE YU: Council Member, if I can add.

7 CHAIRPERSON TORRES: Go ahead
8 [inaudible].

9 JOANNE YU: One thing that we're really
10 concerned about is the census. I know that it's been
11 extended and so we are, um, you know, looking at
12 other areas where, ah, there's been a low response,
13 um, predominantly, you know, communities of color.
14 Um, so we do need some investment from the City
15 Council again so that way we can keep that going,
16 because this is not just a one-time thing. This is
17 how we're gonna be seen for the next 10 years and for
18 me this is one of the really scary things that keeps
19 me up at night because if people don't want to be
20 stand up and be counted and, and granted, you know, a
21 lot of this happens because we have a horrible
22 president but, um, I know to the extent that the
23 council can really lend support to communities of
24 color, um, our aggressive outreach once we get, um,
25 out of quarantine, um, and that we could really knock

2 on doors and to be able to extend, um, you know, to
3 really do the, the, get boots on the ground, I think
4 that would be really helpful and that is a request,
5 um, as a census information center.

6 CHAIRPERSON TORRES: Thank you, everyone.
7 We're gonna move on to the next panel. Juanita, can
8 you call up the next panel?

9 COMMITTEE COUNSEL: Thank you all. Um,
10 our next panel will consist of Diana Hernandez,
11 Marcus Hilpert, Dr. Rosa Gill, Dr. Perry Pom, and Dr.
12 Henry Chen. Council members who have questions for
13 anyone on this panel should use the raise hand
14 function in Zoom and the chair will call on you after
15 all the panelists have completed their testimony.
16 Once the chair calls on you please specify which
17 specific panelist you are directing your question to
18 so that the panel knows who should answer. For
19 panelists, once your name is called a member of our
20 staff will unmute you and then you can begin your
21 testimony. Once you are finished please remain on
22 the line as we will open it up to council member
23 questions once all members of this panel have
24 delivered their testimony. I follow-up have written
25 testimony please send it to

2 testimonyatcouncil.nyc.gov after today's hearing. So
3 first I'd like to now welcome Diana Hernandez to
4 testify, will be followed by Marcus Hilpert. Diana?

5 SERGEANT AT ARMS: Time starts now.

6 DR. DIANA HERNANDEZ: Ah, hi, everyone.

7 Ah, I'm very grateful for this opportunity to share
8 my perspective on, as an assistant professor of
9 sociomedical sciences at the Mailman School of Public
10 Health at Columbia and an appointed member of the New
11 York City Environmental Justice Advisory Board. Ah,
12 I'm honored to, ah, share, ah, what have been kind of
13 long-standing observations about COVID disparities,
14 um, in my training as a sociologist, as an academic
15 researcher who focuses on the social and
16 environmental determinates of health with a specific
17 focus on housing, ah, and household energy as
18 determinates of health. A lot of my community-
19 engaged work, ah, is actually based in the South
20 Bronx, where I grew up and also live. Um, so just as
21 kind of a background, ah, for my comments, ah, as the
22 pandemic unfolded we initially thought that age was
23 the key vulnerability. But in the US the endurance
24 of the color line is in fact the proven
25 susceptibility. The manifestation of the COVID color

2 line is based on race, place, socioeconomic position,
3 and health status. It was Frederick Douglass, ah,
4 that first mentioned the color line in an essay in
5 1881 and it was repeated by W.E.B. Du Bois in the
6 20th century as he documented health and social
7 disparities negatively impacting black Americans.
8 And in the most recent example it may well be that
9 history will show that the color line will define the
10 COVID-19 pandemic, especially here in New York City.
11 My comments today are in three parts. First, I'll
12 provide some facts about the disparate COVID impacts
13 based on available data. Second, I'll provide some
14 perspectives on factors that have contributed to
15 these disparate impacts, ah, that range from
16 socioeconomic conditions to health and healthcare
17 disparities, and lastly I will offer some
18 considerations as we plan the way forward. In terms
19 of the, ah, disparate impact COVID-19 is exposing and
20 exacerbating existing health and socioeconomic
21 inequities in our society and especially in our city,
22 as others have pointed out. Ah, black New Yorkers
23 are two times more likely to die of COVID-19 than
24 their white counterparts and Latinos, ah, are 1.8
25 times more likely to die. The Bronx and Queens have

2 1.9 and 1.7 percent, ah, times higher COVID death
3 rates than Manhattan, respectively. Ah, and in the
4 context of COVID social distancing has been
5 aspirational at best, as I pointed in a New York, ah,
6 Daily News, ah, op ed in early March, ah, due to
7 crowded housing, reliance on public transportation,
8 and jobs on the front lines. And those risks are not
9 equally distributed due to labor market and housing
10 discrimination entrenched in racism. Ah, we've seen
11 primary and secondary impacts of the impact, ah, of
12 the pandemic alike. Those primary, ah, impacts have
13 been illness from infection with some potentially
14 lasting effects, as well as premature death. And on
15 the secondary impacts we've also seen mass trauma
16 from compounding losses, ah, including mourning from
17 premature sudden and unceremonious deaths, economic
18 and wage losses, academic learning losses, ah, a
19 severe mental health toll, ah, and also losses of a
20 sense of normalcy and identity, safety and security,
21 as we face uncertain times in the recovery period.
22 All of these disparities are really based on
23 underlying risk factors, ah, that are rooted in, in
24 high unemployment rates and high poverty rates, high
25 rent burdens, ah, food insecurity in communities like

2 mine. Um, it's also about, ah, unfair, ah, unjust,
3 ah, and unequal healthcare outcomes, ah, with some of
4 the highest uninsured rates in the city's, also
5 stemming from the Bronx and Queens, ah, as examples.
6 Lots of, ah, avoidable hospitalizations among
7 children and adults alike, and a lack of regular
8 providers as well as overwhelmed medical facilities.
9 Ah, and, ah, this has materialized into chronic
10 health conditions, such as hypertension, diabetes,
11 disproportionate smoking rates, ah, stemming from a
12 saturated tobacco retail landscape. Ah, so as we
13 move forward, um, I'd like to, ah, kind of, ah, think
14 about COVID-specific, um, responses, ah, as well as
15 kind of moving beyond COVID. The data transparency
16 issue was a really critical one. It's an
17 uncomfortable reality, but it's really, ah, you know,
18 having access to this data as a researcher, working
19 with other researchers who also do this work, ah, we
20 realize that a lot of how we're doing this is kind
21 of, ah, scrappy and there should be, ah, ah, more
22 data transparency to make available. We also need to
23 address misclassification of deaths, ensuring that,
24 ah, folks that are, um, that are properly counted,
25 ah, in terms of those that have been, ah, affected

2 and, um, and also succumbed to, ah, COVID. We need
3 universal testing, including antibody testing and hot
4 spot testing in the most impacted and most at risk
5 communities. Ah, we need prioritized, ah,
6 vaccination access so, ah, one thing that I am really
7 proud of is that the Bronx actually has some of the
8 highest rates of, ah, HPV, ah, vaccination rates and
9 other, and flu, ah, vaccines. Ah, but we also need
10 to be on the front of those lines. Ah, access to PPE
11 for all residents according to their levels of risk,
12 and community engagement, really ensuring that people
13 that are most impacted are meaningfully engaged. We
14 need to be supporting health and well-being in
15 communities of color and low-income communities,
16 thinking about physical health, mental health, and
17 preventative healthcare access, and we also need to
18 know that, ah, at some point, um, there will be
19 another pandemic and hopefully we can point to
20 unusual suspects, not the usual ones of race, place,
21 and socioeconomic disadvantage. We need to also be
22 thinking about support for the safe, for a more
23 comprehensive safety net. As of today we have over
24 30 million Americans that have filed for
25 unemployment, ah, benefits. Ah, but what does it

2 look like? Ah, unemployment benefits are not enough,
3 but we also really need, ah, opportunities for people
4 to be digitally connected, food secure, housing
5 secure, energy secure, um, and, ah, have
6 opportunities for rent and mortgage relief, utility
7 bills, ah, assistance, quality and affordable food
8 access, telecommunications, and Wi-Fi service access,
9 ah, as well as, ah, broadened healthcare insurance.
10 Ah, and my last point is that as we think about the
11 post-COVID reality we should be thinking less about
12 resilience and more about security. Ah, time and
13 again we've seen emergency and disaster context
14 followed by a rhetoric, ah, of resilience and
15 building resilience in our commissions. In fact, our
16 communities are too resilient, um, and we have been,
17 ah, expressing and demonstrating resilience, ah, more
18 resilience than we need to and so, ah, I, I want to
19 posit that that, ah, assumption is problematic and
20 bouncing back to social, ah, economic, and health
21 positions that were precarious and unstable to begin
22 with are not places to return to. Instead, our
23 communities need to emerge better, stronger, and more
24 secure, and those most affected also need to be
25 elevated in their baseline conditions. They need to

2 be more, they need to be more dignified lives and be
3 better able to survive this and other calamities.

4 Thank you.

5 COMMITTEE COUNSEL: Thank you, Dr. Diana
6 Hernandez. Please remember to stay on the line as
7 we'll open it up to council member questioning once
8 all members of this panel have delivered their
9 testimony. Next we will welcome Dr. Marcus Hilpert
10 to testify, who will be followed by Dr. Rosa Gill.

11 SERGEANT AT ARMS: Clock starts now.

12 DR. MARCUS HILPERT: Hello. Ah, Chairman
13 Torres, Speaker Johnson, council members, and
14 panelists, my name is Marcus Hilpert. I'm an
15 engineer doing research in environmental health
16 sciences and I'm an associate professor at Columbia
17 University. I note that I shared accompanying slides
18 with the council, but not, since not everybody can
19 see these slides I will present things as if you
20 hadn't seen the slides. To be honest, after having
21 listened to the insightful and saddening remarks of
22 Chairman Torres and the other panelists, I feel what
23 I'm going to talk about is very technical and perhaps
24 not of immediate relevance. I also have to say I was
25 under the impression that I had five-plus minutes,

2 but I only have three minutes, so I think I need to
3 freewheel.

4 CHAIRPERSON TORRES: Ah, Doctor, take
5 whatever time you need.

6 DR. MARCUS HILPERT: OK, good, thank,
7 thank you. And so I want to comment on two manners.
8 Firstly, I want to present results of a study I led
9 to examine the environmental impacts of the opening
10 of a large trucking-intensive warehouse in the South
11 Bronx. I want to explain why this is relevant to
12 this hearing. Air pollution causes disease, such as
13 asthma and heart disease, which in turn, in turn can
14 increase the severity of COVID-19 infections. Health
15 disparities can arise because often sources of air
16 pollution emissions are added in low-income
17 communities and communities of color. Such air
18 pollution sources can include industrial operations,
19 power plants, and traffic. The second item that I
20 want to address are the elevators in NYCHA housing,
21 which can hinder social distancing. So let me first
22 remind you about the highly nonuniform distribution
23 of air pollution in New York City. For instance, the
24 South Bronx is exposed to high levels of like carbon,
25 [inaudible] tailpipe emissions from trucks. Some of

2 the air pollution sources in the South Bronx are
3 local and include two interstates, several trucking-
4 intensive businesses, and the waste transfer station
5 for the entire Bronx. In 2018 a new warehouse of an
6 online grocery store opened in the South Bronx.
7 Suppliers deliver goods to this warehouse with large
8 trucks and then these goods are delivered to
9 customers with smaller trucks. Columbia University
10 was approached by a community organization, South
11 Bronx Unite, to study the environmental impacts of
12 this warehouse. I am the principle investigator of
13 this NIH-funded study, which is conducted in
14 collaboration with sentinel node biopsy Unite. We
15 use traffic radar devices to count vehicles. We also
16 measure air pollution and noise. We found that after
17 the warehouse opening traffic increased significantly
18 during several time windows throughout the day.

19 SERGEANT AT ARMS: Time.

20 CHAIRPERSON TORRES: No, continue.

21 DR. MARCUS HILPERT: But predominantly,
22 ah, at night. The contributions of the warehouse to
23 air pollution and noise levels were relatively small,
24 in part because baseline levels are high. So
25 baseline levels at four out of the eight measurement

2 sites we found that the noise levels exceeded EPA's
3 recommended limit of 70 dB and like carbon levels we
4 measured were consistent with the [inaudible] report,
5 which show high [inaudible] levels in the South Bronx
6 when compared to the Bronx and the entire New York
7 City. Let me also just quickly talk about elevators.
8 We are concerned about the COVID-19 impacts on people
9 residing in densely populated NYCHA housing.

10 Elevators are of special concern. About half of
11 NYCHA's 3000 elevators are functionally single
12 elevators, meaning that they are the only elevator
13 providing access to a specific set of residential
14 [inaudible]. If such an elevator breaks down
15 residents need to take the stairs. I calculated that
16 on average 121 NYCHA residents share an elevator, a
17 high number which makes it difficult to practice
18 social distancing, particularly if so-called single
19 elevators break down. Perhaps you can use these
20 numbers to advocate for resources to be used for
21 NYCHA. To wrap up, we determined the environmental
22 impacts of the opening of the trucking-intensive
23 warehouse in a low-income community. We found
24 significant increases in traffic and relatively small
25 increases in air pollution and noise. However, when

2 interpreting this finding you need to keep in mind
3 that over many decades air pollution sources were
4 systematically added to the South Bronx, like
5 [inaudible] and Sheridan Expressways were built
6 through the neighborhood and many trucking-intensive
7 businesses added in the Harlem railway yards. All of
8 these sources contribute to today's high level of air
9 pollution and this air pollution can cause a number
10 of cardiovascular and respiratory diseases, which can
11 increase the risk of severe illness and potential
12 deaths from COVID-19. Hence, air pollution
13 contributes to [inaudible] communities of color carry
14 during this outbreak. In conclusion, our research
15 suggests, and also the research of others, that
16 [inaudible] environmental actions are needed to help
17 protect the health of communities of color. Thank
18 you. I'm sorry that I read my notes, but I needed to
19 go fast.

20 CHAIRPERSON TORRES: Not at all.

21 COMMITTEE COUNSEL: Thank you, Dr.

22 Hilpert. Please stay on the line as we'll open it up
23 to council member questioning once all the members of
24 this panel have testified. Next, we will welcome Dr.
25 Rosa Gill, followed by Dr. Perry Pom. Dr. Rosa Gill?

2 DR. ROSA GILL: Ah, good afternoon,
3 council members, ah, Chairman Torres, plus other
4 distinguished members of the, ah, committee. Um, and
5 thank you so much for, um, taking, ah, giving me the
6 opportunity to present today at this very important
7 hearing. Ah, I also want to acknowledge the presence
8 of many distinguished colleagues who are also
9 presenting very important testimony. Community Live
10 is a 31-year-old nonprofit organization and we are
11 committed, ah, to provide, ah, New York City
12 vulnerable communities with affordable and supported
13 housing, ah, for persons living with HIV and mental
14 illness. We believe that no one should be without
15 housing and supports that they need to lead a healthy
16 and meaningful life, although this has always been,
17 ah, our priority, now more than ever. With the
18 COVID, ah, crisis, this becomes really a necessity.
19 I have prepared testimony that, um, includes, ah,
20 data, ah, but I'm just going to keep that in the, um,
21 given the, ah, amount of time that we have and also
22 Dr. Hernandez and others have presented that data. I
23 really want to concentrate, Chairman Torres, on
24 something that is a taboo for the Latino community
25 that has really serious implication for the COVID

2 epidemic and after the COVID epidemic. What is the
3 taboo? None of one, none of us want to be called a
4 loco. So mental health is really a taboo. As a
5 matter of fact, we started this hearing at 1 o'clock,
6 and I counted the number of references to mental
7 health. Thank you to Council Member Diana Ayala, the
8 leader of the Mental Health Committee, because
9 obviously she really addressed the issues. But it's
10 very interesting. In these, um, testimony of very
11 distinguished colleagues, we all have talked about
12 public health, but we have not talked about public
13 mental health. So I want to talk about that. Um,
14 let's talk about the fact that prior to, ah, COVID
15 epidemic the literature, the psychiatric literature
16 has for years, I'm talking about 30 years now,
17 documented that Latina women have the highest
18 incidence and prevalence of depression. That Latino
19 men has an extraordinary incidence of, ah,
20 schizophrenia that goes back including to Puerto Rico
21 and studies done in Puerto Rico. Furthermore, the
22 psychiatric literature really through the years show
23 how the lack of access of bilingual and bicultural
24 treatment is significant in the prevalence...

25 SERGEANT AT ARMS: Time.

2 DR. ROSA GILL: ...of psychiatric illness
3 among our Latino community. Therefore, this is pre-
4 COVID. Ah, in addition I want to say that, um, the
5 mental health disparities are even greater for the
6 Latina adolescents. 43% of Latina adolescents in New
7 York City high schools, they feel sad and hopeless.
8 21% of all Latina adolescents in high school in New
9 York City are considering suicide seriously.
10 Furthermore, the city [inaudible] data shows that 13%
11 of all Latina adolescents in New York City high
12 schools have attempted suicide. Let me remind all of
13 us that when we experienced September 11 the
14 childrens in the public school, the Hispanic children
15 in the public school, had the highest level of trauma
16 and depression during that event of September 11.
17 And here we are now talking about the COVID trauma.
18 Let me tell you what we at [inaudible] have done. We
19 have for 11 years now developed the only suicide
20 prevention program for Latina adolescents in the City
21 of New York, the New York State, and the country.
22 And basically this is a program that we have
23 committed for, ah, to do in four centers, in
24 Manhattan, in Brooklyn, in Queens, and in the Bronx.
25 And I just want to share with you, ah, that in these

2 centers what we provide these Latina adolescents is
3 with critical tools to deal with depression and their
4 suicide behaviors, meaning we do creative art
5 therapy, we actually provide them with tutoring
6 because many of them are not doing that well in
7 school, and we specially work with the families,
8 because I do not believe that you can really treat
9 the mental health in adolescents without really
10 involving the family. Furthermore, in the Latino
11 community we don't talk, we [speaking in Spanish] so
12 the family becomes the critical element of
13 intervention for these adolescents. So we have
14 succeeded and in the 11 year none of our adolescents
15 have completed suicide, um, and many of them have
16 succeeded and are in colleague and are actually
17 volunteering their time to help, ah, others in, in
18 the program. So what happened with these adolescents
19 and their family during the COVID epidemic? Let me
20 tell you what. 83% of the parents of this adolescent
21 who are at risk of suicide have lost their jobs. And
22 those who are working are at greater risk of
23 contracting the virus. Many have lost loved ones.
24 Ah, actually we had one mother who is on a ventilator
25 for several weeks now. 72% of the parents of these

2 teens are undocumented. And the situation is even
3 more terrible because they don't have access to the
4 federal stimulus check or the unemployment. They are
5 all, about 100% basically, they're experience food
6 inequality. So we have provided them with the
7 support of Hispanic Federation. We have been able to
8 provide them food. We are giving them, ah, resources
9 in the community. This is just a little bit of an
10 illustration of a program of what we are doing to
11 address what I call the most, um, unfair
12 inequalities, which are the mental health
13 inequalities that we don't dare to talk about it
14 because it's a taboo in short. So I just want the
15 council members to put in the agenda as we really
16 work toward a new New York City that mental health
17 has to be a [inaudible] at the front end for this new
18 New York City that we are going to build. I just
19 very briefly in response to Council Member Levine,
20 who is concerned about housing and the hotels, I just
21 want to tell him and other colleagues and Chairman
22 Torres that Monday of this week Community Live opened
23 84 rooms in a hotel, ah, for COVID patients who are,
24 ah, coming from Columbia Presbyterian system and from
25 the Mount Sinai system because or either they have

2 been in the hospitals and now they need a place for
3 isolation to continue to recuperate or also because
4 they are, they went to the emergency room, they found
5 to, they have the symptoms but they do not require
6 admissions. So, and this is an effort that is
7 supported by these two great, um, hospital systems
8 that allow us to really contribute [inaudible] to the
9 crisis of, of COVID. I just wanted, if I may for a
10 minute, ah, Chairman Torres, what are we going to do
11 future-wise? I serve on the advice, on the board
12 directors of the Federal Reserve Board of New York
13 [inaudible]. So I am exposed to the micro financing
14 issues of New York as well as the country. I serve
15 on the Board of Health of the New York City
16 Department of Health. And I see the micro issues of
17 public health being in front of me. So if we really
18 want to really think what we're going to do future-
19 wise, we need to begin to talk to Wall Street and say
20 how are you going to be a partner now, because we
21 have given you a lot. So you better come to the
22 table and then provide us with what we need that, and
23 that is, that's a follow-up of the previous, um,
24 panelist. In terms of the suggestion for community
25 health workers, 30 years ago I created a program here

2 in New York City that I identified over 200 nurses
3 from Asia and from Latino, Latino American countries,
4 and we provided training for them to pass their LPN
5 and their registered nurse exam. So there must be a
6 lot of immigrants in the City of New York who are
7 coming from different communities who have been
8 professionals in their countries of origin. So why
9 is it that we don't tap those communities to really
10 be the workers, fast tracking the, ah, COVID. Mental
11 health, again, you, we need refocus our priorities
12 and put mental health as one of those. Last but not
13 least, Chairman Torres and council members, who is
14 monitoring HPD when there are going to be cuts of new
15 development for affordable and supported housing in
16 the City of New York? I already have gotten the news
17 that well, you know, they're looking at the budget
18 for, you know, the closings in June, so are we now in
19 the middle of this crisis, Chairman Torres, allow to
20 [inaudible] the opportunity to create more affordable
21 housing for our communities? Come on. Let's stop
22 this nonsense. If you need a revolution let's just
23 go march and do the revolution. Thank you for
24 allowing me to share my thoughts.

2 CHAIRPERSON TORRES: And Dr. Gill, I know
3 firsthand that you've been a leader in promoting
4 mental health among Latinos, so just thank you for
5 everything you do.

6 COMMITTEE COUNSEL: Thank you, Dr. Gill.
7 Please remember to stay on the line as there will be
8 council member questioning once everyone on this
9 panel has testified. Next, we will welcome Dr. Perry
10 Pom, followed by Dr. Henry Chen. Dr. Perry Pom?

11 SERGEANT AT ARMS: Your time starts now.

12 DR. PERRY POM: Thank you for the
13 investigation. I am the chief medical officer of the
14 Charles [inaudible] Committee Health Center and we
15 serve many Asian Americans from throughout the New
16 York City area. COVID-19 has exposed and exacerbated
17 inequities in the city. I'm gonna make a few points
18 today. One - the Asian American population has not
19 been spared despite having a lower case and death
20 rate. As well, many anti-Asian incidents have been
21 reported and the city must remain vigilant to protect
22 the community and call out these incidents. I want
23 to make a comment on COVID case and death rates. One
24 explanation for lower rates in Asians is that Asians
25 in New York City are predominantly immigrants and

2 immigrants are in general healthier, as those who are
3 ill won't be able to immigrate and Asian populations
4 readily absorb the social message of distancing. As
5 well, some of our communities are more insular due to
6 language and cultural barriers. A comment about
7 immigrants being healthier. So we know that that is
8 a phenomenon so that black, including Caribbean and
9 Latin other and Latinx communities have had higher
10 death rates means that that's a greater, even greater
11 impact that can be expected from social inequities.
12 In addition, further evaluation of data for some
13 populations, including Asians, such as south Asians,
14 needs to be done to understand the full impacts of
15 the needs for the future. You must not blame people
16 for getting COVID-19. They cannot be scapegoated.
17 They're not at fault for getting the infection. It
18 is only a reflection of the history and conditions of
19 the United States and New York City. Point two -
20 language and cultural needs exist in most immigrant
21 communities. You must not also forget about the
22 undocumented. Information disseminated needs to
23 address these differences and similarities. People
24 need help to be able to apply for benefits, loans,
25 health insurance extensions or changes. They need

2 help to be able to do that. Four - community health
3 centers are vital for the city's health and as a
4 safety net provider. We will need support as we take
5 care of even more uninsured and vulnerable patients.
6 Many of our centers have furloughed workers and
7 reduced hours. Yet we are economic mainstays,
8 provide jobs, and paths for training and advancement
9 in our communities, and we will need help to regain
10 our foot. Five - I will commend the city and the
11 Department of Health and Mental Health for the
12 direction and information in COVID-19. They made big
13 efforts to reach out to Asian communities and medical
14 communities, particularly the Chinese American
15 medical professionals. We were able to be briefed
16 and give timely feedback as eyes and ears for the
17 Department of Health and Mental Health. This type of
18 effort would also be needed as [inaudible]...

19 SERGEANT AT ARMS: Time expired.

20 DR. PERRY POM: ...pandemic. They wanted
21 us to do more testing early on, but they could not
22 get enough tests from the CDC. And speaking about
23 testing, the committee really needs clear messaging
24 on the value of the testing, whom should get tested,
25 and why and what is the strategy. The conflicting

2 information from the federal, state, and city level
3 leaves our communities, employers, and medical
4 communities in confusion. That is bad medicine and
5 can lead to bad outcomes and it needs to be an
6 organized effort. Lastly, many communities, and in
7 particular communities of color, including Asians,
8 have a high number of workers in service industry and
9 small businesses. Whether taxi drivers, home health
10 aides, hotel workers, restaurant servers, cooks,
11 facility staff, they're vulnerable economically and
12 medically. They will need help. They need help to
13 apply for programs, whether federal, state, or city.
14 Or they may not even be eligible to apply to food
15 programs. They need safe working conditions. We all
16 need public transportation that is safe for our
17 communities and our MTA employees. Please help small
18 business help health workers, help our people without
19 health coverage, because now every headline companies
20 are calling employees independent contractors so they
21 don't get health benefits. Please help communities
22 and not Wall Street. Wall Street will survive just
23 fine. Communities won't without your help. Thank
24 you.

2 COMMITTEE COUNSEL: Thank you, Dr. Pom.

3 Please stay on the line as there will be council
4 member questioning after our last speaker on this
5 panel, and our last speaker is Dr. Henry Chen.

6 SERGEANT AT ARMS: Time begins now.

7 DR. HENRY CHEN: Hi, good afternoon.

8 This is Dr. Henry Chen, president of Community, ah,
9 SOMOS Community Care. On behalf of the SOMOS
10 Community Care and our chairman, Dr. Ramon Taroch,
11 thank you Chairman Torres and the City Council
12 members, and would like to have this opportunity to
13 introduce SOMOS and I've finished the testing site in
14 Brooklyn, which is the first-ever walk-through COVID-
15 19 antibody testing site in the entire New York City,
16 and SOMOS Community Care is a network of over 2500
17 physicians in the Bronx, Queens, lower Manhattan, and
18 Brooklyn, and we come together to form this SOMOS
19 Community Care and was awarded a grant by the New
20 York State Department of Health and this is a program
21 to improve health care of the underserved, Medicaid
22 patients, and reduce hospital admissions 25%. We as
23 a group of dedicated community physicians have
24 focused on its growth since the beginning and we
25 continue to do the same during the COVID-19 pandemic,

2 and here is the summary of our growth, SOMOS
3 Community Care. We began as a group of physicians in
4 the community and first at AW Medical as a
5 [inaudible] practice in Washington Heights, applied
6 for [inaudible] and was approved and subsequently
7 organized those organizations who [inaudible] active
8 serving the Latino community and the Chinese
9 community. They are [inaudible] IPA, Eastern Chinese
10 American [inaudible] and IPA, [inaudible] IPA,
11 Excelsior IPA, [inaudible] IPA, and Queens County
12 Medical Society IPA, and two [inaudible] and Chinese
13 Community Accountable Care Organization. And
14 [inaudible] was the number [inaudible] in the entire
15 country, receiving [inaudible] CMS over 144
16 [inaudible] over the past five years, and [inaudible]
17 ranked number two in the entire New York State as
18 receiving share saving for over [inaudible]. And we
19 are the only physicians in the land, PBAS, to
20 participate in the New York State District Program
21 and each of our providers work very, very hard in our
22 community to accomplish the goals of the district.
23 And we organize SOMOS provider to function on one
24 [inaudible]...

