JUMAANE D. WILLIAMS

TESTIMONY OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS TO THE NEW YORK CITY COUNCIL COMMITTEES ON HEALTH AND DISABILITIES

Access to Reproductive Health Care for New Yorkers with Disabilities

June 15, 2026

Good morning,

My name is Jumaane D. Williams, and I am the Public Advocate for the City of New York. I want to thank the Chairs and the members of the Committees on Health and Disabilities for holding this hearing today and allowing me the opportunity to testify.

In light of vicious cuts to federal funding, the discussion of reproductive health care for New Yorkers with disabilities is more critical than ever. Nearly one in six New Yorkers live with a disability,[1] yet within our city's health care system, these individuals still experience significant barriers to accessing reproductive and sexual health care. Research shows that New Yorkers living with disabilities are less likely to receive preventative reproductive health services and comprehensive sexual health education.[2] As a result, these populations are left vulnerable to higher rates of unintended pregnancy, pregnancy complications, and intimate partner violence during the perinatal period.[3]

The findings in the committee's report point to six areas of concern. I want to highlight two of them: the issues of maternal health disparities, as well as the economic barriers and safety-net capacity. Not only do individuals with disabilities experience higher rates of unintended pregnancy, they face higher health risks to themselves and their child due to inaccessible medical equipment and provider training gaps among other barriers. According to research conducted in 2022 by the US National Institutes of Health[4], birthing people with disabilities were more than twice as likely to develop severe preeclampsia, had a 48% higher risk of mild preeclampsia, a 25% higher risk of gestational diabetes, a 52% higher risk of placenta previa, a 16% higher risk of premature rupture of membranes, and a 27% higher risk of hemorrhage.

In 2025, my office released a report on Black maternal mortality and the role of birthing centers;

---

[1] *See* Office of the NYC Comptroller, *Spotlight: Disability and Employment in New York City* (July 9, 2024), *available at* https://comptroller.nyc.gov/reports/spotlight-disability-and-employment-in-new-york-city/ (last visited May 22, 2026).

[2] https://pmc.ncbi.nlm.nih.gov/articles/PMC6110183

[3] https://www.nichd.nih.gov/newsroom/news/073024-minority-women-disabilities-higher-risk-pregnancy

[4] https://www.nichd.nih.gov/about/org/dir/dir_showcase/eb-pregnancy-health-disparities

prior to that, in 2021, we released a report looking at the maternal health crisis in New York City and how it disproportionately negatively impacts Black and brown women as well as transgender and gender nonconforming individuals. This data, together with the committee's report, demonstrates how disparities in healthcare training and equipment would disproportionately impact Black pregnant women with disabilities. I am glad to see that Int. No 200 takes a step in the right direction by increasing access to doula support during pregnancy and birth. This service, in partnership with DOHMH's Nurse-Family-Partnership program which was expanded in this year's budget, will work to address the systemic inequities in maternal healthcare. The bills before this committee today aim to ensure that healthcare such as doula services and nurse partnerships will be provided equitably regardless of one's disability.

Secondly, I want to address the issue of economic barriers and safety-net capacities. Over the past 25 years, we've had a total of 20 hospital closures in the City. These closures have disproportionately impacted communities of color who often bear the burden of adverse health effects. In addition to the challenges that closures have raised, 230,000 New Yorkers are at risk of losing their health coverage this year due to federal funding cuts. While this will be devastating for so many families, there are built-in categories of exemptions which will allow eligible New Yorkers to keep their insurance after November 1. Being a parent and fulfilling the Social Security Administration's definition of a disability are both included in these mandatory exemptions.

We have a moral mandate to ensure that no eligible New Yorkers lose access to their healthcare. I look forward to working with the Council, the Mayor's Office for People with Disabilities, H+H, DOHMH, and communities across the city to ensure that all eligible New Yorkers remain insured.

To do this, we need all hands on deck. I hope that we can work together to create a healthcare system that truly works for all New Yorkers.

Thank you.

