

COMMITTEE ON MENTAL HEALTH, DISABILITIES & ADDICTION 1
CITY COUNCIL
CITY OF NEW YORK

----- X

TRANSCRIPT OF THE MINUTES

OF THE

COMMITTEE ON MENTAL HEALTH, DISABILITIES
& ADDICTION

----- X

Friday, February 28, 2025
Start: 10:12 a.m.
Recess: 12:50 p.m.

HELD AT: Committee Room - City Hall

B E F O R E: Hon. Linda Lee, Chair

COUNCIL MEMBERS:

Shaun Abreu
Erik D. Bottcher
Tiffany Cabán
Shahana K. Hanif
Farah N. Louis
Kristy Marmorato
Darlene Mealy

OTHER COUNCIL MEMBERS ATTENDING:

Oswald Feliz
Senator Gustavo Rivera

COMMITTEE ON MENTAL HEALTH, DISABILITIES & ADDICTION
A P P E A R A N C E S

Dr. Rebecca Linn-Walton,
Assistant Commissioner, Bureau of Alcohol and
Drug Use, Prevention, Care and Treatment at New
York City Department of Health and Mental
Hygiene (DOHMH)

Jacob Clary,
Harm Reduction Counselor at Housing Works

Christine Khaikin,
Attorney at Legal Action Center

Jasmine Budnella,
Director of Drug Policy at VOCAL-NY

Eliot Thompson,
Outreach Coordinator at Alliance LES Harm
Reduction Center

Knakisha Candanedo,
Friends of Echo Park

Jason Candanedo,
Friends of Echo Park

Timothy Carlos Majoor,
CEO of St. Ann's Corner of Harm Reduction

Erachie Brown,
Member of the Bronx Community Board

Sharon Brown,
Rose of Sharon Enterprises

Gia Mitcham,
New York Policy Associate at the Drug Policy
Alliance

COMMITTEE ON MENTAL HEALTH, DISABILITIES & ADDICTION
A P P E A R A N C E S (CONTINUED)

Richardson Benjamin,
PTA President of PS 28 Mount Hope

Gregory Bunt, M.D. FASAM, FISAM
Member of the Public

Desiree Bell,
Member of the Public

Walter Bell,
Member of the Public

Jason Beltre,
Director of Community Initiatives and Impact at
OnPoint NYC

2 SERGEANT MORENO: This is a microphone check for
3 the Committee on Mental Health, Disabilities, and
4 Addiction; recorded by James Moreno in the Committee
5 Room on February 28, 2025.

6 (PAUSE)

7 SERGEANT AT ARMS: Quiet down please, quiet down.

8 Good morning, and welcome to today's New York
9 City Council Hearing for the Committee on Mental
10 Health, Disabilities, and Addiction.

11 At this time, we ask that you silence all cell
12 phones and electronic devices to minimize disruptions
13 throughout the hearing.

14 If you have testimony you wish to submit for the
15 record, you may do so via email at

16 testimony@council.nyc.gov, once again that is
17 testimony@council.nyc.gov.

18 At anytime throughout the hearing, please do not
19 approach the dais. If you have any questions, please
20 approach the Sergeant at Arms. Thank you for your
21 cooperation.

22 Chair, we are ready to begin.

23 CHAIRPERSON LEE: Thank you. (GAVEL SOUND)

24 (GAVELING IN) I always forget how many times I have
25 to do that.

2 Good morning, good to see all of you here today.

3 My name is Linda Lee, and I am chair of the Committee
4 on Mental Health Disabilities and Addictions.

5 I just want to thank everyone for joining us at
6 today's hearing on:

7 Introduction Numbers 868, sponsored by Council
8 Member Oswald Feliz, which would prohibit the
9 distribution of hypodermic syringes and needles by
10 mobile syringe service programs within 450 of schools
11 and playgrounds.

12 Introduction Number 1169, also sponsored by
13 Council Member Feliz, in relation to the safe
14 collection and disposal of needles and syringes.

15 And lastly we are hearing Resolution 317,
16 sponsored by myself, which calls on the state to
17 mandate basic training in addiction treatment as a
18 requirement for medical schools that receive state
19 funding.

20 Before I begin, I'd like to recognize that we
21 have been joined by the following council members, of
22 course, Council Member Feliz, who is here to give a
23 statement, and then on Zoom we have Council Member
24 Hanif, as well as Council Member Abreu.

2 And we have also been joined by, feel free to
3 raise your hand, High School for Health Professions
4 [and Human Services]. If you guys are here on that
5 section over there, welcome, welcome.

6 And as I understand you guys are AP Government
7 students? Very awesome. Hopefully you will think
8 about a career in public service which is amazing. I
9 was in nonprofit for 20, so I really highly encourage
10 you guys, whether it's on the nonprofit side or
11 government side, think about public service and
12 contributing to your community.

13 So I'm just glad you guys are here. This is a big
14 part of it, is coming in and listening to these
15 hearings and learning about what we do on the City
16 Council. So I just want to thank you guys as well as
17 your teachers who have brought you here.

18 Oh yes, Debra Faulmino, am I saying that
19 correctly? Okay and then also we have Mr. Logan who I
20 don't know if... yeah. You're a teacher? You look so
21 young.

22 (LAUGHTER)

23 Oh, okay, student, okay got it, I was like, wow
24 you look very young for his teacher. Awesome, so
25 thank you all for being here I appreciate it.

2 Last month the Committee held a hearing examining
3 how the City is using money from the opioid
4 settlement funds to address the ongoing opioid crisis
5 including investing in evidence based treatments and
6 harm reduction services.

7 Harm reduction is a critical public health
8 strategy that saves lives, promotes safety and
9 fosters healthier communities.

10 In New York City harm reduction services play an
11 essential role in reducing the transmission of HIV,
12 hepatitis C and other infectious diseases. Research
13 consistently shows that such programs reduce harm
14 without increasing drug misuse, making them a vital
15 part of our public health infrastructure.

16 As we continue to expand harm reduction efforts,
17 we must also work together to ensure that our
18 communities remain safe and free from syringe litter.

19 Safe syringe disposal is a shared responsibility,
20 one that protects public spaces, prevents accidental
21 needle sticks, and fosters trust between harm
22 reduction programs and the neighborhoods they serve.

23 Balancing harm reduction with community well-
24 being requires collaboration between public health
25 officials, harm reduction advocates, and local

2 residents. By continuing to invest in both syringe
3 service programs and effective disposal solutions, we
4 can build a city that prioritizes both compassion and
5 public safety.

6 I wanna turn the mic over to Council Member Feliz
7 at this moment to make a statement about his bills
8 that we're discussing today.

9 COUNCIL MEMBER FELIZ: Thank you. Thank you so
10 much.

11 Good morning everyone, I'm Council Member Oswald
12 Feliz. I wanna thank you, Chair Linda Lee for this
13 hearing.

14 Proud to have two bills being heard before this
15 committee today, bills related to needle exchange
16 programs.

17 I'll start by saying what we all know. These
18 needle exchange programs are lifesaving. They ensure
19 that those suffering from addiction related issues,
20 it ensures that they have access to safe needles, so
21 that rather than using and then reusing used needles,
22 which can further exacerbate health issues, it
23 ensures they have access to safe needles so that they
24 don't create new health issues.

2 These programs are lifesaving, but we have to
3 make sure that we, as a city, implement these
4 programs properly and responsibly.

5 We've had major issues with how the Department of
6 Health has implemented these programs. First, not
7 honoring the exchange part of the program. Rather
8 than exchanging, simply distributing hundreds of
9 needles in a community. And even worse, distributing
10 hundreds of needles with no plan on picking them up.

11 The result, hundreds of needles being scattered
12 in all places of our community.

13 Last week, I received one of many pictures of
14 needles found at the front entrance of a children's
15 elementary school. Nobody would ever... should ever
16 tolerate something like that. So, so unacceptable and
17 irresponsible.

18 The second thing, the second problem, placing a
19 needle distribution truck not only inside a park, but
20 directly beside a children's playground. Placing a
21 needle distribution truck distributing hundreds of
22 needles on a daily basis directly beside a children's
23 playground, and again distributing with no plan on
24 picking them up. The result, hundreds of needles
25 being found in all places of that park, including

2 inside that children's playground, creating safety
3 risks for children in low income communities. This is
4 something that nobody would ever imagine doing in a
5 in a wealthy community.

6 The worst part of all is that concerns brought to
7 the Department of Health have been nothing but
8 dismissed. I don't know when it became okay to
9 dismiss quality of life and safety concerns of low
10 income disadvantaged communities, but proud that we
11 have these two bills to help resolve that.

12 Again, these needle exchange programs are
13 lifesaving, and I would even go further, we could
14 even go they can even be expanded. But we need to
15 make sure that we implement these programs properly
16 so that while trying to resolve one issue, we don't
17 create other issues. Having used needles in the
18 children's playground, that's a tragedy waiting to
19 happen.

20 (PAUSE)

21 CHAIRPERSON LEE: Thank you, Council Member Feliz,
22 and thank you for your testimony. We are looking
23 forward to hearing the Administration's responses to
24 these bills.

2 So, I just want to conclude by thanking Assistant
3 Commissioner, Dr. Rebecca Linn-Walton, for being
4 here. You seem very lonely (LAUGHS) because usually
5 you have more people with you on the panel, but you
6 are by your lonesome today, but we will make sure
7 that you are well taken care of.

8 And also, on a separate note, I just want to say
9 that, uhm, I know that this topic may sometimes come
10 across as, and is controversial in some communities,
11 but the reality is that, especially in a lot of the
12 communities that I used to serve in the nonprofit
13 sector, a lot of this is very hidden, people don't
14 talk about it, it is an issue that is very prevalent.
15 And behind closed doors, I have a lot of
16 conversations with folks from various different
17 communities about this issue, especially with the
18 opioid crisis that is happening right now, the
19 syringe crisis, and it is something that hopefully
20 through these bills we can get closer to finding a
21 solution. We are looking forward to hearing both
22 sides of the argument in today's hearing.

23 So we want to hear the pros, cons, all of that,
24 to basically ,you know, create a bill that works best

2 for the community. So looking forward to hearing from
3 both sides today.

4 And, again, thank you so much to the
5 organizations, the advocates who are here, and
6 members of the public.

7 I also want to thank the committee staff who
8 worked so hard in preparing for this hearing. Thank
9 you all so much.

10 And I will now pass the mic committee counsel to
11 administer the oath.

12 COMMITTEE COUNSEL: Now in accordance with the
13 rules of the Council, I will administer the
14 affirmation to the witnesses from the mayoral
15 administration.

16 Please raise your right hand. Do you affirm to
17 tell the truth, the whole truth, and nothing but the
18 truth in your testimony before this committee, and to
19 respond honestly to council member questions?

20 ASSISTANT COMMISSIONER LINN-WALTON: I do.

21 COMMITTEE COUNSEL: Thank you.

22 Prior to delivering your testimony, please state
23 your name and title for the record. And you may begin
24 when ready.

2 ASSISTANT COMMISSIONER LINN-WALTON: All right,
3 this is weird sitting alone.

4 (LAUGHTER) Hi, I'm Rebecca Linn-Walton, I am the
5 I'm the Assistant Commissioner for the Bureau of
6 Alcohol and Drug Use at the New York City Health
7 Department.

8 So good morning, Chair Lee, and Council Member
9 Feliz. I'm Dr. Rebecca Linn-Walton, Assistant
10 Commissioner for the Bureau of Alcohol and Drug Use
11 at the New York City Department of Health and Mental
12 Hygiene, the Health Department. Thank you for the
13 opportunity to testify today on Introductions 868 and
14 1169.

15 Overdose deaths continue to be a public health
16 crisis for every community in New York City. Last
17 month, I testified at the Mental Health Committee on
18 the Health Department's deployment of opioid
19 settlement funds to address the crisis alongside our
20 city and state partners. I highlighted our strategic
21 goal to reduce overdose deaths by 25 percent by 2030.
22 This goal is central to HealthyNYC, the City's
23 roadmap for increasing average life expectancy.

24

25

2 We are proud to have worked with the City Council
3 and Health Chair Lynn Schulman on codifying
4 HealthyNYC into law last year with a unanimous vote.

5 I also described the data we produced to enable
6 the City and community partners to make informed
7 programmatic decisions and investments.

8 In October, we published the 2023 annual summary
9 on overdose deaths. The number of overdose deaths in
10 2023 was 3,046 a one percent decrease from 2022,
11 marking the first decline since 2018.

12 Additionally, according to provisional data in
13 2024, there were 616 overdose deaths in the first
14 quarter, the lowest quarter on record since 2020.
15 This is a welcome stabilization after years of
16 continual increase. These findings help us better
17 understand what's working and where we need more
18 investment.

19 There's still a tremendous amount of work ahead.
20 One overdose death is too many.

21 While overdose deaths are starting to decrease in
22 some neighborhoods, there are many communities in
23 which numbers remain alarmingly high. Inequities
24 persist often as a result of decades of neglect and
25 underinvestment in these communities. Certain

2 populations such as older Black men, Latino New
3 Yorkers, and women have seen increased overdoses in
4 recent years.

5 In September, the Health Department published the
6 most recent analysis of maternal mortality. It is
7 troubling to see that mental health conditions emerge
8 as a leading cause of pregnancy associated deaths in
9 2021. The majority of these deaths were caused by
10 overdose. The Health Department remains committed to
11 addressing this crisis by expanding access to stigma
12 free, evidence based services as part of a
13 comprehensive strategy to address the overdose crisis
14 and support healing in the communities most harmed.
15 Everyone who uses drugs is a neighbor, a friend or a
16 relative. Respectful support is the only way to stem
17 the tide of this heartbreaking crisis.

18 Syringe service providers, SSPs, are invaluable
19 resources in this work. They are community based
20 organizations designated as New York State licensed
21 syringe exchange programs, SEPs. The Health
22 Department contracts with 14 of these organizations.
23 They provide syringes to reduce community spread of
24 infectious disease along with a myriad of other
25 essential services. I will refer to this network of

2 14 community based organizations as SSPs going
3 forward.

4 To fulfill their state license duties as SEPs,
5 SSPs offer access to sterile syringes and safe
6 syringe disposal. Some have dedicated teams to
7 collect and safely dispose of used syringes found in
8 the communities they serve. Additionally, they
9 provide a range of health services including
10 referrals to or on-site physical and mental health
11 care, opioid addiction treatment with buprenorphine,
12 naloxone distribution, overdose education, HIV and
13 hepatitis C testing, and counseling, drug treatment
14 counseling, support groups and drop in centers. These
15 services offer key opportunities for connections to
16 care. Treatment and recovery go hand in hand with
17 harm reduction.

18 SSPs also help meet clients meet their basic
19 needs providing laundry services and showers, hot
20 meals, menstrual supplies and clothing. They offer a
21 critical window of opportunity for connecting clients
22 with all of these lifesaving services that can be
23 tailored to their unique needs.

24 These organizations each sought to address the
25 unique needs of their fellow community members by

2 independently pursuing licensure from the State
3 Health Department to get proper authorization to
4 establish and operate a syringe exchange program.
5 They successfully organized to secure resources to
6 address issues in their communities that are a result
7 of decades of neglect and under investment.

8 Once licensed by the State, SSPs are subject to
9 the rules and regulations promulgated by the State
10 Health Department. These regulations set standards
11 for how these organizations must safely distribute
12 and collect syringes. Regulations are based on
13 decades of research and community feedback.

14 The Health Department is tasked with addressing
15 the overdose crisis and controlling infectious
16 disease, and it is within our mandate to protect the
17 health of all New Yorkers. We support this network of
18 community based organizations with these dual
19 purposes. Once an organization becomes licensed by
20 the State, the New York City Health Department may
21 contract with them to provide financial support and
22 technical assistance.

23 As discussed in the hearing last month, New York
24 City Health Department will use \$4.1 million of the
25

2 opioid settlement funds to expand wraparound services
3 at all 14 SSPs starting in Fiscal Year 2026.

4 The Health Department also recognizes the public
5 safety and quality of life issues with syringe
6 litter. This is a growing concern and the City takes
7 this issue seriously. We are working closely with our
8 partners in the Parks Department, Sanitation
9 Department, and other city agencies to better address
10 syringe litter, which is one of the many negative
11 impacts on communities most impacted by the overdose
12 crisis.

13 Thanks to Deputy Speaker Ayala and the Council,
14 we are proud to launch the Community Syringe
15 Redemption Program this spring. This is a novel
16 addition to our layered approach to addressing
17 syringe litter in parks and other spaces where
18 complaints are highest. The redemption program will
19 engage people who use drugs, train people on safe
20 syringe disposal, and financially incentivize them to
21 safely return used syringes which will reduce the
22 risk of improper disposal. This will also offer
23 another touch point to connect folks to health
24 treatment and other wraparound services. Other cities

2 with similar programs saw fewer complaints and more
3 vibrant public spaces.

4 The organizations we're discussing today, SSPs,
5 offer participants options for safe syringe disposal
6 and conduct syringe litter clean up in the
7 neighborhoods they serve. These organizations are the
8 best way to address our shared goals of reducing
9 disease and overdose deaths while reducing the risk
10 of syringe litter.

11 SSPs reduce syringe litter because they educate
12 program participants on safe disposal and offer
13 receptacles for safe disposal. As previously
14 mentioned, six of these programs offer support
15 outreach and syringe litter teams— these teams pick
16 up syringe litter and engage with people in the
17 community to connect them with their services.

18 The reality is that not everyone who uses drugs
19 visits an SSP. We are always trying to connect with
20 more people to these services and would appreciate
21 the Council's partnership in supporting and
22 protecting these critical services.

23 Before I answer your questions, I'd like to
24 briefly discuss the legislation being heard today.

2 Introduction 868 would prohibit SSPs,
3 organizations acting as state licensed SEPs from
4 conducting mobile syringe services within 450 feet of
5 schools and playgrounds. Proximities to schools
6 playgrounds and other community assets are always
7 considered by the SSPs when citing mobile services.
8 These organizations use our data to engage
9 communities with the highest existing overdose rates.
10 The Health Department works closely with community
11 boards and other community partners to respond to the
12 syringe litter concerns. The Law Department is
13 reviewing the bill and considering the role of state
14 oversight in these programs. We've generally deferred
15 to the New York State Department of Health regarding
16 the designated location for SEPs.

17 Introduction 1169 would require SSPs,
18 organizations acting as state licensed SEPs, to
19 collect and dispose of all syringes distributed to
20 community members. Many of the proposed requirements
21 in the legislation reflect core functions of SSPs
22 already in operation. This includes providing
23 guidance for program participants on safe disposal
24 practices, maintaining safe syringe disposal
25

2 receptacles, and ensuring staff are properly trained
3 on collection of used syringes.

4 The Health Department has concerns regarding the
5 requirement to collect a similar number of syringes
6 to the number distributed. This comparison does not
7 align with the reality of syringe litter and SSP
8 operations. Clean syringes are available in hundreds
9 of places in New York City beyond these 14
10 organizations.