25 SERGEANT AT ARMS: Time expired.

2 DR. HENRY CHEN: [inaudible] patients
3 information among the patients and Department of
4 Health of New York established only trial pilot
5 program for the railway based payment [inaudible] and
6 SOMOS obtained six of them. Upon completion of the
7 pilot program SOMOS was one of the only three
8 organizations to participate in the final New York
9 railway based payment in the [inaudible] program to
10 continue to reduce the cost of health care and
11 improve the health of the most underserved patients.
12 We as SOMOS Community Care network in [inaudible]
13 alone we saved New York State Medicaid program 11.9%
14 per member per month, which is equivalent
15 approximately 336 million, and SOMOS has made
16 contribution to better understand the overall health
17 care of the patient across New York City. In 10/18
18 SOMOS Community Care conducted study and interview
19 across the borough of New York City [inaudible] first
20 ever state of Latino health and state of Chinese
21 health in New York City. And we found there's a few
22 major disparities in healthcare in the Latino and
23 Asian communities. First of all, it is the language
24 barrier, and the second is the access to care.
25 Number three is transportation, and we found only 25%

2 of our kids have one computer at home. So now there
3 will be some issue with the home study. So we will
4 talk about this later. Now how about SOMOS and
5 COVID-19 and when COVID-19 pandemic arise in New York
6 City and SOMOS the first established a 1-800 number
7 to educate our New Yorkers with multiple language,
8 including English, Spanish, and Chinese. SOMOS
9 [inaudible] and organized to establish COVID-19
10 testing site. As we all know the testing was very
11 limited from beginning and SOMOS Community Care take
12 a big effort into it. We provide PPE, including
13 masks, gloves, gowns, and to establish a drive-
14 through site in Queens to offer to the community and
15 [inaudible] of tests for COVID-19 nasal swab. The
16 early result we found about 70% of the patients
17 tested in our site were positive, confirming our
18 suspicious that many New Yorkers were already
19 infected by COVID-19, so we immediately alert the
20 local authority of the high-density hot spot are in
21 Queens. On Friday, March 10, Governor Cuomo
22 announced a shelter in place order. SOMOS worked
23 closely with the governor, local authority, military,
24 healthcare providers, and volunteers to open the
25 three-lane drive-through testing site in Queens,

2 subsequent in the Bronx, Lehman College. We
3 collectively have over 120 to 150 volunteers working
4 in all the sites at this time. Because of the
5 understanding of the COVID-19, the, um, the disease,
6 and we have [inaudible] a physician and
7 epidemiologist from Dominican Republic to suggest
8 someone should take a step to test COVID-19 antibody
9 for our community residents. So we make a huge
10 effort to funding the source to buy the testing
11 kitchen for COVID-19 antibody testing. We are able
12 to open the first-ever walk-through COVID-19 antibody
13 testing site in the Sunset Park of Brooklyn, which is
14 mix of new immigrants, Latinos, Asians, most of those
15 residents are underserved and poor. They do not have
16 a car to go through the drive-through and many of
17 them don't even get tested. They have [inaudible].

18 CHAIRPERSON TORRES: Dr. Chen, I'm going
19 to interject quickly with a question. Um, you know,
20 questions have been raised about the accuracy of
21 antibody testing. Are you confident in the accuracy
22 of the antibody testing being conducted at the moment
23 in New York State?

24 DR. HENRY CHEN: Very confidence. All
25 the testing so far, we have collected over a

2 thousand, um, patients. [inaudible] the residents
3 tested very consist, over 85% to 90% of those tested
4 positive consistent with one, with positive nasal
5 swab, second with typical presentation of COVID-19
6 two weeks. Then was close contact with confirmed
7 COVID-19 patient. So we very confidence the antibody
8 test it is consistent with the nasal swab. Of course
9 you cannot make 90% of [inaudible] 90% of the
10 accuracy, but that added layer of comfort for the
11 people who able to go back to work and they need to
12 reopen New York, reopen the other, the economy. So
13 if you have tested positive for the antibody you are
14 kind of comfortable to feel free to go back to work.
15 Right now CDC recommendation is only three criteria.
16 One - three days after symptom free you go back to
17 work. Number two, from the first day on, seven days
18 after the symptom, you go back to work, and three,
19 you're asymptomatic for 14 days. So without any
20 understanding of the antibody or the virus they send
21 the people go back to work. What we are doing here
22 is provide an extra layer, particularly for the
23 essential workers, for first responder, for
24 healthcare professionals, give them extra layer of
25 comfort and we know that from the previous panelist

2 everybody asking for testing, testing, testing, in
3 the college community, in the underserved community,
4 we are doing this, accepted what every single
5 panelist was asking, so we have many, many patients
6 coming with the great story. One of the great story
7 is that one of the nursing home, ah, worker had been
8 in the hospital, typical presentation, rejected by
9 the hospital three times not over any testing, just
10 tell him go home, you're OK, after 14 days you go
11 back to work. He came here just by instant, walked
12 through. We get it done, it was positive. IgG and
13 IgF, which means he has some immunity in his body,
14 but how long this antibody last we don't know. This
15 is brand new novo virus. So we need to do more
16 tests. This month, three months, six months later.

17 UNIDENTIFIED: Five minutes.

18 DR. HENRY CHEN: You know, the community,
19 the immunity in the community, that's what we do.

20 CHAIRPERSON TORRES: Thank you, Doctor.
21 I have a question for Dr. Hernandez. Can, can you
22 explain to the public in greater detail how social
23 context, social conditions make communities of color
24 vulnerable, the kinds of conditions or diseases that
25 it causes, the comorbidities?

2 DR. DIANA HERNANDEZ: So first of all,
3 ah, Chairman Torres, I, I didn't, ah, properly
4 acknowledge the fact that we actually have, ah, met
5 in the past and I appreciate all of your work, ah, in
6 public housing, um, and even in, ah, just kind of
7 opening this conversation, ah, a lot of times we
8 think about disparities long after these events, but
9 it's really clear that you guys are trying to take,
10 ah, an early step. Ah, so social conditions,
11 poverty, ah, I'm assuming that this is you're talking
12 about, poverty, um, issues around food insecurity...

13 CHAIRPERSON TORRES: Well, I pick one
14 quick example if you want.

15 DR. DIANA HERNANDEZ: OK.

16 CHAIRPERSON TORRES: Um, so the most
17 common COVID-19 comorbidity is hypertension.

18 DR. DIANA HERNANDEZ: Yeah.

19 CHAIRPERSON TORRES: Ah, and then, and
20 then to a lesser extent diabetes. So why, why is
21 hypertension and diabetes more concentrated in
22 communities of color than elsewhere in the city?

23 DR. DIANA HERNANDEZ: So, I mean, the
24 first panel I think laid it out really well, but
25 there's, ah, a lot of evidence that suggests that

2 structural racism, ah, essentially gets under the
3 skin, ah, that a legacy of having to encounter, ah,
4 institutions, ah, and challenges that are, ah,
5 interactions that are based on, ah, racism and
6 discrimination, ah, make the realities for people of
7 color, ah, blacks and Latinos, ah, and other people
8 of color that much harder. Ah, so we have
9 disproportionate rates of hypertension, of diabetes,
10 of obesity. Um, I mentioned the smoking rates, which
11 has a lot to do with tobacco licensing, ah, here in
12 the city. Um, hypertension, diabetes, and obesity
13 are 4.4 times, ah, to 8 times, ah, more prevalent in
14 the Bronx compared to the, the financial district,
15 Greenwich Village, and Soho, and these are precisely
16 the kind of comorbidities that are showing you p when
17 it comes to COVID-19. Um, these are legacy issues,
18 some of it, you know, you can attribute to lifestyle
19 and diet and in some ways that's the easy response
20 because it's behavioral. But if we think about food
21 deserts and why it is that people are, ah,
22 essentially unable to, ah, ah, exercise and do kind
23 of physical activity outdoors. Ah, ironically
24 enough, ah, with all of the public housing kind of
25 open space and green space that there is, ah, in the

2 South Bronx, ah, we actually have the least access to
3 green and open, ah, space, ah, for people the
4 actually be able to utilize it, um, those, those
5 spaces for physical activity. Ah, this is something
6 that, ah, our partners, ah, Marcus Hilpert, who's a,
7 a colleague of mine, um, has been working with South
8 Bronx Unite Around, ah, and other, ah, groups to kind
9 of raise awareness about the importance of access to
10 a green open space for health. Ah, so some of this
11 is about the built environment, ah, and some of it is
12 also about, ah, these kind of structural factors and
13 institutional issues. Education is a big, ah, piece
14 of this, um, as well, ah, and, and where people live
15 and how they're living, ah, in terms of density and
16 how that, ah, the testing issues are really important
17 because you test one person in, in a household and
18 that allows you to kind of have a better sense of,
19 ah, you know, quarantining and, and other
20 opportunities, but that's really difficult when you
21 don't have a lot of space. So there are a lot of
22 kind of different factors. Ah, but the fundamental
23 causes, um, of illness and the social determinates of
24 health really point to, ah, you know, poverty is ah,
25 a strong indicators as lack of education, ah

2 educational opportunities and educational attainment
3 as, ah, as strong, ah, kind of indicators, and then,
4 ah, that around income and people have to make
5 decisions behind, between, you know, paying the rent,
6 ah, and buying food, a lot of times, ah, that
7 balancing act and that trade-off, ah, means that
8 people are, ah, kind of sacrificing the very kind of,
9 of good for its quality, ah, so, you know, in order
10 to afford housing, you know, people, ah, with limited
11 needs, ah, are also, you know, kind of occupying
12 poorer-quality housing and buying poorer-quality food
13 and that, um, materializes into some of the health
14 disparities that we ultimately see in terms of
15 chronic health conditions.

16 CHAIRPERSON TORRES: And, and to build on
17 that question, you know, Harvard University, ah, did
18 a study revealing a close correlation between
19 pollution and COVID-19, and so Dr. Hilpert, if you
20 could just flesh out the relationship between the
21 two, how, how, and that, I think that the pollution
22 example is, is useful because pollution is not a
23 personal choice. Like no one chooses to breath in
24 toxins that predispose you to COVID-19 morbidity. So

2 if you can flesh out that relationship for the
3 public?

4 DR. MARCUS HILPERT: Yeah, that's
5 exactly, that's correct. So we know that, that air
6 pollution causes a lot of deaths in the United
7 States, and there was this recent Harvard study which
8 found that if you had an increase in 1 mcg
9 [inaudible] in particular [inaudible] 2.5 so you have
10 an 8% higher chance of dying from COVID. And just to
11 put that into perspective, 1 mcg per [inaudible]
12 national ambient air quality standard for [inaudible]
13 2.5 [inaudible] so numbers in New York City range
14 somehow between, between 8 and 12. So if you go from
15 8 to 9, so then according to the study you have 8%
16 higher death rate, and that's actually quite
17 significant. So if you were able to reduce, ah, air
18 pollution that would help a lot. It's not the silver
19 bullet, you know, air pollution is not the only cause
20 for all of these pre-existing conditions. But it's
21 one thing that we should work on. And I think one
22 thing that we could do in the, not in the near term
23 [inaudible] for right now, but it would be great if
24 there were reducing [inaudible] to reduce the level
25 of air pollution in low-income communities and

2 communities of color, to increase water front access.

3 So I moved here to New York City four years ago from
4 Baltimore, so that's not where my accent is from,
5 and, but in a way, I believe...

6 CHAIRPERSON TORRES: We won't hold that
7 against you. I'm a Yankee, I'm a Bronx guy.

8 DR. MARCUS HILPERT: [laughs] I, I, I
9 believe we could actually learn from other cities,
10 you know, how to deal with waterfront development.
11 So in Baltimore, for example, there was also an
12 industrial waterfront property, Covington Point, and
13 it was actually developed in the manner that it both
14 served both business and both the general public, so
15 there is a boardwalk and if I'm looking at the South
16 Bronx, you know, almost none of the businesses that
17 are present at the waterfront needs access to the
18 water, that there are no boats coming and ships
19 coming in. And I wonder the more this land could be
20 developed in a manner so that it also serves the
21 general public, so that they can walk along the
22 shoreline and maybe walk over to Randall's Island,
23 and I should also say we should not only look at the
24 South Bronx, so that's my area where I have a
25

2 community partner, but we should also look at the
3 other boroughs, ah, Brooklyn, Queens, for example.

4 DR. DIANA HERNANDEZ: I also wanted to
5 kind of add that, you know, it's the compounding
6 effect, so you have air pollution on the one hand and
7 that's one layer of the environment, and then you
8 have the housing environment, so people that are now
9 basically living at home, but also then
10 disproportionately exposed to, ah, lead and mold and,
11 ah, lack of heat, lack of hot water, like all of the
12 things that make our homes viable at this point.

13 That's, I mean, in a lot of these communities that
14 we're talking about in the South Bronx that, you
15 know, happens to be where I'm situated right now and,
16 you know, where, ah, we, we do a lot of work but it
17 is a really good example of a place that has all of
18 those compounding kind of issues, ah, coexisting, ah,
19 and really adding to like the levels of risk that
20 people have to face, so they're just not facing the
21 economic risk, they're facing, um, environmental
22 risks, some of which are not in their control, as
23 you, ah, so aptly stated, ah, in your opening.

24 DR. PERRY POM: One rubric, to put the N
25 word...

2 CHAIRPERSON TORRES: Dr. [inaudible], or
3 Dr. Pom, I'm sorry, I know you're [inaudible]

4 DR. PERRY POM: Thank, thank you, Council
5 Member Torres. So one, one rubric to put that under
6 is sort of stress - stress to the body, stress to the
7 organism, stress to our health. So if you are
8 treated differently because of your skin color that's
9 a stress. If you live in conditions which are not
10 optimal that is a stress. If, as Dr. Gill has put
11 it, if you don't have positive mental health, if you
12 have, you know, you're hiding your condition. If, if
13 you suffer those things that's gonna affect your
14 health and lead to diabetes, lead to, why do they
15 call it comfort food? Because I eat because I have
16 to deal with this stress somehow. Why do people
17 smoke? Yes, nicotine is an addiction. But also I
18 can walk out and I see, um, doesn't matter what you
19 are, truck drivers, restaurant workers, I see them
20 all smoking 'cause that's about their job and their
21 job stress and what, what conditions do they have? I
22 have 15 minutes for a break, I have to work 12 hours,
23 10 hours, I need to keep going. I need to drive for
24 eight hours, 10 hours. I need to keep myself awake.
25 How am I gonna keep myself going? So, you know, all

2 those stresses to the system will lead to diabetes,
3 will lead to health benefit plan, will lead to
4 obesity, will lead to mental health conditions. So,
5 you know, that's an easier way to understand for a
6 lot of our patients. They, you ask them, how are you
7 stressed and amazingly they deal with it. They say
8 I'm doing OK, but if you ask how are they living,
9 what are your living conditions, um, and it's not
10 just having a job. Do you have a job where you feel
11 respected? Do you have a job where you're valued?
12 Are, I feel so much for people. I see people drive,
13 I think their own cars in the street delivering
14 Amazon boxes because Amazon calls them an independent
15 contractor and won't give them any benefits, right?
16 So how can the City Council help with all these kinds
17 of factors? Any little that can help, you know,
18 would help our populations, to help our most
19 vulnerable populations. We must really reach out and
20 look to them and not to, I hate to say it, corporate
21 interests, though we rely on them for our taxes and
22 tax income [inaudible].

23 CHAIRPERSON TORRES: So I, there's been
24 Dr. Pom mentioned the word stress. Dr. Hernandez, I
25 believe you mentioned the word trauma. Dr. Gill, you

2 mentioned the word mental health. Ah, ah, ah, you
3 know, infectious diseases have the power to
4 traumatize, right? You know, if you think of the
5 Columbian exchange imported diseases like smallpox
6 that had long, long-lasting consequences for
7 indigenous population. AIDS continue to traumatize
8 the LGBTQ community, what, what are the, this is a
9 hard question to answer, but what's the long-term
10 impact on the psyche of, of the Asian community and
11 Latino community, the African American community?

12 DR. DIANA HERNANDEZ: Impact of the COVID
13 epidemic?

14 CHAIRPERSON TORRES: Yes.

15 DR. DIANA HERNANDEZ: Um...

16 CHAIRPERSON TORRES: The psychological
17 legacy that this will leave behind like other plagues
18 have done.

19 DR. ROSA GILL: Certainly leave a lot of
20 trauma behind, because there have been a lot of death
21 in our community and many time, you know, what it is
22 the families have not been able to grieve
23 appropriately. As a matter of fact, some of the
24 bodies have not been able, you know, the, they have
25 not been taken to the appropriate burying places. So

2 there's a tremendous amount of guilt that we already
3 see, ah, in our community, um, because it feels that,
4 that we're responsible in a way for, for this death,
5 um, that they are responsible for not getting taken
6 care of, ah, from those loved ones who died and who
7 died by themselves in, in a bed, in a hospital,
8 removed from the love of the community. Um, these
9 are very traumatic, um, events that, um, you know, we
10 are going to see for quite a long time, Chairman
11 Torres. And I have to point out that children, we
12 have not yet focused on the impact of the COVID on
13 children. They're home and they are like Dr.
14 Hernandez had indicated, you know, the housing
15 conditions, you know, maybe there are 10 people
16 living in a one-bedroom apartment and those kids are
17 supposed to be attending school and have a computer
18 to attend school and, you know, we see, for example,
19 35% of the Latino adolescents have researched
20 suicide, have experienced physical and sexual abuse.
21 So all this is stressors now of COVID, Chairman
22 Torres, are going to be, ah, really impactful, on
23 those families, ah, and the, and the community. And
24 I don't see that we really begin to focus on that.

2 That's my perspective and the other colleagues here
3 on the panel.

4 UNIDENTIFIED: Yeah, I mean, I, I agree
5 with you. I, I mean, I called it mass trauma from
6 compounding losses, right? You have the academic and
7 the learning losses, ah, that are, you know, stemming
8 from just lack of engagement and, ah, you know, not
9 being in school and being scared. I think our
10 children just don't really, you know, have the tools
11 to really understand what's going on. There's the
12 economic losses and the loss of identity, and some of
13 that is about familial ties, right? Like if you're
14 no longer a daughter because your, you know, your
15 parents have passed or something else about your
16 relationships has changed as a result of this. There
17 are so many dimensions, and I talked about
18 unceremonious deaths, and I think that that's, you
19 know, for those of us that think about the mourning
20 process and the need for closure and that's not
21 available because of how people are dying and dying
22 alone, ah, there's a certain trauma to that. So,
23 yes, ah, you know, Dr. Gill, I thank, I thank you
24 for, ah, raising the mental health, ah, issues. I
25 mean, I think those are the unseen effects, ah, but

2 think those will probably be the like longer standing
3 ones, ah, so thanks for raising the awareness about
4 that.

5 CHAIRPERSON TORRES: And Dr. Chen, I
6 think you had a?

7 DR. HENRY CHEN: Yes. As, um, primary
8 care physician in the community we hear lot of sad
9 story in this, ah, COVID-19 and I would like to have
10 a request, the chairman and the City Council member
11 to approve some funding to those people who really
12 need it, the housing, 'cause as you know the Latino
13 community and the Asian community, many of them
14 living in just one small apartment, and with the
15 multiple generations many time, anywhere from four to
16 eight to 10 people living together. Now with the
17 stay at home order and if one get infected and the
18 whole family will be infected. We do see many
19 patients with three, four family member infected,
20 only one of the kids are spared. I have very sad
21 story. Among the Chinese population and a couple all
22 got sick and with the 3-year-old kids and stay home.
23 And they all live in one room apartment. Who's gonna
24 take care of these kids and who's gonna take care of
25 the young parents? And I have another patient, a

2 little better off life, and four families together
3 and three got infected and one, because she wear the
4 mask and spared. So how do we help these people? We
5 all understand and stay home, we keep six feets, but
6 with a small apartment how do you keep six feets and
7 among the, the family member and they even, they
8 either go out the door or they jump out the window,
9 otherwise they can't keep six feet social distance.
10 So it is a difficult time and we would like to have
11 the City Council to provide some sort of the hotel
12 or, or [inaudible] those kind of we call comfort
13 hospital, to identify those COVID-positive patients
14 and put them in one location, help them out, do not
15 cause this cluster, but break up, we call cluster
16 breakup, either from a one family, either from a
17 small community, this is a huge breakout among New
18 York City. Why New York City has the most of the
19 cases among the entire New York, ah, entire US,
20 because we all living in very tight condition. So
21 that is the fundamental issue. We need to have the
22 policymaker to adjust this, to solve this problem.
23 Thank you.

24 COMMITTEE COUNSEL: Thank you, Dr. Chen,
25 and thank you to all the panelists. Please note that

2 if you want to submit written testimony for the
3 record you can email it to
4 testimonyatcouncil.nyc.gov. So thank you all. Now
5 we'll be moving on to our next panel, ah, which will
6 consist of Steve Choi, Beatrice Diaz Tavaréz, Halley
7 Gorenberg, Barika Williams, Adrian Holder, and
8 Melissa Sklar. Council members who have questions
9 for anyone on this panel should use the raise hand
10 function in Zoom and the chair will call on you after
11 all of the panelists have completed their testimony.
12 Once the chair calls on you please specify which
13 specific panelists you are directing your question to
14 so that the panel knows who should answer. For
15 panelists, once your name is called, a member of our
16 staff will unmute you and then you can begin your
17 testimony. Once you are finished please remain on
18 the line, as we will then open it up to council
19 member questions once members of this panel have
20 delivered their testimony. Again, if you have
21 written testimony for this panel please submit it to
22 testimonyatcouncil.nyc.gov. So first I'd like to
23 welcome Steve Choi to testify, who will then be
24 followed by Beatrice Diaz Tavaréz. Steve Choi?

25 SERGEANT AT ARMS: Time begins now.

2 COMMITTEE COUNSEL: Is Steve Choi on? If
3 not, then I ask Beatrice Diaz Tavaréz to please
4 testify.

5 SERGEANT AT ARMS: Time begins with the
6 new speaker.

7 BEATRICE DIAZ TAVAREZ: Thank you. And
8 good afternoon. Thank you, Chairman Torres, for
9 hosting this very important. I'm going to echo many
10 of what my colleagues have said before. But it's so
11 important to hear 'cause as you know COVID-19 has
12 really exposed the, the disparities in our
13 communities, particularly with immigrants and
14 community of color. It's been disproportionate and
15 it's going to be lasting. But even before this
16 pandemic our clients were already reporting a high
17 level of their anxiety, fear, distress, uncertainty,
18 instability and family life, economic insecurity,
19 lack of income, and food insecurity. This
20 combination has effectively acted as pre-existing
21 conditions and has intensified the health, social,
22 economic, and financial challenges that have become
23 increasingly dire each day. I do want to focus on
24 certain areas. To, at Catholic Charities we realize
25 the need that was, that is there. So not only did we

2 start open up our food pantries, but we did what
3 we're calling pop-up pantries, because it's not the
4 traditional areas of food pantries, but it's actually
5 different areas that are needed. So we have gone
6 into the [inaudible] NYCHA housing. We have gone
7 into Inwood, into Washington Heights, where on a
8 special day we will bring additional food bags to
9 help those families. We have distributed over 57,000
10 bags of food to, ah, meals in these different pop-up
11 pantries. Our day laborers continue to do outreach.
12 We visit [inaudible] at least three times a week and
13 we're giving the men information. We're giving them
14 sanitizers, mask, as much as we can, and we're also
15 want to chat with them, really providing them
16 information, and our youth services do continue to
17 provide services. We're at one of the regional
18 enrichment centers. But we're also doing wellness
19 checks. We're calling the students. We're helping
20 them access the technology that is needed, especially
21 in this time. But we are concerned. We're concerned
22 because with the stay at home we're concerned about
23 the domestic violence that many of our family members
24 may be experiencing. And that is a concern that we
25 like to raise before this chair. We also want to

2 assure that as we consider all the legislation, as we
3 consider what is necessary for the city, that we
4 really give the thought of what is sustainable and
5 what we need in our recovery, where we want to stress
6 all New Yorkers, undocumented, documented, have
7 access to the services they need. We ask that you
8 consider it and it be pivotal and cost-effective. I
9 think one of my colleagues previously said why would
10 we have to suffer? You know, it's always the social
11 services agencies, it's always our communities that
12 suffer when these cuts come. And we must...

13 SERGEANT AT ARMS: Time expired.

14 BEATRICE DIAZ TAVAREZ: ...[inaudible] all
15 the vulnerable New Yorkers with services and ensure
16 that their providers, all of the community-based
17 organizations, receive the resources that are needed
18 to continue to serve our communities. We want to
19 continue to partner with the city and we really want
20 to be there to help our communities move forward.
21 There is going to be such an economic devastation.
22 Our day laborers are still standing on the corner
23 waiting for jobs, but they're not being picked up for
24 jobs, as we know. We have all the family members.
25 We have multigenerational families and I think the

2 doctor before said it. We can't practice social
3 distancing in our apartments. And there is why we
4 have such a pandemic among the African American and
5 Latino communities. I thank you for this opportunity
6 and for this time, and we're here to partner with the
7 city to see our communities go forth.

8 COMMITTEE COUNSEL: Thank you, Beatrice.
9 Please stay on the line, as there will be council
10 member questioning after every member on this panel
11 has spoken. Ah, next we will turn to Steve Choi to
12 testify, who will be followed by Halley Gorenberg.
13 Steve Choi?

14 SERGEANT AT ARMS: Time begins now.

15 STEVE CHOI: Great, thank you. Good
16 afternoon, I'm Steve Choi. I'm the executive
17 director of the New York Immigration Coalition.
18 We're an umbrella organization that works with over
19 200 immigrants, serving member organizations,
20 including some of the great ones who are testify
21 today. Thank you to Speaker Johnson, thank you to
22 Chair Torres, and the members of this committee for
23 convening this important hearing. With over 12,000
24 confirmed deaths in New York City, the horrific
25 impact of this pandemic cannot be understated. This

2 disease does not discriminate. It doesn't care about
3 your race or ethnicity. It has, however, been
4 preying on communities of color that were already
5 affected by many long-standing policies. On the
6 economic front, it's obvious to see. The five ZIP
7 codes with the highest rate of positive tests for the
8 coronavirus are in the neighborhoods of Corona,
9 Cambria Heights, East Elmhurst, Queens Village, and
10 Jackson Heights. All of these are low-income
11 communities of color with large immigrant populations
12 in Queens, which has been hit the hardest. This
13 pandemic has resulted in catastrophic job losses for
14 so many of the immigrants who make this city run. In
15 late March a CUNY study showed more than 40% of the
16 city's Latinx population either had lost their jobs
17 or had a household member lose their jobs. The
18 impact on the city's Chinese and Asian immigrant
19 businesses was severe even before the pandemic really
20 hit due to anti-Asian discrimination and wrongful
21 notions about the Chinese community. So the economic
22 toll on our city's immigrants has been devastating.
23 But beyond economics, the life and death impact of
24 this pandemic, literally life and death, has been
25 tragic. The racial disparity is very evident, with

2 the overwhelming amount of deaths by black and brown
3 years in relationship to their population. Black New
4 Yorkers make up nearly 34% of non-fatal folks
5 hospitalized and 29% of the deaths, even though
6 they're only 24% of the city's population. The same
7 is true for Latinx New Yorkers, who make up 24.8% of
8 the population, but account for more than 27% of the
9 deaths. This is no surprise, as race directly
10 correlates with poverty, a lack of sick leave,
11 exposure to pollution, jobs that leave employees
12 exposed, and a need to take public transportation,
13 and immigration status. All of these can be real
14 sources of exposure and potential health effects from
15 death. The effect on immigrant communities of color
16 has been felt beyond those who have contracted the
17 virus. Foreign-born workers held 49% of all private
18 jobs before the pandemic crisis. But now they access
19 for 54% of the lost jobs. Jobs lost by undocumented
20 New Yorkers make up one in six New York City jobs
21 lost due to the pandemic and yet undocumented workers
22 were intentionally excluded from the federally funded
23 unemployment benefits with a cash assistance relief
24 that was authorized by Congress. So what can the
25 council do? We need to start in our low-income

2 immigrant communities and communities of color. We
3 have a New York United campaign that has identified
4 several...

5 SERGEANT AT ARMS: Time expired.

6 STEVE CHOI: ...common-sense measures -
7 one, create an emergency cash assistance fund for
8 those New Yorkers left out. Two - restore and
9 baseline adult literacy funding, 12 million dollars,
10 to make sure that immigrant parents can have their
11 children access remote learning, and third, renew 58
12 million dollars in funding for immigration legal
13 services to assure continuity of services and help
14 keep immigrants secure and safe against both
15 Washington and this pandemic. Once again, thank you
16 for convening this important hearing and allowing me
17 to testify. We are committed to working with you all
18 to come up with solutions to ensure that all
19 communities of color have an opportunity to recover
20 from the threat of this pandemic.

21 COMMITTEE COUNSEL: Thank you, Steve.

22 Please stay on the line as there will be council
23 member questioning once everyone has testified on
24 this panel. Next, we will welcome Halley Gorenberg
25 to testify, followed by Barika Williams. Halley?

2 HALLEY GORENBERG: Thank you.

3 SERGEANT AT ARMS: Time begins now.

4 HALLEY GORENBERG: The pandemic may have
5 shocked us, but once it arrived the disparate
6 deviation in communities of color didn't. I'm the
7 legal director of New York Lawyers for the Public
8 Interest. We're multidisciplinary. We're community-
9 driven, and there's a lot to say and do so I will
10 trim and address medical access, health disparities,
11 particularly tied to environmental justice, and
12 resources for young people. Medical access - getting
13 accurate medical information can influence whether
14 you live or die, what gets in the way. Aware of
15 misinformation circulating in immigrant communities,
16 we started live streaming and recording medical and
17 legal information in Spanish to thousands of
18 households in the city, featuring our lawyer running
19 NYLPI's UndocuCare project, covering public charge
20 with Steve's organization and with Spanish-speaking
21 doctors drawn from NYLPI's medical providers network,
22 including information relevant to people who can't
23 stay home every day. I second Dr. Ford from the
24 first panel about the lessons from the HIV epidemic
25 and the need to address medical misinformation and

2 mistrust in black communities rooted in generations
3 of racist medical exploitation and believe black
4 women, accounts of worsening illness and death after
5 health concerns of black women were reportedly
6 discounted are circulating widely and they undermine
7 effective access to health care. So NYLPI recommends
8 the city amplify the voices of trusted, reliable
9 speakers in communities of color to keep high-quality
10 information in wide circulation. Ensure
11 interpreters, including sign language interpreters.
12 If we don't have them on site, video conferencing is
13 next best. It's permissible to use nonprofessionals,
14 like family members, in emergencies but now when
15 people are more likely to show up solo for medical
16 care to reduce exposure of or through others who
17 aren't patients it's even more important that we have
18 interpreters available. Keep and grow what works.
19 Telemedicine could be a prime example. It's not just
20 because we are on Pause but also because it's a good
21 modality for many people with disabilities and it
22 could improve their health care ongoing.
23 Investigating and troubleshooting effective access to
24 telemedicine could promote health for communities of
25 color. Improving healthcare access can help address

2 key disparities, which means more people from
3 communities disproportionately affected, primarily
4 communities of color, will survive. Turning next to
5 those health disparities, especially underlying
6 conditions that we've discussed as tied to
7 environmental injustice or environmental racism,
8 asthma, heart disease, diabetes, many of these
9 serious health conditions that facilitate COVID-19's
10 most deadly turns tie to environmental racism.
11 Bluntly, our first COVID-19 question at NYLPI was how
12 will our communities get screwed. Our analysis of
13 health disparities led to the conclusion our
14 communities have already been pre-screwed by the
15 impact of racism. With this hearing let's get going
16 and unscrew these disparities. Take one example, our
17 urban air pollution. Mounting evidence, the Harvard
18 that Chair Torres just raised, shows us the...