CENTER FOR INDEPENDENCE OF THE DISABLED, NY

MANHATTAN 1010 Avenue of the Americas, Suite 301, New York, NY 10018
tel: 212.674.2300 fax: 212.254.5953 vp: 646.350.2681

QUEENS 80-02 Kew Gardens Road, Suite 400, Kew Gardens, NY 11415
tel: 646.442.1520 fax: 357.561.4883

www.cidny.org

Equitable Access to Reproductive Healthcare for People with Disabilities

June 17, 2026

To the Committees on Health, Hospitals, and Disabilities:

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

For the millions of people in NYC living with a disability (the Centers for Disease Control and Prevention estimate that there are approximately 2 million adults alone), accessing equitable reproductive healthcare continues to be a challenge. There are several barriers the City must address to ensure that people with disabilities have access to the care they need at the critical moment when they need it: **ensuring that all facilities and equipment are physically accessible** under the Americans with Disabilities Act (ADA), making **significant investments in outreach** to ensure the community knows what resources are available and accessible, and **requiring that staff are provided with training on the broad spectrum of adjustments in care that must be might be made to accommodate different disabilities** in a healthcare setting (including trauma-informed care as it relates specifically to disability), as well as **anti-bias training** that addresses the widespread and inaccurate belief that people with disabilities are inherently less sexually active than people without disabilities.

However, it is critical to note that anti-bias training ultimately requires broader destigmatization, and that true access to reproductive healthcare means that access begins long before the moment it is sought out: reproductive healthcare access begins with education.

To this end, in addition to the above recommendations, we ask for the NYC Council's support in urging the NYS Legislature to pass S.6901, Salazar/A.7496A, Gonzalez-Rojas ("Healthy and Safe Students Act") and S.3357, Rivera/A.1582, Gonzalez-Rojas, which prohibits the use of substituted consent for sterilization procedures.

Although NYC does currently require more sex ed to be taught in schools than NYS, the requirement still falls short of what is necessary to ensure students are effectively educated on the subject. **S.6901/A.7496A** advocates that comprehensive sexuality education be required for all students in New York State, starting in kindergarten and continuing through 12th grade. The evidence-based curriculum is built on medically accurate and age-appropriate programs. A comprehensive sexuality education means that students are taught about disease prevention and contraception, and also about consent, communication, human development, healthy relationships, and personal boundaries. Students are taught about bodily autonomy: how to recognize it, how to voice it, and how to value it. This is critical for students with disabilities,

who too often receive a systemic and informal education that their discomfort is meant to be endured. They are taught, even by those who mean well and do not intend this lesson, that their discomfort makes other people uncomfortable, and they are conditioned to believe that alleviating others' discomfort is not only their responsibility, but their priority. When informal education is this dangerous, better formal education can be lifesaving. This is not only because it provides critical knowledge (especially around, in this case, contraception), but because it teaches students how to advocate for themselves- a crucial skill when navigating the healthcare system.

It is also a skill that is disproportionately relevant in the disability community, as evidenced by the continued practice and legality of forced sterilization through substituted consent. Substituted consent is essentially just what it sounds like: one individual giving consent on behalf of another. For instance, if an individual is deemed to not fully understand that monthly periods can be painful, another individual can consent on their behalf to having them sterilized. If an individual is sexually active but deemed incapable of engaging in adequate family planning, another individual can consent on their behalf to having them sterilized. If an individual says they would like to someday have children but is deemed incapable of fully understanding the implications of pregnancy or raising a child, another individual can consent on their behalf to having them sterilized.

If this sounds extreme, it is. It is also legal in New York State, even if the individual under threat of sterilization is not currently placed under a legal guardianship or is still a minor. It is also incredibly common for women with intellectual disabilities to be sterilized under these circumstances.

A 2018 study published in the medical journal *Obstetrics & Gynecology* based on data from the National Survey of Family Growth 2011-15, found that 22.1% of women with cognitive disabilities between the ages of 15 and 44 were sterilized, compared with the 14.8% of women of the same age without disabilities, and that these sterilizations tended to happen at younger ages in the former population. Unfortunately, as confirmed by a 2022 National Women's Law Center report, it is not known exactly how many of these sterilizations were consented to. In part, that is because that data is often considered private, and therefore, not tracked, but it is also because it is difficult to determine how many people are being sterilized against their will based on legal declarations that they had no will to begin with.