11 We also have concerns regarding the requirement
12 to collect syringes distributed by the program but
13 not returned by program participants. In practice,
14 the seemingly small change would pose significant
15 operational challenges that could impede the SSP's
16 ability to provide services and reach new clients.
17 This requirement may conflict with the operations of
18 the previously mentioned syringe redemption program.
19 Together these dynamics will create confusion and
20 operational obstacles which will increase barriers to
21 life saving services, those that are critical to
22 achieving the HealthyNYC goal of reducing overdose
23 deaths and controlling the spread of infectious
24 disease. Syringe exchange services are proven public
25

2 health interventions backed by decades of research
3 and science.

4 The City supports a more aggressive response to
5 syringe litter but these changes may actually have
6 the opposite intended impact, increasing syringe
7 litter and negatively impact the health of all New
8 Yorkers. We cannot afford to remove or impede any
9 tools that we know reduce overdose deaths. States and
10 municipalities that rolled back syringe exchange
11 services have seen increases in HIV cases and other
12 grave unintended health consequences.

13 The Health Department remains committed to
14 supporting evidence based interventions that reduce
15 the spread of infectious disease and risk of overdose
16 death. We are also committed to partnership with the
17 Council and other community stakeholders to find more
18 solutions for syringe litter impact on quality of
19 life.

20 Thank you for the opportunity to testify, and I
21 look forward to answering your questions.

22 CHAIRPERSON LEE: Sorry, just bear with me, I'm
23 old school and have to handwrite things which takes
24 longer.

2 Okay, I have a list of prepared questions, but I
3 just want to start off with questions that sort of
4 came to my head as you were going through your
5 testimony. So let me start with the last first
6 actually.

7 So if I'm understanding correctly, is it fair to
8 say that you are supportive of getting rid of the
9 syringe litter but not at the expense of reducing the
10 distribution of it? Is that fair to say?

11 ASSISTANT COMMISSIONER LINN-WALTON: Yeah.

12 CHAIRPERSON LEE: Okay, I just want to make sure
13 that I'm understanding that correctly. Because I just
14 want to make sure that there's no confusion with the
15 fact ,like, so you are on board with more efforts to
16 do the litter cleanup, all of those things?

17 ASSISTANT COMMISSIONER LINN-WALTON: Absolutely.

18 CHAIRPERSON LEE: Okay.

19 ASSISTANT COMMISSIONER LINN-WALTON: We couldn't
20 be more strongly for— no one wants a single syringe
21 in a public space, and we absolutely want to figure
22 out what are all the layers we need to fix that
23 problem.

24 CHAIRPERSON LEE: Okay. So I guess my question
25 then is when you say that you support a more

2 aggressive response to syringe litter, but these
3 changes may actually have the opposite intended
4 impact, can you give examples of how you could see
5 that happening? Like what do you... if you could go
6 into detail.

7 ASSISTANT COMMISSIONER LINN-WALTON: Yeah, and I'm
8 really proud of the work we do. And we talked very
9 closely with these providers to talk through- what
10 are all the ways in which this might impact the work
11 you do?

12 And so there's one issue of having someone be
13 responsible for returning all of their syringes,
14 actually goes counter to what we know is that if you
15 give someone a safe way to dispose, it could be at
16 their local pharmacy, it could be in a container that
17 you give them, that keeps everyone safer. We don't
18 want anyone bringing bags of used syringes anywhere
19 where they could injure themselves or others. So that
20 was one of the things that we're concerned about.

21 CHAIRPERSON LEE: Okay. I know in the testimony
22 you mentioned that concerns regarding the requirement
23 to collect syringes distributed by the program, sort
24 of touching upon the point you brought, distributed
25

2 by the program but not returned by program
3 participants.

4 So do you know what the current percentages is
5 right now of participants that return their needles?
6 In other words, what is that correlation between the
7 rationale that you accessible as possible for them to
8 return it?

9 What's the current percentage of folks that do
10 versus why these needles end up all over the place in
11 you know in the neighborhood?

12 ASSISTANT COMMISSIONER LINN-WALTON: Yeah, so
13 there's a couple factors going on here. So one is
14 that we know from decades and decades of experience
15 that community syringes are not all coming from SSPs.

16 CHAIRPERSON LEE: Mm-hmm, yes.

17 ASSISTANT COMMISSIONER LINN-WALTON: On top of the
18 14 providers, there's hundreds of other places to
19 access syringes, because we want people with diabetes
20 and other illnesses that require syringes to have
21 both safe syringes and disposal.

22 On top of that, we also know that the escalated
23 opioid crisis is meaning that many people are getting
24 syringes outside of both of these opportunities. And
25 that's why the outreach teams being in the streets

2 talking to people that they haven't previously
3 engaged is so vital to the outcome, because we know
4 there's a large number of syringes and lots of cities
5 have found this too, that they're not coming.

6 So we don't, unfortunately, tell you every for
7 every syringe, this one's coming back because we know
8 that that causes a chilling effect. And other cities
9 when they've implemented things like this, people
10 don't come in for services, which means that they're
11 immediately going to non safe ways of getting
12 syringes.

13 CHAIRPERSON LEE: But is there a way to track that
14 internally? Meaning if... because I've been to some
15 of these SSPs and I think they're doing really great
16 work, and I know it's very, very challenging, uhm,
17 and it's also interesting because of how the dynamic
18 is in some of the neighborhoods that they are in.

19 ASSISTANT COMMISSIONER LINN-WALTON: Yeah.

20 CHAIRPERSON LEE: And so I ,you know, this is like
21 my social work hat coming on, but I think a lot of
22 the services they provide, aside from the needle
23 exchange programs, incredibly important and it does
24 give them that space to come in.

2 But just out of curiosity, is there a way though,
3 going back to my question, to track it internally-
4 meaning in a way that is not prohibiting them from
5 feeling comfortable from coming in- but if I, Linda
6 Lee, take one, can you track to see if I bring one
7 back? Like not in terms of the exact, you know, is
8 there a way to track that?

9 ASSISTANT COMMISSIONER LINN-WALTON: The one for
10 one causes what we know will be a huge danger to
11 workers, because what you're asking them to do is sit
12 there looking through bags. So what they've done over
13 the decades of these programs is come up with ways to
14 measure bulk. And so we measure how many syringes are
15 coming back in our receptacles, in the parks
16 receptacles, and kiosks. And we do so by saying,
17 what's the weight of the bag? And you divide it by
18 the weight of a syringe, and that keeps everyone safe
19 and healthy. Because we don't want needle stick
20 injuries to the community workers who live in these
21 very communities that they're surveying.

22 So it isn't a one for one, but we are aware that
23 they also get back large numbers of syringes. All of
24 the providers of syringes across the city also
25 receive back a large number.

2 CHAIRPERSON LEE: Okay.

3 So let me rephrase my question a little bit,
4 because I definitely don't want to... I didn't mean
5 literally one for one sort of, because obviously we
6 want people to be safe. But is there a way to figure
7 out, and I guess you're kind of alluding to that, is
8 that based on the number of participants that we have
9 in the program versus the weight— let's just say of
10 the needles that are brought back, you can sort of
11 guesstimate about how much percentage wise people are
12 actually bringing back to the centers, right? Is that
13 accurate?

14 ASSISTANT COMMISSIONER LINN-WALTON: Don't collect
15 it like that because we offer so many at home options
16 to dispose of.

17 The same way that when you pick up your syringes
18 with your insulin, we don't want you bringing them
19 back to the pharmacy...

20 CHAIRPERSON LEE: Right.

21 ASSISTANT COMMISSIONER LINN-WALTON: You get that
22 freedom to dispose of it in your home.

23 And also just want to share as well that because
24 we know that 70 percent of overdoses occur in private
25 homes, we know the vast majority of people using

2 substances are doing so in their own homes. So
3 providing them receptacles so that when they throw it
4 out in their garbage, it's also not injuring any
5 sanitation workers makes everyone safer.

6 CHAIRPERSON LEE: Yeah, okay so then let me
7 rephrase my question again— because I think the root
8 of my question that I'm trying to get is, how are we
9 making sure that this is actually working in the
10 sense, in the broader sense, right?

11 You know obviously taking into factor that we
12 want people to dispose of them safely, definitely
13 100%, whether you're in home or somewhere else,
14 obviously we want safe disposals.

15 But is there a way to track if you have all these
16 folks that are coming in for the program, that these
17 ,you know, I'm just trying to get a broader sense of
18 if this is actually working (INAUDIBLE)... (CROSS-
19 TALK)

20 ASSISTANT COMMISSIONER LINN-WALTON: I know it...

21 CHAIRPERSON LEE: Yeah

22 ASSISTANT COMMISSIONER LINN-WALTON: seems like it
23 should be that you should give out as many as you
24 give back. Decades of research does show that you

2 hand out more than you give back because you're
3 offering at home opportunities.

4 So the syringe litter teams have picked up almost
5 200,000 syringes, I believe was the number for last
6 year. And so they pick up many, many, many syringes.
7 They get many, many syringes. Or it may have been a
8 combination of the outreach teams actually and the
9 disposal kiosks as well was the almost 200,000. So
10 they're getting a huge quantity.

11 But the issue we're trying to solve for is the
12 people who aren't accessing the SSPs, which is what a
13 lot of research in cities are telling that's where
14 the bulk of ground syringe litter comes from.

15 (PAUSE)

16 CHAIRPERSON LEE: Okay. Sorry. I'm just thinking
17 in my head right now. Okay.

18 ASSISTANT COMMISSIONER LINN-WALTON: I know, and
19 public health is always very long and complicated,
20 which makes it seem like there should be an easier
21 answer to it, and I apologize that we're all
22 struggling through this.

23 CHAIRPERSON LEE: No it's... I know public
24 health... I mean because, again, through my former
25 work in the nonprofit sector, we did a lot of public

2 health work, which is more looking, for example, we
3 did a whole ,you know, a lot of Asian Americans, for
4 example, have very high you know blood pressure
5 hypertension, so it was a lot of long term solutions
6 with working with the grocers, the restaurants, all
7 of those solutions to try and figure out how we
8 change the behavior of the community from a community
9 perspective.

10 So it definitely takes a village, I will say
11 that. So it has to be a multi pronged approach.

12 Okay, so really quick question about the funding.

13 So I know that you had mentioned that you will
14 use \$4.1 million of the opioid settlement funds to
15 expand wraparound services at all 14 SSPs starting in
16 Fiscal Year 2026.

17 Does that also include the cleanup efforts or is
18 this specifically just for the programming aspect?

19 ASSISTANT COMMISSIONER LINN-WALTON: These are for
20 the programming aspects to get more people connected
21 to services and care and help them on their way to
22 health. So the syringe redemption program, which I
23 think you're speaking to, we're self funding.

24 CHAIRPERSON LEE: Mm-hmm. Okay. Then is there
25 another piece of the budget somewhere that would

2 actually put more funds into, you know, helping with
3 the cleanup efforts at all? Or is that included in
4 any of the opioid settlement funds generally or no?

5 ASSISTANT COMMISSIONER LINN-WALTON: Yeah. So I
6 mean, so the OSL teams predate opioid settlement
7 funds. So that was a layer we put in place
8 recognizing the community need for syringe litter,
9 uh, the park kiosk. So not through the opioid
10 settlement funds, but that's because it's part of a
11 larger continuum that we talked about last month with
12 trying to support that.

13 So no OSF funds are directly going to expand
14 that, but they will expand access to mental health
15 care, and access to other treatment, and all of the
16 other things that the SSPs have actually been asking
17 us for.

18 And one of the things I'm very excited about as a
19 social worker is things like mold remediation so that
20 we can keep our workforce healthier as well so that
21 they can have safe, beautiful, and respectful places
22 to be doing care with New Yorkers.

23 CHAIRPERSON LEE: Thank you.

24 So just to clarify, because I know that you had
25 mentioned Parks and Sanitation, are those the only

2 city agencies that are partnering to currently ensure
3 that the public spaces like the parks and playgrounds
4 are free of syringe litter?

5 Is it those two mainly, Sanitation and Parks, or
6 are there others?

7 ASSISTANT COMMISSIONER LINN-WALTON: No. Part of
8 what I love so much about working in city government
9 is so we work with we have many, many, many mass all
10 the organization meetings. So we work very closely
11 with DHS, and then sometimes we find that our
12 outreach workers and their outreach workers would
13 actually do better to just let our community
14 providers be doing the outreach together.

15 So we're working hand in hand with DHS, with
16 Parks, with Sanitation, with NYPD, with... if they're
17 interested, we'll bring them in, you know.

18 So we have many, many meetings where we're trying
19 to figure out what all the angles are because there's
20 a safety angle. Maybe in some neighborhoods the issue
21 is more sales, and in other neighborhoods the issue
22 is more street homelessness, and in other
23 neighborhoods it might be substance use or mental
24 health or a combination of all of those.

2 So you want all of those players at the table to
3 figure out what is each agency's piece of that and
4 how do we work more effectively with community
5 providers.

6 CHAIRPERSON LEE: Okay. And then when you work
7 with the community providers and collaborate, how do
8 you pick the locations? Is it based on complaints
9 made by the public or is it also, you know, areas
10 high, you know, high need areas where you know that
11 there's going to be a lot of litter?

12 ASSISTANT COMMISSIONER LINN-WALTON: It's all of
13 it. And when your letters come to us, we go out and
14 we try to work on those areas as well.

15 So we definitely try to take into account data,
16 but also data can come from community voices as well.
17 We've had community boards reach out, say, "Hey, can
18 we do an effort around this?" or borough presidents,
19 whoever's asking, we always respond. And want it to
20 be something that we're all working on together.

21 CHAIRPERSON LEE: Okay. And then if folks have
22 concerns about that, should they call 311? Is that
23 something that they would do, or which is the route
24 that they would take?

2 ASSISTANT COMMISSIONER LINN-WALTON: If you see a
3 syringe, is that the question?

4 CHAIRPERSON LEE: Yes...

5 ASSISTANT COMMISSIONER LINN-WALTON: Yes.

6 CHAIRPERSON LEE: So what mechanisms exist for the
7 public to make complaints to the City about the
8 presence of excess syringe litter in public spaces?

9 ASSISTANT COMMISSIONER LINN-WALTON: Yes.
10 Absolutely. So we also list on our Health Department
11 website, "Please don't pick up any syringes." We
12 don't want who hasn't been trained to get hurt. So
13 you should call 311. And then if it's in a public
14 space, it goes to Sanitation. If it's in parks, it
15 goes to Parks.

16 But they also talk to us on a regular basis. And
17 if they say, hey, we're seeing an uptick of
18 complaints that's how the outreach teams came to be.

19 And so we're really trying to work together to
20 filter that into our decisions at a city level.

21 CHAIRPERSON LEE: Okay. Then, once you find that
22 there's a... let's just say you tracked the data for
23 311 calls and found that there were a number of cases
24 coming in from specific neighborhoods, how then would
25 you address that moving forward?

2 Is it something where you would then ask the
3 SSPs, hey, can you guys pay more attention to this
4 area and get them involved I'm assuming?

5 ASSISTANT COMMISSIONER LINN-WALTON: Yep. We...

6 CHAIRPERSON LEE: Okay.

7 ASSISTANT COMMISSIONER LINN-WALTON: have weekly
8 contact with them, could be a text even saying, hey,
9 we're hearing an uptick in this area, and we send an
10 OSL team out.

11 We were doing a walk through with an elected
12 recently, and there was an issue on the street, and
13 one of our SSPs had already responded on the street
14 to the individual to help provide them support.

15 So we're constantly in contact with both our
16 community providers because we know that sometimes
17 you don't want a government official coming to talk
18 to you or a government employee coming to talk to
19 you, a peer, and maybe they don't know I have lived
20 experience, but they want a peer on the street coming
21 to talk to them. So that's key to it.

22 So we're constantly in contact figuring out what
23 the is issue and then how to respond to it.

24 CHAIRPERSON LEE: Okay, perfect.

2 And just switching gears a little bit to Local
3 Law 124, which I know you talked about briefly, which
4 is Deputy Speaker Ayala's bill, and it is set to
5 start in April you said or around spring?

6 ASSISTANT COMMISSIONER LINN-WALTON: Spring...

7 CHAIRPERSON LEE: Okay.

8 ASSISTANT COMMISSIONER LINN-WALTON: Yeah,
9 finalizing contracts.

10 CHAIRPERSON LEE: Got it, got it. Okay.

11 And can you just clarify the status of the Needle
12 Syringe and Sharps Buyback Pilot Program?

13 So I know you said spring, are you... how is it
14 going to be implemented and also evaluated? Just out
15 of curiosity, because I'm curious to see how we're
16 gonna measure whether or not this is successful.

17 ASSISTANT COMMISSIONER LINN-WALTON: Yeah.

18 So we're really lucky that we're working with the
19 group from Boston who's the only other successful
20 group to have implemented this. And they've seen a
21 50% reduction in ground syringe litter in Boston
22 since the program started four years ago. So for me
23 that's my main metric I'm looking at is ground
24 syringe litter.

2 So how it's rolling out is in the spring they're
3 going to be working very... we've already started
4 working with the SSPs to plan for that. We want to
5 get people enrolled. They're starting with enrollment
6 of people who are in SSPs want to be part of that, so
7 that they can get enrolled and trained up to do so
8 safely, pick up syringes from the ground or dispose
9 of their own syringes, uh, rather than leaving them
10 on the ground.

11 So then we'll be rolling it out across more
12 locations. There's going be eight locations, and part
13 of the project is to do an evaluation that we're
14 really excited about. We're working with Boston. What
15 are their metrics? And is there anything that we
16 think they've missed that we can add to it?

17 CHAIRPERSON LEE: Perfect. That was actually my
18 next question is, you mentioned eight locations? And
19 are those also in the five highest need council
20 districts ensuring at least one per borough?

21 And also how do you plan on maybe rejiggering
22 some of those locations as the program evolves?

23 ASSISTANT COMMISSIONER LINN-WALTON: I would say
24 rollout always means rejiggering as you go along and
25 you wanna make sure it's working. You can't just go

2 with this was our plan, and then it's not working,
3 and sorry.

4 So we looked at a list of the highest syringe
5 litter complaint parks and areas, but also we're
6 conscious about not wanting to be next to things like
7 schools, or houses of worship, or other places where
8 the services are not needed. So we took that into
9 account, but then also had to be proximity, so we
10 needed locations to be about an hour away, so that we
11 could cover the most ground over the course of the
12 week.

13 CHAIRPERSON LEE: Okay. Is there a mechanism to
14 incorporate feedback from community members and the
15 SSPs? Obviously, I know you regularly talk to them,
16 but community members in terms of the ongoing pilot
17 program.

18 ASSISTANT COMMISSIONER LINN-WALTON: Absolutely.
19 That's who we want. We plan to be at community board
20 meetings. We plan to be talking to any other ways you
21 have for us to be engaging with community members. We
22 want to know it's working.

23 We want to know that people are also knowing
24 about it. Maybe they don't know it's going be in
25

2 their local park, and they haven't been going to
3 their local park because syringe litter is an issue.

4 We want them to know it's clean, please come
5 back, and please be part of New York City park life
6 because it's so important to all of us.

7 CHAIRPERSON LEE: Yeah. And I know that sometimes
8 with the pilot programs, some folks want to have
9 community advisory boards or committees and others
10 ,you know, I know that some of those things can come
11 up. So is that something that you've all thought
12 about as well in terms of what you said? Like, maybe
13 that could include a community board member as well
14 as someone from the SSP, someone from NYPD or Parks-
15 just to make sure that things are working.