19 SERGEANT AT ARMS: Time expired.

20 HALLEY GORENBERG: ...[inaudible]
21 particles and the deadliness of COVID-19, pollution
22 is down for the moment, let's seize the opportunity
23 for real progress. Create Renewable Riker's.
24 Renewable Riker's, we convert the city's notorious
25 criminal hell hole and the COVID-19 danger into a

2 cutting-edge urban engine for environmental energy
3 progress. Renewable Riker's can clear the air and
4 give good green jobs to communities of color most
5 damaged by mass incarceration and now by COVID-19.
6 Trade out diesel school busses. With school bus
7 depots concentrated in communities of color, more
8 busses churn out fine particulates and deal a double
9 or triple whammy to low-income communities of color
10 clobbered by COVID-19. Electric busses will give us
11 cleaner air in communities of color with so many bus
12 hubs and cleaner air throughout the city. And let's
13 remember the air quality inside Dr. Hernandez
14 mentioned where we're spending a lot of time.
15 Robustly enforcing Local Law 55 will combat dangerous
16 mold, reducing the impact of asthma and allergies,
17 particularly for heavily affected low-income
18 communities of color. Better breathing can link to
19 better survivability in the age of COVID-19. Final
20 point - resources for young people. OK, on a gray
21 day inside our Zoom room it may not feel like summer
22 is around the corner, but it is. We are not alone in
23 our deep dismay at the city's cutting the Summer
24 Youth Employment Program. We've asked and I quote,
25 the nation's largest youth employment program

2 connecting New York City's with career exploration
3 opportunities and paid work to explore their interest
4 in career pathways, work place skills, leadership
5 skills, so that New York City youths are better
6 prepared for careers of the future. What are the
7 creative alternatives that will allow us to invest in
8 our young people? More innovative partnerships, more
9 remote work placements that could boost the city's
10 recovery. NYLPI's committing to taking on more
11 summer interns, not fewer. It will take creative
12 supervision. It will take resources. It will be
13 worth it. Part of what we're seeking to do is
14 contribute to a professional pipeline for young
15 people of color. We need creative investment in
16 young people who rely on these opportunities and when
17 we get back to school that creative investment must
18 continue throughout any budget difficulties. So our
19 race discrimination case focused on lack of equitable
20 access for black and Latinx students to public school
21 interscholastics sports seeks to level that playing
22 field for teams and funding. The Fair Play Coalition
23 is campaigning now online, underscoring how the
24 palpable lack of teams for everyone right now should
25 motivate understanding of the problem and propel

2 approaches that yields fairness, not more racial
3 inequality when our students go back to school.
4 Sports promote physical and mental health. Teach
5 teamwork and leadership. Tied to college
6 opportunities. It's about much more than playing
7 games. Two final notes on school-related well-being
8 for students of color. As the school system lurched
9 into remote learning we started individually calling
10 our special ed clients. Our families have not gotten
11 clear messages about getting tech, like iPads, for
12 their kids. City surveys were understood as
13 deadlines our clients thought they missed.
14 Meanwhile, on my city parenting list, a list of mixed
15 privilege, there is a threatened called unsolicited
16 iPads, with many families wondering why they got an
17 iPad in the mail while others are besides themselves
18 because their children don't have the tech they need.
19 The DOE phone line to try and address the problem is
20 widely regarded as unusable. Can we please fix this?
21 Now, in the course of these calls I was actually
22 surprised that we didn't hear more initially about
23 curricular complaints until our social worker told me
24 her recent call blew right by special ed because the
25 mother needed food and was afraid to leave her

2 apartment due to family vulnerabilities. Making sure
3 multilingual messaging about the New York City Food
4 Delivery Assistance Program, including information on
5 culturally significant specifics like halal meals
6 really penetrate in communities with high need, will
7 help ensure the program hits home. I'm sending more
8 in writing. Our entire team at New York Lawyers for
9 the Public Interest thank Speaker Johnson and thank
10 you, Chair Torres, for this vital conversation.
11 Thank you.

12 COMMITTEE COUNSEL: Thank you, Halley.
13 Please stay on the line as we will open it up for
14 council member questioning once everyone has
15 testified. Next, we will welcome Barika Williams to
16 testify, who will be followed by Adrian Holder.
17 Barika?

18 SERGEANT AT ARMS: Time begins now.

19 BARIKA WILLIAMS: Ah, thank you,
20 everybody. Good evening, I guess, and thank you to
21 Speaker Johnson and Chair Torres, um, and for, to the
22 Black and Latino and Asian Caucus members especially
23 for having this conversation. Um, I'm gonna, um,
24 trim a little bit of what I would say, would have
25 said, um, because I don't want to repeat things that

2 others have previously said. Um, my name is Barika
3 Williams. I'm the executive director at ANHD, the
4 Association for Neighborhood and Housing Development,
5 um, and we serve more than 80 local nonprofits across
6 the city who work on housing and equitable, um,
7 economic justice work. Um, we actively are listening
8 to all of our members and all of our partners,
9 retooling and working to support, um, their work in
10 the [inaudible] primarily in communities of color in
11 neighborhoods across the city. That's who our
12 groups, um, serve. Ah, ANHD was one of the first and
13 early organizations to provide data and mapping that
14 linked, um, what we saw in terms of neighborhoods
15 that we know historically have been vulnerable for
16 years and for decades, um, tied to where we were
17 seeing COVID cases. Um, many people have highlighted
18 this data so I'm not going to restate it, but I do
19 want to emphasize that this is not strictly tied to
20 COVID cases and people of color. It layers many of
21 the different vulnerabilities and disparities that
22 we've seen for, for decades, so that includes rent
23 burden, housing instability, ah, limited access to
24 banking and financial resources, um, ah, the ability
25 to sort of absorb and cope with financial hardship,

2 um, ah, and, ah, where we also see the majority of
3 our frontline workers. So we've got all of these
4 vulnerabilities layered with the people who every
5 single day are going in and putting themselves and
6 their families at risk. Um, ah, also sort of a key
7 piece of the highlight is that, um, and I know one of
8 the previous panelists, the doctors in the first
9 panel mentioned this, um, but I really want to draw
10 on the fact that where we are now is a product of
11 decisions, um, that had a disparate impact on
12 communities of color that this administration and
13 previous administrations over the past decades have
14 had because there was not an explicit understanding
15 of a racial analysis lens and because these
16 communities weren't listened to in terms of what they
17 needed in order to survive and thrive as independent
18 communities and neighborhoods themselves. Um, ANHD
19 did a series of work looking at, ah, 18 hospitals
20 that have closed over, over the past, um, 20 or so
21 years in New York City. These neighborhoods and
22 these hospital closures are directly, um, overlap
23 with where we see some of the highest rates of COVID
24 cases. Likewise, um, in a quarantine and in a pause
25 society you can understand that it's very difficult,

2 um, for people to think about how to, um, manage
3 being safe and maintaining, um, safety and health
4 when they live in a food desert and accessing any
5 kind of, um, grocery store or food, um, let alone
6 affordable grocery stores and food...

7 SERGEANT AT ARMS: Time expired.

8 BARIKA WILLIAMS: ...ah, means that
9 previously they were commuting. OK. Um, so I also
10 want to highlight, um, one of the things that others
11 have drawn on. Ah, we know that the city has taken
12 this approach of, um, cutting, ah, discretionary
13 funds. Ah, I really want to highlight, we understand
14 and appreciate the city's, um, challenging financial
15 position but really want to highlight that this shows
16 a lack of how government is understanding the, a lack
17 of understanding of how government connects with
18 communities of color. This would be cutting the
19 very, the very organizations that serve, um, these,
20 these tenants and these neighborhoods and these
21 residents. So for ANHD and our groups that means
22 that we would be looking at not providing advice to
23 tenants who are struggling to pay rent, who are
24 struggling for, um, with mortgages, who are facing
25 evictions or foreclosures at the conclusion of this

2 crisis. Um, these are the groups that are taking in
3 the calls from NYCHA, um, around safety protocols and
4 what to do if a member of your household has died and
5 passed away but you're a NYCHA tenant, um, ah, and
6 likewise where the groups that are, are working with
7 this, this ANHD but also many of the others who have
8 spoken who are working with the small businesses, um,
9 in communities of color who are undocumented, who
10 operate in a cash economy, um, to ensure that they
11 are being supported and that they are in a place to
12 support their workers. Um, Council Member Torres
13 specifically asked a question of what, what he should
14 ask and what the council should ask differently, um,
15 and I would say one thing to highlight, um, is that
16 in the mayor's proposed task force there is no task
17 force on housing, um, and we already know that every
18 single two weeks, if not every single month, we are
19 facing a crisis of how people are going to make their
20 next payment, whether it's rent or mortgage, so the
21 idea that that critical piece of economic instability
22 right now is not even being considered, um, and their
23 framework is deeply, deeply troubling. Um, so I'll,
24 ah, submit more as written testimony and, ah, thank
25 you for, for letting me speak.

2 COMMITTEE COUNSEL: Thank you, Barika.

3 Please stay on the line as we will be opening it up
4 for council member questioning once all members of
5 this panel have delivered their testimony. Next, we
6 will call upon Adrian Holder to testify, who will be
7 followed by our last speaker for this panel, Melissa
8 Sklars. Adrian?

9 SERGEANT AT ARMS: Time begins now.

10 ADRIAN HOLDER: Good, good, ah, good
11 evening. Um, I'm Adrian Holder. I'm the attorney in
12 charge of the civil practice of the Legal Aid
13 Society. I'm here today to, to speak on behalf of
14 the entire society, thinking, um, um, that three
15 minutes might not really be enough, so I'm gonna try
16 to make it really quick. Um, there's a lot of things
17 when you think about the criminal defense practice,
18 the civil practice, and the juvenile rights practice
19 that we've observed with our, um, client base and
20 we've seen on the ground that we want to share, um,
21 and we will be submitting, um, some really
22 comprehensive, ah, testimony that actually goes into
23 some recommendation. The horrifying consequence of
24 the racial inequity in New York City are perhaps the
25 most striking apparent in our criminal justice

2 system. Ah, black and Latinx people are more likely
3 to be stopped and arrested and experience the
4 personal cost and burdens associated with defending a
5 criminal accusation. Not surprisingly,
6 disproportionate arrests lead to gross over-
7 representation in the city's jails and state prison
8 system, ah, places often lacking in adequate medical
9 care, programming, and support during the most normal
10 of times, but during the pandemic people of color
11 may, ah, many already with pre-existing medical
12 conditions results in sickness and in death. Ah, New
13 York City must continue to significantly reduce the
14 number of people who are incarcerated in the city
15 jails and jails are a breeding ground for violence,
16 disease, and death. COVID-19 only highlights that
17 fact and when the crisis is over the jails will
18 continue to be a dangerous place for people who are
19 incarcerated and the people who work there. Um,
20 youth detention should not return, um, to high pre-
21 COVID, ah, rates, with a total of 17 young people,
22 um, being held in detention throughout New York City
23 whereas around this time last year there were
24 actually 39 youth in detention, it is apparent that
25 many black and Latinx young people have been

2 unnecessarily detained and exposed to harmful trauma.

3 Um, we owe it to them to change the way we address

4 juvenile justice and reduce our reliance on

5 detention. During the COVID, ah, pandemic the number

6 of New York City administration of children services

7 filings, so those are instances in which ACS files a

8 petition in family court alleging abuse or neglect of

9 a child against a parent has shrunk dramatically.

10 Although official figures are not currently available

11 and more about data later, um, our experience

12 indicates a reduction of more than 50%. Ah, the

13 dramatic reduction suggests that ACS recognizes that

14 many more children can be safely maintained in their

15 homes than previously acknowledged, and a smaller

16 number of cases filed in court means a reduction in

17 the trauma of court intervention in the lives of

18 people of color in New York City. ACS should

19 continue to prioritize supporting children in their

20 homes instead of returning to their over-reliance on

21 court interventions and removal proceedings, which

22 are traumatic for many children, all of our children.

23 Um, the Department of Education, we've already heard

24 it, I won't restate it. But, yes, needs to provide

25 children with access to technology and internet

2 access, and in addition to that we need to be mindful
3 when we're looking at the educational issues around
4 our children who have special needs, um, and are not
5 getting some of their special education therapies
6 during this time. Um, they're falling behind at a
7 dramatically, um...

8 SERGEANT AT ARMS: Time expired.

9 ADRIAN HOLDER: ...the over-representation
10 of communities of color experiencing homelessness is
11 staggering. 86% of homeless single adults identifies
12 as black or Latinx, with only 10%, um, of homeless
13 single adults identifying as white. Individuals
14 seeking shelter alone, which include the single adult
15 population and runaway and homeless, ah, youth are
16 most at risk during this pandemic. The Department of
17 Homeless Services shelters for single adults and the
18 Department of Youth and Community Development, ah,
19 shelters for runaway and homeless youth are
20 congregate facilities, preventing these populations
21 from practicing social distancing. Residents in
22 these shelters share bathrooms, use communal eating
23 spaces, and may sleep only three feet from the person
24 in the next bed. Homeless New Yorkers on the streets
25 face an even different set of risks and while this

2 population generally lacks access to food, bathrooms,
3 showers, and toiletries, the issue has become more
4 acute as businesses and food programs have shuttered
5 due to the pandemic. DHS refuses to offer isolation
6 beds in hotels to this population and in violation of
7 CDC guidance the NYPD continues to push people out of
8 subways and sweep out temporary spaces people living
9 in the streets may have found without offering any
10 real alternatives. Um, and so as a result our
11 homeless neighbors are left without any sustainable
12 or safe options during this pandemic. Um, and, and
13 again, data, ah, really quickly, the Coalition of the
14 Homeless notes that as of April 21 the overall New
15 York City, um, mortality rate due to COVID-19 was 117
16 deaths per 100,000 people. The age-adjusted rate for
17 sheltered homeless New Yorkers is 184 deaths per
18 100,000 New Yorkers. There is, there are a wide
19 variety of steps the city can take to provide
20 additional protection of homeless New Yorkers and the
21 Legal Aid Society supports the passes of Intro
22 number, ah, 1927, which would require DHS to offer
23 private hotel rooms to all homeless single adults,
24 including homeless youth and, um, unsheltered
25 individuals to prevent further transmission of the

2 virus and protect its vulnerable population. The
3 city also needs to provide additional personal
4 protective equipment to shelter residents and staff,
5 and we support the mayor's decision to expand testing
6 to include individuals living and working in homeless
7 shelters, but the testing must be widespread,
8 voluntary, and not used as a means to deter people
9 from seeking shelter. Um, we addressed a lot of the
10 housing, um, instability and preventing homelessness
11 issues. But I just would like to say that, um, HRA
12 plays a critical role in addressing the dramatic
13 increase in housing instability and risk of
14 homelessness caused by COVID-19 crisis and it's
15 essential that HRA work with stakeholders to obtain
16 rent arrears and sustainable subsidies for more New
17 Yorkers. 44% of New York City renters are rent-
18 burdened and four out of 10 low-income people in New
19 York are either homeless or severely rent-burdened.
20 Even in a strong economy, a budget overwhelmed by
21 housing costs increases a family's risk of food
22 insecurity, lack of access to proper medical care,
23 and eviction. And with little room for savings, a
24 reduction in work hours or an unexpected expense
25 cause turmoil and may lead to displacement. Similar

2 to the COVID-19 pandemic, involuntary displacement is
3 not borne equally. In New York City low-income black
4 and Latinx households are most impacted by eviction
5 and homelessness, and we understand the city budget
6 may not be able to support this, but we urge the
7 council to make the case to our congressional
8 delegation for this money. Quickly, low-wage workers
9 or workers' decisions must be made for them at their
10 work sites on science and worker safety, not the
11 economy. There must be strong, unambiguous, and
12 enforceable workplace safety rules established and
13 mandated and increased PPE for all workers provided
14 by employers. Low-income workers and workers of
15 color are employed in industries that are the
16 backbone of this economy. They cook and prepare our
17 food. They clean and maintain our hospitals, our
18 warehouses, our offices, and other work spaces. They
19 deliver packages. They build our buildings. They
20 drive our vehicles and they took care of our children
21 and the elderly. Because these jobs are so low
22 paying, low-income workers cannot afford at any, to
23 take any time off and must work to survive. Their
24 lives and the health and safety of our communities
25 are at stake. Workers must have stronger protections

2 against workplace retaliation, especially when
3 commenting or complaining about workplace safety.
4 Employers must provide PPE for all essential workers,
5 hazard pay, and paid sick leave for employees who
6 contract COVID-19 or have comorbidities, um, that put
7 them at higher risk of COVID-19-related deaths. And
8 we have a whole list of things that HRA can do to
9 continue to expand access, um, to, um, um, um, ah, to
10 real benefits. Um, we need them to not only provide
11 online, ah, access, but even for folks who need to
12 call in to make sure that people don't waste their
13 minutes on hold only to have the calls drop, and
14 there's a whole list that we'll have in the testimony
15 to share with you. I know I'm way over time. But
16 let me just say that it is shameful to me that
17 tomorrow will be May 1 and we have no data from HRA
18 on the numbers of applications they're receiving and
19 those outcomes of those applications. HRA tells us
20 the demand is unprecedented and it's huge, and we
21 have no doubt that the numbers are huge, but without
22 data how does it tell the story, um, that HRA cannot
23 possibly process these cases without legal
24 guidelines, given their current resources, and so I
25 think data is actually one thing the City Council can

2 get. It's a free ask. Um, we need it in all the
3 areas, as a lot of my esteemed colleagues who have
4 been testifying all day will tell you. We need it in
5 all areas, not only to track what it is that we need
6 to do in terms of being responsive to the needs of
7 our, um, um, ah, communities of color, but we need it
8 in actually really reformulating what the policies
9 are. Um, the mayor should also include these numbers
10 in his daily briefings. After all, I think it's a
11 critical part of the city's response to this
12 pandemic. And so I will end there. Um, I, I look
13 forward to, to continued conversation because this
14 has been so, so important, so enlightening for me,
15 um, today. This is one of the best hearings, and I
16 really do appreciate the speaker and, um, Council
17 Member Torres, as well as BLAC for, for having this
18 really necessary, ah, hearing for us to begin this
19 conversation and really do something. Crisis demands
20 redefinition and now is the time for us to redefine
21 how it is that we are going to respond to the needs
22 of, of our communities and, you know, going back to
23 normal is not an option. It has never been good for
24 our clients and we certainly don't need that in this,
25 in this instance. Thank you.

2 COMMITTEE COUNSEL: Thank you, Adrian.

3 Please stay on the line as we will open it up for
4 council member questioning after our last speaker for
5 this panel. And now we welcome our last speaker for
6 this panel, Melissa Sklars, to testify.

7 SERGEANT AT ARMS: Your time begins now.

8 MELISSA SKLARS: Thank you so much. Um,
9 I want to thank Speaker Johnson. I want to thank
10 committee Chair Torres for inviting SAGE to speak
11 here today at this important committee on communities
12 of color. Um, my name is Melissa Sklars. I'm the
13 government relationship strategist. I'm here
14 speaking on behalf of Michael Adams, [inaudible]. He
15 is the CEO of SAGE. SAGE is the leading provider of
16 services and supports for LGBT older adults in New
17 York City. Our programs include SAGE centers in
18 midtown Manhattan, Harlem, Bronx, and Staten Island,
19 as well as in Brooklyn, with partnership of Brio
20 Circle, affordable elder housing in Brooklyn and soon
21 to be in the Bronx, case management, mental health.
22 Among our SAGE LGBT elder constituents more than 1300
23 are elders of color. LGBT elders in general, and
24 specifically elders of color are living at the
25 epicenter of COVID-19, not only because of age, but

2 because of high levels of underlying health, like HIV
3 and diabetes, high levels of poverty, food and
4 housing insecurity, lower access to health care and
5 supportive services, social isolation and thin
6 support networks, and mistrust of government based on
7 historical and discrimination and mistreatment. All
8 of these challenges, ah, further exacerbate
9 transgender elders of color. Ah, the COVID-19
10 pandemic shines a, a powerful spotlight on these
11 inequities. We already know people of color are
12 being sick, hospitalized, die at higher rates. It's
13 true for elders. And it's much true for LGBT elders
14 and LGBT elders of color. Ah, much New York is, is
15 sheltering in place. Many LGBT elders of color who
16 [inaudible] are still leaving work, still leaving
17 home to work out of economic necessity. They're
18 essential workers. They're employed in service
19 sectors. Many are forced to leave their homes
20 because they're caregivers. It's extremely risky for
21 LGBT elders of color because in our experience, ah,
22 PPE is not available in communities of color. Many
23 of our elders live in low-income neighborhoods with
24 fewer supermarkets, traveling further to buy food.
25 Many are struggling to put food on the table. 62% of

2 elders of color who SAGE services and 50% of our
3 constituents [inaudible] in Harlem are nutritionally
4 insecure. LGBT elder adults of color by, that are
5 served by SAGE are more than twice as likely, ah, to
6 lack internet access at home, a troubling gap
7 inequity that the internet is one of the few means of
8 social connection during this crisis. LGBT elders of
9 color receives, ah, the support that they need mostly
10 from us and now without us being there we've been
11 forced to pivot. We have SAGE staff, is, um, with
12 1700 wellness volunteer calls in the Bronx and Harlem
13 and Brio in Brooklyn. There have been more than 400
14 calls to elders. Um, these calls are important.
15 They, there's, ah, our constituents hear our voice.
16 It stays connected. It knows that people are there
17 and can help out, but outside of telephone support
18 there is so much more that, that needs to be done.
19 We have a new...

20 SERGEANT AT ARMS: Time has expired.

21 MELISSA SKLARS: ...volunteer [inaudible]
22 thank you, called SAGE Connect which will match
23 volunteers with elders who need to receive calls.
24 Um, we hope to make SAGE Connect available in Spanish
25 as well as English and are working to accomplish

2 this. Ah, to continue this we've converted our
3 inside SAGE centers into a virtual and telephone
4 programs are attracting hundreds of elder
5 participants. We have 19 programs up in the Bronx
6 and Harlem. If Michael was here he would have a lot
7 more to say. We, we do want to make, Michael Adams
8 has a series of aid suggestions he wants to make to
9 New York City, New York City Council, um, that we
10 need programs that are designed to address the unique
11 needs of LGBT elders like those in, ah, SAGE and Brio
12 Circle. All elder services, um, must be classified
13 as essential services that continue to be funded.
14 COVID-19 relief fund should be allocated by the
15 council for programs that serve LGBT elders of color
16 and LGBTQ elders more generally. Funding should be
17 allocated to organize the support volunteer programs.
18 New York City central meal delivery program, Get
19 Food, must ensure all LGBTQ elders of color and LGBTQ
20 elders receive home delivered meals if they are in
21 need. Low-income neighborhoods of color and senior
22 centers should be prioritized for distribution of
23 PPE. To ensure internet access there must be a new
24 program to distribute tablets to NYCHA residents and
25 that should be expanded to include LGBT people, and

2 finally the city's prior program providing mobile Wi-
3 Fi vans should be expanded to low-income
4 neighborhoods across New York City. Thank you so
5 much for Ritchie Torres and for Speaker Johnson for
6 allowing us to speak today.

7 COMMITTEE COUNSEL: Thank you, Melissa.
8 Ah, now we will turn to Chair Torres for questions.
9 Just to note that during the questioning period
10 panelists and council members who are asking
11 questions please leave your mics unmuted, and a
12 reminder to everyone on this panel that if you have
13 written testimony to submit please submit it to
14 testimonyatcouncil.nyc.gov. Now turning it over to
15 Chair Torres.

16 CHAIRPERSON TORRES: I, I want to thank
17 all the panelists for your testimony. I want to
18 thank Barika. Your point is well taken about the
19 lack of a housing task force and Adrian, your point
20 is well taken about the need for HRA data, so I took
21 notes on both of those items. Um, Barika, something
22 you said stuck with me. You spoke about a race
23 analysis. And I often feel even the matter in which
24 we approach public health or infectious disease
25 control might appear neutral on the surface but has

2 real world exclusionary effects. So one example is,
3 ah, drive-through testing [inaudible] for those who
4 do not have cars or distance learning creates
5 barriers for those who do, so, I mean, how, how do we
6 make government, make public health much more raise
7 conscious because that, that term stuck with me when
8 you brought it up.

9 BARIKA WILLIAMS: I mean, it's, it's, um,
10 I, I think this speaks to, and Adrian mentioned it as
11 well, that one of the problems is as if, if we try to
12 just restart and restart as normal we know we're just
13 going to be mimicking the same type of practices that
14 embed all of those racial disparities and all those
15 systems of inequities in them, right? So ANHD, our
16 members, our thriving communities coalition that
17 works on land use, that has worked with you all and
18 the council so much has had long, hard discussions
19 and has not come to any consensus with New York
20 City's City Planning for years now because they
21 refuse to include any kind of racial analysis in how
22 they approach planning, right? So they're not even
23 willing to think about an approach planning in a way
24 that says this neighborhood that is a neighborhood of
25 color looks different, has a different set of

2 baselines, has a different level of access, and
3 therefore we should think about planning for it
4 differently than this other higher income, wealthier,
5 largely white neighborhood and that, that's the
6 reality. We can't even get to that threshold, um,
7 and we know that we need that consistently across the
8 board, right? That we need that in public health.
9 We need that, um, when it comes to how we're
10 providing homelessness services. We need that. And
11 so I think it begs a real question of if we're going,
12 if the plan is, I know one of the previous panels
13 said something around if the plan is to give every
14 single community the same to say we're gonna give
15 each one of our community boards the same level of
16 resources or the same number of testing sites that's
17 just not gonna work, right? We know that that's not
18 gonna work. We need testing sites that are open for
19 different hours. We've seen this, um, paralleled in
20 ANHD, um, signed on to something that Riders Alliance
21 did because some of train lines are packed because
22 it's the neighborhoods where we have our frontline
23 workers, right? So they still have a massive level
24 of folks who are using mass transit other
25 neighborhoods don't. I, I think it's a real barrier

2 that the city seems to be having a lot of trouble in
3 this moment and has not historically been able to do
4 this. And if they don't and if we don't do something
5 different we're just gonna mimic the same processes
6 as before and ultimately what that's gonna mean is
7 that we're gonna come out of this and leave
8 communities entirely out of recovery. They're just,
9 they're not gonna recover, period.

10 CHAIRPERSON TORRES: And communities of
11 color are over-represented in shelters, jails,
12 overcrowded apartments, all of which are Petri dishes
13 for infectious disease. Um, Adrian, how, how dire is
14 the situation in Riker's Island or in the city jails,
15 based on what you hear in compliance?

16 ADRIAN HOLDER: It's, it's, it's really
17 dire. It's, it's dire, um, I mean, and we've, we've,
18 the, our criminal defense practice has been leading
19 the effort to try to get folks out and has been very
20 successful in getting, um, a lot of the vulnerable,
21 um, inmates out and also getting people released
22 early from state prison, um, which again shows that,
23 you know, in this crisis there was able to be a re-
24 evaluation as actually as to who could stay. But,
25 you know, we lost a client, um, to COVID and, you

2 know, the idea that there are people who were not
3 able to make bail or who are waiting, um, um, um,
4 processing for low-level offenses who are getting
5 infected in, in, in, um, the case of one of our
6 clients who actually died. I mean, it's just, it's,
7 it's, it's, it's outrageous. It's just egregious.
8 And so, um, again the idea that perhaps it's because
9 of people of color, um, that it's not a priority for
10 folks to actually look at what we're doing during
11 this pandemic. I mean, that is the real, the real,
12 um, loss for all of us, that to understand that we
13 need to rise to this occasion. We've proven, um,
14 that when people think that everyone is being
15 impacted, oh, then that's when people can talk about,
16 um, where, whether they need to bring in stimulus and
17 whether we need to have some kind of compassion. We
18 have proven that we can protect one another and we
19 can have high regard from one another when the, the
20 issues seem to span out. But we do know that there's
21 always a winnowing and, you know, it is a concern
22 that as it continues to go and it looks like, um,
23 the, the impact really is more, um, um, witnessed and
24 impact, ah, falls on people of color that there's
25 gonna be less interest in actually how we solve these

2 problems. And so we really have to talk about how we
3 are going to be moving in a new direction. I do not
4 want to return to normal. Normal did not work for
5 our clients. And so we, we need to move and we need
6 to move in an effective way using data in a
7 compassionate way, um, understanding that we're
8 talking about real people who are getting sick and
9 who are dying. Beatrice, you hinted at this earlier,
10 but one of the unintended consequences of shelter in
11 place, as far as I can tell, has been a spike in
12 domestic violence. Have you seen that on the ground?
13 And, and how do we as a city effectively confront
14 domestic violence in the midst of shelter in place?