S.3357/A.1582 bans the practice of substituted consent in sterilization procedures (except in cases of medical necessity) and replaces it with the practice of supported decision-making. With supported decision-making, an individual does not make a decision on a potential patient's behalf. Instead, they assist that person by ensuring they understand all benefits, risks, and alternatives to the procedure, and in turn, by making sure that individual's wishes are communicated and honored. And if the individual cannot give informed consent even with the use of supported decision-making, **S.3357/A.1582** will ensure that this irreversible medical procedure does not go forward.

As long as forced sterilization (and with it, the treatment of consent being irrelevant in the disability community) continues to be an acceptable practice, reproductive healthcare access cannot be equitable for New Yorkers with disabilities. **We ask the Council to urge the State legislature to ban this practice.**

We thank the Council for their time and effort, and for their continued advocacy to ensure that people with disabilities have equitable access to the critical healthcare services to which they are entitled.

Sincerely,

Molly Senack (She/Her)
Education and Employment Community Organizer
Center for Independence of the Disabled, New York
Email: msenack@cidny.org Phone: (917)-415-3154

JUSTICE THROUGH COMMUNITY POWER

New York Lawyers for the Public Interest, Inc.
151 West 30th Street, 11th Floor
New York, NY 10001-4017
Tel 212-244-4664 Fax 212-244-4570
www.nylpi.org

Testimony of Tracy Moreno, Law Student Intern
New York Lawyers for the Public Interest, Disability Justice Program
to the New York City Council, Committee on Disabilities, Committee on Health, and Committee on Hospitals on June 15, 2026
Oversight Hearing: Access to Reproductive Healthcare for New Yorkers with Disabilities

Good afternoon. My name is Tracy Moreno, and I am a Law Student Intern for the Disability Justice Program at New York Lawyers for the Public Interest (NYLPI). I want to thank Chairperson Hanif, the Committee on Disabilities, Chairperson Schulman, the Committee on Health, Chairperson Narcisse, and the Committee on Hospitals for convening this oversight hearing. I appreciate the opportunity to provide testimony in support of Int. 941, which if enacted, will reduce the barriers faced by New Yorkers with disabilities in receiving equal access to healthcare services.

I. Background

Nearly one million New Yorkers – eleven percent of the city's population – have a disability.[1] Anti-discrimination laws, including the Americans with Disabilities Act, require healthcare providers to ensure full and equal access to medical care for people with disabilities by (1) removing physical barriers, (2) providing auxiliary aids and services, and (3) making reasonable changes to policies and procedures.[2]

Despite these legal protections, individuals with all types of disabilities continue to experience impediments to accessing healthcare in New York City.[3] Pervasive inaccessibility exists in hospitals, community clinics, and doctors' offices.[4] The consequences are profound: inaccessible

---

[1] NYC Mayor's Office for People with Disabilities, Disability statistics in NYC (2021), https://www.nyc.gov/site/mopd/publications/disability-statistics-in-nyc.page.
[2] Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101-12213; N.Y. Exec. Law §§ 290-301 (New York State Human Rights Law); N.Y.C. Admin. Code §§ 8-101-8-134 (New York City Human Rights Law).
[3] Singer, et al., Increasing the physical accessibility of healthcare facilities, CMS Office of Minority Health (2017), https://www.cms.gov/sites/default/files/repo-new/23/Issue-Brief-Increasing-the-Physical-Accessibility-of-Health-Care-Facilities.pdf.
[4] Independence Care System & New York Lawyers for the Public Interest, Breaking down barriers, breaking the silence: Making healthcare accessible for women with disabilities (2012), p. 8. Available at: https://www.nylpi.org/images/FE/chain234siteType8/site203/client/breakingbarriers.pdf ("ICS & NYLPI") at 1.