16 ASSISTANT COMMISSIONER LINN-WALTON: We haven't
17 thought of an advisory board, I think that's genius,
18 and I'll be taking that back to the team. I think
19 they'll be pretty excited about that.

20 CHAIRPERSON LEE: I have to say in my experience
21 with different programs that have been maybe
22 seemingly controversial at times, I took the
23 initiative to start a community advisory board for
24 one of the programs in my district that was ,you
25 know, causing concern in the neighborhood.

2 And I have to say it worked well in the sense
3 that it really sort of had them cooperate more and
4 they felt heard.

5 I think the community members felt heard, and
6 they felt like their concerns were being heard. And
7 they also had direct access to the folks that they
8 needed to contact.

9 So I just feel like it helps with the
10 neighborhood folks, and then also just helps to make
11 a smooth process in communication. I think
12 communication is key, and oftentimes they feel like
13 they have no one to communicate to in terms of their
14 frustration.

15 So okay, perfect.

16 I want to recognize Council Member Mealy, who I
17 know had to step out for a second, and also Council
18 Member Marmorato.

19 And I will go ahead— and I don't know, Council
20 Member Feliz, if you wanted to go ahead and ask
21 questions first about your bills if you had any?

22 COUNCIL MEMBER FELIZ: Thank you so much. Thank
23 you, Chair Lee.

24 I just want to start by reiterating and repeating
25 what I mentioned earlier. These programs are

2 lifesaving. They're lifesaving, and they're also
3 successful in many ways. And even more than that, I
4 think there are ways that we could even go further
5 and expand them.

6 But I think the question before us today is, how
7 can we install basic standards so that syringes
8 don't, on a daily basis, hundreds of syringes don't
9 end up in front of our elementary schools, inside our
10 parks, inside children's playgrounds, and much more.

11 You mentioned earlier today that there's a lot of
12 steps that DOH is taking to make sure that that's not
13 the case, including the 311 calls, the different
14 meetings, the responses, and also installing places
15 where individuals can discard the needles.

16 The reality is that none of that is working. None
17 of that is even close to working.

18 And, you know, just want to talk- I guess, I'll
19 start my questions on your position on the bill.

20 So the bill doesn't require... the bill
21 requires... the bill doesn't require that providers
22 pick up every syringe in the vicinity.

23 I know earlier you mentioned that there are
24 different providers that are providing needles,
25 including City related providers, State, and much

2 more. This bill does not require that providers pick
3 up every single syringe in the vicinity.

4 What it requires is that providers play a role in
5 cleaning up the issues that we're seeing by picking
6 up more or less a similar amount of needles that
7 they're providing and are not brought back.

8 It does not require that providers pick up every
9 single, syringe. Of course, as you mentioned, that
10 could get messy, you know, that there's different
11 levels of government provided needles.

12 And the second thing is, this bill also does not
13 require that participants bring back needles. What it
14 requires is that providers and the Department of
15 Health play a role in helping resolve this issue by,
16 number one, creating a plan to make sure that those
17 needles that are provided and not brought back are
18 picked up by the DOH and trained professionals.

19 And you mentioned training as an issue. This bill
20 also requires that DOH and providers train on that
21 issue.

22 So a few questions. Can you repeat your position
23 on the bill that prohibits distribution between 450
24 feet away from a children's park and an elementary
25 school?

2 ASSISTANT COMMISSIONER LINN-WALTON: Yeah, happy
3 to.

4 The Health Department opposes it as drafted,
5 because proximity to schools, playgrounds, and other
6 community assets are considered by the SSPs when
7 citing mobile outreach services. They're sensitive to
8 the importance of providing services where the need
9 is. And while protecting public spaces used by
10 children and families, locations are based on
11 community needs including overdose rates, syringe
12 litter complaints, which sometimes happen in those
13 parks and playgrounds, and so they want to be nearby
14 to pick them up.

15 The Law Department is reviewing the bill and
16 considering the role of State oversight in these
17 programs. We have generally deferred to New York
18 State Department of Health regarding regulation of
19 designated locations for SSPs as they are state
20 licensed SEPs.

21 COUNCIL MEMBER FELIZ: So are you supportive, or
22 no?

23 ASSISTANT COMMISSIONER LINN-WALTON: We oppose it
24 as written.

2 COUNCIL MEMBER FELIZ: You oppose the 450 feet
3 rule? Okay.

4 So talk to use about the mobile distribution
5 programs. We refer to them as mobile needle exchange
6 programs, but how many of these programs are actually
7 exchanging versus simply distributing needles?

8 ASSISTANT COMMISSIONER LINN-WALTON: They're all
9 exchanging. So it's not that I hand you one, you give
10 one back, as I said before, but they may get more
11 back that day. They may not be asked for any syringes
12 that day, but any needle that needs to be safely
13 disposed of, they're taking back.

14 So the mobile teams are actually, we call them
15 syringe services programs, because we put the
16 emphasis on all of the services they're providing. So
17 in the course of their day, they may not hand out a
18 single syringe. If the need is there and someone
19 needs a clean sterile syringe, that is what state
20 licensed distribute. But they are also doing things
21 like bringing someone back. If someone's in the park
22 and seems in need, they can come back to the drop in
23 center. They can get hot food. They can get tested
24 for HIV. They can get tested for hep C. They can get
25 access to medication. And we can stop community

2 spread. That's why they've been so effective in
3 reducing HIV levels across the city.

4 COUNCIL MEMBER FELIZ: Yeah, so I think that's
5 where we have the, I guess, the confusion. You're
6 referring to it as an "exchange program". But
7 generally, when you exchange, you're giving something
8 and you're getting something back. You're saying
9 that's an option. So you have the option to exchange,
10 but it's truly not an exchange program. It's a
11 distribution program, and you can also bring back
12 needles if you have and want to bring them back.

13 Is that a fair assessment or description?

14 ASSISTANT COMMISSIONER LINN-WALTON: I think the
15 description is that the exchange happens in a wide
16 variety of places across the city.

17 So what we're doing is working across those
18 syringe services programs, which are state licensed,
19 to make sure that people know about all the various
20 ways to safely dispose of their needles in their
21 home, in the local pharmacy, in a hospital.

22 I used to work at Health + Hospitals. We were
23 always making sure our kiosks were up to date and
24 safe access so that someone can come in anonymously
25 and dispose of their syringes.

2 So I don't think it, the evidence doesn't show
3 that 14 programs is going to solve the syringe
4 problem. (TIMER CHIMES) So we're working on making
5 sure all of the various wraparound ways someone can
6 safely dispose are available.

7 COUNCIL MEMBER FELIZ: Okay. But just to be clear,
8 you're distributing needles and giving the option of
9 also disposing. But it's not exchanging where you're
10 basically requiring that individuals bring back some
11 needles in order to get more.

12 And I'm not saying that I'm supportive of that
13 idea or requirement, but just want to get the rules
14 of the of the your policies and practices, just want
15 to get them clear.

16 So you're not requiring that individuals bring
17 back needles? They can get without...

18 ASSISTANT COMMISSIONER LINN-WALTON: The State has
19 found that that's not effective, and so we fully
20 defer to them that if you offer safe disposal, the
21 vast majority of syringes people get at SSPs are
22 safely disposed of the same way people who deal with
23 diabetes are learning how to dispose of their
24 syringes once they've given themselves insulin.

2 COUNCIL MEMBER FELIZ: Okay. Are there any
3 programs that require that you bring back before you
4 get a needle?

5 ASSISTANT COMMISSIONER LINN-WALTON: We don't
6 because they focus so much on education rather than
7 requirement. Because that seems to be much more
8 effective.

9 COUNCIL MEMBER FELIZ: And education is really
10 important, but, you know, obviously, that that's not
11 enough. Based on what we're seeing in our
12 communities, that's not close to being enough.

13 And I you know, I'm just asking these basic
14 questions, because I just want to make it very clear
15 that even though we continue to use the word
16 exchange, we're not really exchanging. We're
17 distributing and giving the option to bring back. But
18 we're not exchanging.

19 Exchanging is, I gave you this coffee, you give
20 me a cup of water. That's an exchange. You give me
21 something, I give you something. But if we're not
22 exchanging, then we shouldn't use misleading words to
23 sell an idea.

24 Without... and I'm not making a point about
25 whether the idea is a good one or bad one. My point

2 is the needle exchange program, that's a very
3 misleading way of describing the program. Because
4 you're not exchanging anything. You're distributing.

5 ASSISTANT COMMISSIONER LINN-WALTON: And I think
6 it's important to uncouple the community syringe
7 litter issue from SSPs, that it's not 14 programs
8 that are leading to the opioid crisis we're having,
9 the affordability crisis that is causing so many
10 people to be unhoused in New York and causing so much
11 burden on community and loved ones about people's
12 need.

13 And so what we're trying to do is address that
14 issue by having OSL teams go out and address the
15 syringes that are most likely not coming from the
16 SSPs or the hundreds of other locations to get— thank
17 you, just got a note— So the “exchange” word is the
18 State word. So we use Syringe Services Program,
19 because we want to be more clear about what we're
20 doing. We're providing lots and lots of services.
21 Some of that is needle services and lots are coming
22 back to us as well.

23 But I do think the most important piece is to
24 uncouple the public litter issue that we are very,
25

1 very focused on addressing from the syringe services
2 programs.
3

4 COUNCIL MEMBER FELIZ: Okay. Is there any... well,
5 actually, how many mobile programs do we have in the
6 state of New York? And also do you have a breakdown
7 by borough?

8 ASSISTANT COMMISSIONER LINN-WALTON: So of those
9 14 programs, one of them is mobile only. I believe
10 they are... (CROSS-TALK)

11 COUNCIL MEMBER FELIZ: (INAUDIBLE) to focus on the
12 mobile ones, not the storefront ones. How many mobile
13 (INAUDIBLE)... (CROSS-TALK)

14 ASSISTANT COMMISSIONER LINN-WALTON: Yeah, that's
15 what I'm saying. So many, many of the programs have
16 mobile services. I'm sorry, I'm just trying to find
17 the exact number. I believe there are 20 mobile
18 locations across the city. They are across all five
19 boroughs, and they're all working in communities
20 where there is high incidence of overdose, and HIV
21 rates, and all of those things that they're trying to
22 accomplish. But we can get back to you with the exact
23 numbers.
24
25

2 COUNCIL MEMBER FELIZ: Okay. So I have a lot of
3 questions; I'll ask one more, then I'll give it back
4 to the chair. I'm sure everybody has more questions.

5 But it seems like the Department of Health
6 acknowledges that it's an issue that has gone
7 unresolved. Right? Can we agree that that's the case?
8 I mean, we I've reached out for three years about...

9 ASSISTANT COMMISSIONER LINN-WALTON: Yeah...

10 COUNCIL MEMBER FELIZ: needles everywhere, in
11 children's playgrounds...

12 ASSISTANT COMMISSIONER LINN-WALTON: Yeah...

13 COUNCIL MEMBER FELIZ: in front of elementary
14 schools. And three years later, we still have the
15 same issue. Can we agree that the issue has gone
16 unresolved?

17 ASSISTANT COMMISSIONER LINN-WALTON: Oh, it's not
18 fixed. And so that's why since I've been there, I
19 know I've spoken with you in your office multiple
20 times. I know we've responded to your letter. We're
21 here today to talk about it. We've layered on more
22 and more things.

23 I'm not saying in any way the problem is fixed
24 because if there are syringes in a park, the problem
25 is not fixed. But what we are trying to do is do

2 everything we possibly can to remediate the problem,
3 to make things better because I want children to go
4 to a beautiful park. That's why I come to work every
5 single day and why it's so important to be working
6 with Parks, to be working with Sanitation, to be
7 working with the communities.

8 So please, please, please don't think that we're
9 not taking it seriously. It's just a long,
10 complicated problem and we're in the middle of an
11 opioid epidemic. And so what we're doing is trying to
12 use every skill and tool we have at our resources to
13 address the issue with the goal of fixing the
14 problem.

15 And you're right, it still continues to be a
16 problem. And please, please, know that we're all
17 working very actively to solve it.

18 COUNCIL MEMBER FELIZ: Okay.

19 And again, I agree with you. These programs are
20 important. But the big question before us is how can
21 we implement basic standards such as not placing a
22 needle distribution program, not giving out hundreds
23 of needles in front of elementary school?

24 So the program the, you know, the question before
25 is this, what are basic common sense standards that

2 we could implement? You know, I'm very confused about
3 an administration that talks about public safety,
4 quality of life every single day- I'm confused about
5 that administration not agreeing to something as
6 basic as not distributing needles right next to a
7 children's playground or a children's elementary
8 school, which we know are gonna end up around that
9 vicinity and could potentially cause a tragedy for
10 very young children.

11 Also, and final question, I promise, I don't get
12 your position on the picking up of needles. You agree
13 that it's an issue that has gone unresolved and the
14 bill doesn't require that DOH and providers, and
15 again, not participants, I know you mentioned that
16 earlier, that's very misleading. What this requires
17 is that the Department of Health and providers, which
18 are general professionals on (UNINTELLIGIBLE) that
19 they pick up, needles.

20 I don't get... if that's an issue, I don't get
21 why the DOH and providers are willing to give out
22 hundreds of needles in front of a children's
23 elementary school, but they don't want to play any
24 role in the cleaning up of syringes. That's what
25 you're saying. You talked about the Parks Department,

2 Sanitation, they're great, they're great partners.
3 Their resources are limited, but it seems like DOH
4 wants to create a problem and not to play any role in
5 resolving it. And I think that is irresponsible and
6 unacceptable.

7 And if you read the basic text of the bill, that
8 is the only thing that this bill is requiring. It's
9 not requiring that you pick up every syringe provided
10 by the City or the State or anybody else, just pick
11 up a somewhat similar amount that you provide and is
12 not returned.

13 ASSISTANT COMMISSIONER LINN-WALTON: And I think
14 the only thing that's not happening the way you're
15 stating it is that we contract with local providers
16 rather than doing it out of our offices. Because we
17 think it's much more important to get dollars into
18 the community, to invest our dollars into the
19 community. That's what the opioid settlement funding
20 is supposed to do.

21 We're trying to get it out there so that
22 community members leading the organizations are
23 having access to it. And I do just have to say that
24 it's not the case that people don't care and don't
25 want to fix the problem. That there hasn't been

2 anything to improve it. We have seen parks cleaned
3 up. We have seen layers and layers of more and more
4 happening. That's why we're starting new programs,
5 because we're constantly trying to get further
6 towards fixed. It continues to be a problem, because
7 we continue to be right smack in the middle of an
8 opioid epidemic and crisis. And so what you're seeing
9 is a crisis happening that we're responding to and
10 it's going to take time.

11 We had a one percent decrease. That's not much.
12 It's something that's really important as a clinician
13 for me because there were so many years where I was
14 just seeing people I was working with dying. So it's
15 so important to see people start to stabilize. But
16 it's not... we're not there yet. So that's what
17 people are seeing in their community. They're seeing
18 the pain right there laid out for them of the opioid
19 epidemic.

20 So we're trying to work on that, but it takes
21 time and it takes new things and new programs. So the
22 Health Department has invested our money in outreach
23 workers who do pick up hundreds of thousands of
24 syringes through kiosks, through outreach workers.
25 We're picking up many, many, many syringes. All of

2 those state licensed facilities and pharmacies,
3 they're picking up syringes too.

4 It just continues to be a problem in certain
5 areas, and that's why we're constantly saying, but
6 what can we do for this area that's working over
7 here? What are we not doing here that they need to
8 help it work over there too?

9 COUNCIL MEMBER FELIZ: Okay. And again, I get it,
10 we're in a crisis, and we need to take every step to
11 help resolve that crisis. But the big issue is how do
12 we resolve that crisis without creating new problems
13 in communities?

14 And you mentioned that parks are getting cleaned
15 up. They're not getting cleaned up. I encourage you
16 to visit Saint Mary's Park in the South Bronx, one of
17 the poorest ZIP codes in the entire city, or Echo
18 Park in my district, another very poor ZIP code. I
19 encourage you to Google St. Mary's Park and enter
20 "needles" just so you can see the history of how many
21 times, for how many years, these communities have
22 complained and the issue has gone unresolved.

23 So parks are getting cleaned? That is not true.
24 And I will leave at that for now... (CROSS-TALK)

2 ASSISTANT COMMISSIONER LINN-WALTON: Some parks
3 have seen improvement, so, yeah... (CROSS-TALK)

4 COUNCIL MEMBER FELIZ: But, it's very clear that
5 this administration is interested in resolving an
6 issue, but is not serious about resolving the
7 problems or installing basic standards so that
8 further issues are not created. And I'm very
9 confused that this administration is allegedly a
10 quality of life and public safety administration. It
11 seems like that's nothing but words.

12 CHAIRPERSON LEE: I actually have a couple
13 clarifying questions based on your questions.

14 So is the opposition to the 450 feet rule in a
15 school, because from what I'm hearing you saying, is
16 that the reason why you're opposed to it is, because
17 it would sort of almost be redundant to the
18 requirements of SSPs and not allow them to do their
19 work within a certain feet of schools- which actually
20 does include syringe pickup as well, if I'm
21 understanding what he's... I just want clarifying...

22 ASSISTANT COMMISSIONER LINN-WALTON: Yeah.

23 CHAIRPERSON LEE: Okay, sorry, you...

24 ASSISTANT COMMISSIONER LINN-WALTON: So part of it
25 is, I'm gonna put on my social work hat and say I'm

2 not a lawyer. And so part of it is that Law is
3 looking into whether State regulations may interfere
4 with that. So they're looking into that.

5 But as far as I could say, yes, absolutely, we
6 want to be able to pick up litter close to schools.
7 And then also we want to be able to address that some
8 parks with playgrounds have directly asked us to come
9 provide efforts and bring people into the drop-in
10 center and other sources as well.

11 So we want to be community responsive, so those
12 are the only things we're thinking about.

13 CHAIRPERSON LEE: So maybe that's something we
14 could look into in terms of clarifying the language
15 of the bill, too.

16 My other... because I remember when I was working
17 at KCS, one of the things... one of the campaigns we
18 had worked on was not advertising cigarettes or
19 nicotine or any of those things in bodegas or grocery
20 stores or drug stores within a certain amount feet of
21 schools, religious groups, everything like that.

22 So I just... to me it seemed interesting, because
23 I thought that this would be something similar. I
24 could see what the challenges maybe could be, because
25 on the positive side, if you're trying to do

2 something in the community, and there's a bill that's
3 requiring you not to have any activity period, I
4 think that's maybe where we can sort of work on some
5 of the language. I'm just thinking out loud right
6 now. I just wanted to clear it up in my own head. I'm
7 making trying to make sure I understand what you're
8 saying.

9 And Council Member Marmorato if you want to go
10 ahead and ask your questions?

11 COUNCIL MEMBER MARMORATO: Thank you, Chair.

12 So do you have any plans to expand any of these
13 programs like the kiosk and, like...

14 ASSISTANT COMMISSIONER LINN-WALTON: So one thing
15 to note is that the kiosk program has expanded since
16 it started, and kiosks have moved around when there's
17 more of an issue at a different park or becomes no
18 more issue at one park.