15 BEATRICE DIAZ TAVAREZ: I think it's,
16 it's, it's difficult because right now as we shelter
17 in place people do not want to come out and they know
18 that it's very difficult. Where are they going to
19 turn to? So is it that we open up the hotels for
20 people who, um, who need to leave their, their
21 current stay at home. Do we open more shelters for
22 women and, and children, because this is, I, we, we,
23 we're not [inaudible] but we know it must be there,
24 and we are concerned, because once we, we're out,
25 once we no longer have the stay at home we are going

2 to see it. And you know we're concerned for the
3 children who, it's just the children, the women, it
4 is a concern. So can the City Council have more
5 hotels available? Can there be some public service
6 announcements made in English, in Spanish, and all
7 the different languages of New York City, so that
8 women and the children know they have an alternative.
9 I think right now they don't think they have an
10 alternative.

11 CHAIRPERSON TORRES: I don't know if I, I
12 think there's, there's a lag in the connection, but I
13 think, um, Ms. Gorenberg, did you have your hand up
14 or?

15 HALLEY GORENBERG: Ah, yes, just briefly
16 in connection with the domestic violence point. One
17 of the things that we really, um, are looking for the
18 city to meet in terms of commitments is texts to 911
19 and the city has said that with the COVID, ah, the
20 COVID pandemic going on that they will still meet the
21 deadline that they set for June for launching texts
22 to 911, and, um, one of instances, one of the
23 communities who is served by that can be people who
24 are targets of domestic violence to be able to
25 communicate without speaking if need be, um, through

2 texting. We had come to this from our work with, um,
3 deaf communities and hard-of-hearing communities.
4 There's a lot of disability and, um, communities of
5 color intersectionality, ah, a disproportionate rate
6 of disability, um, in communities of color and so
7 from that perspective and NYLPI's work with the Deaf
8 Justice Coalition we had to text to 911 being, ah,
9 technology that has to be delivered, but also
10 connects to many other service communities, including
11 people who are targets of domestic violence and have
12 other communication, um, barriers. So it just seemed
13 like a place to flag, that that's supposed to be
14 available and it's all the more important when we
15 have more emergencies and people are confined in
16 their homes at times to hit that deadline and not
17 miss in, ah, the pandemonium of the pandemic.

18 CHAIRPERSON TORRES: Ah, Melissa, you
19 know that SAGE has a special place in my heart, um,
20 and, and I love the, the senior centers that you run
21 for LGBT elders. But for many of those elders who
22 struggle with isolation, those senior centers are a
23 second home. The people at the senior centers are a
24 second family. And so how are your clients coping
25 with the isolation that comes from social distancing?

2 MELISSA SKLARS: So, so as the testimony
3 suggested, you know, we're doing outreach. We're
4 making sure everyone has food. We, we, we connect
5 with all of them. We're making over 2000 phone calls
6 every month. Um, we want to make sure that all of
7 our constituents are, are safe and in place. Those,
8 those that are struggling, you know, we're there.
9 We're able to make sure they get access to food and
10 case management. No one is left alone and isolated.
11 Um, if need be we can, we now have our SAGE Connect
12 program and now we can go instead of just calling
13 once or twice a month we can now have people call
14 every day. We want to make sure that people feel
15 connected and that they're, they're not being left
16 out and that we are well aware of what isolation is
17 like for LGBT elders. Ah, it's, it's the most
18 important part of our mission. It's what we do and
19 we take it very [inaudible].

20 CHAIRPERSON TORRES: Thank you, Melissa.
21 Barika, I have just one final point. You know, much,
22 the media often associates, um, a high incidence of
23 COVID with, with density. But as far as I can tell,
24 it's not so much density that matters, it's
25 overcrowding at, at the household level and

2 overcrowding, it seems to me, is a manifestation of
3 the affordability crisis. People are tripling up or
4 doubling up because the city is becoming
5 unaffordable. Do you want to speak about the
6 connection between the affordability crisis and
7 COVID-19 and how that has made us a Petri dish for,
8 for the spread of the disease.

9 BARIKA WILLIAMS: And I think, I think
10 you're, you're raising and flagging something that's
11 important. I think one of the things that is a big
12 concern is this, um, communication, ah, that density
13 is problem, um, right, and we can look to, ah, some
14 of our, um, other countries and cities, um, that have
15 confronted COVID, um, have density levels similar to
16 New York City, sorry, trucks outside. Um, density
17 levels similar to New York City, if not higher than
18 New York City and who have taken the necessary steps,
19 taken it on, um, have provided and, and put forward
20 the resources necessary to support people, um, in
21 dense spaces, um, which we really haven't done,
22 right? So, ah, being dense but being housing secure
23 where you know that you have a place that you can go
24 to, um, where you can control and manage who is in
25 and around you, um, is very different than having an

2 informal, um, basement apartment that isn't
3 officially a lease, um, ah, that has multiple people
4 in it, um, where you have a number of potentially
5 undocumented workers, many of whom are being on our,
6 our central service providers and receiving no
7 supports in this, right? So I think that that is a
8 clear difference between, um, overcrowding and
9 density, um, and we see that other places have been
10 able to handle, um, both this health crisis and
11 density together. Ah, so to make clear that, that
12 density isn't the, the sole problem in this. It's
13 really a matter of supporting people, um, and giving
14 them the supports necessary, um, to have a stable
15 home, um, during this. We know that one of the calls
16 actually specifically has been if you have an
17 impacted person, um, and/or in overcrowded
18 households, ah, allowing, ah, some of our under-
19 utilized and unused hotels, um, for the, you to be
20 able to send the person there or send the family
21 member there so that you're not having to force, um,
22 that household to be in contact with somebody who is
23 now COVID positive or symptomatic and we know that
24 those steps largely haven't been, haven't moved
25 forward yet.

2 CHAIRPERSON TORRES: And, and Steve, um,
3 I have a, you know, no, no community arguably has
4 been hit harder than the immigrant community,
5 especially the undocumented immigrant community, as
6 you pointed out earlier. Elmhurst was the epicenter
7 and there's a lack of health care in Corona, in, in
8 the communities that represent undocumented
9 immigrants. Can you speak to the relationship
10 between the municipal healthcare system and the
11 undocumented immigrant community?

12 STEVE CHOI: Sure, yeah. Um, and, you
13 know, so I would say I think the undocuments in
14 immigrant community faces particularly huge
15 challenges. Um, you know, I'm thinking about what
16 Barika said in terms of density. Um, I think there
17 are two things that I would mention. First of all,
18 the undocumented immigrants and not just undocumented
19 immigrants but mixed status families as well, they
20 were intentionally excluded from the federal
21 government's relief packages. So if you're thinking
22 about the 2.5 trillion dollars that are getting spent
23 out, you're thinking about unemployment benefits,
24 immigrants are not going to be able to take advantage
25 of that, undocumented immigrants are not gonna get

2 that. The cash assistance, the \$1200 and up that
3 people are getting in their bank accounts, not only
4 undocumented immigrants but mixed status families are
5 getting left out of that. Um, and when you think
6 about that, the fact that they've been excluded means
7 in so many ways they have to be out there on the
8 front lines, you know, driving people to the
9 hospital, cleaning infected facilities, ah, preparing
10 and delivering meals. They have to be, because they
11 don't have any other choice. And so I think that's
12 something to really note in terms of them being
13 really exposed to the virus in so many ways, and then
14 to your point, ah, Chairman Torres, um, health care
15 is critical. Um, because the Trump administration
16 has this public charge rule that basically says that
17 your ability to get a green card or citizenship
18 hinges on your access to benefits. It's cost huge
19 fear in our communities and there are so many
20 undocumented immigrants that are just fearful at this
21 point that they're not getting the kind of health
22 care that they need, ah, right now, largely because
23 of the Trump administration. So it really spells, I
24 think, you know, there's an access health program
25 that the speaker has really pushed and other folks

2 have pushed where you have folks who are providing
3 advice to undocumented immigrants across the city.
4 That's more important than ever now because when you
5 look at the fact that so many undocumented immigrants
6 have foregone health care and are getting sick and
7 are dying as a result, it's more critical than ever
8 that this council be figuring out ways to educate
9 them, because it helps keep all of New York City
10 safe, um, and, and really protected at this time.

11 CHAIRPERSON TORRES: So that, that's an
12 important point. One, one thing that's of concern to
13 us is we all know there are racial disparities in the
14 overall death toll, but I suspect those disparities
15 are even more profound in the stay-at-home death
16 toll.

17 STEVE CHOI: Absolutely.

18 CHAIRPERSON TORRES: I think, I suspect
19 more people of color and more undocumented immigrants
20 are dying at home and those numbers are not equally
21 captured.

22 STEVE CHOI: Huge numbers. You know, I
23 just talked to, um, you know, a, a, when you think
24 about all the people who are being buried and, you
25 know, in potter's fields and such and, you know,

2 we're hearing about so many undocumented immigrants
3 that are, you know, at much greater risk of getting
4 sick because they have to be out there, because they
5 are living, um, in crowded quarters and because
6 they're not accessing health care because of this
7 fear. Um, absolutely the undocumented immigrant
8 community is being deeply affected. And it's
9 happening in Queens, it's happening around Latinx
10 community members. But it's also happening with
11 black, African, um, and Caribbean immigrant community
12 members. It's happening along a lot of Chinese and
13 Asian immigrant communities as well. This is really
14 something that's just devastating, um, for, you know,
15 I just talked to a member organization where you have
16 a family, both the mother and father are in the
17 hospital facing very severe instances of COVID and
18 their 13-year-old teenage daughter is at home
19 watching two other younger siblings. That is the
20 extent at which it's really affecting immigrant
21 communities, particularly black and brown community
22 members. And it's, it's really a tragedy that, um,
23 you know, it's, I can't believe it's happening in New
24 York City but it is.

2 UNIDENTIFIED: Council Member Torres, can
3 I, I just wanted to, um, highlight, since you asked
4 specifically about density a key data point in this.

5 CHAIRPERSON TORRES: Sure, yeah.

6 UNIDENTIFIED: Ah, so when, when people
7 are talking about density being part of the cause of
8 this, um, to really hone in on the difference between
9 density and overcrowding are, the densest part of New
10 York City is core Manhattan, um, and specifically
11 lower Manhattan, and that is our, ah, white
12 neighborhoods and our wealthiest neighborhoods and it
13 is our lowest rate of COVID cases. Um, so I really
14 just want to hone in on the fact that density in and
15 of itself, um, is not actually the core issue. It is
16 really tied to access to services, access to wealth,
17 um, communities of color, and over crowding.

18 CHAIRPERSON TORRES: Yeah, there, there
19 have been some interesting data points reported about
20 a decline in garbage collection in wealthier
21 neighborhoods, as many of the residents have second
22 homes in which to seek refuge or, ah, ridership tend,
23 tends to be relatively high in communities of color
24 because communities of color are over-represented in
25 the public work force. So I think this, the impact

2 of COVID-19 has revealed the extent to which we are
3 truly a tale of two cities.

4 UNIDENTIFIED: Yes.

5 CHAIRPERSON TORRES: So I want to thank
6 everyone for your insights and, and we're gonna go on
7 to the next panel. But thank you for, um, just being
8 so patient.

9 UNIDENTIFIED: Thank you very much.

10 UNIDENTIFIED: Thank you.

11 UNIDENTIFIED: Thank you.

12 COMMITTEE COUNSEL: Thank you, everyone.

13 We'll be moving on to our next panel, ah which
14 consists of Carlin Cohen, Beth Finkel, Aricelis
15 Lucero, and Tesvera Rakhman. Council members who
16 have questions for anyone on this panel should use
17 the raise hand function in Zoom and the chair will
18 call on you after all the panelists have completed
19 their testimony. Once the chair calls on you please
20 specify which specific panelist you are directing
21 your question to so that the panel knows who should
22 answer. For panelists, once your name is called a
23 member of our staff will unmute you and then you can
24 begin your testimony. Once you are finished please
25 remain on the line as we will open it up to council

2 member questioning once all members of this panel
3 have delivered their testimony. If you have written
4 testimony that you would like to submit for the
5 record please submit it to testimonyatcouncil.nyc.gov
6 and this goes for the last panel as well. And, ah,
7 so now I would like to welcome Carlin Cohen to
8 testify, who will be followed by Beth Finkel.
9 Carlin?

10 SERGEANT AT ARMS: Your clock will begin
11 now.

12 CARLIN COHEN: Good evening, everyone.
13 Um, my name is Carlin Cohen, pronouns they, them,
14 she, her, and I'm the chief policy and public affairs
15 officer of the Chinese American Planning Council.
16 Thank you for inviting me to testify tonight. CPC is
17 the nation's largest Asian American social services
18 agency, serving over 60,000 Asian American immigrant
19 and low-income New Yorkers each year. Through COVID-
20 19 we have continued our services, providing meals
21 for seniors, home care, supporting community members
22 that are facing eviction, navigating benefits, and
23 continuing to provide remote learning, legal services
24 and other resources. Um, many of the other advocates
25 that have testified before me have gone into great

2 detail about the racial disparities and
3 disproportionate impacts that we are facing. I want
4 to amplify what all of them have said, and I will
5 want to really focus my testimony on what we've been
6 seeing in our communities since COVID-19 started. We
7 do daily wellness checks with our community members
8 to collect data on what our community members are
9 experiencing and I want to share a few key
10 highlights. We've seen huge disproportionate impacts
11 in public health. Community members that have
12 symptoms consistent with COVID-19 have been refusing
13 to seek medical care even when they need it because
14 they don't have insurance or are worried about
15 affording care, or that it will lead to them being
16 deported. Community members that are limited English
17 proficient have had inaccurate information or lack up
18 to date information about best practices, how to seek
19 care and resources. We've had community members that
20 have died at home before they even ever gotten
21 testing or care, community members that are not able
22 to comply by social distancing rules because they're
23 in overcrowded or insecure housing because they lived
24 in shift or informal housing and homeless community
25 members don't have access to sanitation or hygiene at

2 all, and in fact are preferring the streets over
3 seeking shelter because it's a safer option at this
4 point. We've also seen huge economic impacts and of
5 course we know that those are inextricably tied to
6 the health impacts. More than half of our community
7 members surveyed have reported that they are out of
8 work or income and will run out of money in the
9 coming weeks. Many of our community members continue
10 to work, either because they are essential workers or
11 because they cannot afford to stop working since
12 they've been left out of federal relief and state
13 unemployment benefits. Just as an example, in one of
14 our preschool families 20 out of 24 families lost all
15 income within two weeks and less than half of those
16 families qualify for any kind of federal relief or
17 state unemployment, leaving them unable to pay rent,
18 buy groceries, or pay for prescriptions. We have our
19 young people that are caring for their younger
20 siblings while they're parents are at work and they
21 have been in charge of rationing their family's daily
22 food intake because they're running out of food. We
23 have homebound seniors that are unable to get food
24 delivered through the city's meal program or are

2 receiving inadequate meals, like bread and butter,
3 like pudding, fruit cups, crackers, and Cheerios...

4 SERGEANT AT ARMS: Time expired.

5 CARLIN COHEN: ...[inaudible] supply. And
6 of course on top of all of this our Asian American
7 communities, particularly our East Asian American
8 community members, have been experiencing the double
9 virus of anti-Asian and anti-Asian American
10 discrimination and racism. While all of this is
11 happening, the city is slashing funding to the very
12 programs and social safety net programs that support
13 these community members and help combat these
14 disproportionate health impacts that everyone has
15 been speaking of. Services like our senior programs,
16 homeless services, youth development summer programs,
17 public health, and more are more necessary than ever
18 and experiencing more demand, yet the city is cutting
19 them. Discretionary funding, which is often the way
20 that people of color led CBOs access city funding is
21 hanging in the balance. So what I would really urge
22 the City Council is to continue to push to fully fund
23 these services and programs that are more critical
24 than ever. We've seen that the NYPD budget has
25 actually largely remained untouched and we know

2 because of everything that has been talked about
3 today, but the over policing of communities of color
4 and the expansion of NYPD into social services from
5 the homeless shelters to our subways contributes to
6 adverse public health impacts and fails to keep our
7 communities safe and health. So we urge the city to
8 invest in social safety nets, in our social services
9 programming, and our essential human services workers
10 as well as expanding relief to all community members
11 regardless of work status or documentation status and
12 thank you for your leadership on these issues.

13 COMMITTEE COUNSEL: Thank you very much.

14 Um, I would like now like to call the next panelist,
15 Beth Finkel, and after that will be Aricelis Lucero.
16 Beth?

17 SERGEANT AT ARMS: Clock will begin now.

18 BETH FINKEL: I thank you. Ah, good
19 evening or thanks, Speaker Johnson. I want to thank
20 Council Member Torres and the members of the City
21 Council Oversight and Investigations Committee. I've
22 been on since 1:00 and I just have to say I thought I
23 knew a lot about these issues and I have learned so
24 much and I'm in awe of my advocacy colleagues across
25 all of New York. So thank you all for all of your

2 work. Ah, AARP has 750,000 members in the five
3 boroughs, ah, and we represent people who are 50-
4 plus. We've been working on these issues of
5 disparities for quite a while now. [inaudible]
6 disparities has been our hallmark of, of our work,
7 working with the Hispanic Federation, Asian American
8 Federation, ah, Urban League, and the NAACP. And
9 together we put out multiple briefs on the issues.
10 So the idea of, as many people said before, these
11 disparities have been here for a long time and now
12 we're really up against the wall with it because the,
13 the clock has been ticking all this time and now, now
14 people are just really, really in an unfortunate
15 position from all, ah, all sides of life here in New
16 York. So when you look at that [inaudible] AARP and
17 our partners have looked at it, it's in three major
18 buckets. It's around, um, health care, which has
19 really been at the forefront of our thinking. It's
20 about income, and I think we all know that our next
21 piece of this is looking at economic security and the
22 impact of older New Yorkers on that, and finally
23 housing quality and transit options and neighborhood
24 safety, which I think are all going to be threatened
25 as we move forward, ah, with COVID. So, um, we know

2 that, um, older, older New Yorkers, 65-plus, ah, have
3 increased by 26% and these residents are becoming
4 more and more diverse, and we know that, ah,
5 communities of color, African Americans, blacks,
6 Hispanics, Latinos, Asian Americans, Pacific
7 Islanders, account for about 62% of New York City
8 residents that are 50-plus, and half of those 65-plus
9 who are living here in New York are foreign-born. So
10 we understand all of the disparities that they're
11 going to face coming out of, um, their, their lives'
12 experiences and where they are right now. So I'm not
13 gonna go read my whole thing. I'm just going to give
14 you like a bucket list in, in each of those areas and
15 what we need to be focusing on now. I know others
16 have said this, but the lack of data is really, um,
17 very troublesome. We've got to get a handle on the
18 data and get it not only in the [inaudible] but
19 through the age groups, and we know that older people
20 are the ones that are the most [inaudible] on the
21 health front by this disease.

22 SERGEANT AT ARMS: Time expired.

23 BETH FINKEL: So [inaudible] also need to
24 look at health services in the community, where are
25 they? We know that nursing homes is where we're

2 getting the most deaths, and we know that the workers
3 in those nursing homes and in home care, and in other
4 adult homes are not sufficiently taken care with
5 PPEs, nor with tests, and so it just keeps getting
6 worse. The cycle gets worse. The families are
7 estranged from those people in the nursing homes.
8 There's no transparency of what's going on in those
9 nursing homes and adult homes. And we really need
10 somebody to step in and do the right thing here. On
11 top of that, starting to look at economics, debt
12 relief, what's going to happen when the moratorium on
13 rent is over and the moratorium on student loans is
14 over? What, ah, on mortgages, everything else that
15 you can think of, people are not gonna wake up three
16 months from now, start a paycheck, and then be able
17 to pay those past three months of what they're gonna
18 owe on everything. So we've got to have a plan now
19 for how that works. Some pieces are in place, but
20 the public has no idea of it, and so some massive
21 education job we're gonna have to do. I don't have
22 to tell you all about payday lending. We know people
23 are going to come out of the woodwork right now.
24 When communities of color are put upon, they don't
25 have access to money. All the bad players come out,

2 and they're going to be very susceptible in this
3 environment. So we've really got to make sure that
4 we stop them in their tracks. There's also gonna be
5 increased scams. We're already seeing a whole bunch
6 of, ah, COVID scams that are targeting older people,
7 because that, you know, they're susceptible to it,
8 and it's really gonna be bad. And then how will we
9 get people back to work? Because the older workers
10 are the ones that are gonna get hurt the worst
11 because they were already in trouble to begin with
12 and when an older worker loses their job it's that
13 much harder for them to get a new job. Um, and
14 finally, and I know everyone else has said this, but
15 when we look at the diminished government budgets
16 what's that impact gonna be on senior services and
17 their families? These budgets are a cut to the quick
18 right now. They never got the increases that other
19 service areas got. So there's just no room for
20 cutbacks, especially with the huge numbers of older
21 adults in New York. Hunger is an issue that really I
22 think the city has made, ah, really good inroads and
23 we're pleased about that. But as other people have
24 said, we still need a lot more work, make sure we're
25 connecting people to food, but I do think that great

2 inroads have been made there and I think we need to,
3 to understand what this is gonna do to the average
4 New Yorker who thought they had enough money saved
5 for their retirement, but all of a sudden they're
6 either gonna be out of work, furloughed, or they're
7 gonna have to dip into their savings. So we've got a
8 whole generation of people who thought they were
9 gonna get taken care of, who now are no longer gonna
10 be taken care of. It's gonna make 2008 look like a
11 cakewalk. So, you know, sorry, gloom and doom, and
12 I'm an optimistic person. So there you go. That's
13 from AARP and all of our, our partners in
14 [inaudible]. Thank you for giving us the
15 opportunity.

16 COMMITTEE COUNSEL: Thank you, Beth.
17 Please stay on the line as we will open it up for
18 council member questioning once everyone on this
19 panel has testified. Next we'll be joined by
20 Arcelis Lucero, followed by Tesia Hunt. And I turn
21 it over to Arcelis.

22 SERGEANT AT ARMS: Clock is starting now.

23 ARECELIS LUCERO: Hi, thank you very
24 much, um, ah, to the chairs, to Ritchie Torres, to
25 Speaker Johnson, and all the City Council members for

2 allowing us to share our experience as a grassroots
3 community-based organization in the South Bronx. Um,
4 we partner with the Mexican and Latin American
5 immigrant community, um, children, youth, and
6 families to develop strong learners and leaders. Um,
7 we have a community-led and integrated model, um,
8 where we have a commit to strengthening literacy,
9 leadership, and power for the Mexican, Central
10 American, and indigenous community. Um, and to start
11 I just want to share that in my lifetime as a South
12 Bronx native and an immigration advocate for the past
13 15 years, I have not witnessed so much disparity
14 play out in one single moment which has led to such
15 tragic outcomes and heartbreaks at an unprecedented
16 magnitude in the way that I am seeing play out today,
17 especially for our community and communities of
18 color. Um, the community in which Masa has worked
19 for over two decades is often considered hard to
20 reach, largely undocumented, 95% of the adults are
21 foreign-born, um, 40% of the parents have less than a
22 primary school level of education, 85% less than a
23 security school of education, and about 25% of the
24 community that we serve speak an indigenous language.
25 Um, the majority earn \$30,000 or less for an average

2 household size of four-and-a-half people, um, and so,
3 um, we're also in the South Bronx. As many people
4 have already stated, um, the health disparities
5 definitely, um, hit close to home and especially in
6 the South Bronx. We heard earlier about the impacts
7 of pollution. Um, but we also have a very high child
8 poverty rate, um, 59% in comparison to the entire
9 Bronx, which is 40%, and, um, 27% overall for the
10 city. Um, and so really the Masa families are often
11 facing complex and overlapping barriers to accessing
12 resources and services, all which impact their
13 health, education, income, and overall well-being.
14 Um, they are navigating complex web of systems and
15 institutions in an unfamiliar language and often with
16 limited literacy in their primary language. Um, so I
17 cannot stress how terrible it's been on the ground to
18 try to support our families. Um, it has impacted our
19 staff who are and live in the community who have also
20 been, um, affected by COVID who have the quarantine,
21 who live in sometimes similar conditions, um, to, ah,
22 what, you know, the people that we support live in.
23 Um, many of our community members work in the food
24 service, cleaning, child care, and construction
25 industry. 90% of the Masa families lost their jobs

2 within a week, um, that we had closed the office and
3 after the city went on Pause, um, and so really the
4 situation has been dire. I'm gonna share a couple of
5 stories, um, and, um, I'm gonna...

6 SERGEANT AT ARMS: Time expired.

7 ARECELIS LUCERO: [inaudible] go fast.

8 Um, Maria is a single parent of two middle school
9 students and a grandmother to an elementary school
10 student that she also cares for. All of them come to
11 an afterschool program. They, she talked about
12 taking the frig to prevent her children from
13 frequenting the frig and wept when speaking about the
14 lack of work why she couldn't afford to even buy them
15 a bag of potato chips. [inaudible] and her husband
16 had COVID-19 with small children in their house and
17 no other family around to help. They are
18 undocumented. They lost their job as a result. And
19 they lived paycheck to paycheck. Also, within two
20 weeks of the city closing and of being sick they had
21 run out of food and were too sick to get out of bed
22 and cook for their children. They called for help
23 and were able to, and we were able to deliver
24 groceries that their children could easily make, and
25 predominantly snacks, you know, cold cuts, um, that

2 we know the children could make. Um, in another
3 instance, well, right now we're about, feeding about
4 400 families, our lists, ah, 400 meals. Our list is
5 growing quickly to 400 families that are looking for
6 food. Um, I speak about food because really, um,
7 we've had to respond first to the survival of our
8 community, then living in fear, um, and then not
9 being comfortable accessing other resources. Um, and
10 so one of the asks that we would like to have and I
11 think that Joanne spoke to, um, earlier, was the food
12 pantries. Um, we want to make sure that whatever
13 initiatives to deliver food, our families not, are
14 not always comfortable accessing them, and if they
15 are they really are not culturally responsive. Um,
16 our community is not eating granola bars and they
17 don't want chips, and so I think that, you know, I
18 know there is, um, a lot of need and, um, it just
19 needs to be a little bit more accessible to our
20 families. Um, in relation to health, there was a
21 recent person, um, [inaudible]. He is a 38-year-old
22 recently arrived immigrant man from Mexico whose
23 primary language is [inaudible], an indigenous
24 language of Mexico. He doesn't know how to read or
25 write and has no family here, but a primo, or a

2 cousin, who is equally as terrified to be discovered
3 by ICE. Everisto has, has been referred to us by
4 another family who was severely concerned about his
5 well-being. He is homebound, has been sick for two
6 weeks, and is terrified of going to Lincoln Hospital
7 because of his immigration status. After arranging
8 for someone in Lincoln to help him, I explained the
9 situation and was assured, and assured him he would
10 get some support. But that, and then the staff at
11 Lincoln in full transparency, um, shared with me that
12 they would not be able to meet his language or
13 literacy needs, that he would need to have someone
14 who was literate accompany him to fill out paperwork
15 and get him tested. I called Everisto back to let
16 him know and assured him that he would not be
17 reported to ICE and that health costs would be
18 covered. However, his fear has paralyzed him. He
19 was unable to find someone to go with him and has
20 since been discouraged to go by other community
21 members for fear of all the people living in their
22 home being discovered by ICE. All we were able to do
23 for him now is to deliver daily hot meals. I call
24 him every day hoping, um, he made the next day and to
25 remind him of the help he can have. Um, access,

2 sorry, language access, um, is a critical need and
3 just like health, um, should be considered a human
4 right. We cannot talk about human rights and not
5 make, um, critical and basic services linguistically
6 accessible to our communities of color, um, and
7 pretending to talk about, um, you know, human rights,
8 like everybody has access to them. Um, I'm part of
9 the Language Access Coalition alongside with
10 [inaudible] communities together, the Coalition for
11 Asian American Children and Families and the New York
12 Immigration Coalition and since last year we have
13 been advocating for funds to create language worker
14 cooperatives for languages of limited diffusion that
15 include Asian, African, and Latin American indigenous
16 languages. Um, and then just really quickly, around
17 education, we are an organization that supports, um,
18 our children with education and our families. Um, it
19 has been completely like difficult to move to remote
20 learning. Um, every single challenge that you can
21 imagine. Our community has low literacy levels, they
22 have limited English proficiency and low digital
23 literacy. Um, there have been many Masa families
24 where children have gone now at least four to five
25 weeks without being connected. We've requested for

2 ways to ensure that the DOE is understanding and
3 tracking who is not connected and to look into why,
4 and we have yet to know what that looks weeks later
5 after requesting that information. Families until
6 this day are not receiving the special education
7 services that their children are entitled to.