healthcare negatively impacts nearly every aspect of an individual's life and leads to significant disparities.[5]

Studies have found that individuals with disabilities are far less likely to access healthcare services than individuals without disabilities.[6] Adults with disabilities are almost twice as likely as other adults to report unmet healthcare needs due to the inaccessibility of medical offices.[7] Many adults with physical disabilities lack access to primary and preventive health services, and only receive episodic care in emergency rooms.[8] Barriers to access often result in incomplete medical exams, lower rates of preventive screenings and recommended treatments, and delayed or forgone care.[9] Women with disabilities, in particular, are significantly less likely to seek or receive quality healthcare in a timely way, especially in the area of cancer screening, leading to delayed diagnoses of breast and cervical cancer.[10] People with intellectual disabilities are also particularly susceptible to unmet healthcare needs.[11]

This significant lack of access leads to poorer health outcomes, including higher mortality rates and shorter life expectancies.[12] For example, although women with disabilities have the same incidence rates of breast cancer as women without disabilities, they are one-third more likely to die from it, likely due to delayed screening and treatment.[13] People with disabilities also experience higher rates of obesity, arthritis, asthma, cardiovascular disease, diabetes, high blood pressure, high cholesterol, and stroke, and people with mobility impairments are at a particularly high risk of secondary conditions such as pressure ulcers, which often go undiagnosed and can result in repeated hospitalizations and premature death.[14] Finally, research suggests that all-cause mortality rates are higher among adults with disabilities than among those without.[15]

The time for equal, accessible healthcare for people with disabilities in New York City is long overdue.

---

[5] *Id.* at 2.
[6] *Id.*
[7] Krahn, et al., Persons with disabilities as an unrecognized health disparity population, American Journal of Public Health, 105(S2) (2015), https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2014.302182.
[8] Independence Care System, A blueprint for improving access to primary care for adults with physical disabilities (2016), p. 4, https://icsny.org/wp-content/uploads/2021/11/Independence-Care-System-Blueprint.pdf ("ICS").
[9] Karpman, et al., Barriers to accessing medical equipment and other health services and supports within households of adults with disabilities, Urban Institute (2024), https://www.urban.org/research/publication/barriers-accessing-medical-equipment-and-other-health-services-and-supports.
[10] ICS & NYLPI at 2.
[11] Shady, et al., Barriers and facilitators to healthcare access in adults with intellectual and developmental disorders and communication difficulties: an integrative review, Review Journal of Autism and Developmental Disorders, 11, 39–51 (2024), https://doi.org/10.1007/s40489-022-00324-8.
[12] ICS & NYLPI at 2. *See also*, VanPuymbrouck, et al., Explicit and implicit disability attitudes of healthcare providers, Rehabilitation Psychology, 65(2):101-112 (2020), https://pmc.ncbi.nlm.nih.gov/articles/PMC9534792/.
[13] McCarthy,et al., Disparities in breast cancer treatment and survival for women with disabilities, Annals of Internal Medicine, 7:145(9):637-45 (2006). Available at https://doi.org/10.7326/0003-4819-145-9-200611070-00005.
[14] ICS at 4.
[15] *Id.* at 5.

II. Common Barriers to Healthcare Access for People with Disabilities

People with disabilities encounter numerous obstacles to comprehensive, quality healthcare in New York City. The most common barriers are categorized as physical, communication, and attitudinal barriers.

- **Physical Barriers to Healthcare**

One of the most prominent challenges for people with physical disabilities is entering and navigating healthcare facilities.[16] Common architectural obstacles include steps; ramps that are flimsy, too steep, or nonexistent; doorways that are too narrow; and restrooms, dressing rooms, and exam rooms that are too small.[17] To ensure equal access, facilities must provide accessible parking, entrances, and routes of travel throughout the facility, along with waiting rooms, reception areas, restrooms, examination rooms and clear, accessible signage that enables people with disabilities to independently locate and navigate services within the facility.[18]