19 So we definitely are doing a layering system
20 where we're trying to layer on kiosks, we're layering
21 on more education from the SSPs, and now we're doing
22 the syringe redemption program because other cities
23 saw that as so effective and there was the great
24 legislature put through on that for the City.

2 And so we're seeing it as a layered system. You
3 want as many types of ways to do it as possible.

4 COUNCIL MEMBER MARMORATO: Great. Do you plan on
5 consulting with the council member of the district
6 before you expand in their districts and community
7 boards... (CROSS-TALK)

8 ASSISTANT COMMISSIONER LINN-WALTON: Absolutely.
9 We're already talking with council members.
10 Absolutely. And people have been very receptive so
11 far.

12 COUNCIL MEMBER MARMORATO: Okay, and I just don't
13 understand how you cannot support the 450 feet rule.
14 I mean, I think it should be over a 1,000 feet. I
15 don't know how you can condone drug use and not
16 support children and children's safety.

17 What measures are you going to put in place for
18 these children that are in parks and at schools?
19 Like, how could you expose them to this? These are
20 children. They're innocent.

21 ASSISTANT COMMISSIONER LINN-WALTON: Yeah, and so
22 part of what we want to be doing by operating maybe
23 near a playground is picking up syringes to keep them
24 safe. So, those are... I apologize, because you had
25 come in after we started talking about all of the

2 services that the syringe services programs provide,
3 but a lot of what they do is do cleanup in
4 communities when they send their outreach teams out.
5 So, their main goal is to clean...

6 COUNCIL MEMBER MARMORATO: But, you're saying it's
7 also an exchange program.

8 ASSISTANT COMMISSIONER LINN-WALTON: Well, that's
9 how syringe services programs work, is we hand out
10 clean syringes... that's... yeah... (CROSS-TALK)

11 COUNCIL MEMBER MARMORATO: Okay, so, since I came
12 late because I was at another committee meeting...

13 ASSISTANT COMMISSIONER LINN-WALTON: Sorry about
14 that...

15 COUNCIL MEMBER MARMORATO: So you're saying- no,
16 you shouldn't be- so, you're basically saying this
17 450 feet rule, you're going to be distributing
18 syringes at parks as an exchange program?

19 ASSISTANT COMMISSIONER LINN-WALTON: Well part of
20 it is, I deferred to Law, because the State regulates
21 (INAUDIBLE) programs, and (INAUDIBLE)... (CROSS-TALK)

22 COUNCIL MEMBER MARMORATO: And you think that this
23 is okay to distribute syringes by schools?

24 ASSISTANT COMMISSIONER LINN-WALTON: I mean, I
25 have to look at it, that that's not where the

2 activities of handing out syringes are happening.

3 People don't... I think it is important to know that

4 when someone's receiving these services, it's often

5 an incredibly shameful moment in their lives. And

6 when someone has a history of overdose and substance

7 use, may be using in a park, because their mother

8 lives with them at their apartment up the block, and

9 they don't want to show her. So what we want to do is

10 provide... (CROSS-TALK)

11 COUNCIL MEMBER MARMORATO: But then other children

12 can see that. Children who are not exposed to this,

13 and that's okay? (CROSS-TALK)

14 ASSISTANT COMMISSIONER LINN-WALTON: No, so what I

15 am saying is we... I... I always move someone to

16 where they feel comfortable, and it's removed from

17 people when I'm doing outreach. Because I want them

18 to have the dignity of privacy, even if it's on the

19 street. So, it's not... I'm not going to be doing it

20 in a school, I am going to be bringing them somewhere

21 where they are comfortable. That's why it's so

22 important... (CROSS-TALK)

23 ASSISTANT COMMISSIONER LINN-WALTON: You're

24 putting children at risk for allowing this activity

2 to even take place by their school. A school is a
3 safe place. How can you support that?

4 ASSISTANT COMMISSIONER LINN-WALTON: I mean, I
5 really have to defer to Law...

6 COUNCIL MEMBER MARMORATO: This data, where is
7 this data? Like, where is the data that allows this
8 to be okay? Where can we find this?

9 ASSISTANT COMMISSIONER LINN-WALTON: I think it's
10 a mischaracterization to say that the Health
11 Department is trying to have people hand out syringes
12 at schools.

13 To be very honest, we're working to bring people
14 into our services through contracted vendors and
15 community providers, and the vast majority
16 (INAUDIBLE)... (CROSS-TALK)

17 COUNCIL MEMBER MARMORATO: So, you're not taking
18 responsibility, then...

19 ASSISTANT COMMISSIONER LINN-WALTON:
20 (INAUDIBLE)...

21 COUNCIL MEMBER MARMORATO: if you regulate this.

22 ASSISTANT COMMISSIONER LINN-WALTON: Well, the
23 State regulates the programs, and so we're saying
24 that we have to work with the State and Law, because
25 the State determines where services are provided.

2 COUNCIL MEMBER MARMORATO: Where services... and
3 where can we find the information that this data,
4 this exchange program, is successful?

5 ASSISTANT COMMISSIONER LINN-WALTON: I would be
6 happy to follow up. There is decades of research
7 showing that it drastically reduces community spread
8 of HIV; that it contributes to people safely
9 disposing of their syringes, and much more likely to
10 engage in health services, and ultimately find
11 recovery and...

12 COUNCIL MEMBER MARMORATO: What happened to don't
13 do drugs and that message? I mean...

14 (LAUGHTER)

15 COUNCIL MEMBER MARMORATO: It's not... I'm not...
16 I'm not trying to be funny. I mean, I've dealt with
17 this. I have friends and family that have major
18 issues, and you have to just stop doing drugs. I
19 mean, just to, like, enable them is not really a key
20 to success.

21 I mean, it's sad and it's devastating to see
22 people's lives being torn apart. And to think that to
23 allow this around parks and schools and just, like,
24 enabling this behavior is just... it's not okay.

2 ASSISTANT COMMISSIONER LINN-WALTON: And I can say
3 that I'm sitting here today because I was given
4 successful treatment decades ago.

5 COUNCIL MEMBER MARMORATO: Treatment, treatment,
6 yes...

7 ASSISTANT COMMISSIONER LINN-WALTON: But that's
8 what programs do is they refer to treatment as well.
9 And so it is long and complicated and deeply, deeply
10 painful, but the reality is, and that's what we're
11 seeing in the opioid crisis, that people often don't
12 just stop using substances. They don't want to be,
13 many of the people who are using substances. They
14 feel tremendous guilt and shame about it.

15 So what we need to do is engage them in a way
16 that has dignity and respect so that we can get them
17 to the care they need to have the life they want.
18 That's why so many of the people working in SSPs have
19 a history of substance use. That's why so many of us
20 in the field are here today and alive because we
21 weren't told, "Just stop and fix your life on your
22 own," we were told how to get support and get to a
23 better place.

24 COUNCIL MEMBER MARMORATO: Okay. And you had
25 mentioned before about something about this exchange

2 program, the syringe exchange program, is going help
3 to provide more stable housing?

4 ASSISTANT COMMISSIONER LINN-WALTON: Yeah, we do
5 make referrals to all sorts— well, doesn't provide
6 stable housing, but referrals are a normal part. I
7 mean, when I was doing mental health counseling, I
8 was still doing lots of paperwork for getting people
9 into housing, because I recognize you're not going to
10 come for services if you're constantly moving to a
11 different borough because you're unstably housed. And
12 so that's just the normal part of our day is
13 connecting people to all the types of services people
14 need.

15 COUNCIL MEMBER MARMORATO: I feel like I'm in
16 ,like, an alternate reality. Okay. I think I'm good.
17 Thank you, Chair.

18 CHAIRPERSON LEE: Okay, so I will follow up with a
19 few questions and then hand it over for second round.

20 In 2019, following an internal audit that
21 revealed New York City Park Staff, and this is
22 something that Council Member Marmorato was referring
23 to with the kiosks, an internal audit that revealed
24 New York City Parks staff were picking up close to
25

2 5,000 syringes a week over the course of one summer
3 in the South Bronx, so this is back in 2019.

4 DOHMH and New York City Parks partnered to
5 provide among other services syringe disposal kiosks
6 at 16 sites that represented more than 99% of
7 syringes discarded in Bronx Parks.

8 So have those kiosks, are they still present in
9 the parks? If so, why hasn't this program expanded or
10 has it been expanded?

11 If you could go a little bit more into the
12 kiosks.

13 ASSISTANT COMMISSIONER LINN-WALTON: Yeah. So
14 actually we're really proud to say there's 21 kiosks
15 in the Bronx and there's 40 across the city. And I
16 talk with Parks every single week about how it's
17 going. They talk constantly about should we be moving
18 it to a different location? Is there different
19 signage that we should put on it so it's clearer how
20 to use them? I know that we figure out things like,
21 is there a different vendor that will need fewer
22 fixes for a syringe kiosk over the course of the
23 year?

24

25

2 And so we're constantly working to refine the
3 program like you talked about before and make sure
4 it's still working.

5 CHAIRPERSON LEE: And, okay, so there's 21 now.
6 Although I have to say there are 16 in 2019. Do you
7 think the 21 is accurate in terms of the reflection
8 of the numbers we're seeing right now or should we
9 add more? Also how much is the total cost to
10 purchase, install, and maintain one of those?

11 ASSISTANT COMMISSIONER LINN-WALTON: Yeah, I love
12 those questions. So it costs \$2,000 to purchase an
13 outdoor kiosk and \$300 for a restroom drop box. And
14 so there's- just going through it, it's all Parks
15 information. They were so lovely and shared with us.

16 And your other questions were, so we're trying to
17 layer on other things as well because we are finding
18 that people are using them. We also have more boxes
19 that the State has helped the SSPs get, so there's
20 many more opportunities to drop off.

21 I think there was one other question. I'm so
22 sorry, I forgot.

23 CHAIRPERSON LEE: No, no, no it's fine.

24 I just wanted to know because from 16 to 21 from
25 2019 to now, doesn't seem like a huge jump. So just

2 wanted to see if you feel like that's sufficient. Are
3 there plans to expand it further beyond the 21?

4 ASSISTANT COMMISSIONER LINN-WALTON: Yeah.

5 So I definitely defer to the City on plans for
6 expansion and funding around that.

7 But I do have to say that that's why we thought
8 the layer on of the outreach teams was a good
9 addition to the kiosk, because with a kiosk you don't
10 have any education opportunities, and you don't have
11 an opportunity to bring someone over to the brick and
12 mortar site. So we think that's a really key piece to
13 it.

14 And then we think the syringe redemption program
15 will ultimately get a lot more people engaged in
16 these services and then having safe opportunities for
17 disposal as well.

18 CHAIRPERSON LEE: Okay. Perfect.

19 Round two questions, Council Member Feliz, if you
20 want to? Council Member Mealy, do you have any
21 questions?

22 COUNCIL MEMBER MEALY: I just have one.

23 CHAIRPERSON LEE: Okay, sure, go ahead.

24 COUNCIL MEMBER MEALY: Hi. Great questions, my
25 colleagues.

2 These vendors, they're from the City, right? So
3 the City purchased them and then they sit out and
4 they have the authorization to move them around?

5 ASSISTANT COMMISSIONER LINN-WALTON: Oh, so the
6 SSPs, which are our syringe services programs, have
7 been around since the nineties and both the State...
8 the state regulates them. It's a lot like a hospital
9 is how I think about it. Like the State regulates the
10 hospital, and the City also has funding and oversight
11 of them as well. And so they operate many kiosks.
12 They partner with Parks...

13 COUNCIL MEMBER MEALY: But you said they have the
14 oversight. So who make the decision where these
15 vendors...

16 ASSISTANT COMMISSIONER LINN-WALTON: That's where
17 the partnership is so important because we're meeting
18 with Parks and they can... because they have their
19 workers right there, they can tell us, "Hey, your
20 outreach team needs to do another walk through in
21 this park each day." So the Park staff... let me
22 follow up with Parks and make sure I'm getting right
23 who actually fixes which kiosks. Because some of them
24 are fixed by the SSPs, some of them are fixed by

2 Parks, but that's why we're all meeting on a regular
3 basis to make sure that they are up and running.

4 COUNCIL MEMBER MEALY: Is the community involved
5 in this?

6 ASSISTANT COMMISSIONER LINN-WALTON: Oh, the
7 nonprofits are all community benefits organizations.

8 They're all CBOs. Many of them were started by
9 community members who were noticing the huge impact
10 of HIV on their communities and wanted to start their
11 own services. So then they worked with the State,
12 become licensed, and that's how these organizations
13 were...

14 COUNCIL MEMBER MEALY: So could we kind of... I
15 want to know who makes the decisions to move them to
16 different areas?

17 ASSISTANT COMMISSIONER LINN-WALTON: I'll follow
18 up.

19 COUNCIL MEMBER MEALY: Okay. Because it's
20 important, because some people may not want it in
21 their park.

22 ASSISTANT COMMISSIONER LINN-WALTON: Mm-hmm

23 COUNCIL MEMBER MEALY: So what kind of outreach...
24 have you seen any resistance?
25

2 CHAIRPERSON LEE: Wait. Sorry. Can I ask a
3 clarifying question? Do you mean the kiosks or the
4 actual services provided?

5 COUNCIL MEMBER MEALY: The kiosks...

6 CHAIRPERSON LEE: Okay, the kiosks...

7 ASSISTANT COMMISSIONER LINN-WALTON: Oh!

8 CHAIRPERSON LEE: She's talking about... That's
9 why I was like, think there's a...

10 ASSISTANT COMMISSIONER LINN-WALTON: Oh, thank
11 you...

12 UNKNOWN: (UNINTELLIGIBLE)

13 ASSISTANT COMMISSIONER LINN-WALTON: Thank you so
14 much.

15 So, no, we're not seeing pushback from the
16 communities because...

17 COUNCIL MEMBER MEALY: None at all?

18 ASSISTANT COMMISSIONER LINN-WALTON: When there
19 continues to be a problem with syringes, we hear
20 complaints that the kiosks are not working. So that's
21 why we then send our outreach teams to do cleanup to
22 get people engaged in services.

23 COUNCIL MEMBER MEALY: So how... with the
24 cleanup...

25 ASSISTANT COMMISSIONER LINN-WALTON: Mm-hmm?

2 COUNCIL MEMBER MEALY: What kind of training do
3 they have in regards to these needles?

4 ASSISTANT COMMISSIONER LINN-WALTON: Yeah.

5 COUNCIL MEMBER MEALY: And I'm sorry, I had to
6 take another meeting.

7 You say that you all have training to pick up
8 these sharp needles. If something goes wrong, what's
9 the outcome of it...

10 ASSISTANT COMMISSIONER LINN-WALTON: Yeah...

11 COUNCIL MEMBER MEALY: if someone gets pricked
12 with an HIV needle while they are in training picking
13 up these syringes?

14 ASSISTANT COMMISSIONER LINN-WALTON: Yeah, then
15 people get immediate access to medication if there's
16 pricks. But what we're finding from...

17 COUNCIL MEMBER MEALY: Who is that on? Is that on
18 the Parks Department or the vendor?

19 ASSISTANT COMMISSIONER LINN-WALTON: No, no. They
20 get in touch with their local hospital.

21 So we have this... there are federal regulations
22 for what to... how to safely pick up, or I think it's
23 CDC regulations, for how to pick up safe syringes. We
24 do trainings with people. We find very, very few
25 people even ever get injured. And then every, just

2 like all OSHA safety at a workplace, if you are
3 potentially going to be exposed to any substances, I
4 know I've taken tons of trainings about who to call,
5 what number to call, and how to get immediate access
6 to free medication so that I don't get an infection.

7 COUNCIL MEMBER MARMORATO: So these are not City
8 employees? Because I heard it was training.

9 ASSISTANT COMMISSIONER LINN-WALTON: There's a
10 combination. So there are Parks Department staff who
11 are doing this; there are Sanitation staff... (CROSS-
12 TALK)

13 COUNCIL MEMBER MEALY: Wait a minute...

14 ASSISTANT COMMISSIONER LINN-WALTON: and there's
15 community parks providers...

16 COUNCIL MEMBER MARMORATO: Parks Department staff
17 is picking up waste? Well, not waste, but syringes,
18 and they are not getting paid the proper salary
19 anyway. And now the Parks Department has put that
20 task on them to train to pick up syringes?

21 ASSISTANT COMMISSIONER LINN-WALTON: As a Health
22 Department employee, I definitely don't want to speak
23 for the Parks Department. So I can absolutely have
24 them follow up with any questions that come up.

2 COUNCIL MEMBER MEALY: Do you feel... Parks
3 Department staff is not really making that much
4 money. Are they getting hazardous (sic) pay?

5 ASSISTANT COMMISSIONER LINN-WALTON: I definitely
6 can't speak to any of them. I'm so sorry. I just
7 don't work for the Parks Department.

8 COUNCIL MEMBER MEALY: That is so important,
9 because that's not fair to the trainees. And it
10 should be a price just a hazard taking up hazardous
11 material. That should be the law.

12 CHAIRPERSON LEE: And that's something we can
13 follow up with all the city agencies that are
14 involved in that.

15 COUNCIL MEMBER MEALY: Please do. Thank you.

16 CHAIRPERSON LEE: Okay, Council Member Feliz?

17 COUNCIL MEMBER FELIZ: Thank you, I will ask a
18 brief follow up question on the line of questions
19 that Council Member Mealy mentioned.

20 So, yes, you know, Parks Department shouldn't be
21 picking up syringes. Generally, Parks Department
22 employees are generally there for general parks
23 stuff. They're not health experts. They shouldn't be
24 picking up syringes. But given the fact that the
25 Department of Health and providers, who are experts

2 and professionals on the issue, not willing to do
3 their part, Parks Department people are being forced
4 to allocate resources and pick up syringes. Because
5 of course, the Parks Department is not there just to
6 have a park, but to make sure that people could
7 actually use it. And a park and a children's
8 playground filled with syringes cannot be used by the
9 community.

10 So I just want to make that point clear. Parks
11 Department, nobody would want to pick up. They
12 shouldn't be picking up syringes, but they're being
13 forced because the Department of Health and the
14 providers have implemented this program in a very
15 incompetent, sloppy way. I mean, if hundreds of
16 needles are ending up in a children's playground, I
17 can't... I can't think of better words to describe
18 that.

19 Earlier, you mentioned many good things about the
20 program that they do refer people to treatment. These
21 are, you know, I think every everybody here agrees
22 that these programs are really important programs.
23 People that need help deserve to be treated with
24 compassion, and they deserve to be... to receive the

2 services that they deserve. Great program. I think
3 there's no dispute about that.

4 But no one is questioning how good or bad the
5 program is in general. What we're questioning or what
6 we're proposing is basic standards so that these
7 needles do not end up in a children's playground,
8 places that should be safe for innocent people.

9 So a few questions about the 450 feet rule. I
10 think they were somewhat asked earlier. Just in
11 general, do we think it's a good idea to give... to
12 provide hundreds of needles right in front of
13 elementary school?

14 ASSISTANT COMMISSIONER LINN-WALTON: No, and
15 that's not happening. So I just I do have to be
16 honest about that. The bulk of the work around a
17 school is going to be cleaning up. It's going to,
18 like I said before, and I know we keep going over
19 this, because it feels like we're not giving enough
20 of... it's not fixed yet and so it continues to be an
21 issue.