8 Families are not being reached out to in their native
9 languages and in ways that are accessible for them.

10 We have been following up with the district
11 superintendent's office and have been appalled by
12 some of the responses and how they have been reaching
13 out. Most of our community members have low literacy
14 and don't speak English, um, and they are reaching
15 out to families through ClassDojo in an email and in
16 English. We have yet to understand why, um, they are
17 communicating in ways that they know is not
18 accessible to our community. Um, and so we are
19 advocating for the City Council to really stop the
20 massive budget cuts to education. This is not the
21 time to pull back on our children. Um, this is our
22 future and really immigrant families we feel are
23 really gonna be left behind. They've been ignored.
24 How are we gonna catch them up if we cut all these
25 resources and there aren't any similar programs, and

2 if there aren't additional supports in September when
3 children have to go back to remote learning, whether
4 it is in person, um, there's a critical need for
5 social, emotional, um, staff, nurses to be present
6 because I assure you that a lot of our communities
7 are not looking out for their social and emotional
8 needs, are not able to access them, and are
9 terrified, um, to come outside. Lastly, you know, we
10 all know that the federal stimulus package is not
11 going to support undocumented communities. The city
12 right now has made, um, thanks to a partnership with
13 Open Society Foundation some funding available. We
14 need more. Or we need to figure out long term how
15 we're gonna get especially undocumented immigrants
16 back into the work force. This includes thinking
17 about, you know, how are we gonna, we know there's a
18 huge digital, um, divide. I don't think we paid
19 enough attention, even as Masa, I have to admit, that
20 that was something that was not of high priority and
21 we can't do that anymore. Adult literacy and ESL
22 classes need to be continued to be funded, um,
23 because we have now seen how having those skills or
24 not having those skills have lead to life and death
25 outcomes. And lastly I'll just say that the long-

2 term economic impact is going to be dire. Today we
3 think about survival, but we should also be planning
4 for getting back on our feet. Thank you.

5 COMMITTEE COUNSEL: Arcelis, please stay
6 on the line for council member questioning after
7 everyone on this panel has spoken. Next, we will
8 welcome Tesia Hunt, followed by David Nocenti.
9 Turning it to you, Tesia.

10 TESIA HUNT: Hello everyone. I'm Tesia
11 Hunt...

12 SERGEANT AT ARMS: Time begins now.

13 TESIA HUNT: [inaudible] for Asian
14 American children and families. Um, since 1986 the
15 ACF is the nation's only pan-Asian children and
16 family advocacy organization, and along with the
17 membership of 50 Asian-serving and [inaudible]
18 community organizations we lead the fight for
19 improved and equitable policy systems, funding, and
20 services to support those in need. The Asian Pacific
21 American APA population comprises over 15% of New
22 York City, yet the needs of the APA community are
23 consistently overlooked, misunderstood, and
24 uncounted. And these inequities are further
25 exacerbated in this crisis. We fear, we are

2 concerned that the, um, because of long-term
3 practices of, um, lack of data disaggregation and the
4 historical, um, practice of lumping Asian Americans
5 into the other category, we fear that, um, infection
6 rates and fatalities related to COVID-19 are being
7 under-counted and inaccurate in the Asian Pacific
8 American community. For example, in the, um, um, as
9 of April 22 there were 830 deaths reported in the
10 Asian American community related to COVID. Yet at
11 the same time 1655 COVID-19-related deaths were
12 relegated to the other or unknown race categories.
13 This shows that the breakdown by race is sporadic and
14 by ethnicity is nonexistent. Before anything can be
15 properly addressed or assessed in terms of the need,
16 the data is accurate and more data is crucial. Um,
17 the second point that I would like to make is the gap
18 in language access in both health and education. Um,
19 the delay of disseminating in language information
20 about the pandemic, including social distance and
21 guidelines which lead to a higher risk of exposure to
22 the virus for the most vulnerable in the APA
23 community. Um, while the Health and Hospitals
24 Corporation provides intake forms in the top 10
25 languages in New York City, community members and

2 frontline workers in the community and the CBOs
3 report that a lack of language assistance throughout
4 various hospital systems, the COVID-19 city hotline,
5 and the mobile test centers. The continuing gap in
6 language access has led to our communities to rely
7 once again upon the community-based organizations to
8 serve them in the absence of proper resources by the
9 city. The CBOs act as interpreters and crowd source
10 translated materials regarding even the most basic of
11 information on the pandemic. And while, while there
12 were resources and information in language on the
13 DOHMH website and Department of Education website, I
14 think it's really important to understand how those
15 information have actually reached to the most
16 marginalized in our communities, considering the
17 digital divide that Arcelis mentioned. Um, and so
18 we are recommending that, um, um, how, how many
19 families are being reached or how many families are
20 not being connected, be monitored and tracked, um, to
21 understand, um, to understand, to make sure that the
22 most vulnerable in our communities aren't falling
23 through the cracks. Um, and, and, and one of the
24 recommendations, one of the ways that City Council
25 can protect, um, the communities of color is by

2 protecting City Council discretionary funding.

3 Discretionary funding, including initiatives such as
4 the communities of color and nonprofit stabilization
5 fund [inaudible] as well as [inaudible] Help NYC are
6 especially critical during this crisis. When smaller
7 nonprofits are lacking a safety net as they continue
8 serving low-income, older, marginalized immigrant New
9 Yorkers our organization...

10 SERGEANT AT ARMS: Time now expired.

11 TESIA HUNT: [inaudible] seniors as well
12 as delivering meals to combat social isolation to
13 equipping survivors and victims of gender-based
14 violence with counseling and tools for housing and
15 economic security, as well as disseminating
16 reassurance and information locally for the APA
17 community who are facing anti-Asian discrimination
18 due to [inaudible] racism and misinformation about
19 COVID-19. Continuing to fund these organizations
20 under initiatives like these is imperative to their
21 sustainability as staff continue and will continue to
22 do so to serve vulnerable community members. But, so
23 the communities most impacted by COVID-19 are usually
24 the communities who are heavily dependent on
25 discretionary funding. So it's very important. I, I

2 understand that the city is facing a perilous
3 financial position, but unless, um, ah, unless these,
4 um, discretionary funding is one of the few ways that
5 people of color and communities of color get access
6 to public funding and it's imperative that these are
7 [inaudible] especially during this time and, and the
8 aftermath of the pandemic. Thank you so much for the
9 opportunity for, ah, to testify and your leadership
10 and taking steps to assess and address the impact of
11 COVID-19 on our communities.

12 COMMITTEE COUNSEL: Thank you, Tesia.
13 Please stay on the line as we will open it up for
14 council member questioning once everyone has
15 testified. The next speaker is David Nocenti,
16 followed by Chai Jenser. David?

17 DAVID NOCENTI: Speaker Johnson and Chair
18 Torres and members of the council, thank you so much
19 for the opportunity to speak today. My name is David
20 Nocenti. I'm the executive director of Union
21 Settlement, which is the oldest and largest social
22 service provider in East Harlem. We have been in
23 East Harlem since 1895, in East Harlem for each of
24 the 125 years. It's been one of the lowest-income
25 communities in New York City. I just want to say

2 this has been a remarkable hearing, um, and I'm not
3 going to try to repeat all the eloquent testimony
4 that has come before as I'm going to make four,
5 hopefully quick, points. Um, the first being, um,
6 we're in a multi-crisis crisis. This is a public
7 health crisis. We're in an economic crisis. We're
8 in a food crisis. We're in a mental health
9 bereavement crisis. We're in multiple other crises
10 simultaneously and unless we recognize that we're not
11 gonna make any progress. The second is all of you
12 have listened to all this amazing testimony and
13 you're the most knowledgeable people in the city
14 about what's happening. And yet every one of us has
15 learned a lot just listening to our colleagues. And
16 so what this tells is nobody understands the depth
17 and the breadth of this. No individual person can,
18 even our collective knowledge, because there's a lot
19 of people who aren't testifying today, we need their
20 knowledge as well. And so there's no way, even at
21 this moment, we know what the impact is, and we
22 certainly don't know what the long-term impact is
23 going to be. My third point is this is a marathon,
24 not a sprint. Every one of us in our organizations,
25 we are running constantly, late hours, you know,

2 trying to get things done, trying to save lives, um,
3 and we're going to be doing this for a long time, so
4 we have to recognize that. I just want to say that
5 this, um, all of you know that this, the impact on
6 communities of color on which we're having a hearing,
7 was easily predictable and if anybody had said let's
8 have a hearing on February 1 and talk about what the
9 impact's gonna be, we could have said what the impact
10 would be. So the government had an astonishingly
11 slow, they were astonishingly slow to recognize and
12 respond to this easily predictable crisis, and the
13 problem of the government response is it's only right
14 now responding to the public housing crisis. If you
15 think about what you see on television every day
16 we're talking about here's the chart of cases, and we
17 need to bend the curve, we have bent the curve, it's
18 a plateau now. So what are we doing? We're closing
19 schools, we're doing social distancing, we're wearing
20 masks, we're cleaning as of last night, we finally
21 decided we should clean subways. Um, and so I think
22 what we need is government to recognize that there's
23 always other crises that are out there, the economic
24 crisis, the food crisis, the health crisis, and
25 education crisis, and that we need people to focus on

2 those crisis and bend those curves. What I want to
3 see is I want to see elected officials up there
4 showing the chart of the number of people currently
5 unemployment and what that chart will look like if we
6 do nothing. And then the number of people who can't
7 pay their rent and what that chart will look like and
8 how much that's gonna go up if we do nothing. And
9 how many people have no food in the house and how
10 many more people there will be if we do nothing? And
11 how many businesses are closed, and how many
12 nonprofits are closed? And then I want them to come
13 up with a plan for bending those curves to make sure
14 the number of unemployed go down, the number of
15 people who can't pay rent go down, the number of
16 people who have no food goes down, the number of
17 businesses closed go down. That would be a
18 comprehensive response to this multi-crisis crisis.
19 So I'm just going to leave it there. Ah, I want to
20 thank the council for having held this hearing. I'm
21 in awe of everybody I've heard before me and I'm sure
22 I'll be in awe of everybody who speaks after me. But
23 I think that government still is under appreciating
24 the impact, the depth, the breadth, and the length of
25 this crisis, these crises and that it has to

2 completely change. It has to have a paradigm shift
3 in how it's focusing on this and not just look at it
4 as how many cases were added today, and, oh, it went
5 down so it's better than it was. We're on our way
6 out. So thank you for the opportunity and I'm happy
7 to answer any questions.

8 COMMITTEE COUNSEL: Thank you, David.

9 Please stay on the line as we will open it up for
10 council member questioning after our last speaker.
11 And our last speaker for this panel is Chi Judeserat.
12 Chi?

13 SERGEANT AT ARMS: Time will start.

14 CHI JUDESERAT: All right. Hi, good
15 evening everyone and thank you for the opportunity to
16 testify today. Um, thank you, Council Member Torres.
17 Um, thank you to our coalition partners. The
18 [inaudible] have already spoken today [inaudible] I'm
19 gonna a little bit more in depth on. My name is Chi
20 Judeserat. I am the policy director at Nonprofit New
21 York. My pronouns are he, him, um, and Nonprofit New
22 York is an association of 1500 nonprofit
23 organizations in the New York City area. One issue
24 of concern that is fully in the power of the City
25 Council to address is council discretionary funding,

2 which, which [inaudible] and Carlin already went
3 into. Um, I'm gonna just go a little deeper. Um,
4 because this is a racial equity issue, which indeed
5 we know. We know the city is in a very challenging
6 financial position. We know the state is broke. And
7 we're advocating as strongly as we can with the New
8 York Congressional Delegation for federal relief for
9 the New York City budget deficits, and in fact we had
10 a town hall yesterday with Senator Gillibrand and
11 Senator Schumer and got commitments from them
12 [inaudible]. But even with federal aid the city will
13 have to find efficiencies in the budget, and they're
14 trying to find efficiencies now in the council
15 discretionary line. However, any cuts to City
16 Council discretionary funding will have a damaging
17 impact on the smaller organizations serving
18 communities of color. Discretionary funding only
19 accounts for 0.42% of the city budget. Grassroots
20 organizations led by and serving communities of color
21 often do not have the organizational capacity to
22 engage in the owner city agency RFP process. And
23 while Nonprofit New York doesn't often get into the
24 leads on contracts. Like other umbrella
25 organizations we partner with, we have been asked by

2 several grassroots organizations, culturally and
3 linguistically specific groups, community, ah, land
4 trusts and community development corporations to take
5 on this issue because of concerning letters from the
6 city. So last week the city sent two letters to
7 nonprofits with discretionary contracts. In the
8 first, the letter said that contracts not deemed
9 essential would not be reimbursed after March 22. So
10 after significant advocacy the city sent a second
11 letter saying organizations would be reimbursed for
12 experiences incurred up to April 24 and after that
13 only essential work done in the same way as pre-
14 COVID-19 will be continued to be funded, on FY20
15 contracts, so on contracts these organizations are
16 running now and spending money on now. Ah, for an
17 example of the type of work small grassroots
18 organizations are doing, I want to share a quote from
19 an email from one of our members sent to me
20 yesterday. She said, "In the wake of COVID many of
21 us, local small nonprofits, have adjusted to serving
22 our neighborhoods in Brooklyn, particularly East
23 Flatbush, Crown Heights, Brownsville, and East New
24 York, to provide meals, masks, baby supplies, and
25 breast feeding, [inaudible] support for pregnant

2 mothers, online fitness classes for youth and seniors
3 to offset the immediate community needs. We need
4 resources for areas like technology, funding for
5 tablet devices for mothers giving birth to include
6 virtual partner and family support, and support for
7 funeral services for black mothers who have died
8 during...

9 SERGEANT AT ARMS: Time.

10 CHI JUDESERAT: [inaudible]. All right.
11 Um, discretionary contracts are exactly the kind of
12 resources that these types of organizations rely on.
13 And the city has indicated that there will be no
14 assurances, that organizations will be able to be
15 reimbursed for their work through FY20. We have no
16 sense of whether discretionary will be included in
17 the FY21 budget, and from what I've heard from our
18 members there have been no updates on the City
19 Council's communities of color nonprofit
20 stabilization fund, a signature initiative of the
21 council. So we are calling on the city to find more
22 impactful efficiency [inaudible] while maintaining a
23 low-cost budget line with huge impact for underserved
24 communities. I'll stop there. Thank you.

2 COMMITTEE COUNSEL: Thank you very much.
3 Now we'll turn to Chair Torres for question. Again,
4 a reminder for panelists and any council members
5 asking question, please keep your mics unmuted.

6 CHAIRPERSON TORRES: Thank you everyone
7 for your testimony. David, I want to thank you for
8 actually beautifully summarizing the rationale for
9 this hearing. Like no single mind has the full
10 knowledge that you would need to steer the city
11 successfully through this crisis. Um, my, my first
12 question would be for Chi. Um, can you just, how
13 existentially threatened is the not-for-profit
14 sector? Do you have like stats on the percentage of
15 contractors that are at risk of failing if, if, if
16 the status quo persists? Can we unmute Chi?

17 CHI JUDESERAT: Oh, actually I just did
18 it myself, sorry. Um, so there's, there's a lot of
19 different data out there. Um, some of the most, I
20 would say, nonprofits in general, there's, there's
21 basically two, two main tracks. There's the
22 nonprofits that are providing essential services, and
23 then there's the nonprofits that are providing non-
24 essential that have had to shut down, basically. Um,
25 so for, but even the organizations that are providing

2 essential services, many of them have had significant
3 revenue, um, cuts already, ah, and revenue drops.

4 And I would say what, what's interesting about
5 discretionary funding is that within the ecosystem of
6 nonprofits in New York, um, community of color-led
7 small grassroots organizations are some of the most
8 under-resourced, and these are the organizations that
9 subcontract with the larger, more established, um,
10 economy of scale nonprofits. Um, even though the
11 economy of scale nonprofits have had to lay off a lot
12 of staff, um, because of some federal legislation
13 that has happened, um, some has provided relief,
14 others have actually led to more layoffs. But
15 community of color-led grassroots organizations, um,
16 contracts, either, either subcontract with larger
17 organizations or get discrepancy funding, um, and so
18 we're just very concerned because within the
19 landscape of contracts for the city, ah, there have
20 been assurances from the city for, um, city agency
21 contracts for the most part, we're still waiting on a
22 couple of agencies. Um, but the, the, everybody was
23 waiting to see what was gonna happen with, um,
24 council discretionary funding and what, what we saw
25 last week was very concerning, which is why a lot of

2 our members started to ask us to raise the alarm
3 about it. Um, I would say, you know, a lot of these
4 organizations are so small that they can't even apply
5 for the bigger grants. So if, if discretionary
6 funding is dried up, if this is a line that the city
7 decides to cut for savings, um, it's gonna need a lot
8 of, ah, culturally specific, ah, community of color-
9 led organizations will have to close.

10 CHAIRPERSON TORRES: And, and Chi, just
11 one more question as well. Do, do you know what
12 percentage of the sector has had access to PPP? You
13 want to unmute?

14 CHI JUDESERAT: Um, that is a question
15 everyone is trying to find out, including, um,
16 Congresswoman Nydia Velazquez, who is chair of SBA,
17 um, and, you know, our senators. Everybody wants to
18 know that. I think, um, there was, there was one,
19 ah, one survey done that showed about, I want to say,
20 this is gonna be, this is gonna be back of the
21 envelope math, but I would say, um, about 20% of
22 respondents who had applied for the PPP loan were
23 nonprofits. Um, I think less than 10% of total
24 respondents had actually gotten a PPP loan. Um, you
25 know, we've, it's been in the news quite a bit. Um,

2 everyone was trying to collect stories on what the
3 data is. SBA has not released data on nonprofits
4 that have accessed the PPP loans. Um, but generally
5 the trends that we are hearing anecdotally are, um,
6 that smaller organizations have had a harder time,
7 um, organizations that have had language access
8 issues because it was a first come, first served
9 model, um, organizations that had a pre-existing
10 relationship with their bank tended to be, ah, have a
11 higher likelihood of, of course all this is
12 anecdotal, but they tend to be the ones that, um, got
13 the grants. So, of course, you know, um, the way
14 that the PPP loan program, it had to come together
15 really quickly, but it is, again, you see structural
16 racism playing out with the way that communities of
17 color-led organizations have been able to access that
18 relief.

19 CHAIRPERSON TORRES: It's like the
20 program those who had pre-existing relationships with
21 the big banks.

22 CHI JUDESERAT: Yes.

23 CHAIRPERSON TORRES: Um, that was like,
24 ah, Beth, Beth, I, I worry, I don't know if I'm, I, I
25 worry in particular about the impact on, on our

2 seniors, the nursing homes, ah, the food, the
3 failures of the food delivery program, but also just
4 the long-term impact of isolation. My worry is that
5 the virus is gonna keep spreading until there's a
6 vaccine and it could be years before we develop a
7 vaccine, and so what guidance are you giving your,
8 um, your clients on how to cope with isolation?

9 BETH FINKEL: I'm, I'm so glad that you
10 brought that um, Councilman, because, you know,
11 isolation is really, ah, a health issue, and actually
12 what they, the science is telling us is that, um,
13 being isolated is equalize to smoking 15 cigarettes a
14 day on the impact to your health. So this is a major
15 concern, I think, for all of us. So, you know, what
16 we're trying to tell people is we're hoping that
17 neighbors will be reaching out to other neighbors. I
18 just saw something about, ah, disparities that up in
19 the Bronx [inaudible], which is a great senior
20 service, ah, um, group, ah, services Hispanics up in
21 the Bronx, ah, they, they've got a postcard going to
22 out remind people that people are going to be
23 isolated and knock on your neighbor's door. You
24 know, you could sit out in the hallway six feet away
25 from that neighbor, you know, and have a cup of tea

2 with them. You, you know, offer to go out and do an
3 errand for them. Have that conversation. Make that
4 phone call. And to the seniors themselves, what
5 we're saying to them is, you know, this is a chance
6 and, and I hate to look at, it's the optimist in me,
7 you know, pick up the phone, call those people that
8 you haven't talked to in years. They're gonna want
9 to hear from you. Everybody is in that same
10 situation. Ah, and I think there's a lot of
11 opportunity for intergenerational here. So, um, I,
12 but I'm glad you brought it up because it is a major
13 health issue and I'm very concerned about seniors are
14 not going in for their regular health checkups now,
15 right? So what's, that's the other piece of this,
16 that what are the health ramifications we're gonna
17 have because people didn't get their regular
18 checkups. They're going for small things, then the
19 doctors find other things, and now we're gonna end up
20 in a position where a lot of elder adults I'm afraid
21 are going to have more catastrophic illness and
22 there's no catching up with that. I thank you.

23 CHAIRPERSON TORRES: And I know when,
24 when we speak of communities of color much, much
25 attention has been paid to Latinos, African

2 Americans, ah, the Asian community, but not so much,
3 Aricelia, you brought up indigenous populations,
4 which, which is kind of lost in the conversation
5 about communities of color. Do you want to speak
6 more about the unique challenges confronting
7 indigenous populations?

8 ARECELIS LUCERO: Um, yeah, and I think
9 that, um, when we've been looking at the Language
10 Access Coalition, this is something that we've been
11 advocating for since last year. Um, even before this
12 pandemic hit across the health sector, across
13 education sector, it was clear, um, and I think it's
14 always been clear that, um, there are some vulnerable
15 populations, like in this instance, um, you know, the
16 elderly and, um, other populations who because
17 they're not in large numbers, really, um, people find
18 it more difficult to be able to find solutions or
19 service them. Um, but this is exactly what's
20 happening right now. Like, I can almost assure you
21 that the people that are, and this was, I was
22 actually talking to the staff at Lincoln about this
23 and I was trying to convince this one, um, man to go
24 to, um, the, ah, to Lincoln was that, you know,
25 they're really terrified, there's no language, no one

2 that can in their own language reassure them that
3 they're going to be fine, that they've done it. Um,
4 and so it is really essential that across like the
5 healthcare system and our education system, um, you
6 know, that people are able to have access to
7 information that is reassuring in their language.
8 Some of these are not in print, it is all like oral
9 languages and so, um, I think that, you know, that
10 was a huge issue, like because of that one instance
11 where, um, the hospital couldn't guarantee and I
12 wouldn't want to name the person who was trying to
13 help me out with [inaudible], but he was really
14 honest with me and he said there is no like I'm gonna
15 be able to support him and take him up to, you know,
16 a certain place to get him tested, and then at that
17 point I need to leave, so he needs to come with
18 somebody, otherwise he's just like this is gonna go
19 nowhere and there's going to be no one to help him to
20 fill out his documents, um, and to be able to explain
21 it to him. So I think that it is very, like I think
22 this person has been fine and I think they're
23 actually on recovery. But at that moment it was
24 really scary because he was talking about not being
25 able to breathe. So this is like, I, I can almost

2 assure you that the people that are dying at home are
3 undocumented immigrants and potentially a large
4 number are going to be people that do not speak, um,
5 even like Spanish, right? Um, so I think that it, if
6 we really want to think about long-term solutions,
7 language has to be a top priority. Um, I think the
8 Department of Labor and MOOIA have been trying to do,
9 have more effort, but I think that it's really time
10 to, you know, step up to the bar, and there are
11 community members, and this is what we are talking
12 about with Language Access Coalition. There are
13 people who can start to be trained and there's other
14 models, um, in Washington, D.C. that have language
15 banks for these least commonly spoken languages, um,
16 that we should definitely look into, and I'm happy to
17 send you more information about that.

18 CHAIRPERSON TORRES: Before, before we
19 move on to public testimony, do any, do any of the
20 panelists have any final thoughts? Anything?

21 UNIDENTIFIED: I, I would just echo what
22 everybody else is saying about the discretionary
23 funding, um, and out of [inaudible] like, you know,
24 the PPP, I've heard from, from other people that they
25 haven't had any responses, people have had a

2 difficult time applying. People are in response
3 mode. Um, small community-based organizations are
4 really trying to be there for the community, knocking
5 on doors, trying to convince community members to
6 access services, and so I think that, you know, we
7 will, we will, we will be using, I, I was talking to
8 a couple of colleagues, um, this week and we were
9 kind of joking around and we're like I hope to see
10 you on the other end, you know, and it, it's like a
11 sad joke but we're really concerned, um, especially
12 when those letters were issued, um, and you know,
13 they, um, got on a phone call to try to figure out
14 if, you know, what can we do, do we need to lay off
15 staff, do we need to start like a fundraising
16 campaign. Um, and so these are really some difficult
17 times. Um, we also have boards that we need to
18 respond to who are like looking at our finances all
19 the time, um, and so, you know, we're seeing the lead
20 on the grounds, um, and the funding needs to come.
21 Like I know there's budget cuts but, um, if we are
22 slow in our response, just like we were earlier, um,
23 you know, this, this [inaudible] longer term impacts
24 that may be irreversible for some communities.

2 DAVID NOCENTI: This is David Nocenti. I
3 want to add a quick point, and that's the impact on
4 the small businesses. Um, you know, we think the
5 nonprofits have difficulty getting PPP loans. It was
6 almost impossible for a lot of small businesses to
7 really do so. They didn't have the relations. They
8 didn't have the documentation. They didn't have the
9 sophistication, you know, and it's based on payroll,
10 whereas a small business might be somebody and two
11 family members and they take an occasional draw.
12 They don't really have payroll. And, um, you know,
13 if we don't have a comprehensive plan to address
14 small businesses there will be no jobs for people to
15 go back to because of the percentage of low-wage
16 workers who work in small businesses. And so there
17 has to, that's why I keep talking about there has to
18 be a plan for unemployment for all these different
19 things, but small businesses have to be on the list.

20 CHAIRPERSON TORRES: I want to, yeah, go.

21 UNIDENTIFIED: I just wanted to speak
22 quickly that you asked Chi earlier, um, to give you
23 an example of what's been going on at CPC. We're a
24 30-million-dollar organization, 700 staff, um, and
25 in, you know, the past couple of weeks we obviously

2 received reassurance from the city that we were going
3 to have our contracts to [inaudible] until June 30
4 and so we told all of our staff that everybody's job
5 was safe until June 30, and then we would see what
6 happened and in the past four weeks we've had 1.5
7 million dollars in funding cut from us because SYEP
8 was cut, um, because discretionary, ah, hangs in the
9 balance because we're already seeing Sonic and
10 COMPASS being cut and so now we've been in the
11 position where, you know, we're scrambling to
12 rearrange to try to keep our promise to staff that
13 we're not going to lay them off on a day's notice.
14 Um, we're waiting to hear back from the City Council
15 about whether, and the city, about whether our
16 discretionary programs, feeding seniors, doing remote
17 adult literacy classes and citizenship classes,
18 wellness checks, serving our young people, getting
19 the census count out. We're waiting to hear back if
20 that's essential and we don't know if we can keep,
21 you know, the 150 staff that are covered by those
22 contracts. Um, you know, we're, we've basically
23 exhausted every private option that we have to shift
24 funding and at the same time our community need is
25 growing exponentially. You know, we could hire more

2 staff. We could use so much more programming just to
3 meet the, the community need. And the thing that
4 really concerns me is that if these programs get cut
5 we're severing the ties to the, the city and to all
6 the resources that the community members have. So
7 SYEP, it's not just cutting programming for the 3200
8 youth we work with, those 3200 youth are often the
9 only line of communication that we have to their
10 families, who are limited English proficient, who are
11 undocumented, ah, and so if we don't have that line
12 how do we then get their families and keep them safe?
13 And, you know, we're gonna do everything that we can,
14 but there's only so much, you know, grassroots
15 fundraising and getting donations of food boxes we
16 can do. We can't serve 60,000 people that way, and
17 so we're just really scared about how are we going to
18 meet the needs of our community members and how are
19 we going to keep our staff from becoming, you know,
20 the folks that are then waiting in the unemployment
21 lines.

22 CHAIRPERSON TORRES: So I appreciate
23 that, and, and there's, there's recognition within
24 the council that we have just the best and the
25 greatest diversity of not-for-profits and if we lose

2 them they could be gone forever. That would do
3 irreversible damage to our city. So we have to keep,
4 do everything we can here in the council to keep them
5 afloat. But I, I want to thank all of you for your
6 testimony. I have until 8 o'clock, so I'm going to
7 have to start enforcing the time limit. But I want
8 to thank this panel for your insights.

9 UNIDENTIFIED: Thank you.

10 UNIDENTIFIED: Much appreciated, thank
11 you. It's so important.

12 CHAIRPERSON TORRES: Juanita, do you want
13 to call, how many members of the public want to
14 testify? We're gonna, we're gonna call the members
15 of the public who, who have signed up to testify.
16 Just give us...

17 COMMITTEE COUNSEL: Yes, hi, I'm back,
18 sorry, I was unmuted, I was muted for a second. As
19 the chair mentioned, we'll be turning to public
20 testimony and we'll be calling individuals one by one
21 to testify. You each have three minutes for your
22 testimony. The individuals speaking will be Oren
23 Barsolay, Marina Ortiz, Sarah Wolf, Susan Ocharia,
24 Brian Ramero, Reverend Wendy Calderon Payne, Valerie
25 Jo Bradley, Clorena Cruzia, Faith Woodcock, Ashley C.