Physical obstacles also include inaccessible equipment. Adapted equipment is often unavailable or staff are untrained to use it.[19] Most facilities lack accessible weight scales, transfer lifts, and exam tables.[20] Equal access requires accessible weight scales, exam tables, and diagnostic equipment, including infusion chairs, mammography machines, and radiology equipment.[21]

- **Communication Barriers to Healthcare**

Communication barriers routinely prevent patients with disabilities from fully understanding their medical conditions or treatment needs.[22] For example, Deaf and Hard of Hearing New Yorkers regularly fail to receive qualified sign language interpreters at doctor appointments and during trips to hospital emergency rooms.[23] Such failures to accommodate result in medication errors, missed diagnoses, problems during surgery and anesthesia, missed and delayed appointments, and less complete and accurate information than other patients receive.[24] Additionally, people with visual impairments are routinely not provided with important medical information and documents in a format they can read, such as Braille or large print.[25] Finally, with respect to people with developmental disabilities and mental illness, providers often fail to

---

[16] Singer, *et al.*
[17] ICS at 3.
[18] U.S. Dep't of Just,, Civ. Rts. Div., Access to Medical Care for Individuals with Mobility Disabilities (July 10, 2010) https://www.ada.gov/resources/medical-care-mobility/.
[19] ICS at 3.
[20] *Id.*
[21] Singer, *et al.*
[22] ICS & NYLPI at 6.
[23] *Id.*
[24] *Id.*
[25] *Id.*

take the necessary time to explain a procedure or treatment option, or to ask what steps are necessary to ensure a comfortable and safe environment for an exam.[26]

- **Attitudinal Barriers to Healthcare**

Attitudinal barriers include provider bias, stigma, lack of training, and lack of disability competency (i.e., skills and attributes essential to providing healthcare to patients with disabilities), all of which lead to discriminatory treatment. [27] A recent study found that, although most healthcare providers reported not being biased against people with disabilities, when their attitudes were explored, the overwhelming majority were biased against people with disabilities.[28] Providers' attitudes toward marginalized groups contribute to both healthcare access and health outcome disparities, because they influence behaviors in patient encounters, clinical decision-making, and referral of care.[29]

Providers' lack of disability competency leads to incorrect and detrimental assumptions about people with disabilities.[30] For example, some providers believe that people with disabilities do not have a good quality of life, that people with developmental disabilities do not feel pain and therefore do not require anesthesia, that people who are Deaf have cognitive deficits, and that women with disabilities do not require reproductive counseling and care.[31] These damaging stereotypes, misconceptions, and biases degrade the quality of care patients with disabilities receive.[32] Healthcare providers are also not adequately trained to treat the specific needs of people with disabilities, which leads to preventable inequities in health outcomes. [33]

III. Efforts to Improve Healthcare Access for Patients with Disabilities

To address these barriers, New York City healthcare facilities must implement changes to their physical structures and equipment, communication methods, and provider training.

Certain facilities are in the process of making such improvements, including New York-Presbyterian Hospital, which, with the help of NYLPI, is implementing approximately 1,300 accessibility enhancements, which will lead to life-changing results for the disability community.[34] These enhancements include changes to entrances and loading areas, interior and

---

[26] Shady, *et al.*
[27] Karpman, *et al.*
[28] VanPuymbrouck, *et al.*
[29] *Id.*
[30] ICS & NYLPI at 7.
[31] *Id.*
[32] *Id.*
[33] *Id. See also,* VanPuymbrouck, *et al.*
[34] NewYork-Presbyterian Newsroom, NewYork-Presbyterian, in consultation with disability advocates, undertaking extensive accessibility enhancements benefitting patients with disabilities (2024), https://www.nyp.org/news/nyp-in-consultation-with-disability-advocates-undertaking-extensive-accessibility-enhancements-benefiting-patients-with-disabilities.

exterior routes, doors, signage, public restrooms, patient rooms, service counters, nurses' stations, gift shops, adjustable exam chairs, and enhanced staff training.[35]

These instances of increased accessibility must be replicated citywide as all New Yorkers are entitled to accessible healthcare.