22 But what we're doing is helping someone come in
23 for services. That's the whole... and cleaning up
24 syringes. And so there's no kid who needs SSP

2 services. And so our focus is getting out into the
3 community to clean up and get people connected.

4 COUNCIL MEMBER FELIZ: All right. So that question
5 was about schools.

6 Do we think it's a good idea to give syringes
7 right next to a children's playground? Same answer?

8 ASSISTANT COMMISSIONER LINN-WALTON: Again, the
9 focus remains the same. It's about getting someone
10 connected and cleaning up. There's people tend...
11 again, you tend to bring someone to where there's
12 more... I worked on the B-HEARD teams, I worked on
13 outreach, I've worked partnered with DHS, and you
14 always try to bring someone to where they're
15 comfortable. And people aren't comfortable in
16 playgrounds. And so we're trying to work to get them
17 to come in for services.

18 COUNCIL MEMBER FELIZ: All right, but yes or no is
19 a very simple question. Do we think it's a good idea
20 to give out syringes right next to a children's
21 playground? Yes or no?

22 ASSISTANT COMMISSIONER LINN-WALTON: And again, I
23 have to defer to State regulation about how syringes
24 are... (CROSS-TALK)

2 COUNCIL MEMBER FELIZ: What's the DOH's position
3 on that? Obviously, the State people have their own
4 administration. What's the City's position on giving
5 out needles, not a 100 feet away, right next to a
6 children's playground? Do you have any position, any
7 general principles that we could agree on that issue?

8 ASSISTANT COMMISSIONER LINN-WALTON: I mean, I
9 think we're getting into what if someone says, I need
10 a clean syringe, and you say okay, and you hand it to
11 them, and then you walk them over. I mean, that
12 technically, but that's not... I mean, I just don't
13 feel that we can answer the question, because I think
14 you're trying to get me to say a specific answer when
15 I'm trying to say it's much more complicated, and
16 that the relationship you form through outreach is
17 more than just handing out a syringe. It takes place
18 over time. You give them a receptacle at the same
19 time. Maybe you hand a syringe and then go walk them
20 over to the kiosk as well.

21 COUNCIL MEMBER FELIZ: All right. So I guess the
22 question, I'll make it a little bit more pointed. Do
23 we think it's a good idea to park a mobile
24 distribution truck right next to a children's
25 playground, a truck that provides needles? Yes or no?

2 That's a very simple, clear question. If we could
3 just get a yes or no on that, that'll be great. Yes
4 or no... (CROSS-TALK)

5 ASSISTANT COMMISSIONER LINN-WALTON: But, what if
6 it's a park that has...

7 COUNCIL MEMBER FELIZ: Is it okay to provide...

8 ASSISTANT COMMISSIONER LINN-WALTON: Okay, okay,
9 sorry...

10 COUNCIL MEMBER FELIZ: to have a mobile truck...

11 ASSISTANT COMMISSIONER LINN-WALTON: Mm-hmm?

12 COUNCIL MEMBER FELIZ: giving out needles right
13 next to a children's playground? That's a very simple
14 question. And if you can not answer that, I am very
15 concerned about many things related to health in our
16 city.

17 ASSISTANT COMMISSIONER LINN-WALTON: It's a simple
18 question that doesn't, again, talk about what the
19 full scope of services are.

20 So if there's a park that is seeing hundreds of
21 syringes, and it's a park where adults are as well,
22 and there's a playground there that's experienced
23 syringe issue, and you have a mobile van parked there
24 to get people registered for care, to get people
25 registered for services— and part of the State

2 regulation is that they ask for a syringe (TIMER
3 CHIMES) you both teach them how to safely give it
4 back, and you can take it back yourself. Because they
5 can hand it right back to you when they're done. That
6 provides an opportunity for safety for the community
7 and the children trying to access the playground.

8 COUNCIL MEMBER FELIZ: Well, guess for anyone
9 who's interested in getting the answer to that, the
10 answer is, uh, I would assume it's a no.

11 For the Department of Health, it is okay to have
12 a mobile distribution truck one foot away from a
13 children's playground.

14 And you're saying no, but for those who are
15 interested in getting the real answer, just Google
16 Maps 532 East Tremont Avenue. You'll see a mobile
17 truck providing needles one foot away from a
18 children's playground. There's one word for that,
19 irresponsible. And if something happens to those
20 children, they should be able to sue all of you in
21 your personal and official capacity for your
22 negligence. My time is up. Thank you.

23 CHAIRPERSON LEE: Okay, uhm, I think we're...

24 COUNCIL MEMBER MARMORATO: I have (INAUDIBLE)
25 question.

2 CHAIRPERSON LEE: Okay, go ahead.

3 COUNCIL MEMBER MARMORATO: Thank you, thank you so
4 much.

5 So you stated about, uhm, first it sounds like
6 you're luring people to these vans with free syringes
7 in order to give them education. Shouldn't you just
8 be focusing on the services and education? Because
9 that's what my office does, and we're not giving them
10 anything to come there. They're coming there on their
11 own free time. And if they need help, and they really
12 want the help, they are coming to my offices. So it
13 sounds a little bit off to me.

14 And, also, about the distribution of the needles
15 in front of schools, you said it's not fixed. Those
16 were your words. But it's your job to fix this. This
17 is what your job is to make it appropriate. I mean,
18 you have to work on these things. You can't just say,
19 oh, well, this is the current system, and that's just
20 not an acceptable answer.

21 ASSISTANT COMMISSIONER LINN-WALTON: And I
22 absolutely... the Health Department is not saying
23 it's fixed. It (INAUDIBLE)...

24

25

2 COUNCIL MEMBER MARMORATO: You just said it. Well,
3 you... you're not... You're saying it's not fixed,
4 but you need to fix it. You need to focus on that.

5 ASSISTANT COMMISSIONER LINN-WALTON: But that's
6 why we come to work every day, and that's why I'm
7 meeting with the community providers. I'm meeting
8 with community boards. I'm going out doing outreach
9 sometimes, too, and working with the teams of
10 community members.

11 And so I definitely have to lean on decades of
12 research saying that SSPs don't increase drug use,
13 they don't increase overdose, and they reduce the
14 community spread of infectious diseases and...

15 (CROSS-TALK)

16 COUNCIL MEMBER MARMORATO: Okay, so...

17 ASSISTANT COMMISSIONER LINN-WALTON: overdoses.

18 COUNCIL MEMBER MARMORATO: Before my time is up, I
19 just want to hit, uh, are there currently sharp boxes
20 in parks, in the bathrooms of parks?

21 ASSISTANT COMMISSIONER LINN-WALTON: Those are the
22 kiosks... (CROSS-TALK)

23 COUNCIL MEMBER MARMORATO: Okay.

24 ASSISTANT COMMISSIONER LINN-WALTON: so that
25 people can safely dispose of it.

2 COUNCIL MEMBER MARMORATO: Do you have any data as
3 to where they are currently located and which parks?
4 Because I'm gonna start walking around to my parks,
5 and if I find any of them in my parks, it's gonna be
6 a big problem. This is not welcome in District 13. We
7 don't enable people. Okay? And I would like that
8 immediately. I'd like somebody to send that
9 information to my office immediately.

10 ASSISTANT COMMISSIONER LINN-WALTON: We'll follow
11 up with Parks, thank you.

12 COUNCIL MEMBER MARMORATO: Okay, and I'm done,
13 thank you.

14 CHAIRPERSON LEE: Okay. I think we're going move
15 on to public testimony soon, but before I do that, I
16 just wanna, hmmm, how do I say?

17 I think this is a very complicated issue. I
18 actually think that, as a social worker, the mantra
19 always is that you got to meet people where they are.
20 So I understand what you guys are saying. I
21 understand that there's a lot of concerns, which
22 obviously you're hearing today— which hopefully you
23 can come back to us with some of those answers.

24 But I will also say that this is a huge issue in
25 crisis that I know that you guys, no offense to you,

2 are not going to fix by yourselves, right? It cannot
3 be done by you alone. And this is a communitywide
4 issue. I know that it is also an issue that is very
5 hidden in a lot of communities. And there is a ton of
6 stigma, which is why ,you know- I gotta say, if you,
7 I more than welcome, I have visited some of these
8 SSPs, and I highly encourage my colleagues to visit
9 and actually see what they're doing. Because it's
10 very different to read about it on paper and then
11 actually see what it is that they're doing.

12 So I would be more than happy to go with any of
13 you guys if you're willing to and ask a lot of the
14 questions that we have. Because I do think that in
15 the past, uh, when these SSPs come up, there have
16 been a lot of concerns from the neighborhoods
17 actually right where they are.

18 But I think that's where we need to make sure
19 that the community voices, folks from the community
20 board, folks from the schools, folks from NYPD, and
21 all the other folks that are very much involved in
22 how these sites are run, how they actually operate in
23 the community and see it versus hearing about it.

24 COUNCIL MEMBER MEALY: But I did ask that. She
25 says it's no pushback on it. Did she not say...

2 CHAIRPERSON LEE: Oh, no, no, no, that was for the
3 kiosks if I am understanding correctly. Yeah, the
4 kiosks, not the SSPs. That's different.

5 COUNCIL MEMBER MEALY: I gotta look at that.

6 CHAIRPERSON LEE: Yeah, yeah, no, and I highly
7 encourage, because I have to say ,you know, and I
8 know that all of us have different views and thoughts
9 on this, uh, rightfully so. It's not an easy issue.
10 But, I am hoping that what you're hearing today is
11 different viewpoints, which I think is important to
12 take back. Right? Is that you want to hear from a
13 broad sort of spectrum of voices and concerns. And
14 hopefully what we can do, then, is take that back and
15 translate that into stronger programs and ,you know,
16 what we need in the community.

17 So I want to just thank my colleagues here,
18 because I think their concerns are very legitimate.
19 And I just hope that we can address this issue
20 together. So, thank you.

21 ASSISTANT COMMISSIONER LINN-WALTON: Thank you.

22 CHAIRPERSON LEE: Are we moving into public? Yes,
23 so with that, if you guys can stay, if anyone from
24 DOHMH can stay, uhm, I want to move this into public
25 testimony.

2 I remind members of the public that this is a
3 formal government proceeding and that decorum shall
4 be observed at all times. As such, members of the
5 public shall remain silent at all times.

6 The witness table is reserved for people who wish
7 to testify. No video recording or photography is
8 allowed from the witness table.

9 Further, members of the public may not present
10 audio or video recordings as testimony, but may
11 submit transcripts of such recordings to the Sergeant
12 at Arms for inclusion in the hearing record.

13 If you wish to speak at today's hearing, please
14 fill out an appearance card, if you have not done so
15 already, with the Sergeant at Arms and wait to be
16 recognized. When recognized, you will have three
17 minutes to speak on Introductions 868, 1169, or
18 Resolution 317, which is my resolution that we
19 actually haven't talked about at all, but hopefully
20 someone will talk about that.

21 If you have a written statement or additional
22 testimony you wish to submit for the record, please
23 provide a copy of that testimony to the Sergeant at
24 Arms.

2 You may also email written testimony to
3 testimony@council.nyc.gov within 72 hours after the
4 close of this hearing. And I promise you that the
5 committee staff, they read every single word of the
6 testimonies you submit. So I just want to reiterate
7 that.

8 So, with that, let me just give a minute for
9 folks to transition in and out. Goodbye to the high
10 school students. I know you have to go. Oh, another
11 hearing? Great! You guys are making the best use of
12 your time and day, so that's awesome.

13 (PAUSE)

14 CHAIRPERSON LEE: Okay, I am going to call the
15 first panel, and I just want to apologize ahead of
16 time if I am mispronouncing anyone's name.

17 First we have Christine Khaikin, am I saying that
18 correctly? Are you here? Jacob Clary, Eliot Thompson,
19 and Jasmine Budnella? Is that being...

20 COMMITTEE COUNSEL: Budnella...

21 CHAIRPERSON LEE: Budnella.

22 So, feel free to come up to the table. So you all
23 have three minutes. I may stop you guys at the three
24 minutes, but I will, of course, let you guys wrap up

2 if you go over the three minutes. But when you hear
3 the buzzer, you can wrap up if you will.

4 So feel free to go in... You guys can go in any
5 order you want. Christine do you want to go first?
6 Actually, yeah, you can start from this side, okay,
7 go ahead.

8 JACOB CLARY: Thank you. My name is Jacob Clary,
9 and I am a Harm Reduction Counselor at Housing Works,
10 where we have worked tirelessly to provide safe
11 syringe access since 1993.

12 Housing Works opposes the passage of Intro 868
13 and Intro 1169 as unnecessary and detrimental to the
14 effective operation of syringe service programs.

15 The proposed initiatives are redundant to
16 existing practices, guidance, and trainings that are
17 enforced and monitored by the New York State and City
18 Departments of Health. Moreover, they will interfere
19 with existing collaborations between schools and
20 community groups and harm reduction organizations.

21 While we recognize the Council's concerns, we
22 hold that they are based on unfounded claims that
23 these programs promote drug use, crime, and syringe
24 litter. In fact, decades of research support the role
25

2 of harm reduction in addressing problematic drug use
3 and syringe waste.

4 Intro 868 will not prevent participants from
5 taking clean syringes to any location in a
6 neighborhood, but will instead limit the safe
7 distribution and disposal efforts. The focus of this
8 bill is simply not aligned with the mission practices
9 or experience of syringe services programs.

10 Likewise, Intro 1169 is redundant to guidance
11 from the DOH which provides education to participants
12 for syringe, uh, for safe disposal of syringes.

13 A list of syringe access programs on the New York
14 City and State Department of Health websites can be
15 accessed to support communities, parks, and schools
16 in syringe disposal.

17 Instead of imposing new restrictions, we should
18 be placing more secure kiosks and containers in areas
19 where they are needed most.

20 Every syringe service program, including ours,
21 has safe disposal containers onsite and ours and
22 other programs work closely with the DOH to install
23 and maintain syringe disposal kiosks in high need
24 areas.

2 This effort can and should be expanded, but it is
3 not accomplish by passing new laws that only give the
4 false impression of progress.

5 The solution is not mandated restrictions on
6 syringe access but building community partnerships
7 which can foster understanding and communication,
8 and, crucially, to allow and fully fund Overdose
9 Prevention Centers, which allows substance use to
10 happen in a controlled environment where used
11 syringes and other drug use supplies can be disposed
12 of properly.

13 I am happy to answer any questions.

14 CHAIRPERSON LEE: Wow, you're under time, good for
15 you. Usually people go...

16 JACOB CLARY: Let me... Let me finish, then.

17 (LAUGHTER)

18 CHAIRPERSON LEE: Yeah, no, you should use up your
19 three minutes, go ahead, yeah.

20 JACOB CLARY: Okay, I just want to note that
21 after, uh, grilling the representative from the
22 Department of Health, the two representatives that
23 were asking about community services left. The
24 community services are sitting here at this table,
25 and I take personal and professional offense to that.

2 CHAIRPERSON LEE: Thank you. Go ahead.

3 CHRISTINE KHAIKIN: Hi, and thank you to the
4 committee. My name is Christine Khaikin, I'm an
5 attorney with the Legal Action Center.

6 For over 50 years the Legal Action Center has
7 been using legal and policy approaches to fight
8 discrimination, build health equity for those living
9 with substance use disorders and HIV or AIDS.

10 We fight to create affordable and equitable
11 access to quality treatment and harm reduction
12 services in New York and nationally.

13 I'm here today, because we are deeply concerned
14 about the two bills at issue— 868 and 1169, and we
15 oppose.

16 We understand the goals to address, uhm, reports
17 of increased syringe litter, we believe these two
18 bills are extremely over broad, not narrowly
19 tailored, and will lead to dangerous unintended
20 consequences, which may even actually lead to more
21 syringe litter, which would undermine the entire
22 purpose.

23 Further, one to one exchanges have proved to be
24 ineffective and even dangerous. Both of these bills,
25 by creating new and onerous restrictions, create

2 increased opportunity for surveillance of both the
3 programs and their participants, which time and again
4 has only moved these services underground
5 discouraging participation for fear of
6 criminalization, and reducing their overwhelming
7 effectiveness at reducing HIV, hep b and c and
8 overdose rates.

9 For the for 868, I don't have a map in front of
10 me, but it's undeniable that many neighborhoods are
11 obviously dense with playgrounds and parks making it
12 near impossible for mobile providers to distribute
13 syringes where they are needed most.

14 And the second bill, 1169, is similarly
15 concerning, creating overwhelming administrative
16 burdens, onerous data collection requirements, and
17 opportunities, again, for surveillance and potential
18 liability.

19 Again, uh, and also the public reporting that
20 focuses solely on syringe collection volume, uh,
21 ignores highlighting the important successes of these
22 programs and can even create more stigma in
23 neighborhoods that... because of ,you know, showing
24 that they are failing at collecting the "right"
25 amount of needles.

2 Overdose deaths for Black and Latine individuals
3 are not showing signs of abating. Right now it's
4 incumbent on the Council and the City to commit to
5 resourcing SSPs. The only way to solve these apparent
6 issues is to foster trust and partnership with the
7 participants and the community. Thank you so much.

8 JASMINE BUDNELLA: Good morning. You can hear me
9 okay? Awesome.

10 My name is Jasmine Budnella, and I am the
11 Director of Drug Policy at VOCAL-NY. I wanted to
12 start off by thanking you all for allowing me this
13 moment to testify. This thanks comes not just from
14 me, but from our staff at our syringe service
15 program, our participants, and our members and
16 leaders, and from countless that we have lost over
17 the last year.

18 VOCAL-NY was founded by AIDS activists who
19 refused to wait for permission to save lives. They
20 built underground syringe exchange programs because
21 policymakers failed to act— the same programs that
22 have since become the gold standard in public health
23 for people who use drugs.

24 For nearly two decades, we've been providing harm
25 reduction services in Brooklyn. It is not lost on,

2 but seems to be lost on some, that as the federal
3 government is considering gutting Medicaid, a
4 critical health care for the people that we serve,
5 the bills before this council will chip away at
6 another health system for people who use drugs.

7 What is being proposed will take us backwards and
8 force the most vulnerable into shadows and have real
9 health impacts. We are urging the Council to lead and
10 reject these bills.

11 Intro 868 will make it harder for us to reach the
12 people who need the services the most. As Christine
13 said, in a city as densely packed as New York, where
14 public spaces and schools are everywhere, this would
15 severely limit our ability of where we can operate.
16 In many neighborhoods, it would make it nearly
17 illegal for us to operate.

18 Mobile syringe service programs exist because
19 many people experiencing homelessness and drug use
20 can't act easily access brick and mortar locations.
21 Community members, elected officials, and agencies
22 often ask us to go to hot spots in the city to serve
23 these areas.

24

25

2 The City can't, on the one hand, or this bill, on
3 the one hand, tell us that we need to go clean up and
4 service certain areas and ban us from doing so.

5 Our services are much more than providing sterile
6 supplies. At all of our outreach locations, we do
7 syringe cleanup within two block radius. And just
8 last week, one of our participants voiced that they
9 were ready for treatment and we were able to connect
10 them to detox before we left that location.

11 Homeless encampment sweeps have increasingly
12 become a barrier to our services. We lose contact
13 with many of our participants, which means not being
14 able to provide them with care, sometimes only
15 reuniting them with them when a new hot spot emerges,
16 and we cannot stress enough that housing is a
17 critical piece of this dynamic. Not to mention, for
18 homeless New Yorkers, overdose is the leading cause
19 of death.