2 Soyen, Elizabeth Clay Roy, Lucy Sexton, Chris
3 Norwood, Jalisa Gilmore, Madagascar Kinsey Lamb,
4 Monica Yemkan, Nancy Bedard, Risa Rodriguez, and
5 Solange Azure. Now council members who have
6 questions for a particular witness should use the
7 raise hand function in Zoom, and the chair will call
8 on you after the witnesses completed their testimony.
9 For panelists, once your name is called a member of
10 our staff will unmute you and the Sergeant at Arms
11 will give you the go-ahead to begin the clock and the
12 timer. Please wait for the Sergeant to announce that
13 you may begin before delivering your testimony. And,
14 again, if you have written testimony that you would
15 like to submit for the record please email it to
16 testimonyatcouncil.nyc.gov after today's hearing.
17 And now I would like to welcome Oren Barsolay to
18 testify, who will be followed by Marina Ortiz. Oren?

19 SERGEANT AT ARMS: Time starting now.

20 COMMITTEE COUNSEL: Is Oren on?

21 SERGEANT AT ARMS: Oren is not on.

22 COMMITTEE COUNSEL: OK, we'll be moving
23 on to Marina Ortiz, followed by Sara Wolf. Marina?

24 SERGEANT AT ARMS: Time is starting now.

2 MARINA ORTIZ: Hi, I'm with East Harlem
3 Preservation and the Committee to Empower Voices for
4 healing inequity today. However, I'm speaking from
5 personal experience and observations as an elder and
6 a disabled New Yorker and an income-limited Puerto
7 Rican woman in East Harlem. I'm happy to report that
8 East Harlem residents are getting a lot of support
9 from local pantries and school cafeterias. Of
10 course, we could do with less price gouging at the
11 supermarkets. It's also refreshing to see less
12 police in the street, but even now the focus is still
13 on black and brown youth and more increasingly the
14 homeless. I really don't get why we're talking about
15 health disparities as if they are a matter of choice
16 or self-control. Believe or not, white people also
17 smoke and drink and take drugs and eat fast food.
18 Oh, yes, we do live in sick buildings, 100-year old
19 tenements and public housing complexes that are
20 surrounded by five bridges and a highway. We also
21 serve as the pathway into Manhattan for truck
22 deliveries. We have endured generations of lead
23 paint poisoning, mold, bad water, red lighting, and
24 gentrification. That is why East Harlem had the
25 highest number of COVID-19 cases in Manhattan. I'm

2 privileged enough to live near Central Park, even
3 though the, and even though the NYPD has vehicles at
4 every entrance, police have consistently ignored
5 gentrifiers, flagrant disregard for the health of
6 black and brown folks by refusing to engage in, ah,
7 social distancing or even masking, instead targeting
8 youth on the corners. What we need is what we've
9 always needed, truly affordable and decent housing,
10 equitable health care, quality and free education and
11 public transportation. What we don't need are more
12 police, more people in jail, and scapegoating of the
13 homeless population as disease carriers. What we do
14 need is direct financial support, training, and real
15 protections for essential black and brown workers
16 whose faces are the ones we are seeing in news
17 reports as victims of this pandemic. What we need is
18 support for those on the ground who are providing
19 mutual aid to their neighborhoods. What we need is
20 protection from hate groups preparing to parade
21 throughout the city tomorrow to demand an end to the
22 quarantine and we need an end to police-assisted
23 special treatment of privileged groups that have
24 continued to endanger their neighbors by ignoring
25 health guidelines or public funerals in the streets.

2 The disparities are not new. They are just being
3 magnified. I ask you to make serious systematic
4 changes to guarantee racial equity at all levels of
5 government. And if you're wondering how the heck
6 we're supposed to pay for all these services perhaps
7 you could consider reprioritizing our priorities.
8 I'm less concerned about open streets, bike lanes,
9 State of New York transit system, public service, ah,
10 parades than I am about ending institutional racial
11 disparities and making wealthy people pay their fair
12 share. We don't need more police. The quarantine
13 has showed that people of color are...

14 SERGEANT AT ARMS: Time.

15 MARINA ORTIZ: One minute. We don't need
16 any more studies and task force. We need wealthy New
17 Yorkers to pull their weight and we need transparency
18 and accountability for the economic and policy
19 decisions being made. We cannot be expected to do
20 more with less and tomorrow, May Day, tens of
21 thousands of tenants and workers throughout the
22 country will be letting their landlords and corporate
23 employers know that they are not expendable. We hope
24 that you will support us.

2 COMMITTEE COUNSEL: Thank you, Marina.

3 Ah, Chair Torres, do you have any questions?

4 CHAIRPERSON TORRES: Let's go through the
5 full public testimony.

6 COMMITTEE COUNSEL: Sure. Ah, the next
7 person up is Sara Wolf, followed by Sudah Acharaia.
8 Sara, turning to you.

9 SERGEANT AT ARMS: Time's up now, go
10 ahead.

11 COMMITTEE COUNSEL: Is Sara on? I see
12 that Colven Brannan has her hand up.

13 SARA WOLF: Hi there. I'm, um, I'm Sara
14 Wolf. Good evening. Thank you, ah, to the speaker,
15 to the chair, Council Member Ritchie Torres, for the
16 opportunity. Um, my name is Sara Wolf. I'm the
17 director of the Center for Healthy Neighborhoods at
18 Bed-Sty Restoration and I'm speak, I'm speaking on
19 behalf of Colven Brannan, who is the president and
20 CEO of Bed-Sty Restoration. Restoration has been a
21 support of the central Brooklyn community since the
22 late 1960s and over these many years Restoration has
23 been a driving force to address the social
24 determinates of health that are really currently
25 driving the outcomes. They are devastating the lives

2 of many individuals in our communities. During this
3 crisis, ah, Restoration is really reaffirming our
4 commitment made to Bed-Sty and central Brooklyn as a
5 base of support, providing the critical services
6 needed to tide our communities through this crisis,
7 including financial services and counseling,
8 enrollment in social service benefits, work force
9 training and employment services for those who are
10 [inaudible] in a safe way, um, mental health services
11 and support small businesses. We're also providing
12 emergency food relief and connecting our members to
13 other food resources that are available in the
14 community. And we're committed to closing the racial
15 gap in our family and community [inaudible] to ensure
16 our families are prosperous and healthy in central
17 Brooklyn. Now more than ever the negative feedback
18 of, of wealth and health are being made apparent,
19 with risks to low-income citizens of color for
20 contracting COVID and suffering worse outcomes,
21 compounded by the high rates of pre-existing
22 conditions, heart disease, diabetes, asthma, and by
23 the poor living conditions, including housing, unsure
24 unemployment, low wages, and general economic
25 conditions, and the very same conditions that are

2 putting people at high risk for these chronic
3 diseases are also playing them, placing them at a
4 higher risk for contracting COVID-19. Um, you know,
5 central Brooklyn comprises over half a million people
6 across Bed-Sty, Bushwick, Brownsville, and East New
7 York, and these neighborhoods have some of the
8 highest concentrations of both poor minority
9 residents in New York with 90%, 94% of the population
10 being of color, um, poverty rates averaging more than
11 30%, um, and almost 50, 45% of families receiving
12 some sort of income support. Um, and not
13 surprisingly the health, the health statistics also
14 demonstrate disparities, um, and we think that's
15 largely because of the economic neighborhood
16 conditions, access [inaudible], transportation, and
17 jobs. Tragically, our communities are, um, our black
18 and Latinx residents, are, um, dying of COVID at
19 double the rate of white residents and the
20 distribution of new unemployment claims is following
21 a similar pattern, and, um, you know, COVID-19 is
22 also, of course, right, resulting in increased levels
23 of food insecurity among already vulnerable
24 residents, including the elderly, a high percentage
25 of residents with existing chronic conditions, the

2 already food insecure and the many recently employed,
3 unemployed low-wage service, retail and other
4 workers. While it is much too late to change the
5 conditions that have led to this current crisis and
6 its unjustly uneven impacts, we stand with our
7 partners and other nonprofits and the city that have
8 been working tirelessly to respond. That said, we
9 would also like to offer recommendations as we move
10 out of...

11 SERGEANT AT ARMS: Time.

12 SARA WOLF: ...what appears to be, at
13 least for now, the most acute phase of the pandemic
14 and we begin to open up society, um, to alleviate,
15 and to begin to open up society, as we begin to open
16 up, as we begin to open up we really have to, um,
17 [inaudible] low-income residents of color have
18 disproportionately comprised the essential work force
19 in health care, delivery, food, cleaning, and
20 maintenance, these are gonna be the same group of
21 people that go back to work first, right? So while
22 white collar, disproportionately white and affluent
23 workers continue to work from home it's gonna be our,
24 um, African American, black, and Latinx and other,
25 um, workers of color that are going back. So what do

2 we need to do? We need to ensure employee
3 protection, including PPE, social distancing, paid
4 leave for COVID, or COVID-related conditions. We
5 have to provide resources for PPE, testing, and
6 tracing in the communities where these workers are
7 concentrated, and this includes central Brooklyn, um,
8 that already have the most essential workers and they
9 need to be made available to workers and community
10 members in a way that's accessible to all, so for
11 example the driving, the drive-up issue. Um,
12 another, um, thing I want to, I guess amplify that
13 others have already talked about as [inaudible]
14 expires at some point, some, some sort of large-scale
15 rental assistance needs to be put in place.
16 Otherwise, we are really gonna see much worse
17 problems than we already have. Um, so many are not
18 going to be in the position to pay back rent.
19 They're already just month to month in the jobs that
20 they have and with the newly unemployed and for those
21 who do not gain re-employment, um, we want to ensure
22 that they're not evicted. Hold on, honey. Um, the
23 minority-owned, and this is the last point, the
24 minority-owned food enterprises and assets currently
25 serving our neighbors are clearly at increased risk

2 for not being able to survive this pandemic and its
3 economic fall-out. While there are millions and
4 millions, if not billions of dollars being made
5 available to address the immediate needs of our
6 residents, many [inaudible] are not in a position to
7 receive, receive those opportunities and contracts.
8 And it's creating a vicious cycle of under-employment
9 and increasing emergency food needs in our
10 communities. So while larger businesses have more
11 capital assets [inaudible] shh, honey, significant
12 economic, economic benefits, further widening the
13 wealth gap without an intervention to intentionally
14 support small businesses owned by people of color,
15 cooperative worker organizations [inaudible]
16 currently have the capital or larger margins needed
17 to compete with some of these contracts the same
18 economic inequality that is contributing to this
19 disproportionate mortality rates are gonna only be
20 exasperated, exacerbated, and an example is in the
21 food system, right? There's millions and millions of
22 dollars going to food. Um, when some of that
23 funding, that money could really be supporting local
24 businesses, um, local food businesses, local and
25 regional farmers who have, um, the, who have, you

2 know, the, the values of alignment and who also will
3 be able to support the economics, um, conditions,
4 economic wealth of our, of our own community members.
5 Um, I think I'll stop there because I know I'm over
6 time. Thank you again for this opportunity to, um,
7 testify. Apologies for the background noise.

8 COMMITTEE COUNSEL: Thank you, Sara. Ah,
9 moving on to Sudah Acharia, followed by Brian Romero.
10 Sudah, you're up.

11 SERGEANT AT ARMS: Time starts now.

12 SUDAH ACHARIA: Ah, good evening. I'm
13 Sudah Acharia, executive director of SACSS, South
14 Asian Council for Social Services. Thank you very
15 much for this opportunity to testify. SACSS's major
16 focus is to assist underserved South Asian and other
17 immigrants with their much-needed health insurance
18 and other benefits, food security, senior support,
19 and job preparedness. When we started, ah, working
20 remotely we could continue to offer most of these
21 services except we had to close our South Asian food
22 pantry. I'm so sorry. Um, 70, OK, ah, the, the food
23 pantry, but it started delivering food [inaudible].
24 Ah, we are actually serving, ah, nearly 2000
25 individuals and about 500 families. The number of

2 families that need food is increasing every week.

3 Ah, we get reference from [inaudible] NYC Count,

4 MOOIA, MSKCC, and Mount Sinai, from [inaudible] and

5 for discharged, um, patients from Elmhurst and Queens

6 Hospitals. Ah, the boxes of food that they receive

7 from the city sometimes have, um, meat in them, like

8 non-vegetarian items, ah, which are not considered

9 palatable. Ah, we believe, like other speakers who

10 have said before, that healthy food makes for healthy

11 bodies. Our clients are in the [inaudible] sector.

12 Other people have talked about food needs [inaudible]

13 like the cooks and the baby-sitters, and so on. So I

14 won't go, go into that one. But their lives were not

15 comfortable even before this pandemic. Ah, they

16 were, they were living and surviving from paycheck to

17 paycheck. Now that there's no paycheck, there's no

18 for drink, there's no money for food. As they work

19 off the books there is no, there is no record of

20 their earnings so they're not, they, they can be

21 [inaudible]. Those who had jobs, ah, with health

22 insurance, when they lost their jobs they lost their

23 health insurance as well. We are busy trying to,

24 trying to connect them with health insurance and SNAP

25 benefits, assisting them with unemployment insurance

2 applications and so on. But there are a number of
3 clients, that other people have no issue, ah, who are
4 undocumented. So they're not eligible for any of
5 these, ah, these benefits. Ah, we have a number of,
6 ah, senior clients, ah, who are, you know, who feel
7 isolated and dejected. I'll tell you about one
8 client whose cell phone suddenly did not work. She
9 started banging on that window to get someone,
10 someone's attention, as before most only, had only
11 connection to the outside world. Fortunately a
12 neighbor saw her...

13 SERGEANT AT ARMS: Time.

14 SUDAH ACHARIA: ...and helped her. When
15 she could call her counselor it took, it took some
16 time to calm her down. We are providing individual
17 and group therapy. Many need, ah, counseling in this
18 environment. We're also doing bereavement
19 counseling. Funding for public, ah, hospitals and
20 quick implementation of NYC Care in all the boroughs
21 will be very, very important. Ah, I heard that, ah,
22 you know, the chairman asking Steve Choi about health
23 care for undocumented people. Ah, Steve mentioned
24 the fear of [inaudible] and so on, but most of the
25 health care, ah, most of them are, we are connecting

2 them through, ah, agency options in the public
3 hospitals and you know what conditions they are in
4 now, you know, in [inaudible] Queens hospitals are
5 so, so very busy with the COVID-19. So, but funding
6 them would be extremely important. Um, funding CBOs
7 for the therapy and supportive counseling in the
8 client's own language would be extremely important
9 and beneficial. Prepaid debit cards for those who
10 are economically vulnerable really would help them
11 keep their heads above water [inaudible] present.
12 [inaudible] assistance would be also. Ah, I, the
13 last thing I would say is please make sure that, you
14 know, discretionary funding is not hacked because a
15 lot of us would be going under. Thank you very much.

16 COMMITTEE COUNSEL: Thank you, Sudah.

17 Moving on to Brian Romero, followed by Reverend Wendy
18 Calderon Payne. Brian, you're up.

19 SERGEANT AT ARMS: Time starts now.

20 BRIAN ROMERO: Good evening, Chairperson
21 Torres and council members. My name is Brian Romero.
22 I use he and him as pronouns and I'm a policy
23 associate of the Gay Men's Health Crisis, or GMHC,
24 the world's first community-based organization
25 founded to respond to the HIV/AIDS epidemic in the

2 nation. GMHC serves 10,000 clients in our various
3 programs and in 2019 about 70% of our clients self-
4 identified as people of color. Nearly 85% live below
5 the federal poverty line. Nearly half are age 50 and
6 older. And 75% identify as lesbian, gay, bisexual,
7 or transgender. GMHC serves clients who live
8 throughout New York City, including in many of the
9 neighborhoods most impacted by COVID. As the
10 coronavirus pandemic evolved and we transitioned our
11 programming into virtual and telephonic based
12 programming, we learned quickly through practice what
13 we would have suspected we would eventually find in
14 the data. The coronavirus pandemic is
15 disproportionately impacting black and brown
16 communities in every way that we can imagine. As we
17 know in many other social determinates of health,
18 place matters and so it has been no surprise to us to
19 see which areas of our city have been most affected.
20 It is now well known that 62% of all confirmed deaths
21 are among black and Latinx New Yorkers. The majority
22 of confirmed cases of COVID in New York City for
23 people who have died are black New Yorkers. Two days
24 ago New York State released data from a statewide
25 antibody study that found that 32% of Latinos in New

2 York tested positive, while only making up about 18%
3 of the state's total population. While GMHC has
4 successfully transitioned some of our programming to
5 be provided virtually or by phone, we continue to
6 hear that our clients and communities have great
7 need. 15% of our clients who have received a pantry
8 bag or voucher meals via our GMHC On the GO program
9 had not attempted to access our food programs in the
10 past 12 months. 44% of clients referred to mental
11 health services from our wellness check calls were
12 not previously enrolled in any of GMHC mental health
13 programs. We are continuously thinking of creative
14 ways to provide relief to our clients, including our
15 LGBT youth of color and older adults. Both groups
16 have shared that while they may not, they may want to
17 participate in virtual groups, they do not all have
18 the same level of technological literacy as many of
19 us do. They may not have internet or even own
20 computers. Frankly, as a psychotherapist I have been
21 concerned about the vicarious trauma that the mental
22 health counselors are probably experiencing. Our
23 substance use counselors express concern that as
24 needle exchange programs have closed their doors
25 people may be sharing used needles when using drugs,

2 making the possibility of transmitting HIV more
3 likely, particularly in our communities of color and
4 our LGBTQ communities of color as well. In our
5 ongoing advocacy we have learned that 40% of food
6 pantries have shut down and as immunocompromised
7 communities must continue to stay home and self-
8 quarantine we have seen the demand for meals go up.
9 This is particularly troubling as we are aware that
10 communities of color are more likely to experience
11 food insecurity and more than 55% of New Yorkers with
12 HIV are food insecure.

13 SERGEANT AT ARMS: Time.

14 BRIAN ROMERO: Before COVID GMHC already
15 had a wait list for our pantry program and that has
16 only increased since the beginning of the pandemic.
17 And while we are proud to have Create a Meal service
18 delivery program, GMHC on the Go, the demand for
19 delivery of meals has gone up since 250 more clients
20 requested meals. Overall, our clients who access our
21 food and nutrition services are people of color, over
22 the age of 50, and all clients who access our food
23 and nutrition services are living at or below the
24 poverty, federal poverty line. And many are homeless
25 or unstably housed. COVID has not been a great

2 equalizer. It has, however, exposed the inequities
3 of our city and our responses moving forward must
4 center of racial equity analysis and in a previous
5 speaker, ah, Chairperson Torres asked more about what
6 that meant. So, solutions, quickly. One, I believe
7 strongly that the city should be using racial equity
8 impact assessments in all programming, um, policy
9 initiatives, and budget, um, resolutions. What is a
10 racial equity impact assessment? It is a mechanism
11 that looks at policies that are being implemented and
12 the negative repercussions on communities of color.
13 This is done to mitigate harm on those most impacted
14 by the structural inequities that we've been talking
15 about. Two, I want to urge that the council think
16 about communities that are often left out of relief
17 efforts. We've already talked about immigrants,
18 undocumented peoples, I believe sex workers obviously
19 also need to have advocacy from our government.
20 People who use drugs have not been really mentioned
21 throughout this entire hearing. I want to also join
22 the chorus in terms of pushing that the council urge
23 the state to adopt revenue-raising bills.
24 Historically, the council would have a day when it
25 would visit Albany to express its state priorities.

2 Obviously with COVID the council I don't believe has
3 had that opportunity. So I really urge that the
4 council include revenue-raising bills in that
5 advocacy. Um, and lastly I really want to join the
6 chorus of Dr. Gill, who testified earlier, about the
7 fact that this is certainly a public health crisis.
8 This is certainly a economic crisis and it is also a
9 mental health crisis. As a psychotherapist I
10 understand and believe that we will see negative
11 repercussions in communities of color for many years
12 to come after this. The generational trauma will be
13 very real and we need to start preparing for that
14 now. Thank you.

15 COMMITTEE COUNSEL: Thank you very much.

16 Moving on to Reverend Wendy Calderon Payne, followed
17 by Lorena Carusias. Reverend, you're up.

18 SERGEANT AT ARMS: Time starting.

19 REVEREND WENDY CALDERON PAYNE: Ah,
20 greetings, um, Council Member Ritchie Torres, chair
21 of the Oversight and Investigations Committee. Thank
22 you so much for inviting me today. Um, for the for
23 the record, I was actually invited by the speaker,
24 ah, yourself, Ritchie Torres, and by Gibson to be an
25 expert panelist, so if I had known that that meant

2 that I was going to testify at 8 o'clock, which is
3 understandable, I could have actually planned my day
4 listening to all this wonderful testimony. I just
5 ask for communication. I love you, really, I love
6 you guys. But I thought don't ask me to be an expert
7 panelist and then not put me on a panel, because you
8 can't ask me questions with two minutes to spare.
9 But I'm gonna go into my speech. Um, I'm the
10 executive director of Bronx Connect. I believe many
11 of you guys know us. We are the original credible
12 messengers. We value the power of community to heal
13 the community and our children. We have been
14 involved in the alternative justice community for 20
15 years. We are part of the very integral close
16 Riker's and build community platforms, where we fight
17 for the renewal of our communities by building from
18 within. The public health crisis that we are facing
19 is impacting our Bronx and Harlem communities in
20 unprecedented ways. Our young people and families
21 are working, um, that, that we work with are bearing
22 the brunt of this pandemic. We recently conducted a
23 survey of over 100 participants and found that over
24 90% of their households had at least one person
25 experience loss of wages. Many have also lost family

2 members. Our staff frontline responders have
3 continued with their intensive case management,
4 they're counseling, they're mentoring, our addiction
5 services, we support our youth in our program. We
6 are excited to say that over the last seven, um,
7 weeks having interacted with over 50 young people,
8 not one of them has been arrested. Isn't that
9 wonderful? Um, many of our youth are experiencing
10 many challenges that they had before COVID and COVID
11 is now, ah, just showing more of the inequalities
12 that we all know are there. Let me give you some
13 thoughts, right? Um, community messengers, we need
14 to employ people who speak the same languages our, as
15 our community in doing all the work we had. So when
16 Mayor de Blasio says he's gonna hire one thousand
17 virus trackers, they don't all need to be social
18 workers. They can be community messengers from our
19 community because, to be quite frank, it's our staff
20 that are not afraid of going into our buildings and
21 knocking on doors, and it's our community that is not
22 afraid of disclosing who they've been hanging with to
23 our communities. OK? That's really the CMS, Cure
24 Violence model. Um, City Council and the mayor's
25 office need to hold ACS and [inaudible] and DOCs

2 accountable for protecting staff and youth that are
3 placed and incarcerated right now. I heard that
4 there are 64 youth at Horizons, that they're not
5 being socially separated, they're not given masks to
6 wear, they're not even given proper hygiene supplies.
7 This is unacceptable and these are children, even if
8 they're facing very serious charges. Finally, and
9 this has been my big thing when I talk to people,
10 I've been following this guy named Dr. John...

11 SERGEANT AT ARMS: Time.

12 REVEREND WENDY CALDERON PAYNE:

13 ...Campbell on YouTube. He's a retired professor
14 nursing from New England...

15 CHAIRPERSON TORRES: He, he's excellent,
16 by the way. I listen to him as well.

17 REVEREND WENDY CALDERON PAYNE: So, so,
18 thank you so much, ah, Council Member Torres. Well,
19 he talks about vitamin D deficiencies and he, and my,
20 so my kids, you know this, my, my children are
21 biracial. They're cafe con leche, right? Well, he
22 talks about how darker skin tones take longer to
23 produce vitamin D and we all live indoors anyway, so
24 we all take a while. But he actually quoted, ah, in
25 an NIH study that says that 1000 Ius of vitamin D to

2 people who are deficient in vitamin D have a 70%
3 protective effect on respiratory illnesses, 70%.

4 Well, do you know what? 42% of the US population has
5 vitamin D deficiency, but 82% of the African American
6 community and 70% of Hispanics are vitamin D

7 deficiency. This should be a public health mandate
8 that we talk to our community about getting tested.

9 It actually says that vitamin D supplementation was
10 safe and it has protected against acute respiratory

11 tract infection. So telling people to take 1000 IUs,
12 a little pill of vitamin D a day that they can get in
13 CVS is not gonna kill 'em. It will only help them.

14 So, sometimes, I, I keep on saying this to City
15 Council, anybody in health, OK, finally, I gotta end
16 my testimony, we're talking about this SYEP

17 announcement. Um, I think my, the hardest part of
18 that is feel it's being sold to our community as a

19 way to, um, protect people. But I think it's just a
20 financial decision, and my problem is, is that if you

21 are going to drop all this money out of SYEP then I
22 need to see you drop it out of the police budget

23 also. I've said it before publicly. If there's
24 gonna be cuts they have to be equitable across all

25 aspects of our society. Because employment keeps

2 kids in positive behaviors, and I want you know that
3 my kids, my kids, are not using SYEP to buy
4 McDonald's and go to movies. They're using SYEP to
5 buy food and clothes for their family. They're
6 taking care of younger siblings. They're providing
7 for basic necessities. To understand that
8 communities of color are hit financially because of
9 COVID and then to cut a financial source of income
10 and employment is just, it's an insult to the
11 communities of color that we're not, you know, they
12 were not spoken to before this decision was made.
13 Um, and that is my testimony. Thank you so much for
14 your time.

15 CHAIRPERSON TORRES: And, and Reverend, I
16 apologize for whatever lapse in communication
17 happened. I, I will, we're gonna having a subsequent
18 hearing and I'll, I'll see to it that you are in one
19 of the early panels. I apologize.

20 REVEREND WENDY CALDERON PAYNE: I don't
21 mind waiting, but if you just said it, you
22 understand? I had to put on my suit at 1 o'clock. I
23 could have put it on at 5.

24 CHAIRPERSON TORRES: I, I didn't plan for
25 8:00 p.m., ah, but duly noted.

2 REVEREND WENDY CALDERON PAYNE: But I
3 enjoyed everybody's testimony, even if I, yeah, I sat
4 around and waited.

5 COMMITTEE COUNSEL: Thank you, Reverend.
6 Ah, moving on to our next speaker, Lorena Carusias,
7 followed by Sade Lipcott. Lorena, you're up.

8 SERGEANT AT ARMS: Time is starting now.

9 LORENA CARUSIAS: Hi and good night. My
10 name is Lorena Carusias. I'm the executive director
11 of [inaudible] Organization. We are located in
12 Sunset Park. We've been providing services to Latinx
13 community, undocumented, for over 20 years, and
14 actually for 20 years or 20 anniversary is this May
15 20 and it's canceled, so it's canceled because of
16 COVID-19, so we are also affected. We provide
17 services for different areas - health, mental health,
18 education, immigration, and the intersection in all
19 the areas. And we provide services considering
20 cultural beliefs and different ways to heal. We
21 believe that [inaudible] community has their own way
22 to heal. For example, we have [speaking in Spanish]
23 which means totally believe your soul as the way to
24 work with the culture and in society, and at this
25 point, and at this time that type of work is super

2 important. We've been putting all those services
3 online. We're going to support their community as
4 much as possible. However, we are now, ah, we are
5 essential for community, but now we are dealing with
6 discretionary funding cuts or different ways to get
7 the reimbursement. So I want to told you I know
8 everyone has been talking about many facts and many
9 examples of what is happening to our community, and
10 sometimes I feel like it's difficult to get the level
11 of necessity that our community has. And to final
12 put an example I want to talk about Raymon. Raymon
13 speaks Nahuas, which is an indigenous language, she
14 is a single mother of two children. She lives in a
15 room and she also supports her mother and her father.
16 She lost her mother two weeks ago and she lost her
17 father a few days ago. She was a housekeeper and now
18 has no job. So she has to deal with all the system,
19 trying to get the ashes of her mom back. And dealing
20 with all this situation, any, she doesn't know how
21 to, how to claim the body, the body of her father.
22 And this is just one of many examples that we have
23 here at [inaudible]. We deal with a lot of stress,
24 with a lot of stress from our community every single
25 day. Every single day we have to go and to answer

2 phone calls from people that are losing their loved
3 ones, that are really in a crisis. And we have here
4 countless stories of loved ones falling ill, losing
5 their livelihood, and having family members pass,
6 among the many painful moments brought on by the
7 crisis. Histories are more tragic than those from
8 families who have lost loved ones. And they don't
9 know how to deal with the system. The system is not
10 made to support this type of community and I keep, I
11 don't know how to emphasize this more...