IV. Recommendations

NYLPI urges the New York City Council to:

- Pass Int. 941, sponsored by Council Member Linda Lee, to improve disability competency among healthcare providers by requiring the Department of Health and Mental Hygiene to develop and provide disability accessibility resources, clinical guidance, and training;
- Pass a comprehensive resolution requiring New York City hospitals and medical providers to comply with existing federal, state, and local disability anti-discrimination laws in the ways described above;
- Direct the New York City Health and Hospitals Corporation (HHC) to:
    - Require mandatory reporting from HHC healthcare facilities demonstrating HHC efforts to comply with existing federal, state, and local disability anti-discrimination laws to ensure that HHC healthcare facilities are accessible for patients with disabilities;
    - Mandate that HHC healthcare facilities procure accessible medical equipment in compliance with anti-discrimination laws and regulations;
    - Require HHC healthcare facilities to notify patients of their rights to accommodations and accessible care; and
    - Institute measures to remedy issues related to attitudinal barriers including provider bias, stigma, lack of training, and lack of disability competency;
- Urge the New York State Department of Health to
    - require mandatory reporting from its healthcare facilities, demonstrating its efforts to meet their legal obligations to make programs and facilities accessible to patients with disabilities;
- Urge the New York State Legislature to pass legislation requiring that medical facilities procure accessible medical equipment in compliance with anti-discrimination laws and regulations, and require all healthcare facilities to notify patients of their right to accommodations and accessible care;
- Include funding in the budget to assist in making capital improvements to HHC facilities that are designed to increase accessibility for people with disabilities; and

[35] *Id.*

- Convene annual oversight hearings on the accessibility of medical services and the needs of people with disabilities.

We look forward to continued partnership with the City Council to advance our shared goals of a more accessible and healthier city for all New Yorkers. Please feel free to contact NYLPI at 212-244-4664 or by email to Christopher Schuyler, Disability Justice Program, Managing Attorney, at cschuyler@nylpi.org and Tracy Moreno, Law Student Intern, at tmoreno@nylpi.org to discuss further.

###

About New York Lawyers for the Public Interest
For 50 years, New York Lawyers for the Public Interest (NYLPI) has been a leading civil rights advocate for New Yorkers marginalized by race, poverty, disability, and immigration status. Through our community lawyering model, we bridge the gap between traditional civil legal services and civil rights, building strength and capacity for both individual solutions and long-term impact. Our work integrates the power of individual representation, impact litigation, and comprehensive organizing and policy campaigns. Guided by the priorities of our communities, we strive to achieve equality of opportunity and self-determination for people with disabilities, create equal access to health care, ensure immigrant opportunity, strengthen local nonprofits, and secure environmental justice for low-income communities of color.

About NYLPI's Disability Justice Program
NYLPI's Disability Justice Program has a long history of fighting for equal access to medical care for people with disabilities. As a member of a coalition of advocates and city and state civil rights enforcement agencies, NYLPI pursues systemic improvements by responding to the needs of community members, fighting for their rights to accessible medical equipment, accessible facilities, and reasonable accommodations.

To: Committee on Disabilities, Jointly with the Committee on Health and the Committee on Hospitals.
Date: June 15, 2026
Subject: Section 9 a critical disability rights resource.

Save Section 9 is a tenant led coalition that works to educate and activate public housing tenants. We tackle policies rooted in colonialism that have led to discriminatory disinvestment in America's only truly affordable housing stock.

I am testifying today on behalf of our members and neighbors throughout public housing. We want to amplify the importance of providing accessible, equitable services for folks with various abilities. Forty-three percent of households in public housing include a person with disability, 21 points above their representation in the city overall. Disability justice matters to those of us in public housing.