20 Our mobile services are underfunded and
21 understaffed. Instead of limiting proven public
22 health solutions, the City must invest in (TIMER
23 CHIMES) expanding mobile syringe services in the
24 Department of Health.
25

2 I just want to really quick highlight on the
3 second bill. Requiring public tracking of the number
4 of syringes versus collected in and out is not a
5 public health strategy. It's red tape to made to make
6 harm reduction harder.

7 I wanted to give you the stats of our successes
8 of our program just very quickly.

9 Outside of just providing syringes, we got 18
10 participants into a safe haven this year, nine from
11 shelters and safe haven into permanent housing, 16
12 enrolled in buprenorphine, nine enrolled in hepatitis
13 c care and treatment, and one of our participants
14 just enrolled college.

15 One big thing, one to one exchange, the Intro
16 1169 creates a precedent for one to one exchange,
17 which New York has long abandoned. This decreases
18 trust, increases barriers, and the likelihood of
19 reusing and sharing syringes, inevitably increasing
20 the risk of hepatitis c and HIV transmissions,
21 abscesses that can lead to amputations and blood
22 infections.

23 Studies have continuously shown that needs based
24 distribution is the way to go. In fact, outside of
25 studies, the WHO, the CDC, the United Nations, the

2 New York State Department of Health all recommend
3 needs based distribution.

4 As our social safety nets across the country, and
5 here in New York, are deeply at risk of being cut, we
6 cannot allow more barriers to us being able to
7 provide care and save lives.

8 Thank you for letting me go over time.

9 ELIOT THOMPSON: Good morning, Mental Health,
10 Disabilities and Addiction Committee members. My name
11 is Eliot Thompson, and I am the Outreach Coordinator
12 and I run the syringe exchange at the Alliance LES
13 Harm Reduction Center. We're a care management and
14 harm reduction nonprofit that has helped tens of
15 thousands of New Yorkers since 1991. I am here to
16 give my strong opposition to two proposed bills,
17 Intros 0868 and 1169, that I believe would increase
18 infections and fatal overdoses in New York City.

19 Harm reduction means using evidence based
20 approaches to reduce the personal and systemic harms
21 associated with drug use. It means meeting people
22 where they are with compassion and respect.

23 I do outreach in our community, mainly in public
24 parks, distributing sterile syringes, sharps
25 containers like this one, Narcan, as well as medical

2 supplies, socks, food, and other necessities to
3 people that need them.

4 This work is twofold. One, it helps them
5 immediate critical need, and two, it builds
6 relationships with our participants so they will
7 trust us and come to our center to receive more
8 services.

9 This approach is not enabling. On the contrary,
10 according to the CDC, people who use SSPs like ours
11 are upwards of five times more likely to receive
12 treatment for their substance use and upwards of
13 three times more likely to reduce or stop injecting
14 drugs.

15 Narcan distributed by us was used at least 53
16 times to reverse overdoses last year, and that is
17 just from people who reported it back to us. Our work
18 saves lives and it gets results.

19 It is to protect our work that I oppose Intro
20 868, prohibiting the distributions of hypodermic
21 needles by mobile syringe service programs within 450
22 feet of schools and playgrounds.

23 I presume this bill is intended to keep people
24 who use drugs away from kids, but I assure you our
25 participants are not interested in interacting with

2 kids. Many of them are experiencing homelessness and
3 public parks, are often near playgrounds and often
4 near schools, are some of the only places they can go
5 without feeling like they're being hassled or feeling
6 like they're in other people's way. Essentially, bill
7 makes being homeless illegal in the only places we've
8 allowed the homeless to be. This bill is morally
9 cruel, but it's also impractical because to help
10 someone, you have to be able to find them. Our people
11 are in parks. We know they're there. They're not
12 trying to coerce or interact with children; they're
13 looking for a safe place to be.

14 I oppose this bill because it would cause the
15 increased persecution and harassment. I oppose the
16 bill because the lifesaving work of distributing harm
17 reduction supplies, including syringes, should not be
18 restricted to areas far from parks and schools.

19 If you're worried about syringe litter, help us
20 pick it up. Don't criminalize the existence of an
21 already precarious population.

22 I also oppose Intro 1169, safe collection and
23 disposal of needles and syringes. I oppose this bill
24 because it invites an unacceptable risk of accidental
25 syringe contamination or needle sticks. At our harm

2 reduction center, we collect syringes in large sharps
3 containers and pay a specialty company to collect
4 them safely when full. We also distribute personal
5 sharps containers our participants like this one.
6 These containers prevent infection and should be
7 everywhere.

8 We fully support a DOHMH database cataloging
9 large sharps containers in every neighborhood. We
10 hope the City will fund the installation (TIMER
11 CHIMES) and collection of these like community trash
12 and recycling bins.

13 We appreciate the good intentions of the bill,
14 but object to requiring harm production centers to
15 provide disposable receptacles in each program
16 location in areas that are publicly accessible at all
17 times.

18 Our system works. Participants ask us for
19 personal sharps containers and return them to us for
20 us to dispose of. We build trust with our
21 participants, and the system prevents people from
22 absentmindedly taking out their used syringes.
23 Instead, we ask the City fund additional large sharps
24 containers and more small containers for personal
25 use. Please vote no on bills 868 and 1169. Thank you.

2 CHAIRPERSON LEE: Thank you so much. I have
3 questions for you guys. And this is the reason why we
4 have these hearings, right, is that we're not taking
5 a vote yet. We're introducing it, talking about it in
6 the hearings, so that we can figure out what changes
7 need to be made, what legislation ,like, language
8 amendments need to be made.

9 So I'd be curious to hear from each of you, and
10 you don't have to answer this now, but if you could,
11 uh, if maybe you want to resubmit or add this in your
12 testimonies, because you guys are working on the
13 ground and know things, uh, you see things that are
14 happening on the ground.

15 So, I'd be curious to hear from you all, uh, on
16 the two bills, knowing that there are concerns that
17 the community has, how you would maybe amend some of
18 the language of the bills to not only address the
19 concerns, but also moving forward— what would your
20 suggestions be for how to make improvements? Because,
21 what I will say is that, even if it's outside of the
22 purview of the bill, I'd be curious to hear what you
23 guys have to say in terms of what we're not doing,
24 what we're missing as a city, how we can make an
25 improvement.

2 So feel free to answer now. And, then, also,
3 specifically for Jasmine, I was just wondering, or
4 actually any of you, for the mobile programs, do you
5 also partner with IMT, ICT, the AOT programs, as well
6 as B-HEARD, and all of the other ones that are out
7 there? Because oftentimes I find that they're not
8 connecting with folks perhaps like yourself. So I'd
9 be curious to hear what your experiences have been in
10 connecting with those other outreach teams.

11 JASMINE BUDNELLA: Yeah, I'll start on the
12 outreach, and then maybe we can mention a little bit
13 about the bill.

14 Our outreach program is called Peer Delivered
15 Syringe Exchange, which is through our syringe
16 service program. We know that peers on the ground are
17 the best people to connect, as you're mentioning with
18 other outreach programs.

19 As you all might know, VOCAL-NY is also an
20 organizing shop, and we've long called on more
21 collaboration between city agencies on these multiple
22 crises of homelessness, of substance use, and mental
23 health.

24

25

2 We need collaboration because what is happening
3 is each different piece is being addressed
4 differently.

5 Our Peer Delivered Syringe Service Program is
6 really rooted in just trying to get people into care.
7 Often though, I will mention, as it was mentioned
8 earlier by the Department of Health, some of the
9 areas that we're covering are pretty far from our
10 brick and mortar, and so we need to continue
11 providing that care there.

12 I will mention that the City also has a heat
13 team, and I know that there's been some complications
14 with that, but we have partnered with heat teams in
15 the past.

16 The last part on the bill, the two bills, you
17 know, I'm also a supervisor, and sometimes I'm often
18 asking what are we trying to solve? So, I think that
19 instead of legislating, what you're attempting to do
20 here is we're trying to solve multiple crises at the
21 same time. We're trying to solve homelessness.
22 We're trying to solve syringe litter. We're trying to
23 solve the overdose crisis. So I think that requires
24 collaboration.

2 I love that you mentioned community. It's really
3 critical that we're having conversations with
4 community agencies, elected officials at both the
5 Council level, the City, and the State, which I know
6 that there's been some amazing champions here.

7 So I think legislating our way out of this is
8 actually more harmful than us being able to to roll
9 up our sleeves, get in community, and have
10 conversations.

11 CHAIRPERSON LEE: No, I hear you on that. Because
12 oftentimes I remember being on your side of the
13 aisle. And ,you know, a lot of bills are well
14 intentioned, sometimes in terms of the
15 implementation, as well as the execution phase, uh,
16 they need to be more thought out there.

17 So, we're, uh, these are just, again, early
18 stages of us considering these bills, and figuring
19 out what maybe some of the potential roadblocks and
20 challenges could be, and how to also address the
21 concerns.

22 So I appreciate all of your perspectives. And if
23 you wanted to jump in, if not feel free to resubmit
24 the written testimony piece.

2 Yes, and you can email Sara directly, I swear to
3 God, these amazing staff read every single word of
4 the testimonies, and oftentimes it does give us a lot
5 of ideas about how we sort of relook at things.

6 So I appreciate all of you and your work. And
7 Housing Works does have a program in my district,
8 which I'm very thankful for, so thank you.

9 JACOB CLARY: I...

10 CHAIRPERSON LEE: Oh, go ahead, yeah.

11 JACOB CLARY: just wanted to add something. I
12 think the issue is that these bills are talking about
13 a symptom, and they're really trying to nibble around
14 the edges when we need wholesale change.

15 I mentioned Overdose Prevention Centers in my
16 testimony, and I just want to double down on that.
17 When we limit access to syringes, we don't stop
18 people from using drugs, we stop them from using
19 drugs safely.

20 Every HIV infection, every hepatitis c and b
21 infection is a policy failure. We know what works,
22 and what works is syringe exchange, and even further
23 than that, what works is Overdose Prevention Centers.

24 If you want syringes off the street, give people
25 a place to use safely.

2 CHAIRPERSON LEE: I have been to a couple of the
3 OPC sites, and they are doing, yeah, they are doing a
4 lot of great work.

5 Council Member Mealy?

6 COUNCIL MEMBER MEALY: Oh, yes, I just heard that
7 the sweeps, I thought the City have stopped doing
8 sweeps like that at tents. No? So you're telling me
9 the police come in, like, Central Park, and if
10 someone is living there for a minute, they sweep them
11 and sometime even arrest them also. Right?

12 And then it takes you longer to find those same
13 individuals again and you have to start all over. And
14 if they just happen to go now to Brooklyn, you lost
15 that individual to even if they were, making
16 progress.

17 JASMINE BUDNELLA: Mm-hmm

18 COUNCIL MEMBER MEALY: So the sweeps are still
19 going on. That is concerning. I didn't know that was
20 still going on. So we should be addressing that just
21 as well.

22 Do they have any reason why? Just they say they
23 are loitering or something? Because as I heard the
24 testimonies, that's people's safe place to... if they

2 wanna shoot up, they do it there, because they feel
3 kinda safe. So what is the reason why the sweeps?

4 Does anyone know why the police are doing the
5 sweeps?

6 JASMINE BUDNELLA: I mean, this administration,
7 Mayor Adams, has been pretty aggressive at sweeping
8 homeless encampments.

9 So not only are we losing them and contact with
10 them, you're right, some folks are making good
11 progress. It's also incredibly, uh, we've been in
12 certain locations for years, so we're building long
13 time relationships, but people are also losing their
14 documentation. People are losing, you know, things
15 that they've, uh, pictures of their families. It's
16 inhumane and brutal, and very, very disruptive in
17 people's lives. And the administration is continuing
18 to do sweeps.

19 COUNCIL MEMBER MEALY: Thank you for that. I
20 didn't know they were still going on. So, that is
21 something I will look into. Thank you. We need that.

22 CHAIRPERSON LEE: Thank you all.

23 COUNCIL MEMBER MEALY: Thank you.

24 CHAIRPERSON LEE: Thank you so much, especially
25 for the work that you do, thank you.

2 Okay, next in person panel is Kisha Candanedo?
3 Candanedo? Candanedo? I'm sorry. Jason Candanedo,
4 Timothy Carlos Majoor, Erachie Brown, and Sharon
5 Leslie Brown.

6 (PAUSE)

7 CHAIRPERSON LEE: Okay, and we can start from here
8 if you want to go first.

9 KNAKISHA CANDANEDO: Hi, good morning. My name is
10 Knakisha Candanedo. I am from a park group called
11 Friends of Echo Park in the Bronx. And I just wanted
12 to share something.

13 I understand where a lot of people are coming
14 from ,you know, in terms of why they want to do this
15 bill. I get it. I at one time felt very similar about
16 drug use in feeling like a lot of these harm
17 reduction services were just another form of enabling
18 people.

19 But when I have seen the work of two groups in
20 particular, who work in Echo Park, one is OnPoint NYC
21 and the other is Saint Ann's Corner of Harm Reduction
22 (SACHR), and I see what they are doing in terms of
23 the services with the vans in the park— how they're
24 picking up most if not all of the needles in the
25 park, so that the Parks Department doesn't have to do

2 it— when I see that they're offering services to the
3 people in the park to come to their facilities to get
4 the wraparound services that they need, it definitely
5 changed my mindset about these harm reduction
6 services.

7 So I feel like they are vital to our community.
8 We need them, because without them, we're gonna see a
9 whole mess of needles all over, not just in the park,
10 around the streets, around the neighborhood. Yes,
11 there's a school down the block, but I'm'a tell you,
12 these kids, they're not dumb. They know what's
13 happening in the street. We're not hiding anything
14 from them. They know what's happening, but if they
15 see efforts of groups like OnPoint, like SACHR, that
16 are trying to help people— I agree with you, where
17 they're at and moving them forward out of addiction—
18 then that's a positive thing for them to witness,
19 because otherwise they're just gonna see the harsh,
20 dark reality of these situations with these people
21 that don't change.

22 I want to read something from a Daily News
23 article, it was written in 1971, and this is from
24 Nixon's Domestic Affairs Assistant, John Ehrlichman—
25 I don't know if I'm saying it correctly, about the

2 war on drugs. He says, "We know we couldn't make it
3 illegal to be either against the war or blacks, but
4 by getting the public to associate the hippies with
5 marijuana and blacks with heroin, and then
6 criminalizing both heavily, we could disrupt those
7 communities. Did we know we were lying about the
8 drugs? Of course we did."

9 This was from 1971. This war on drugs has been
10 going on for 54 years. And it hasn't just been a war
11 on drugs, it's been a war on communities of color -
12 to disrupt, to dismantle, and to destroy through
13 drugs. Okay? No matter how you slice it, that's
14 exactly what's been happening for 54 years. This has
15 been a form of genocide and extermination.

16 So, traditional forms of treating drugs (TIMER
17 CHIMES) has obviously not worked. So if we see
18 alternative ways of helping people not to stay in
19 their drug use, but to move from it, forward, onward,
20 this is what these groups are doing. So to stop their
21 work now, is not only going to make the situation
22 worse for people who are struggling in addition, it
23 is going to greatly affect the communities where
24 these people live.

2 So I am asking that you guys oppose, do not pass
3 this bill. Because it is going to be bad for all us,
4 as it has been for the past 54 years. Thank you so
5 much.

6 JASON CANDANEDO: Hello, good afternoon. I'd like
7 to read a statement.

8 My name is Jason Candanedo. I am a Bronx resident
9 who currently resides in the Tremont section of the
10 Bronx, and I am also a member of the community group
11 Friends of Echo Park. We are the constituents of
12 Council Member Feliz. I am here to voice my
13 opposition to bill Intro 0868 on the following
14 grounds:

15 The reality is that people use substances in New
16 York City public parks and spaces. As an active
17 participant in a local park organization in the
18 Bronx, I've witnessed this firsthand. I've also
19 witnessed the great work that organizations such as
20 OnPoint New York City and Saint Anne's Corner of Harm
21 Reduction have done in these parts to address and
22 alleviate these issues.

23 This bill erroneously implies that these
24 organizations are the cause of harm, which is
25 blatantly false as due to their syringe programs, HIV

2 and HCV infections from sterilized syringes have
3 fallen drastically.

4 Banning these programs from these spaces will
5 curtail the vital services that those with substance
6 use disorder need access to as these programs offer a
7 myriad of services and resources onsite.

8 This bill, if passed, has the potential of
9 inflicting irreparable harm to those people who are
10 most vulnerable and need services the most.

11 Banning and prohibitions more often than not are
12 ineffective. What is effective are the life saving
13 services these programs provide.

14 Here are the facts: according to Health
15 Department data, in just last year alone, outreach
16 and syringe litter teams collected more than 187,000
17 ground syringes and provided syringe disposal
18 education more than 6,800 times. Plus, according to
19 years of research by the National Institutes of
20 Health, syringe exchange programs are not a major
21 source of pollution, and people who get needles from
22 an exchange are more likely to dispose of them
23 properly than those who do not. According to the same
24 data, the healthcare risks associated with improperly
25 discarded needles are miniscule. The healthcare risk

2 posed by a discarded needle is not on par with the
3 healthcare risk posed by banning services.

4 We are not here to lay blame or fault, but
5 instead to seek solutions, and this bill is not the
6 solution. Thank you.

7 TIMOTHY CARLOS MAJOOR: Hello, can you hear me?

8 Dear esteemed members of the committee, my name
9 is Timothy Carlos Majoor, I am a professional in
10 public health, the CEO of St. Ann's Corner of Harm
11 Reduction, thank you for your kind words, a South
12 Bronx institution for over 35 years and also a proud
13 New Yorker.

14 I'm speaking today to express my strong
15 opposition to Intro 868, the bill prohibiting syringe
16 services within 450 feet of a school or playground.

17 If enacted Intro 868 would negatively impact my
18 agency and similar agencies abilities to deliver
19 services like this and other life saving
20 interventions to folks in need, especially at a time
21 when our city's rates of disease and overdose are on
22 the rise.

23 I think I speak for everyone when I say that we
24 are all in favor of safer communities, especially
25 safer schools, but by prohibiting syringe services

2 you'll be contributing to the problem. Simply put; by
3 making our services harder to reach and access you'll
4 only serve to hurt our neighbors and further the
5 City's health challenges.

6 My agency, along with many others that spoke
7 today, provide syringe cleanup up to seven days a
8 week, with hotlines report syringe litter, amongst
9 many other services we provide.

10 Our mobile outreach units deliver holistic
11 treatments and services in collaboration with our
12 harm reduction work.

13 By preventing our mobile syringe exchange, you're
14 preventing our participants from accessing the
15 plethora of other services we have available, thus
16 denying someone an opportunity of doing more for
17 their health.

18 Should the bill pass, where will our outreach
19 units go? In the Bronx, for example, where we work,
20 the majority of locations that are not within 450
21 feet, let alone a 1,000 feet as one of the members
22 mentioned, are mostly in the highest earning ZIP
23 codes, their districts.

24 If we are forced to move our operations to
25 locations that meet the requirements of this bill,

2 we'll be forcing our services into communities that
3 are not in need of our services compared to areas
4 like the South Bronx.