12 SERGEANT AT ARMS: Time.

13 LORENA CARUSIAS: ...in the, we have
14 some, we have some groups that we are hosting on
15 Saturdays through Zoom and the, those groups are men
16 group and women group, and they are talking about
17 loss of their compadres, their coworkers just
18 disappeared. And these are people that nobody knows
19 because they used to live here alone in the city.
20 Then we really, as we've been widely reported, due to
21 long-standing inequalities and structural racism the
22 Latinx community of New York has been
23 disproportionately affected by this pandemic and we
24 now in the point of finding the way to recover from
25 what is happening for a long time that we are asking

2 the council to support the small non-for-profits,
3 like [inaudible], because we are the ones providing
4 food, we are the ones providing support in the
5 financial, in the funeral services. We are the ones
6 providing local food for communities, accessible and
7 according to their needs. We are asking to provide
8 support to, to our CBOs, to small CBOs, like
9 [inaudible], to continue doing this testing because
10 we know our community has been isolated in a room
11 where they just live, the family of five, we also
12 hear of family of 10 people isolating, all of them
13 COVID-positive, isolating in one room with no food.
14 And those are the cases we have every single day.
15 And the, I'm a social worker and psychologist, and I
16 can [inaudible] and support this important for our
17 community on their own way to heal, and we need
18 support from the [inaudible] to continue doing this
19 job. And, ah, I know it's over, past 8, and I'm
20 gonna stop there, and I just want to thank you for
21 this opportunity to testify on behalf of my
22 community.

23 COMMITTEE COUNSEL: Thank you, Lorena.
24 Moving on to Sade Lipcott, followed by Ashley Sawyer.
25 Sade, you are up.

2 SERGEANT AT ARMS: Time starts now.

3 SADE LIPCOTT: Hi, good evening. Um, I
4 want to thank Chair Torres, um, and the members of
5 BLACK, Speaker Johnson, and all the city council
6 members present this evening. Um, my name is Sade
7 Lipcott. I testify today as the CEO of the National
8 Black Theater, the chair of Coalitions of Theaters of
9 Color, and a member of the Harlem Cultural
10 Collaborative, a diverse group of 11 physical space-
11 based cultural arts [inaudible] serving the Harlem
12 community, and a co-leader of the culture at three
13 working group on reopening the city, a cohort of over
14 300 cultural groups who meet daily around the impact
15 of COVID-19 on the cultural sector. Today I
16 represent a sector that employs thousands of people
17 of color and serves millions of New York City
18 residents in the most hard-hit communities in all
19 five boroughs. Our institutions preserve, serve, and
20 shape culture. And what is New York and if it's not
21 a, it is not a rich tapestry woven together by the
22 contributions and sacrifices of people of color, yet
23 through COVID-19 we are able to see with pristine
24 clarity the negligible disparity, inequity, and
25 resources afforded our communities. Our communities

2 are suffering alarmingly disproportionate rates of
3 infection and death. Several factors make up these
4 devastating facts, as we have heard on this call over
5 and over again. Studies have shown the presence of
6 cultural resources in a neighborhood has a
7 significant positive impact on neighborhoods' health,
8 the outcomes of its schools, and its crime rate. As
9 institutions that serve, develop, nurture, hire,
10 produce, innovate, and incubate artists of color,
11 which have always seen ourselves as the first
12 responders in loving service to the needs of our
13 community. Linking cultural engagement to social
14 well-being informs a set of strategies that can
15 enhance the quality of all, for all New Yorkers, but
16 in particular crucial in our communities. CTC, the
17 Coalition of Theaters of Color, are institutions that
18 have long-standing relationships with many of the
19 city's most diverse and vulnerable residents. These
20 are populations public initiatives find challenging
21 to reach through this crisis, providing imperative
22 dissemination of up to date public health information
23 and resources to help bolster the city's effort.
24 Today our institutions and missions are more vital
25 than ever in playing a key role in the recovery of

2 our city as many of organizations are more than just
3 theaters. For decades CTC institutions have
4 functioned as safe havens for communities in which
5 they operate, each year serving hundreds of thousands
6 of New Yorkers with vitally needed cultural,
7 educational, social, and economic resources and
8 opportunities for youth, seniors, families, and local
9 neighborhoods, and to the broader residents living in
10 the outer boroughs. We understand that all
11 organizations...

12 SERGEANT AT ARMS: Time.

13 SADE LIPCOTT: ...big and small, are
14 suffering as a result of COVID-19. However, systemic
15 inequities, particularly in public funding, have
16 created a climate where our members operate in
17 significantly underfunded and under-resourced
18 contexts. This means COVID-19 affect, this means
19 COVID-19's effects will have particularly serious
20 long-term consequences on our members and the
21 underserved communities that we represent and sadly
22 many of us will not survive. At this critical
23 juncture we implore you, the City Council, to
24 preserve the initiatives that serve communities of
25 color. This includes discretionary funding. The

2 council's initiatives, we have, we have, we are not
3 CIGs. We have not commit or reliable investment from
4 the city for our existence besides this council
5 initiatives. We are thankful and recognize the
6 leadership of the councils has allocated these funds.
7 But more needs to be done, now more than ever. While
8 these are extraordinary times we remain optimistic
9 about the resilience of artistic communities in New
10 York City, but we must continue to be vigilant and
11 recognize though we are all enduring the same storm
12 we are not in the same boat. If communities of
13 colors are not well, none of us are well. Before the
14 establishment of cultural initiatives, specifically,
15 ah, cultural initiatives of color, CTC, CII,
16 culturals of color receive less than 1/10 of 1% of
17 the total funds awarded to arts and culturals in New
18 York City and State and only receive 5% of total
19 contributed revenue from individual donors,
20 indicating a disproportionate resilience on
21 government and foundation grants that are in general
22 increasingly less secure, now more than ever with the
23 proposed cuts. Artists and cultural institutions
24 like with every crisis our great city has ever faced
25 are lauded as the lifeblood of the city, resurrecting

2 the heart of this great city, but with what
3 resources? How are we expected to fulfill these
4 roles where we are, when we are preoccupied by
5 surviving? We welcome and deserve a seat at the
6 table to partner with the council and the mayor to
7 help shape innovative and holistic solutions to what
8 recovery looks like for both our sector and our
9 communities. Um, and I know I'm timed so I'll stop
10 at that, but I think tech support is really important
11 to our segment and that we have to be careful of the
12 dog whistles around arts and culture and nonprofits
13 because the baseline funding for culture in this city
14 do not go to organizations of color. They go to 34
15 organizations that do not represent the rich
16 diversity of this city. We, the organizations that
17 serve communities of color are reliant as a safety
18 net to discretionary funding in specifically and in
19 particular to these cultural initiatives. So I
20 implore you, ask us questions, engage with us, we
21 should be on task force. We should be panelists that
22 are asked questions because this sector is the
23 lifeblood and is a part of the fabric of the safety
24 net of this city, in particular our communities of
25 color. Thank you very much.

2 COMMITTEE COUNSEL: Thank you, Sade.

3 Sorry for the mispronunciation earlier. Um, moving
4 to Ashley Sawyer and then Elizabeth Clayroy.

5 SERGEANT AT ARMS: Your time starts now.

6 COMMITTEE COUNSEL: Ashley, are you on?
7 OK, moving on to Elizabeth Clayroy, followed by Lucy
8 Sexton. Elizabeth, you are up.

9 SERGEANT AT ARMS: Your time starts now.

10 ELIZABETH CLAYROY: Thank you to Chair
11 Torres, Black, Latino and Asian Caucus, and staff for
12 this hearing and your leadership. My name is
13 Elizabeth Clayroy and I'm the executive director of
14 TakeRoot Justice, a legal services organization that
15 serves over 2000 clients and dozens of grassroots
16 organizations to advance racial, social, and economic
17 justice across New York City neighborhoods. Two
18 centuries of public health research show that the
19 most basis influences on health are people's living
20 conditions, the housing, neighborhood, and working
21 conditions, and their access to clean air, water,
22 nutritious food, and affordable health care. And in
23 the past epidemics of cholera, yellow fever,
24 tuberculosis, and influenza struck the poor more
25 often than the better-off. We're learning today, in

2 2020, with all of our advances in knowledge,
3 technology, and societal wealth is that we just
4 haven't made enough progress towards health equity.
5 So let's use what we know about the social
6 determinates of health for a just and equitable
7 response and recovery. The following is part of a
8 list of the public protective infrastructure that our
9 society needs for that response and recovery. First,
10 housing is a human right, and one of the most
11 important public health interventions. Persistent
12 mold and pest issues in apartments and poor building
13 maintenance can contribute to long-standing
14 resiliency illnesses for many New Yorkers, especially
15 black and brown New Yorkers. All landlords must make
16 rapid and consistent repairs to keep their tenants
17 safe, and tenants need access to counsel more than
18 ever to ensure their rights are respected. As NYCHA
19 tenant leaders and TakeRoot Justice clients, Ms.
20 Latisha Taylor and Ms. Sondira Coleman wrote in their
21 *Daily News* op ed today, tenants in NYCHA regularly
22 experience water outages and hot water disruptions,
23 making hand washing and proper disease prevention
24 difficult. Frequent extended elevator outages make
25 social distancing impossible. And housing stability

2 is critical as well. Black and Latinx New Yorkers
3 make up 89% of those who were homeless at the
4 beginning of this year. Affordability is the central
5 issue. We need a rent freeze. We need to ensure
6 that homeless New Yorkers have a place to live
7 consistent with social distancing guidelines, both in
8 this moment and for some months to come, and as
9 quickly as possible to strengthen protections for
10 renters in the midst of this health crisis to prevent
11 the enormous possible growth in homelessness, um, as
12 soon as the eviction moratorium from the state is
13 lifted. This moment is quite possibly the end for
14 thousands of small businesses that are owned and
15 staffed by people of color. The loss of jobs,
16 income, and precarious wealth will be devastating and
17 deepen the health risks of poverty for years to come.
18 New York City should expand on its existing grants
19 and loans to create emergency relief fund for small
20 business owners, micro business owners, worker
21 cooperatives, street vendors, and others to cover
22 lost revenue and wages. Social cohesion and civic
23 engagement are social determinates of health, too,
24 along with perceptions of equity and racism.

2 Community organizations play a critical role here,
3 especially grassroots, neighborhood-based, black...

4 SERGEANT AT ARMS: Time.

5 ELIZABETH CLAYROY: ...brown, immigrant
6 led organizations that have emerged in the last few
7 years and are at great risk of closing down in the
8 coming months as their members and community
9 supporters cannot afford to support them. With the,
10 communities most impacted by COVID-19 are the
11 communities heavily reliant on City Council
12 discretionary funding, um, which has been, has been
13 said by others, accounts for a small percent of the
14 city budget and should not be cut. We also support
15 with other nonprofits are calling for, restricted
16 funding should be general operating support,
17 eliminating the hearings requirement for FY20
18 contract registration and no retroactive cuts. Ah,
19 improving health also requires democracy and justice
20 and so participatory budgeting, community-led
21 planning, and access to justice must adapt and
22 continue, as should elections, um, and not be
23 canceled. And finally I would also encourage the
24 council to adopt a racial equity impact assessment
25 for budget and policy decisions moving forward. We

2 have to commit to a level of public protected
3 infrastructure that reduces the severity of the
4 health crisis for black and brown communities for the
5 entire city and reduces the opportunity to return.
6 Thank you so much.

7 COMMITTEE COUNSEL: Thank you very much.

8 I see that Ashley Sawyer is back on, so we will start
9 with Ashley and then move on to Lucy Sexton. Ashley,
10 you're up.

11 ASHLEY SAWYER: Good evening, can you
12 hear me?

13 SERGEANT AT ARMS: Your time starts now.

14 COMMITTEE COUNSEL: Yes.

15 ASHLEY SAWYER: Thank you. Good evening,
16 Chair Torres and community members. My name is
17 Ashley Sawyer and I am the director of policy and
18 government relations at Girls for Gender Equity. We
19 are Brooklyn-based and our work has been to meet the
20 needs and continue to remove systemic barriers that
21 prevent cis gender and transgender girls and gender
22 nonconforming youth of color from living self-
23 determined lives. As you all know, we have been
24 working for close to two decades now specifically to
25 address the ways that girls of color in New York have

2 been impacted by sexual and gender-based violence and
3 we have focused a great deal on educational equity
4 and anti-criminalization efforts. You also know that
5 we led the initiative, the Young Women's Initiative,
6 which is an extremely crucial process and initiative
7 of City Council to make sure that girls of color
8 in New York have what they need in spaces like
9 education, health, community support and opportunity,
10 and economic and work force development. Now more
11 than ever that work is crucial. Through GGE's
12 ongoing connections, which we have maintained by
13 providing services remotely through the pandemic and
14 through our research we know that youth of color have
15 been hit extremely hard by the COVID-19 pandemic.
16 What that means is girls of color, and particularly
17 we're talking about black and Latinx youth, they make
18 up a disproportionate percentage of the people who
19 are essential workers in this city. So when we talk
20 about essential workers often people overlook young
21 people, but girls of color are working in grocery
22 stores, they're working in Target. They are
23 fulfilling food orders at Whole Foods, and they're
24 also taking on responsibilities as caregivers. Our
25 research has shown that in particular black girls are

2 often perceived as second parents and they take on
3 tremendous caregiving responsibilities in their
4 homes. One of our young people, Susuelo, was just in
5 *Time* magazine this week talking about the caregiver
6 responsibilities that she has for her elderly
7 godmother, um, and another family member who was a
8 child, all while being expected to plug into remote
9 learning and help their families. Young people have
10 also experienced a great deal of trauma. In my
11 longer written testimony I detail some of the
12 examples that young people have experienced, but when
13 we're talking about black girls, Latinx girls, we
14 know that they have lost loved ones. Many of them
15 will be expected to log on for online learning every
16 single day, even though they have lost their
17 grandparents, aunts, uncles, siblings, husbands,
18 friends, neighbors. One of the young people in our
19 program told me that she has lost two uncles and an
20 aunt, all in a short amount of time. In ordinary
21 circumstances if a young person had experienced that
22 much death in a short period of time we would expect
23 that their school would be meeting them with social
24 workers, mental health supports, but in this period
25 of time unfortunately young people have been yanked

2 away from the crucial social supports that they need
3 through the Department of Education and our concern
4 is that that will only be exacerbated...

5 SERGEANT AT ARMS: Time.

6 ASHLEY SAWYER: Thank you, very briefly,
7 that will only be exacerbated by the budget decisions
8 that the administration and the council make in the
9 weeks to come. It is extremely crucial that young
10 people have access to mental health support,
11 counseling, restorative practices when they return to
12 school. Unfortunately, in the budget process and the
13 budget negotiations that are happening now we are
14 seeing the city Department of Education is being
15 asked to take on the brunt of the city's entire
16 budget, um, and meanwhile the NYPD has not seen even,
17 even something even remotely similar in terms of
18 budget cuts. Um, DOE is expected to experience six
19 times the cuts proportional to their budget, um, in
20 comparison to NYPD is only seeing about 1% of the
21 proposed cuts, and this is just unacceptable. Just
22 really quickly to highlight some of the other things
23 that young people have been experiencing, in addition
24 to being caregivers, in addition to working in
25 grocery stores as essential workers, um, girls of

2 color are also being, um, affected in their own
3 physical health. We know that in this city the Bronx
4 in particular has the highest rate of childhood
5 asthma in the entire country, which is a comorbidity
6 that puts them at great risk for themselves, so while
7 people have talked about COVID-19 impacting elderly
8 people, when you're talking about marginalized youth
9 of color it has impacted them physically as well, and
10 so young people will have lost not just their
11 teachers who have died, but their friends and their
12 siblings and some of them have been at risk and we
13 know this is especially true for youth who are
14 incarcerated in our city's detention facilities,
15 Horizons and Crossroads. So, very quickly, our
16 recommendations are first and foremost this council,
17 this body, has to make sure that adequate resources
18 are committed for the mental health and trauma and
19 response in the DOE for years to come and that means
20 increasing the number of school-based social workers,
21 or sort of justice practitioners, intervention
22 specialists, and supportive non-law-enforcement
23 adults in schools, and the decisions that are made
24 about the budget have to prioritize mental health and
25 emotional health of students. Um, we know that there

2 is supposed to be a teacher hiring freeze. That is a
3 very dangerous thing to do. We have to preserve in
4 some iteration the Summer Youth Employment Program.
5 We know that that is an issue of safety for our
6 communities. Young people need that money, not just
7 for extras, but they need it for the essentials and
8 we cannot forget that SYEP employs 85% youth of
9 color, so when we're talking about the pandemic's
10 disproportionate racial impact we're talking about
11 youth and we're talking about the decisions that this
12 body will have to make and we are expecting that you
13 will hold the line and demand that the budget costs
14 and the fiscal impact of this pandemic is not borne
15 exclusively on the backs of black and Latinx and
16 youth of color. We also have to make sure that there
17 is an explicit commitment to racial justice in the
18 response to COVID-19 and that that explicit
19 commitment includes young people. They have been
20 impacted despite the myth that it only impacts
21 elderly people. Young people have been impacted
22 personally, financially, um, and, and as a community.
23 And, and in addition and finally we have to make sure
24 that every effort is made to preserve discretionary
25 funding, because it is the lifeblood of so many of

2 the organizations that do the work day in and day out
3 to keep young people alive and keep them healthy and
4 keep them safe. Thank you again for your time, and
5 we look forward to your continued collaboration.

6 COMMITTEE COUNSEL: Thank you, Ashley.

7 Moving on to Lucy Sexton, followed by Chris Norwood.
8 Lucy, you are up.

9 SERGEANT AT ARMS: Time starting.

10 LUCY SEXTON: Can you hear me? OK, thank
11 you, Chair Torres, ah, for this, ah, unbelievable,
12 informative, and totally heartbreaking, ah, hearing
13 today and for allowing me to testify. My name is
14 Lucy Sexton. Ah, I'm with New Yorkers for Culture
15 and Arts, a citywide coalition of cultural groups,
16 and I'm here today to bring testimony from cultural
17 groups working in communities horribly impacted by
18 COVID and the current crisis. We know that the
19 council is trying to address the great and pressing
20 needs of communities devastated by this crisis.
21 These include health care, food, education, seniors,
22 mental health. We ask that you remember that culture
23 plays a role in all of these. Theaters have been
24 turned into food distribution centers. Online
25 programs by cultural groups provide a lifeline for

2 kids stuck at home. Brick Theater in downtown
3 Brooklyn has an intergenerational council working
4 with senior NYCHA residents in Fort Greene, and for
5 all of our mental health we need the connection,
6 catharsis, and healing that arts and culture provide.
7 The panel has talked about the importance of trust in
8 communities, for getting information and health
9 advice out about reducing stress and long-term
10 healings. Community cultural groups are key to all
11 of these. As we look to, ah, at ways to support
12 afflicted communities we need to look at the
13 fragility of the cultural group that provide strength
14 and resilience to those neighborhoods, groups like
15 Arts East New York, the only cultural center in that
16 neighborhood. Before this crisis they had announced
17 that they need to shut their doors this spring due to
18 lack of funds. Their leadership is now suffering
19 major personal losses in their families due to COVID.
20 This is tragedy upon tragedy. And if they disappear
21 it will remove a vital place for gathering and
22 education for a neighborhood desperately in need.
23 Chinese Theater Works provides theater and cultural
24 programming to huge Asian communities throughout the
25 five boroughs. In these difficult times when Asian

2 people are under attack we know art can be a tool for
3 nurturing and understanding, building bridges,
4 strengthening communities. They depend on council
5 initiative funding for this work. Ragonés Puerto
6 Rican Traveling Theater in the Bronx delivers
7 bilingual and multigenerational arts programs for
8 Latinx audiences. They need, the need for the work
9 with those families has never been more pressing.
10 City Council initiative funding makes this work
11 possible. Louis Latimer House, ah, in Queens does
12 educational work with immigrant families and
13 children. It depends on City Council initiative
14 funding. And I just want to end by saying that in
15 the shutdown the cultural groups have continued their
16 work online. The Hunt's Point Alliance for Children
17 has a renowned Shakespeare program for middle
18 schoolers in their neighborhood. That neighbor is
19 one of the highest COVID rates on the planet. The
20 program done in collaboration with the public theater
21 has continued during the shutdown with eight hours of
22 training a week for these middle schoolers and 100%
23 attendance from these kids. They are in this, in
24 terrible situation and they are able to be online
25 doing Shakespeare. They are going to do a

2 performance online. I will keep you posted. Um,
3 supporting communities in crisis means supporting
4 their humanity and their ability to connect. Culture
5 provides the community connective tissue necessary to
6 survive this terrible crisis. We can be part of the
7 creative solutions necessary in this unfathomable
8 moment, but we need to survive and we need
9 discretionary and, ah, initiative funding to survive.

10 SERGEANT AT ARMS: Time.

11 LUCY SEXTON: Thank you so much for this
12 hearing. Done.

13 COMMITTEE COUNSEL: Thank you, Lucy.
14 Moving on to Chris Norwood, followed by Jalisa
15 Gilmore. Chris, you are up.

16 SERGEANT AT ARMS: Your clock starts now.

17 CHRIS NORWOOD: Yes, I apologize, I have
18 to testify over the phone, but I do, and thank you
19 very much. I'm Chris Norwood, executive director of
20 Health People, an entirely peer educator-based health
21 promotion and disease prevention organization in the
22 South Bronx. I am testifying today to urge or beg,
23 whatever works, the City Council to form a task force
24 on reducing chronic disease in what we have been told
25 are underlying conditions. We are inundated with

2 task force and yet not one from the city or state
3 focuses on this issue, which is obviously key to this
4 epidemic and to overall health. It is outrightly
5 horrifying how black and Hispanic communities have
6 been branded as almost having to have horrific,
7 horrific levels of chronic ill health when that is
8 clearly untrue. In actual fact, public health
9 departments in our huge medical industry have never,
10 never really used the available and proven evidence-
11 based [inaudible]/chronic disease. Neither the New
12 York City nor New York State Department of Health,
13 for one example, even have a plan to control
14 diabetes, our most widespread epidemic, and one that
15 has created more harm and left behind more horror for
16 years than actually COVID-19. With the 45% increase
17 in diabetes-related lower limb amputations, New York
18 State refused to even make reducing these amputations
19 part of the official state prevention agenda. The
20 City Council itself, and I thank them, had to pass a
21 law to demand that the New York City Department of
22 Health have a diabetes plan. Yet everyone in public
23 health knows that real patient education can slash
24 these statistics. The best known diabetes preventive
25 education reduces the risk that prediabetics will

2 develop diabetes by 60%, and that 60% reduction
3 occurs equally for African Americans, Hispanics,
4 whites, and a range of ethnic groups, totally
5 contradicting the narrative that we have been given.
6 Ah, Health and Hospitals, just for another example,
7 in the past year had a very successful project to
8 reduce hypertension, again among low-income patients.
9 Sending CHWs into the homes of, ah, kids who have
10 asthma and teaching them and their parents how to
11 properly, ah, care for asthma slashes their emergency
12 room visits and their lost school days. My own
13 organization helps people, ah, which is based, ah, in
14 the South Bronx. We train people from the community
15 to educate others. When our peers took real diabetes
16 self-care education into homeless shelters the result
17 for the 201 participants was a 45% decrease in
18 emergency room visits. Most of the peer educators
19 had been homeless themselves, who brought this
20 education for the first time where it needed to be.
21 But the fact is that, that funding, H&H funding, with
22 all the special federal funding to reduce emergency
23 room visits and hospitalizations, that's over. We
24 have to look at the fact that...

25 SERGEANT AT ARMS: Time.

2 CHRIS NORWOOD: ...that even with this
3 kind of success and progress, not the city, not the
4 state, not the federal government will pay for this
5 on a regular basis even though it is so successful.
6 And that should be a priority, and that's why I beg
7 the City Council to look at this, and I will let, you
8 know, end with my time, but I do have one last thing,
9 like everyone else, please, City Council, stop
10 contact tracing, which is the same huge thing where
11 bureaucracies build themselves and insist, insist,
12 put not a line in the sand but bricks in the sand
13 here and insist that this be done with the community
14 and contracted to community groups. Thank you.

15 COMMITTEE COUNSEL: Thank you, Chris.
16 Moving on to Jalisa Gilmore, followed by, and I
17 apologize for the name mix-up earlier, Madaha Kinsey
18 Lamb. Jalisa, you're up.

19 SERGEANT AT ARMS: Time starting now.

20 JALISA GILMORE: Good evening, and thank
21 you for the opportunity to testify. I'm Jalisa
22 Gilmore and I'll be testifying on behalf of the New
23 York City Environmental Justice Alliance. Founded in
24 1991, NYCEJA is a citywide network of grassroots
25 organizations from low-income communities and

2 communities of color in environmentally overburdened
3 neighborhoods. The negative health outcomes of
4 COVID-19 closely mirrors the racial and economic
5 disparities that environmental justice communities
6 have faced for decades. Disproportionate sitings,
7 including infrastructure, in low-income communities
8 of color have resulted in higher levels of
9 respiratory illnesses, cardiovascular disease, and
10 other chronic illnesses, increasing susceptibility to
11 COVID-19. We are seeing these same communities are
12 being hit hardest by the coronavirus pandemic. In
13 New York City African Americans and Latinos represent
14 higher rates of fatalities than their representation
15 in the population. COVID-19 testing and resources
16 need to be prioritized in low-income communities and
17 communities of color. Research has shown that higher
18 levels of PM 2.5 are associated with higher death
19 rates from COVID-19 and that small decreases in
20 pollution could have resulted in fewer deaths in New
21 York City. While worldwide air pollution has been
22 decreasing it's unclear how it's changing in
23 environmental justice communities that are currently
24 enduring the highest levels of air pollution. New
25 York City cannot afford to follow the lead of the

2 federal administration and allow polluters to suspend
3 pollution monitoring and reporting. It's likely that
4 the COVID-19 crisis and subsequent stay-at-home
5 orders will extend through the summer months. Many
6 communities most impacted by COVID-19 are also the
7 most heat vulnerable. Residents without access or
8 funds to utilize air conditioning will be at the
9 greatest risk for heat mortality. The New York State
10 Home Energy Assistance Program needs to increasing
11 funding for AC purchases, provide utility bill
12 assistance, and ensure all low-income households are
13 eligible. Additionally, the city should begin to
14 purchase ACs so that units can be distributed to the
15 most vulnerable residents. New York City must also
16 develop a plan for mitigation strategies for
17 preventing the spread of the virus within cooling
18 centers. Furthermore, extreme heat puts increasing
19 strain on our energy grid, causing the most polluting
20 power plants in EJ communities to be fired up,
21 worsening air quality and increasing electricity
22 costs. New York City must invest in resilient,
23 clean, and distributed energy to reduce strain on our
24 grids. New York City must also prepare for a
25 possibly more active than usual hurricane season,

2 coinciding with the coronavirus pandemic. Superstorm
3 Sandy damaged and disrupted critical infrastructure
4 and services and demonstrated the vulnerability of
5 low-income communities of color. Furthermore,
6 emergency shelters and hurricane...

7 SERGEANT AT ARMS: Time.

8 JALISA GILMORE: ...[inaudible] may be
9 complicated by social distancing orders. Similar to
10 climate change, COVID-19 is exacerbating already-
11 existing racial inequities. COVID-19 is decimating
12 our economy and the widespread job loss and trauma
13 for many people working continue to grow. Climate
14 solutions will create direct opportunities for coming
15 out of an economic collapse and address health
16 disparities, but only if there is large-scale,
17 coordinated, citywide action rooted in equity. Thank
18 you.

19 COMMITTEE COUNSEL: Thank you very much.
20 Moving on to Madaha Kinsey Lamb, followed by Monica
21 Yemkan. Madaha, you're up.

22 MADAHA KINSEY LAMB: Thank you.

23 SERGEANT AT ARMS: Your time is starting
24 now.

2 MADAHA KINSEY LAMB: Thank you. I am
3 Madaha Kinsey Lamb, executive director and founder of
4 Mindbuilders Creative Art Center [inaudible]. Thank
5 you, Chair, for your fortitude here into the evening
6 and for the committee, the caucuses, and everyone who
7 has spoken, your vigilance, your diligence, your
8 leadership is really, ah, needed and inspiring, with
9 all the knowledge that has been shared. We've seen
10 some of the answers in the past few years, um, coming
11 from the council and other public officials, pre-K,
12 support for communities of color with pre-K,
13 children's afterschool programs, summer programs,
14 support for the arts that expand the mind and educate
15 the heart. The prospect now of so much of this being
16 swept away is a direct attack on the communities that
17 have suffered the worse in illness and in fatalities.
18 Often, too often, from the same families whose
19 members have responded to serve the sick and the
20 dying. This cannot be permitted to happen. This
21 mindless approach to stripping services out of the
22 neediest community, communities, must be stopped.
23 For Coalition of Theaters of Color, which is one of
24 the programs that we get funding from that's
25 discretionary and the important support that has come

2 to us at Mindbuilders from other discretionary funds
3 and other city contracts, our reach and the reach has
4 really nourished the confidence, careers, lives, and
5 audiences in the thousands each year. But here again
6 the disparities that you keep hearing come up again
7 and they are clear, smacking us in the face, everyone
8 smacking everyone in the face across the globe that
9 we are all essential. Since 1978 Mindbuilders has
10 been located in the severely underserved Northeast
11 Bronx area and since March 20 we are now still
12 serving remotely and giving as well through a special
13 fund the devices that are needed for the family,
14 serving 700 young people and families from households
15 in every ZIP code in the Bronx and beyond, classes in
16 music, in dance, in theater, in community folk
17 culture research. Right now we employ 52
18 professionals and dedicated staff coming from the
19 neighborhood and also from the five boroughs,
20 teaching artists, pre-kindergarten instructors,
21 maintenance, clerical, and management staff, all part
22 of the committed team whose families count on their
23 salaries from Mindbuilders and who make the
24 transformation of the lives of young people in our
25 underserved communities possible. I join you now in

2 speaking for the children and their families. I
3 thank you for the support of the council and the
4 public officials that have provided access so that
5 many more families and youth could take advantage of
6 it. Now we cannot go backwards. In good faith we
7 fulfilled our DCLA...