We support:

- Int 0200-2026. Creating resources for doulas
- Int 0211-2026. Requiring the department of health and mental hygiene to provide information regarding fertility treatment, including insurance coverage of fertility treatment.
- Int 0840-2026. Requiring health insurance coverage for pre-implantation testing for city employees.
- T2026-2060. A Local Law to amend the administrative code of the city of New York, in relation to requiring the department of health and mental hygiene to develop and offer resources, clinical guidance and training on disability and accessibility in health care settings
- T2026-2088. A Local Law to amend the administrative code of the city of New York, in relation to requiring the department of health and mental hygiene to make medication abortion available at no cost to a patient at all of its sexual health clinics
- Res 0089-2026. Resolution calling on the New York State Assembly to pass A.9175, and the Governor to sign S.2058/A.9175
- Res 0108-2026. Resolution calling on the New York State legislature to pass, and the Governor to sign, S.5262/A.3051.
- Res 0447-2026. Ensure insurance companies cover the cost of Preimplantation Genetic Testing for Aneuploidies.

I also want to highlight that the most stabilizing factor in our lives as people with disabilities is our home. We are a community living on fixed income and needing accommodations for mental and physical disabilities. NYCHA provides this, but must be invested in to ensure that we are safe in our homes.

This is why we oppose Zohran's proposed budget for public housing. Zohran's proposed budget is the largest transfer of public monies and assets in recent history. And it will destroy the only truly affordable housing we have in NYC.

The Committee on Disabilities should recognize that Section 9 public housing is one of the most important housing resources available to disabled New Yorkers. For many residents with disabilities, public housing is not simply affordable housing—it is the difference between housing stability and homelessness. Unlike much of the private rental market, Section 9 provides robust legal protections that allow disabled tenants to request reasonable accommodations necessary to fully use and enjoy their homes. These protections include unit modifications, accessibility improvements, assistance animals, transfer requests, live-in aides, and policy adjustments that support independent living.

Disabled New Yorkers face extraordinary barriers in the private housing market. Many rely on fixed incomes through SSI or SSDI, making market-rate housing unattainable. They also face widespread discrimination, a severe shortage of accessible apartments, and significant challenges navigating the rental market. The economics are stark. A national analysis found that an individual relying on the average SSI benefit could afford virtually nothing beyond rent after paying the Fair Market Rent for a modest studio apartment. Without public housing and other housing assistance programs, many disabled New Yorkers would be pushed into housing instability or homelessness.

This reality makes Section 9 a critical disability rights resource. Yet this budget prioritizes privatization rather than investing in the public housing developments where many disabled residents have established support systems, healthcare connections, community relationships, and accessibility accommodations. Management transitions, policy changes, and privatization efforts can create additional barriers for residents who already face significant challenges navigating complex systems. Public housing should be strengthened, not undermined.

We urge the Committee on Disabilities to champion investments that modernize Section 9 developments, improve accessibility, eliminate maintenance backlogs, and expand support services for disabled residents. A city that is serious about disability rights must ensure that disabled New Yorkers have access to safe, affordable, accessible housing with strong legal protections and public accountability. Preserving and strengthening Section 9 public housing is essential to achieving that goal.

Background

Save Section 9 and Community Service Society **independently reviewed** NYCHA's physical needs assessment and concluded that a majority of the increase between the

2017 and 2023 PNA stems from “market conditions and inflation”. **NYCHA’s actual need is approximately $41.4B from 2023- 2043**. This makes NYCHA’s annual need $2.07B. This total need can be addressed by strategic investments by the city, state and congress.

On average New York City allocates 5% of NYCHA’s operating budget, approximately $250M. However, the mayor’s preliminary budget allocates $662M to privatization via Project Based Section 8. We oppose his investment in privatization (via Project Based Section 8/ PACT) and support of demolition. **We urge the City Council to shift the mayor’s preliminary allocation of $2.6B towards Section 9 public housing comprehensive modernization.**