5 By pushing us into the corners of our boroughs,
6 the problem won't disappear. The communities that are
7 currently handling these challenges will not see any
8 relief, because the people who require these services
9 have nowhere to reach us.

10 I'm going to give the benefit of the doubt and
11 say that this piece of legislation comes from a good
12 place, the desire for safer boroughs. That is the
13 purpose of my nonprofit. With this in mind, I propose
14 we broaden our view of this current challenge and
15 lean on our strengths. Let's set up collaborations
16 between local syringe providers and city departments
17 to establish training protocols, listening sessions,
18 equitable schedules to address every part of the
19 City's syringe litter challenges, combat stigma
20 amongst our institutions, and, of course, create a
21 safer city for all of us.

22 We're actively communicating with schools to
23 provide trainings and meetings to help parents,
24 teachers, students, and others understand the current
25 challenge and how we all can do more.

2 Let the SSPs do the work they're good at. Expand
3 our funding so we could expand our syringe clean
4 efforts across the board, for example.

5 When we ask why our people are in parks and
6 playgrounds, we should be asking why are they seeking
7 these spaces? Why are shelters not safe for those in
8 need? We could be doing more for our people by
9 establishing more safe spaces like drop-ins,
10 community centers for our people, rather than
11 destroying what they have left and forcing them into
12 the shadows.

13 I am proof that harm reduction strategies work. I
14 was raised in the loving arms of this community.
15 These are real people, (TIMER CHIMES) real neighbors,
16 real voters that we are talking about. Therefore, our
17 strategy should be equitable and support everyone,
18 not exile a population of our people to a corner of
19 this borough to be forgotten about.

20 For these reasons, I urge you to oppose Intro
21 868. I appreciate the opportunity to provide
22 testimony, and I hope you will consider the harmful
23 implications of this bill. Thank you.

24 ERACHIE BROWN: Yes, good afternoon, my name is
25 Erachie Brown, I'm from the Bronx Community Board 5.

2 The testimony, I believe, for this bill here 0868
3 needs to be dismissed , uh, the Local Law amendment
4 to prohibit distribution of hypodermic syringes and
5 needles by mobile service programs.

6 What we have here is a failure to recognize fear.
7 The idea that fear can be paralyzing and prevents
8 people from taking chances to make changes, standing
9 by action until completion, which will produce a
10 concrete positive outcome for our residents and our
11 communities. We can accomplish great things if we
12 look at the problems face on rather than being held
13 back by lack of knowledge, doubt, and fear.

14 Addressing this bill prohibits the distribution
15 of hypodermic syringe and needles by the mobile
16 syringe service program within 450 feet of schools
17 and playgrounds. What it does, it prevents serving
18 the community, which serving the community means
19 being out in the community.

20 We have outreach and public safety teams such as
21 OPST which serves the individual in East Harlem,
22 Washington Heights, the Bronx. All connecting
23 comprehensive programs to provide the basic needs
24 such as food, clothing, safer drug use supplies, and
25

2 educational materials as well as addressing syringe
3 litter and other hazardous waste.

4 Community kiosks in mobile units is a
5 collaborative effort between the Parks Department,
6 the Department of Health, and OnPoint NYC, which aims
7 at addressing public health concern related to
8 substance use.

9 The initiative require the installment of syringe
10 drop boxes in high impact areas, specifically in
11 public spaces which is which has a known history of
12 drug use.

13 As far as public schools, the OPS team reaches
14 out to the neighboring schools and offers them these
15 tools and services to reduce the risk of needle stick
16 injury, support safer environments, reinforce harm
17 reduction principles and commitment in promoting
18 safety and cleanliness.

19 Rather than limiting the work that these harm
20 reduction organizations do, we should be talking
21 about making sure that they get additional funding,
22 so that they can continue to provide the services and
23 expand on them.

24 That is the goal we all should be striving for,
25 not localizing specific points and nitpicking on

2 semantics, which always results in some type of
3 verbal delusions.

4 For example, NYPD is not the solution in solving
5 this dilemma. They cannot do all of it. This crisis
6 of substance abuse is much larger than we can even
7 imagine. (TIMER CHIMES) Limiting the work of the harm
8 reduction services places a much bigger strain on the
9 NYPD, not to mention the amount of dollars and
10 manpower needed to attempt to resolve this problem.
11 The NYPD already has hundreds of matters to tend
12 within our community.

13 We need more mental health and addiction services
14 professionals doing this work like one of these
15 program providers. They say it takes a village to
16 raise our children, the standards which our democracy
17 imbues and guarantees our right as free thinking
18 citizens to thrive in the land of freedom, our
19 country America. Let us not leave out the foresting
20 of trust in building a greater community by helping
21 to create a more livable and welcoming environment
22 for everyone that lives here.

23 Prohibiting the distribution of syringe and
24 needle services around the public school area, I feel
25

2 should be negotiated between the schools in question
3 and the outreach personnel involved.

4 Our children are faced every day seeing community
5 members abusing these drugs firsthand. You have drug
6 dealers selling their wares around school children at
7 school. Yet, I see no one outcrying to stop these
8 actions of illegal sales. Yet, you would punish the
9 very people who are trying to offer a solution to the
10 problem.

11 The amendment to me, if you are not a part of the
12 problem, then you must be a part of the solution. Let
13 us not negotiate out of fear. Let's both sides
14 explore what problems unite us instead of belaboring
15 those problems which divides us.

16 CHAIRPERSON LEE: Thank you.

17 SHARON BROWN: Hello, my name is Sharon Brown from
18 Rose of Sharon Enterprises. Before I start, remember
19 the hostages, release the hostages, let Yahweh's
20 people go, defend Israel. Remember Israel and
21 everything we're doing today.

22 Okay, the syringes in the park is a dangerous and
23 intentional and negligent act. We can't have syringes
24 around students and children and things like that,
25 parents coming in, parents with strollers, different

2 things like that. That interaction is dangerous, it
3 brings and it breathes those different elements that
4 drug use, drug abuse, whatever people do for drugs,
5 actually having those things happen there because the
6 syringes will be there. It's not safe for the
7 children.

8 So the harm reduction services are actually
9 causing harm, because they're pushing the drug use
10 instead of abstinence from the drugs. Now if they see
11 that they've been doing this, this program is not
12 new, they've been doing this for many years, Even Joe
13 Biden and a couple of people want to hand out
14 syringes and things like that. That's not stopping
15 the drug problem. You're helping them use, that's not
16 a solution.

17 So we need to stop saying we're we have a
18 solution, let's give them syringes. And then people
19 sell them drugs that have fentanyl or whatever in
20 there that causes them to have overdose. So merely
21 just using the drugs is not causing the overdose, but
22 the drugs being tainted and different things like
23 that. So there are a lot of things that we do need to
24 deal with, but giving them syringes and the ability
25

2 to use drugs is not going to help them. We need
3 services that will help them.

4 I'm trying to implement biblical Jewish and
5 Christian ways that we deal with these problems. The
6 people in the churches, the Jews and Christians who
7 do things biblically based, you do not find a lot of
8 Jewish and Christian people that are on drugs. When
9 we live biblically, we can have programs set up that
10 way. When we do have programs inside the church that
11 have elements of the other programs, that does not
12 work. When we do it the way we do it, you find Jews
13 and Christians we're not using drugs.

14 So giving people syringes, imagine us having that
15 mindset in a church and have... just so that they can
16 understand how heinous it is to have syringes at a
17 school. Imagine if we had the syringe boxes and the
18 harm reductions around a church, and we said this is
19 a safe place, let's let them come there and exchange
20 and they can use their drugs and feel safe. No. Come
21 in and let us tell you what we know to make you stop
22 using drugs.

23 What do you have for them to stop using drugs?
24 (TIMER CHIMES) Stop giving them syringes to harm
25 themselves with drugs that are tainted.

2 CHAIRPERSON LEE: Thank you.

3 SHARON BROWN: You're welcome.

4 CHAIRPERSON LEE: Thank you all for your
5 testimony, for taking time out to come here. I know
6 it's not always easy to take time out during the day.
7 And, yeah, we have one more in person, I'm sorry.
8 But, just, I wanted ,you know, just mention OnPoint
9 and St. Ann's, you guys are doing... I have
10 personally been to OnPoint, I have not been to
11 visited your facility, so I should come by.

12 TIMOTHY CARLOS MAJOOR: Come by.

13 CHAIRPERSON LEE: Yes, I will. Giving more work
14 for my staff, I hear them already yelling at me. But
15 yeah, I just want to thank you all for your
16 contributions and everything that you're doing to
17 help the neighborhood, so thank you.

18 PANEL: Thank you.

19 CHAIRPERSON LEE: Okay, and next we have Gia
20 Mitcham. I hope I am saying that correctly. And I
21 apologize for you being alone. (LAUGHS) I know it was
22 a late entry, so you have your own panel all to
23 yourself.

24 (PAUSE)

25 CHAIRPERSON LEE: Okay, go ahead.

2 GIA MITCHAM: Okay, good afternoon, Chairs, thank
3 you for the opportunity to testify today.

4 My name is Gia Mitchum, I am the New York Policy
5 Associate at the Drug Policy Alliance. We are an
6 advocacy organization working with grassroots groups
7 and providers to address the harms of drug use and
8 drug criminalization through health solutions, social
9 supports, and community well-being.

10 We are here to oppose Intros 868 and 1169. These
11 bills would stifle the positive impact syringe
12 service provider programs are having in reducing the
13 harms associated with drug use by limiting their
14 accessibility of their services.

15 I want to start by reminding the Council that
16 SSPs are a response to where drug use is already
17 happening, and it's a response to the harms
18 associated with drug use and the ways people who use
19 drugs have been pushed away from care that supports
20 them and communities.

21 We share the goal for litter to in our city to be
22 adequately and properly removed from public spaces.
23 Intro 868 would interfere with syringe litter cleanup
24 that SSPs provide through mobile outreach programs.

2 Mobile syringe service programs are street based
3 teams that provide a range of services in response to
4 individual health needs of people who use drugs and
5 broader community needs. Mobile SSPs provide services
6 where there is a need and this includes responding to
7 needs near schools in and around playgrounds and
8 surrounding parks.

9 So prohibiting syringe distribution in these
10 areas means that schools and playgrounds would be
11 effectively excluded from receiving the range of
12 services that mobile teams provide - including
13 syringe cleanup, emergency overdose response, and
14 connections to health and social services.

15 Intro 1169 contains a reporting provision about
16 syringe distribution and collection by SSPs that
17 disregards the multiple ways syringes are acquired
18 and disposed of. In fact the Council passed a bill to
19 create a syringe buyback pilot program that is about
20 to launch, and we have serious concerns that Intro
21 1169 will create an incomplete picture of syringe
22 disposal mechanisms that will be used to limit SSP
23 services.

24 Like other litter, syringe litter requires a
25 combination of investments and strategies to address

2 reduced stigma, increased access to care for people
3 who use drugs, and increased capacity for litter
4 cleanup are among the interventions that this council
5 should consider.

6 So we urge the Committee not to advance Intros
7 868 and 1169. Thank you.

8 CHAIRPERSON LEE: Thank you.

9 Okay, so now we are going to move to Zoom
10 testimony. So please wait for your name to be called
11 to testify, and please select "unmute" when prompted.

12 First up, we have Senator Gustavo Rivera, who I
13 am assuming is joining us from Albany. So whenever
14 you are ready...

15 SENATOR GUSTAVO RIVERA: Yes, I am...

16 CHAIRPERSON LEE: And we don't have a timer for
17 you. So, go ahead, whenever you are ready.

18 SENATOR GUSTAVO RIVERA: Actually, I not will
19 take... I was concerned about that because I might
20 take a little bit more than three minutes.

21 But I will take just a few minutes, first of all,
22 to thank you, Madam Chair, for having this hearing,
23 and I certainly thank all the folks who were there in
24 person.

2 I do want to say that it that I don't know what
3 other members are currently present, but it is
4 unfortunate - I'll share the concern that one of the
5 earlier panelists shared about the fact that, both
6 Council Member Feliz and Council Member Marmorato,
7 both who crossed over in my district, have left. I'm
8 not sure if they returned, but I would hope that they
9 would have stayed to hear the rest of the
10 conversation. But, you know, they're not here, so I
11 just wanted to express my concern. But they're both
12 in my district, and many of the folks who actually
13 did testify today are part of my district.

14 So I wanted to just say a couple of things off
15 the top, which I think need to be stated for the
16 record. And I would, again, hope that... I would have
17 hoped that some of your some of your colleagues, some
18 of my colleagues, right, who are in my district,
19 would have stayed to hear for a second.

20 We have to remember that addiction is not a moral
21 failing. It is true that for certainly for people
22 like myself, I grew up in the eighties, so I had that
23 message shoved into my head, you know, "Just Say No
24 to Drugs." "Say no to drugs". It's as if though it's
25 just a choice that one would make, and one that if

2 you make the choice of using drugs, there's obviously
3 something wrong with you.

4 There's a level of stigma that is attached to the
5 fact that we have thought for so long that addiction
6 is a moral failing. And that stigma has led to some
7 of the policies which have led to the incredibly
8 concerning overdose deaths that we have seen for
9 many, many years, but certainly the spikes that we've
10 seen in the last couple of years.

11 Addiction is not a moral failing, it is a medical
12 problem, so it must be dealt with. We cannot
13 criminalize, uh, just criminalizing it does not solve
14 it.

15 If that were the case, if saying, "Just Say No",
16 and just we're gonna criminalize people who sell it
17 or use it, etcetera, if that were solving the
18 problem, it would have solved it already.

19 And I was also, uh, and I would say that that
20 some of my colleagues, unfortunately, seem to just
21 want to ignore the fact that there is... that these
22 practices from SSPs and harm reduction policies are
23 evidence based practices. There is data that goes
24 back generations that talks about the fact that if we
25 treat it as a crime, we're never gonna solve it. If

2 we treat it as a public health problem, we can make
3 progress.

4 And, abstinence only does not work. It is true
5 that certain people are just able to quit, but the
6 reality of addiction is not that people can just go
7 like this and quit. Most people can't. And we need to
8 understand that.

9 And the services, as somebody said a little
10 earlier, and I believe it was you, Madam Chair, who
11 said that we need to meet people where they are. And
12 that is exactly what SSPs are, which is what I wanted
13 to get to.

14 The reason why many of these... I'll talk about
15 the location that Council Member Feliz mentioned,
16 because it is in my district. It is in his. It is in
17 mine - it's 532 East Tremont Avenue. Yes. That is
18 right near a park, right near Walter Gladwin Park,
19 right on East Tremont Avenue in the Bronx.

20 The reason that that is there, that that van is
21 there, I'm not sure which service provider is the one
22 that is there, but that is because that is where the
23 population is.

24 SSPs, these mobile folks, go to places where the
25 populations are, where people who use drugs are. And

2 let's remember that all of these are about... all of
3 these practices are about public health. This is
4 about public health.

5 The fact is that letting people... cutting off
6 people from services, which is as many of the folks
7 today have testified, what this bill would ultimately
8 do. It would cut off people from services because
9 these vans go to the places where the populations are
10 and connect them to services, not only provide them
11 needles, but actually provide them services and
12 access to the services that they might need,
13 etcetera.

14 If they don't have those services, then they're
15 not only going to use, maybe exchange needles, which
16 actually would lead them potentially to have HIV,
17 hepatitis C, other blood borne diseases, that's what
18 we want to eliminate. But also they wouldn't have
19 access to the services, period.

20 So folks are going to keep using. So this is what
21 I'll end with, and I do appreciate you giving me a
22 little bit of leeway.

23 Look, The fact is that there are solutions here.
24 We need to actually deal with the actual problem and
25

2 not just try to go backwards in ways that we tried to
3 do it before.

4 To criminalize something is not going to solve
5 it. To treat it addiction like a crime, to treat
6 people who use drugs as criminals, to say that it's
7 just- if I don't see them, they're not a problem.
8 That doesn't solve anything.

9 We have many things that we can do, and I'll just
10 mention a couple off the top as I bring this in for a
11 landing.

12 First of all, the opioid settlement fund, which
13 is a bill that I passed a couple of years ago, which
14 has given the State... this is a bill which would
15 take money that we get from settlements from
16 pharmaceutical companies, who exacerbated the
17 addiction crisis and the overdose crisis, because
18 they marketed opioids as if though they were candy.
19 But we've actually brought all sorts of lawsuits
20 against them, and those lawsuits bring us settlements
21 that then sit in a fund that, because of a bill that
22 I was able to pass a couple years ago, could only be
23 used for treatment, for harm reduction, for recovery.

24 So I would say that part of the solution here is
25 having the Department of the... the City Council to

2 pressure the Mayor's Office, to pressure the
3 Department of Health, to make sure that the money
4 that comes from the State to the to the City actually
5 gets used for the purposes that are... that the
6 board, that the Opioid Settlement Fund Board is
7 recommending.

8 The recommendations that they have, these are
9 experts in harm reduction, in treatment, in recovery,
10 and so pressuring the City to make sure that those
11 millions of dollars go to those services and expand
12 those services, that would be best.

13 Certainly, as you mentioned, the program that's
14 just about to start related to the buyback program,
15 it is gonna start in the spring, and I am very much
16 looking forward to that program getting off the
17 ground and seeing how it functions.

18 So we should wait for data on how that works, and
19 make sure that we focus on giving more funding to
20 those institutions - certainly Boom Health, St. Ann's
21 Corner of Harm Reduction, OnPoint NYC. These are all
22 folks, these are all agencies, some of them in the
23 room there, that actually do this work. They pick up
24 syringes. They identify the places where they are,
25 and they work with the community.

2 So finally, I'll finish with this. I was very
3 glad to see the Friends of Echo Park. These are a
4 group of community members who, as they themselves
5 have said, have made an evolution based on how they
6 view the work that these folks actually do.

7 And I would ask, I would plead, I would plead
8 publicly to my colleagues, who are who are still
9 insistent that the way to deal with this problem is
10 to further criminalize, to push people to the side,
11 to, eliminate the possibility of these places, of
12 these vans being where they are, etcetera, etcetera—
13 I would plead for them to make the same... to do the
14 same thing that these community members did, to
15 actually talk to the providers, to go and see the
16 work that they do, to ask questions, to ask questions
17 of the people who are being served, the users
18 themselves, to visit some of these facilities.

19 I would ask them to do that, and hopefully, when
20 we do that, we can all come together and say, let's
21 actually focus on real solutions, not just something
22 that sounds good and makes us feel better, but
23 doesn't actually solve the problem.

24 So with that, Madam Chair, thank you for the
25 leeway, and, certainly, if there's any questions,

2 I'll take them. But thank you so much for having me
3 this morning.

4 CHAIRPERSON LEE: Thank you so much, Senator.

5 Actually, you will be happy to hear that, last...
6 a couple of weeks ago?

7 COMMITTEE COUNSEL: Last month

8 CHAIRPERSON LEE: Yeah, last month, we actually
9 had our second oversight hearing about where the
10 opioid settlement funds have been going— how they
11 have been spent. And I know that we have folks from
12 DOHMH still here, which I appreciate you guys for
13 staying, uh, to hear the testimonies. But we drilling
14 down... We are trying to drill down even further. We
15 can have offline conversation after this, but I am
16 very, very much on that, because I want to make sure
17 that the funds are going to the groups and the ZIP
18 codes where it is most impacted. That is where we
19 need to make sure that that money goes. So I am right
20 there with you on that.