8 SERGEANT AT ARMS: Time.

9 MADAHA KINSEY LAMB: ...and initiative
10 contracts with the city, paid our staff, continued to
11 conduct programs beyond what we could have imagined,
12 possibly. At Mindbuilders and with CTC theaters it's
13 always been about transforming lives and saving
14 lives, promoting a way despite the deck and
15 disparities being stacked against them. Please stand
16 with them, our communities and the possibilities for
17 a full life that working together we can provide.

18 COMMITTEE COUNSEL: Thank you, Madaha.

19 Next up is Monica Yemkan, followed by Nancy Bedard.
20 Monica, your turn.

21 SERGEANT AT ARMS: Your time starts now.

22 MONICA YEMKAN: Hello, can everyone hear
23 me?

24 COMMITTEE COUNSEL: Yes.
25

2 MONICA YEMKAN: Thank you. So, hi, my
3 name Monica Yemkan. I'm here speaking on behalf of
4 BYP100 and our ongoing collaborative mutual aid work.
5 Despite decided institutional racism, such as
6 incarceration, health disparities, medical racism,
7 environmental racism, criminalization that make black
8 and brown communities increasingly vulnerable, City
9 Council and the mayor have taken little to no action
10 to ensure that black and brown communities survive
11 this pandemic. The city's response to COVID-19 thus
12 far has been to prioritize the NYPD to further the
13 criminalization of our communities, to allocate more
14 resources to wealthier neighborhoods, and to censor
15 the expertise of people without experience in the
16 public health sector. On April 1, 2020, Mayor Bill
17 de Blasio announced former NYC Police Commissioner
18 James O'Neill as the COVID-19 senior advisor to the
19 City of New York. In this role he will manage the
20 supply for protective and medical equipment within
21 all city hospitals. Samaritan's Purse, in partnership
22 with the Central Park Conservancy, the NYC Parks
23 Department, and the mayor's office has already opened
24 up a Central Park field hospital to help with the
25 overflow from Mount Sinai, but hospitals such as

2 Elmhurst, which serves predominantly black and brown
3 folks, lags behind in protective equipment and
4 additional resources. It is indicative of the carceral
5 nature of the City Council that our officials sit by
6 idly while black and brown people died during this
7 pandemic after having just recently approved 11
8 billion dollars to construct new jails in our very
9 neighborhoods most impacted by this crisis. These
10 funds, which could have been used to our hospitals
11 and other public health services have done been
12 allocated for jails and prisons. Ah, police will not
13 keep us safe. It will not prevent our communities
14 from coronavirus. It will not provide us with
15 protective gear, and it will not meet any of our
16 basis needs by dragging their feet or providing these
17 services our communities actually need. City Council
18 and the mayor are complicit in the systematic mass
19 killings of black and brown communities during this
20 pandemic. As the city negotiates the budgets and
21 considers measures to address the COVID pandemic we
22 demand that James O'Neill step down as the COVID-19
23 senior advisor to the city, Mayor Bill de Blasio
24 appoint an expert on public health and hospitals to
25 serve as the senior advisor. The city should halt

2 all expansion of policing in response to the
3 pandemic, which includes summons and arrests for not
4 following quarantine orders, arrest for crimes of
5 poverty, [inaudible], and beyond, the city redirect
6 any increased spending from protective gear for
7 police to patrol the streets, the equipment,
8 supplies, and pay frontline workers such as nurses,
9 nurses, sanitation workers, EMTs, home health aides,
10 among others. We demand that the city declare mutual
11 aid as an essential service that doesn't warrant
12 being stopped or ticketed by the police. The city,
13 we demand the city declare a moratorium on jail
14 admissions as well as the release of all people
15 serving city sentences [inaudible] and...

16 SERGEANT AT ARMS: Time.

17 MONICA YEMKAN: ...technical, thank you,
18 parole, ah parole violations, especially those who at
19 risk. The city must immediately limit the
20 restrictiveness of electronic monitoring and house
21 arrests to ensure that the residents can move about
22 safely to prepare for the pandemic. The city should
23 allocate money for a re-entry services to community-
24 based orgs in order to meet the increased need for
25 people being released. The city should provide

2 economic and housing support for black and brown
3 communities, um, such as sex workers, street vendors,
4 undocumented folks, people who all do not qualify for
5 the support of the federal stimulus package. The
6 city should provide immediate housing and economic
7 support for people who are homeless, packed in
8 shelters, recently released from jail. Once such way
9 would be to actually eminent domain for the public
10 good to seize any of the \$250,000 vacant luxury
11 apartments or the 100,000 empty hotels to house them.
12 The city should use eminent domain to give
13 communities access to the Bedford Union Armory,
14 vacant land, and any other unoccupied space in order
15 to provide necessary services, such as field
16 hospitals, food banks, community gardens, other
17 community-based cooperative efforts, and the city
18 should fully fund the Summer Youth Employment
19 Program, a critical lifeline for thousands of black
20 youths to receive valuable work experience and
21 necessary income and to work with program partners to
22 make sure all youth participants can have access to
23 technology so that they can work remotely. We know
24 too well the ways that the government takes advantage
25 during these times of crisis to [inaudible] policing,

2 surveillance, and incarceration. We have seen so far
3 with the regressive amendments to the [inaudible] the
4 millions of dollars [inaudible] allocated to law
5 enforcement, and the fines for not practicing social
6 distancing. If we further allow expansion of these
7 systems they will be with us long after the, we've
8 contained the spread of the virus. It is
9 unconscionable and the [inaudible] of the deadly
10 pandemic that the city will prioritize the expansion
11 of surveillance and policing over the health and city
12 and safety of New York City residents and medical
13 professionals. Thank you. And that's all I have.

14 COMMITTEE COUNSEL: Thank you, Monica.

15 Next up is Nancy Bedard, followed by Risa Rodriguez.
16 Nancy?

17 SERGEANT AT ARMS: Time starts now.

18 NANCY BEDARD: Hello?

19 COMMITTEE COUNSEL: Yes, we can hear
20 you.

21 NANCY BEDARD: My name is Nancy Bedard
22 and I'm a senior staff attorney at Brooklyn Legal
23 Services. Thank you for the opportunity to testify
24 about the impact of the coronavirus on communities of
25 color. Brooklyn Legal Services has provided high-

2 quality, innovative representation to low-income
3 communities throughout the borough of Brooklyn for
4 over 50 years. Our mission is to fight poverty and
5 fight for racial, social, and economic justice for
6 low-income New Yorkers. We have 19 distinct practice
7 areas at Brooklyn Legal Services and at this point we
8 are trying to provide holistic, multidisciplinary,
9 wraparound services, ah, in house for clients and we
10 are uniquely poised to try to meet the increased
11 needs during this pandemic. The COVID-19 pandemic
12 has thrown existing racial and social inequality into
13 stark relief from the challenges of remote learning
14 that the New York City public school students have to
15 unfortunately the increased domestic violence. We
16 know that COVID-19 is impacting communities of color
17 and these are the communities that we serve. We are
18 working with minority-owned small businesses and
19 we're working with homeowners who are facing
20 foreclosure and they are less likely to qualify for
21 any [inaudible] and federal relief programs. Low-
22 income workers, primarily people of color,
23 immigrants, are facing huge barriers to access
24 unemployment insurance and other wage replacement
25 benefits. Our office, we are continuing to try to

2 meet the needs of the community and are working on
3 these from remote, um, services that we're providing.
4 Our most vulnerable clients, low-income workers,
5 tenants, immigrants, victims of domestic violence,
6 the elderly, and people with disability are not only
7 faced with the COVID-19 health crisis, but they are
8 also facing the inability to meet any of their basis
9 needs. Brooklyn Legal Services is trying to be on
10 the front line advocating for these communities who
11 are hardest hit. By leveraging our legal expertise
12 to address the systemic inequities or working with
13 minority-owned businesses and homeowners and
14 communities of color, as we said they're not eligible
15 for state and federal COVID relief, many of them.
16 Many minorities and women-owned small businesses have
17 not been able to take advantage of any of these
18 government funded programs, such as the Paycheck
19 Protection Program and Economic Injury Disaster
20 Relief programs. Also, we're having serious programs
21 with homeowners who have, um, they're not being able
22 to take advantage of the temporary suspension of
23 mortgage payments because, unfortunately, they're not
24 being granted these services under certain

2 circumstances as they are not eligible because
3 they...

4 SERGEANT AT ARMS: Time has expired.

5 NANCY BEDARD: ...already behind on their
6 mortgage payments. Brooklyn Legal Services has tried
7 to mobilize to provide legal assistance and
8 representation to these communities. Hello? May I
9 please have more time?

10 COMMITTEE COUNSEL: Yes, you can finish
11 your testimony.

12 NANCY BEDARD: Thank you. People of
13 color and immigrants are experiencing disparate and
14 unprecedented levels of unemployment, and Brooklyn
15 Legal Services are trying to help frontline workers
16 who are predominantly people of color with assistance
17 in this critical means of addressing employment and
18 benefit inequities. Workers of color are not over-
19 represented in the low-wage work force, but also in
20 the short-term and contingent work force, and most
21 likely lack access to necessary work-related benefits
22 to face unemployment. Our Workers' Rights Benefit
23 Union has expanded our capacity to handle employment
24 and unemployment issues to specifically assist low-
25 income and LEP, limited English proficiency workers,

2 with UI benefits. We also have been expanding to
3 help people enroll in public programs, including cash
4 benefits, SNAP, and Medicaid. In addition, many
5 immigrants who are not eligible for public assistance
6 and unemployment insurance due to their immigration
7 status have lost jobs. After facing the limitations
8 of local mutual aid funds, our team of social workers
9 quickly mobilized to establish an emergency client
10 fund, which raised over \$70,000 through individual
11 donations, and we have been trying to distribute
12 these funds to our neediest clients. Yesterday our
13 citywide immigration advocates filed a lawsuit
14 against the executive office for immigrant review for
15 forcing respondents in immigration court to continue
16 working on their cases in the midst of this global
17 pandemic, risking their health and violating the
18 governor's executive order. We work with low-income
19 students of color. At this time the current crisis
20 has laid bare the racial and social economic
21 inequalities that we know exist in the education
22 system. Our focus has been on assuring that clients
23 are connected from learning and that special
24 education services continue. Many students of color
25 are without computers or internet access and cannot

2 access any education. Of particular concern are
3 students whose disability is so [inaudible] and
4 severe that they cannot even benefit from remote
5 learning at all. Other families, where English is
6 not their first language, continue to face
7 significant barriers in assisting children with
8 remote learning and understanding online lessons, or
9 who are work and have no ability to be there at home
10 to help these students. BLS is working on these
11 issues also of charter school and remote learning, as
12 the charter schools are not actually covered by the
13 New York City DOE policies. We also have our family
14 law unit that continues to work with victims of
15 domestic violence as unfortunately we receive calls
16 from people whispering from home to where they
17 cannot, um, find safety because they are shelter in
18 place with their abusers. And also we continue to
19 work on housing units and we're seeing unfortunately
20 an increased number of illegal lockouts and there are
21 serious repair issues where people have to stay
22 sheltered, or situations with molds and leaks and
23 issues where people are in post eviction, meaning
24 that they were evicted prior to this pandemic and
25 have no where to live. Thank you very much for all

2 the work that the City Council is doing, and we
3 continue to hope that Brooklyn Legal Services can
4 continue to stay on the forefront of this problem and
5 address the needs of our most vulnerable clients.
6 Thank you very much.

7 COMMITTEE COUNSEL: Thank you. Next up
8 is Risa Rodriguez, followed by Solange Azure. Risa?

9 SERGEANT AT ARMS: Your time is starting
10 now.

11 RISA RODRIGUEZ: Hi, good evening, um, my
12 name is Risa Rodriguez, associate executive director
13 for policy and advocacy at Citizens' Committee for
14 Children. Thank you so much for the opportunity to
15 testify. Um, it is my distinct honor to be part of,
16 ah, of a hearing that has, um, included so many
17 speakers that have shared, um, so bravely, ah, their
18 experiences with this pandemic. Um, CCC is a
19 independent, multi-issue advocacy, children advocacy
20 organization. Um, we essentially aim to ensure that
21 all New York children are healthy, housed, educated,
22 and safe, and so I'm here before you today, um, first
23 and foremost as a children advocate. Um, I want to
24 call attention to the fact that when I first heard
25 about this pandemic and about the high-risk groups,

2 um, I, I didn't need data to tell me what was gonna
3 pan out. In fact, many of us knew how this would
4 shape up. Um, but here we are today with this
5 important hearing and the data is proving reinforcing
6 what we already know, that so many of our
7 communities, our black and brown communities, do not
8 have the resources to withstand and to endure a
9 public health crisis like this one. Um, and we also
10 know how we got here. I will encourage all the
11 members of the committee, um, and all of the
12 panelists today to really, um, dive deeply into CCC's
13 data that can really point to how we got here. The
14 fact is that the conditions that children and
15 families face, that put them at risk, have been here
16 pre-COVID, um, and they've gotten much worse with the
17 pandemic. Um, in my written testimony, um, we call
18 attention to three communities, um, as examples, but
19 there are many communities and so this is why I
20 encourage you to visit the data at data.cccny.org.
21 But in my written testimony we call attention to
22 three communities as examples - Elmhurst Corona,
23 Bedford Park in the Bronx, and East New York. You
24 know, I was so pleased to hear so many of the
25 panelists speak about housing conditions. So I'll

2 shed, I'll spend some time talking about overcrowded
3 housing. Um, when you look at things like, um,
4 overcrowded housing on our dataset you will see that,
5 um, the rate in Elmhurst Corona for households
6 experiencing overcrowded housing is 25%, in Bedford
7 Park 19%, in East New York 16% of households
8 experience overcrowded, when we compare that to the
9 citywide average of 10%. Um, because of time I won't
10 go through more examples, like what we already know
11 in terms of, ah, disproportionate risk when it comes
12 to health access, diabetes, asthma, other risk
13 factors.

14 SERGEANT AT ARMS: Time.

15 RISA RODRIGUEZ: So I encourage you, um,
16 to visit the data. The question I pose to the
17 committee today is how do we use, um, this crisis to
18 figure out best practices and lessons learned, and
19 how do we ensure that we turn the corner with a
20 recovery plan that includes what children need, um,
21 and so I look forward to working with the council.
22 Um, we look forward to working with the council and
23 the administration, um, to make sure that the
24 recovery for children includes health, um, housing,
25 ah, food security, trauma. I am so pleased to hear

2 so many council members aware of the need for
3 behavioral health services, especially now that's
4 going to be incredibly important. Um, and lastly
5 education. I don't think we can fully appreciate,
6 um, the impact that the loss of learning will have on
7 an aggregate level, um, and we need to be vigilant,
8 um, to ensure that, um, not only New York City
9 students, but especially those that we, that were
10 already very far behind, students in temporary
11 housing, students in foster care, students in, youth
12 involved in youth justice systems, um, it's a long
13 list. And I think together we need to continue to
14 raise these issues. I thank you so much.

15 COMMITTEE COUNSEL: Thank you, Risa. Our
16 next speaker is Solange Azure, and then our last
17 speaker is Leah James. Solange, you're up.

18 SERGEANT AT ARMS: Time starting now.

19 SOLANGE AZURE: Good evening, um, to the
20 committee and thank you to everyone who has
21 contributed so far. So I'm Solange. I'm here on
22 behalf of BYP100, um, in partnership with Monica
23 Yemkan, who spoke earlier, and our ongoing black New
24 York City mutual aid initiative. So the statement of
25 demands read by Monica earlier is informed by a

2 combination of existing data on how this pandemic is
3 affecting black communities, historical precedent
4 around the way that black folks are impacted by
5 health and economic crises, and lastly by our
6 interactions with the New York City black community
7 as a result of this ongoing mutual aid effort, um, so
8 that testimony I'll be summarizing right now. So
9 this ongoing black mutual aid initiative is a
10 collaborative project between BYP100, Black Alliance
11 for Just Immigration and Decrim New York. It has
12 allowed us to come in contact with over a thousand
13 black New Yorkers from whom we've heard first-hand
14 accounts of their vulnerabilities and their needs.
15 We've so far distributed over \$60,000 to more than
16 400 people. We have been actively phone banking and
17 are in the process of coordinating supply
18 distribution, which is food, masks, and other basic
19 household cleaning items. So we have heard from an
20 undocumented college youth who lost access to their
21 on-campus income and is struggling to pay rent.
22 We've heard from our siblings who are getting
23 released, although not at a quick-enough rate. We
24 are hearing from them a need for safe housing that
25 allows practice of social distancing. We have heard

2 from black pregnant people who are already 12 times
3 more likely than their white counterparts to die in
4 childbirth, asking for increased birth options,
5 communicated rights, quick and free access to diapers
6 and other childcare supplies. We're hearing from
7 disabled black people fear around adequate medical
8 treatment because of abilists, um, and fat phobia.
9 From the [inaudible] community in particular there is
10 a reported lack of [inaudible] communication and
11 resource efforts. There's also tremendous fear of
12 giving, getting sick, ah, given how disproportionate
13 the black communities are dying as a result of
14 systemic [inaudible]. Medical racism, as many have
15 so thoroughly discussed today, has rendered hospitals
16 that serve primarily black clients underfunded and
17 understaffed, which obviously in a pandemic is
18 violent and not ideal. Legacies of ongoing medical
19 racial violence have also resulted in mistrust of the
20 medical industrial complex for black patients.
21 Oftentimes the black patients describe their symptoms
22 they are not believed, listened to, and are dismissed
23 without adequate treatment or care. As a community
24 birth worker I have seen this first-hand. People
25 have requested funds for basic living expenses,

2 including rent and grocery store. We have also seen
3 significant requests for protective supplies like
4 disinfectant, masks, and gloves. Much of our
5 community is hard hit by unemployment, especially
6 those who don't qualify to receive the federal
7 stimulus check, domestic workers, undocumented
8 migrants, sex workers, formerly incarcerated people.
9 And in addition to the demands described earlier,
10 which include an expansion of social programming,
11 leadership changing, changes, we're also hearing an
12 overall desire for rent cancellation, ah, which makes
13 sense because 98% of black New Yorkers are renters.
14 Um, one of the things that we're hearing a lot is
15 that the community feels like they...

16 SERGEANT AT ARMS: Time.

17 SOLANGE AZURE: ...have to choose
18 between, um, thank you, I'm gonna wrap this up. Our
19 community feels like they have to choose between
20 paying rent and feeding themselves over their
21 families and although eviction has been suspended
22 there is still ongoing fear that once that is lifted
23 their housing security will be compromised if they've
24 been unable to pay rent. Ah, so thank you for the
25 opportunity to speak today, um, and I am hopeful that

2 New York City will listen to what the people are
3 saying and respond appropriately.

4 COMMITTEE COUNSEL: Thank you, Solange.

5 And now to our final speaker, Leah James.

6 SERGEANT AT ARMS: Your time starts now.

7 LEAH JAMES: Good evening. Um, thank you
8 to the council members and the panelists. Um, I hope
9 all is well with you and your family, and thank you
10 for the invitation to be a panelist. Um, my name is
11 Leah James. I am a long-term organizer and community
12 advocate and also as a lead organizer for the
13 Northwest Bronx Community and Clergy Coalition, and,
14 I mean, I'm the last so I heard everything here and
15 there of folks and everything, even down to the
16 statistics and the data, um, is accurate, and what
17 folks are seeing on the ground, and as an organizer,
18 um, we are fixers and we provide solutions. And
19 that's what we try to do every day, every day, even
20 for ourselves. Um, as a New Yorker and born and
21 raised in East New York and now I'm a resident of the
22 Northwest Bronx community over by Fordham Road, and I
23 am a mother, so I am going through the same things
24 and challenges as everybody else of the folks that we
25 are servicing. Um, and knowing that we, ah, we phone

2 bank all our membership, um, we assist our folks with
3 housing, um, trying to figure out ways to, um,
4 partner with other organizations to figure out should
5 we, you know, do this cancel the rent? Ah, folks
6 have to choose between rent and, um, groceries and so
7 forth, so I'm on the phone calls with our membership
8 and community, ah, residents and NYCHA residents and
9 rent-stabilized tenants and a whole flow of folks and
10 try to create solutions. Um, and what I don't see
11 and what it is going in the ground over here in the
12 Northwest Bronx is that, um, what I haven't been
13 hearing is what's the capacity of the city agencies.
14 You have HPD, you have Environmental Protection, you
15 have Department of Buildings, you have all of that,
16 and I have not seen what's the protocol for these
17 agencies during this pandemic. We are dealing with
18 residential buildings right now that haven't had gas
19 before this pandemic happened. We have dealt with
20 tenants that had rent issues before this pandemic.
21 Um, I haven't heard anything of what is HRA's
22 protocol. I'm doing HRA cases online for family
23 members and, um, that they case just got closed, food
24 stamps and, and cash assistance, and so I don't know
25 what's the protocol or what the agencies. I would

2 love to see when the mayor makes his, um, ah, press
3 conference, 'cause I watch everybody every morning
4 and watch the news, and I don't see any commissioners
5 from those agencies giving, you know, what's the
6 protocol, what's the update. We have tenants that's
7 still calling 311 because the landlord hasn't had any
8 heat, given any heat, or the gas, or, you know...

9 SERGEANT AT ARMS: Time.

10 LEAH JAMES: So, um, sorry, I'm just
11 going a little bit more. I'm just going last, so I,
12 um, what I'm also is not, um, seeing is that the
13 employment. Yes, folks are doing unemployment and,
14 um, asking for unemployment insurance and things like
15 that but where's the jobs? I know there's jobs out
16 there. Folks is willing to work. They don't want to
17 be applying for unemployment, waiting to get the, the
18 funds, so where is the unemployment, where's the
19 employment at? Um, I know there's alternate parking.
20 Um, so the streets is not being cleaned, so we have a
21 lot of masks and gloves in the street and the streets
22 is looking very filthy so where's these other, um,
23 like nonprofit organizations, um, that, you know,
24 have our folks go and get these opportunities to
25 clean up the streets, spray down the sidewalks or

2 whatever. We already going through the Bronx, over
3 here, especially the North Bronx, has the highest
4 disparities of asthma. OK. So, um, is, I don't see
5 any street cleaning. Um, I know folks already spoke
6 before about utilizing nonprofits. We, our
7 organization has been around for 46 years in this
8 community. We know these community. We partner
9 with, ah, religious institutions, schools, um,
10 residential complexes, Mitchell Lama buildings,
11 NYCHA, different things. We've been around for 46
12 years, so how can y'all utilize and not just use this
13 opportunity as a panel discussion but have us in the
14 table as a discussion to design what this post-
15 pandemic could look like. Um, our organization also
16 has a youth arm called Sisters and Brothers United,
17 have been fighting for restorative justice practices
18 for a long time and, um, right now some of our youth
19 is getting, ah, tele-therapy because they was getting
20 social services in the schools and right now, ah, the
21 tele-therapy is not really working out and, um,
22 families is not being offered those resources. Um, I
23 have lost a family member as well and, um, to locate
24 the body was a difficult situation. And then we have
25 members who, you know, living with family members and

2 I know folks said like, you know, they have a lot of
3 family members living in their house. You know, we
4 had a member that his mother and his sister lived in
5 his apartment, altogether the mother died Friday, the
6 sister, the mother, the mother died Friday, the
7 sister died Monday, right, and then to deal with all
8 of that and to navigate all of those systems is, is a
9 challenge. So I haven't seen anything and, you know,
10 everything is so, ah, technology and online and
11 everything. I haven't seen any mailings. Um, we
12 have the Link NYCs on the corner. Um, I see those
13 flash, you know, information here and here. But some
14 people still would love mailings in the mail to know
15 how to navigate these, these systems. Um, I haven't
16 seen that. Um, also, I also deal in, ah, NYCHA. I'm
17 born and raised in public housing. So, um, I take it
18 personal to assist and to help my sisters and
19 brothers in public housing. I've been out there as
20 well helping distribute and support the, ah, the
21 state giving the sanitizer and the mask, and people
22 are fighting out here for food and masks like
23 animals. It was already a disinvested before this
24 even happened, so, and let's not get it confused
25 because we think that people of color in these

2 communities is conditioned to be like this, right?
3 And so it's like, oh, OK, you know, they could get
4 along. No. Don't get it twisted on condition,
5 right, because we got people that is living in public
6 housing in these buildings that are nurses and
7 doctors and RNs and housekeepers and all, and got a
8 pension, OK, and retired, that they know was a better
9 life. So, you know, um, I'm seeing these things and
10 I'm, I'm just like what is going on here. Um, and we
11 already know the internet access and, you know, as
12 nonprofit organizations and community advocates and
13 organizers we, like I said, we always try to find
14 solutions. You know, we try to share our internet
15 access with our members from [inaudible]. We try to
16 do these things. You know, we having our first
17 membership meeting, virtual membership meeting, this
18 Friday and, um, just trying to do this, you know,
19 have everybody have accessibility. I'm also a, a
20 member, a community advisory member, um, of North
21 Central Bronx Hospital. So trying to innovate ways
22 and be creative. Um, I live in Councilman Ritchie,
23 ah, Councilman Torres district and we partnered with
24 him, um, before this pandemic to create the Healthy
25 Buildings Program, where we went to residential, um,

2 ah, private residential and NYCHA and, um, to lower
3 the asthma disparities in these buildings and use
4 worker, um, cooperatives, um, Bronx, base worker
5 cooperatives to do green cleaning and integrate a
6 pest management in these apartments to lower the
7 asthma disparities in these people buildings, and we
8 did it in public housing. And we gave them asthma
9 action plans, to, to monitor that, and then so
10 actually, um, found a root cause of these issues in
11 these buildings. Of course it's capital and to, to
12 advocate for that. But, um, I just wanna know
13 where's the, the city agencies, um, role in all of
14 this? I haven't heard anything, ah, what's the
15 protocol, I don't know what to tell our members that
16 is, they don't have gas, what is the DOB's protocol
17 and that. Um, you know, folks is looking to go on a
18 rent strike, ah, tomorrow in New York City and, um,
19 what does it look like for these rents and for, ah,
20 um, nonprofit management companies that need support.
21 Um, we actually partner with a lot of folks that was
22 on this call, ANHD, um, Associated Neighborhood, I
23 mean, Housing and Development, that use our work that
24 we do on the ground to create maps and do our own
25 data and do our own thing, so, um, I think that's all

2 I have to say. I piggybacked on a lot of what the
3 council members have said, um, Ayala earlier about
4 the mental health, people anxiety, even my anxiety
5 got triggered in this thing, I didn't even know I
6 even had it, right? And so because I'm being home-
7 schooler now with my daughter and, um, working and
8 trying to balance that. So this is the reality, this
9 is the world that we live in, and, um, you know, I
10 always support a lot of, of anything in partner with
11 anybody to make things happen and to make solutions.
12 That's just me. I always been like that, and my
13 family's been like that and, you know, I, I breathe
14 and live all of this to support my community and
15 fight for what's right. So if we got to change post
16 the pandemic, I mean, post, um, COVID let's do this,
17 let's make this happen. So, um, I think that's all.
18 I'm the last, so [laughs] thank you, um, I take the
19 private, I stood, I left, I came back because I
20 wanted to be a part of this and, um, thank you, and I
21 appreciate it, and our local small businesses, we
22 fought very hard over here in the North Bronx for
23 our, ah, small businesses and to get loans and things
24 like that. So thank you. And I appreciate it.

25 COMMITTEE COUNSEL: Thank you very much.

2 CHAIRPERSON TORRES: Thank you, Leah, for
3 your testimony and I just want to thank everyone for
4 their powerful testimony, their raw emotion. We
5 heard eight hours of testimony for that because
6 they're representing communities of color, making
7 this one of the largest hearings in the history of
8 the City Council. You know, normally City Council
9 hearings are subject to strict time limits and the
10 Speaker thought this topic was so important that he
11 allowed me to take whatever time we needed. This is
12 going to be the first in a series of hearings that
13 we're gonna hold on the subject. The next hearing
14 will focus on the administration. So we're gonna
15 hold the administration accountable for addressing
16 the issues that were raised based on eight hours of
17 testimony. So I want to thank you for making this
18 whole thing possible. I want to thank the Speaker,
19 the Black, Latino and Asian Caucus, I want to thank
20 Council Member Debbie Rose, who's been locked in for
21 eight hours. Thank you, Debbie, good to see you.
22 And I also want to acknowledge that we were joined
23 earlier by Antonio Reynoso and thank you everyone for
24 coming and we look forward to seeing you at the next
25 hearing.

2 COMMITTEE COUNSEL: Thank you, I just
3 want to take a few seconds to see if there is anyone
4 else who left off from the testifying list who might
5 want to raise their hands right now. We'll take a
6 few seconds to just take a look. I don't see anyone,
7 so turning it back to Chair Torres. I know you
8 already gave some closing remarks, but you can also
9 gavel out.

10 CHAIRPERSON TORRES: Ah, my metaphorical
11 gavel, that this, this, ah, hearing is adjourned.
12 Take care, everyone.

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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 June 6, 2020