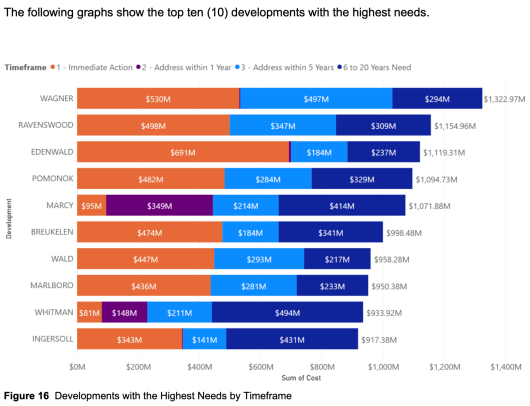

Figure 16 Developments with the Highest Needs by Timeframe

$662M could address the entire fiscal needs of Wagner Houses, the development in the worst shape according to NYCHA’s latest physical needs assessment. That’s 22 buildings, 2,162 homes for the next 100 years. Wagner has a need of $530M and 128 vacancies, and 16 non dwelling units. It is followed by **Ravenswood Houses** with 31 buildings, 2,166 units and a need of $498M, 65 vacancies, and 4 non dwelling units.

Sustainable Revenue Sources

We urge the adoption of legislative proposals that increase the city and state’s revenue. The revenue created by these would fund a budget line item and ensure rehabilitation and expansion of Section 9 is fiscally sustainable.

- In New York City 10% of the Fair Share Act would result in $400M annually for Section 9.
- At the state level 5% of the Repeal of Stock Trade Tax (STT) Rebate Act would secure $3B for Section 9.
- Nationally 5% of the Make Billionaires Pay Their Fair Share Act would create $22B for Section 9.

Solutions

1. **Institute a moratorium on privatization via Project Based Section 8** (RAD/ PACT and the Public Housing Preservation Trust). NYCHA could use this time to assess their performance, recalibrate and refocus on their core responsibility,

managing Section 9 in NYC. The moratorium should be reliant on an impact study being conducted by the Government Accountability Office as requested by Congresswoman Maxine Waters in 2023.

2. **Establish a pathway back to Section 9.** RAD/ PACT is fundamentally anti-democratic because it strips tenants, cities, states and Congress of policy flexibility. The lack of a return mechanism erodes public assets, and leads to permanent public-sector shrinkage without future voter consent.
3. **Democratize the privatization process.** Project-Based Section 8 transforms public housing governance without creating equivalent democratic protections for tenants. Tenants experience privatization as something done to them rather than governed with them.
4. **Develop new guidelines for an organizational plan** in tandem with the Federal Monitor. The last plan was fiercely denounced by tenants and adopted in spite of our objections. We recommend this plan be inspired by the operational plans of 1965-1970.
5. **Encourage and support NYCHA's growth.** Ensure that hiring focuses on securing union personnel for roles that improve tenants' quality of life. Each development should have a plumber, a carpenter, and enough building porters to assign two porters to each building. We would make plasterers and painters the second wave of hiring. These roles should provide apprenticeships to tenants and lean on Section 3.

In Solidarity,

Citywide Council of Presidents
Neighbors Helping Neighbors
Residents to Preserve Public Housing
Save Section 9

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 6/15/2026

(PLEASE PRINT)

Name: Nisha Agarwal, Commissioner

Address: _____

I represent: Mayor's office for People with Disabilities

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 6/15/26

(PLEASE PRINT)

Name: Dr. Wendy Wilcox

Address: _____

I represent: Health + Hospitals

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Iveless Mendez-Justiniano

Address: _____

I represent: Health + Hospitals

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: June 14, 2026

(PLEASE PRINT)

Name: Wendy Witcup

Address: 50 Water St., NY NY 10004

I represent: NYC H+H

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 6/15/26

(PLEASE PRINT)

Name: Amanda Alvarado

Address: _____

I represent: NYC Health Department

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 6/15/26

(PLEASE PRINT)

Name: Joaquin Aracena

Address: _____

I represent: NYC Health Department

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 0941-2026 Res. No. _____

☒ in favor ☐ in opposition

Date: 6/15/26

(PLEASE PRINT)

Name: Tracy Morgan

Address: [redacted] Cedar Grove, NJ 07009

I represent: New York Lawyers for the Public Interest

Address: 151 W 30th St, 11th floor, New York, NY 10001

Please complete this card and return to the Sergeant-at-Arms