21 SENATOR GUSTAVO RIVERA: I'm in full agreement,
22 Chairwoman, thank you so much for that.

23 CHAIRPERSON LEE: Okay, thank you.

24 And next we have Richardson Benjamin, followed by
25 Gregory Bunt.

2 SERGEANT AT ARMS: You may begin.

3 RICHARDSON BENJAMIN: Thank you so much, Madam
4 Chair, for giving me this opportunity.

5 My name is Richardson Benjamin, I am the PTA
6 President of PS 28 Mount Hope on Tremont and Anthony
7 Avenue, uh, 1861.

8 I want this meeting, because I want to say I want
9 this bill to be passed, because needles, we have been
10 seeing needles in the school for decades. And this is
11 something that is going on, and I'm fighting over
12 years and years when I became the PTA president, and
13 I have to do press conference outside the school.

14 Every morning, custodians call me to tell me they
15 see needles on the school premises, in front of the
16 school entrance. And we have 3 to 5K students coming
17 into the building, and which is unacceptable, because
18 these kids can be pricked, and they can get any
19 infection, HIV, AIDS, or hepatitis b or anything.

20 So I would like Intro 1169 to be passed and 0862
21 to be passed, so that these things will be stopped
22 within a public school or elementary school vicinity
23 or our parks. Because it's something that is causing
24 a lot within our school and our district.

2 CHAIRPERSON LEE: Okay, great, thank you. And just
3 really quickly, a follow up question is, have you
4 been in touch with and partnering... So, when you see
5 a lot of ,you know, according to yourself, I mean, I
6 know the parents have concerns, but have you been
7 partnering with some of the groups who work on
8 this...

9 RICHARDSON BENJAMIN: Uhm, I...

10 CHAIRPERSON LEE: or the Parks Department? Yeah?
11 Sorry...

12 RICHARDSON BENJAMIN: I think before it started,
13 Senator Gustavo was (INAUDIBLE) time the senator
14 around, so we called him to reach out to his office.
15 And I reached out to the borough president office,
16 and then I reached out to the council member office,
17 but we also reached out to Community Board 5 so that
18 we can deal with this issue.

19 But they promise that they'll clean up the place,
20 but sometimes during school hours, it happened. So I
21 wasn't seeing any changes. I wasn't seeing any
22 changes. So this partnership, they tell us they will
23 do it. We went, sat down with the management. Nothing
24 was being done.

2 CHAIRPERSON LEE: Okay, thank you so much for
3 sharing your testimony.

4 RICHARDSON BENJAMIN: Thank you.

5 CHAIRPERSON LEE: Next we have Gregory Bunt,
6 followed by Desiree Bell.

7 SERGEANT AT ARMS: You may begin.

8 DR. GREGORY BUNT: Okay, can you hear me and see
9 me now, uh, Chair...

10 CHAIRPERSON LEE: Yes, we hear and see you.

11 DR. GREGORY BUNT: Okay, very good.

12 Okay, thank you for the opportunity and
13 invitation to speak on this very important topic. I
14 believe I'm speaking on the proposal that you sent me
15 regarding a resolution calling in New York State to
16 mandate basic training and addiction treatment as a
17 requirement for medical schools that receive state
18 funding. Is that correct, Chairwoman?

19 CHAIRPERSON LEE: Yes, oh, yeah, we are hearing
20 that bill today at the committee. Yep, that's one of
21 the bills.

22 DR. GREGORY BUNT: And that's why I'm being called
23 to testify on that particular resolution, correct?

24 CHAIRPERSON LEE: Yes, and if you want to comment
25 on the others, that's great, but you don't have to.

2 DR. GREGORY BUNT: Okay. Well, I mean, with
3 regards to the others, I would just comment shortly
4 that the role now of addiction treatment providers is
5 kind of twofold. One is treatment that advances
6 toward rehabilitation and recovery, so significant
7 periods of abstinence. And the other, which is
8 different really, is harm reduction and overdose
9 prevention. So it's a really two pronged approach.

10 So you have to understand what you're doing and
11 both are important. But those are the goals. And I
12 think a lot of the people who testified were speaking
13 on those two different issues. But those are two
14 different goals in terms of treatment programs.

15 So I want to address now the resolution. I
16 believe you developed that resolution, Chair Lee?
17 You've mentioned that in your introduction, the one
18 calling on the state to mandate basic training and
19 addiction treatment in medical schools.

20 CHAIRPERSON LEE: Yes, go ahead, mm-hmm.

21 DR. GREGORY BUNT: So, with regard to that, what
22 you lay out in terms of conceptual framework, I think
23 is excellent. You talked about the impact of
24 addiction on the community, that it's the number one
25 cause of mortality among young people, a real number

2 one public health crisis. Also that overdoses can be
3 prevented.

4 But beyond overdoses, I want to mention that
5 addiction causes extreme harm to not only individuals
6 but families and communities. The impact of addiction
7 in terms of public health and community well-being is
8 staggering. So that should be understood.

9 Not only are overdoses and overdose prevention a
10 priority, but also the treatment of addictions which
11 causes so much distress and tragedy among
12 individuals, families, and communities.

13 You mentioned that addiction is a treatable
14 disease. And as I said, it is a treatable disease,
15 and you're spot on with that.

16 The goal of helping people rehabilitate and
17 achieve recovery, is really important, and many
18 people do achieve recovery that involves sustained
19 abstinence for significant periods of time so they're
20 off drugs.

21 The harm reduction is another priority, but it's
22 a public health issue, and medical professionals play
23 an important role that you state, which is, again,
24 spot on.

2 So, do they get enough training in medical
3 schools? And I believe we can do better. I believe
4 that is why you developed this resolution. And I
5 certainly honor and respect you for doing this, for
6 bringing attention to the importance of medical
7 education, uh, for the treatment of addictions— a
8 treatable disease and the number one public health
9 problem in our nation around the world.

10 As you mentioned, the use of opiates for the
11 treatment of pain, doctors and medical students
12 should know the adverse effects of using those, but
13 also the effectiveness when used judiciously and as
14 prescribed. That's different.

15 So, the comments I have regarding your
16 resolution, Chair, and again, I say this in due
17 respect, I commend and honor and respect you for this
18 resolution.

19 Bringing attention to this most urgent critical
20 matter is that, uh, the resolution, I believe, states
21 that you would mandate... you would recommend to the
22 state, New York State to mandate basic training and
23 addiction treatment as a requirement for medical
24 schools that receive state funding.

2 I think there are a few important questions that
3 should be answered. First of all, what does it mean
4 by basic training and addiction treatment?

5 If you mandate something, how much time is that
6 going to take in effort in the medical schools. And
7 the faculty who develop the curriculum are going to
8 want to know very specifically, what are you talking
9 about? How do you define basic training?

10 And the second is there is, of course, Council on
11 Accreditation for Higher Education and they do
12 develop— I'm not even sure, and an area I'm
13 interested in, but I haven't kept up with the latest—
14 I don't know the current requirements by that
15 council, but I think we should know that.

16 And second, what medical schools are doing now, I
17 think there should be a survey, certainly the medical
18 schools in the city that have curriculum. Some
19 medical schools are making significant progress.
20 We've worked with the New York Society of Addiction
21 Medicine. I'm the past president of the New York
22 Society of Addiction Medicine; although I'm not
23 speaking on their behalf. I'm also the medical
24 director of Samaritan Daytop Village.

25 CHAIRPERSON LEE: Yes.

2 DR. GREGORY BUNT: I am not speaking on their
3 behalf. And I'm a clinical assistant professor of
4 psychiatry in addiction medicine at NYU School of
5 Medicine. I'm not speaking on their behalf. I'm
6 speaking on my own. But I do think that a survey of
7 what the medical schools are actually doing in terms
8 of addiction treatment, that is important to
9 understand...

10 CHAIRPERSON LEE: Yes.

11 DR. GREGORY BUNT: What we...

12 CHAIRPERSON LEE: And, I'm so sorry, Mr. Bunt, if
13 you could just wrap up...

14 DR. GREGORY BUNT: I'm finished.

15 CHAIRPERSON LEE: because I've gone over time. And
16 then...

17 DR. GREGORY BUNT: I'm finished.

18 CHAIRPERSON LEE: Yes, and then... But these are
19 actually really good suggestions that you are
20 providing us right now.

21 And, also, if you could submit written testimony,
22 that would be amazing, because we want to capture
23 some of the ideas that you just mentioned.

24 DR. GREGORY BUNT: Yes. Okay, I'm finished, but,
25 thank you.

2 CHAIRPERSON LEE: Thank you so much.

3 Okay, and next we have Desiree Bell, followed by
4 Walter Bell.

5 SERGEANT AT ARMS: You may begin.

6 DESIREE BELL: Thank you. Good afternoon,
7 everyone, I hope everyone can hear me.

8 I do have some comments on some of the things
9 that I've heard so far. I've taken a lot of notes,
10 and I've heard from all the parties involved.

11 I just wanna thank Council Member Oswald Feliz
12 for bringing this. I know it's hard to challenge some
13 things that after things have already been predicated
14 and implicated.

15 But I do see some (INAUDIBLE) self interest
16 involved in some of these statements. I am a youth,
17 and this is my first time attending a legislative
18 hearing. So, you know, you could you guys could keep
19 that in mind.

20 But, you know, I think Oswald Feliz, and the
21 other members of this panel should not have to
22 explain themselves on why this is a concern. I've
23 seen not too long ago how himself, George Alvarez and
24 Mayor Adams had to walk through the Kingsbridge
25 underpass due to the proliferific (sic) amounts of

2 needles and harm that has been done to that area, and
3 that is reflective across America.

4 I'm here to really speak on some of the things
5 that I heard earlier, about specifically the
6 regulations of these programs. And I can speak to
7 these things because I've had to go through the
8 process in which, you know, at the moment, you know,
9 we were, uh, we are not a part of that at this point,
10 but I've had to go through the process. And I would
11 like it to be properly accounted for.

12 So I did hear some things. I did hear some...
13 well, first, I will say this, it's not only surrender
14 service or exchange, whatever the term is gonna be at
15 this point. There are also opioid overdose prevention
16 programs also done through the New York City
17 Department of Mental Health and Hygiene. I didn't
18 really hear that accounted for, but we are also a
19 part of the, uh, combating the overdose epidemic.
20 We've given 25,000 Narcan kits, etcetera, fentanyl,
21 you know, these things also have to be talked about.
22 That's not, again, we're talking about not the only
23 solution.

24 But I think what Oswald Feliz is saying here, and
25 I do hope that either if he's not there at the moment

2 that this message will reach to him, what he's saying
3 is, again, accountability. No one's saying that these
4 services can't be provided or, you know, that I don't
5 really hear that is being restricted. I hear more of
6 an accountability. He's already stated how the
7 Department of Health has been unreachable for the
8 last three years. We've presented this to him,
9 Community Board 6 and Community Board 7. We presented
10 needles to the Department of Health to which we were
11 told, "Oh, we can't track the needles."

12 We were told a lot of a lot of things of a lack
13 of accountability. And we see the... and we see the
14 result in the most needed communities, aka Black
15 Americans, aka Latinos, aka there's other populations
16 that have been affected by the gross neglect of lack
17 of regulation.

18 There were no site visits on any of the programs
19 until us. So that already goes to show that there was
20 already a lack accountability... (CROSS-TALK)

21 SERGEANT AT ARMS: Thank you, your time has
22 expired.

23 CHAIRPERSON LEE: Sorry, you can go ahead and wrap
24 up in the next couple, uh, few sentences? Go ahead,
25 sorry.

2 DESIREE BELL: Sure, that's no problem. Thank you
3 for letting me know.

4 But, yes, definitely, again, I just well, as far
5 as I just wanna end with this, your question that you
6 had, Madam Chair Lee, you had, uh, you asked the
7 person, uh, how can the needles be tracked?

8 There is a way actually to do that, because I
9 just wanna remind everyone here, there are serial
10 numbers attached to the syringes. These are medical
11 supplies, so there is regulation on, uhm, who
12 belongs to what.

13 So I just wanna... I will say that I will support
14 Oswald Feliz and what he said. We... there should be
15 an integrity ban as far as the modification of how
16 the services are provided. Thank you everyone for
17 allowing my testimony.

18 CHAIRPERSON LEE: Thank you, Desiree. And congrats
19 on having your first testimony at a hearing.

20 Next we will have Walter Bell, followed Jason
21 Beltre.

22 SERGEANT AT ARMS: You may begin.

23 WALTER BELL: Is my audio on?

24 CHAIRPERSON LEE: Yes, we see you and hear you,
25 yup.

2 WALTER BELL: Okay, good, thank you.

3 Good afternoon, everyone. You just heard from my
4 daughter, and I want to thank Desiree for also having
5 her first time testifying.

6 But, you know, this is a work that I've had my
7 daughter doing since a very young age. We've been out
8 in the community within Community Board 7 and
9 different areas of the Bronx. We've presented the
10 needles to the different community boards. However,
11 you know, at this time -at this time- with this
12 critical moment, we found that this is almost
13 unacceptable. It should be a no brainer that this
14 bill shouldn't even have to be (INAUDIBLE). The
15 needles should be nowhere near schools.

16 Schools are considered the highest forms of
17 education for any government or any country. And with
18 that being said, that's where the beholding of
19 knowledge is. So if that's where the beholding of
20 knowledge is, then we can't have poor qualities of
21 life around schools. Around schools is not a place
22 where we should be seeing needles saturated all over
23 the place.

24 One other key point is that people mention
25 OnPoint, St. Ann's, and different things like that.

2 Well, you know, I commend those organizations for the
3 services that they provide. However, if this is
4 business, then there's a problem. Because in a eight
5 hour shift, if you work in the daytime and you pick
6 up needles, what we do is we come at nighttime and
7 find out that there's even more needles in the night.

8 So it has to be coming from within the community
9 where the problem is.

10 These different organizations, they in different
11 locations. They come to other locations to do the
12 work, to pick up the needles. But we should have
13 communities or organizations from right within that
14 community that do the work, that want to do the work
15 of improving the quality of life of their own
16 community, and that's a major problem that we find
17 with the SCPs. So that's the second part.

18 The last part is that if we look at the numbers
19 in New York City, the numbers for overdose episodes
20 have gone up tremendously. I have to cut my things
21 short, because someone's calling me, but the numbers
22 have gone up tremendously.

23 My daughter mentioned OOPPs. The overdose
24 fatalities in the Bronx, New York, specifically,
25 Oswald Feliz's area, Gustavo's area, and other

2 senators and councilmen's and assemblymen's area in
3 the Bronx, is horrific. We gotta stop playing games
4 here. We need to put a period to some of this.

5 Now, if you looked at the overdose fatalities,
6 just Hunts Point, Kingsbridge, Tremont, and one or
7 two other areas, Morrissey, you know, Highbridge,
8 they've had more overdose fatalities than all the
9 other boroughs combined within the last two to three
10 years.

11 So coming up with a different concept, it should
12 be just as much respected and appreciated with what
13 these bills are trying to say, that we need to do a
14 little bit more of cracking down on what we're
15 allowing to happen in our community. Remember, we are
16 allowing this (TIMER CHIMES) to happen in the
17 community.

18 Yes, we understand that there is an issue...

19 SERGEANT AT ARMS: Thank you, your time has
20 expired.

21 WALTER BELL: and we understand that addiction
22 has situations, but we also have to understand that
23 we also have to have a certain amount of integrity
24 that goes along with the work that we do.

2 So I thank you for allowing me to share, my
3 daughter to share. We are a family of scientists. We
4 are a family of people who reach out and support our
5 community, and we do whatever it takes to be able to
6 do that.

7 Thank you very much, and you all have a blessed
8 day.

9 CHAIRPERSON LEE: Thank you so much for your
10 testimony.

11 And finally, we will have Jason Beltre. I hope I
12 am saying that correctly.

13 JASON BELTRE: Yes.

14 CHAIRPERSON LEE: Okay, go ahead.

15 JASON BELTRE: (INAUDIBLE) Jason Beltre, I serve
16 as Director of Community Initiatives and Impact at
17 OnPoint NYC. I'm testifying today in opposition to
18 Intros 0868 and 1169.

19 My program, the Outreach And Public Safety Team
20 at OnPoint, provides essential mobile services in
21 Upper Manhattan and the Bronx. And, of course, we're
22 also operating in the city through Overdose
23 Prevention Centers.

24 Our mobile teams play a vital role in supporting
25 community needs, including responding to areas of

2 need near school and playgrounds. Not only are we
3 collecting syringes, but we're distributing much
4 needed supplies like food, clothing, and connecting
5 people to care. Schools and partners throughout the
6 community and area can easily access our services
7 through our Public Safety Hotline, allowing us to
8 provide support often immediately.

9 I want to highlight how our Overdose Prevention
10 Center also aligns with our shared goal of keeping
11 our streets and parks free of syringe litter and
12 hazardous waste.

13 When we first opened our Overdose Prevention
14 Center in Washington Heights, our partners in the
15 Parks Department reported a decrease in syringe
16 litter from 13,000 syringes monthly to less than a
17 1,000 syringes monthly.

18 Additionally, since September 2024, we've
19 collected over 2,000 syringes from one school
20 location alone. We visit schools twice a day before
21 drop off and dismissal to help ensure an environment
22 that is safe for students.

23 Beyond the syringe collection, we're working in
24 collaboration with schools in other meaningful ways.
25 For example, at our Washington Heights Middle School,

2 we've partnered with their Stew Crew, their Green
3 Corridor Lab, and their Work-based Learning Program
4 for multiple years at this point.

5 The Work-based Learning Program has been a unique
6 opportunity for us to employ interns whose lives have
7 been impacted by addiction or for those interns who
8 are interested in pursuing careers in the medical
9 field. Both the Stew Crew and green corridor focus on
10 community cleanup and overall well-being.

11 In conclusion, the work that we do in this
12 community is vital for public health and safety. We
13 strongly oppose the proposed legislation as this
14 would hinder our ability to support the community in
15 these essential ways. Thank you.

16 CHAIRPERSON LEE: Thank you so much, and thanks
17 for the work that you do.

18 Okay, so I am going to call a few names that have
19 signed up, and I just want to make sure that we don't
20 miss anyone. So, if you are here, please let us
21 know.

22 We have Amanda Wexler, Anthony Feliciano, Terry
23 Troia, Serio Guarino, Lakisha Ricks, Gorden Lee,
24 Emily Tipon, and Victor Otero? Is anyone here from
25 that list of names? If not...

2 COMMITTEE COUNSEL: No hands on Zoom.

3 CHAIRPERSON LEE: No hands on Zoom?

4 Okay, seeing no one else, I would like to note
5 that written testimony, which will be reviewed in
6 full by committee staff, may be submitted to the
7 record up to 72 hours after the close of this hearing
8 by emailing it to testimony@council.nyc.gov.

9 And with that, I am going to close out our
10 hearing. And feel free to reach out to us if you have
11 any questions, thoughts afterwards. So, thank you.

12 (GAVEL SOUND) (GAVELING OUT)

13

14

15

16

17

18

19

20

21

22

23

24

25

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 March 14, 2025