

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON RULES, PRIVILEGES AND ELECTIONS

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May 26, 2015
Start: 02:10 p.m.
Recess: 04:26 p.m.

HELD AT: Committee Room - City Hall

B E F O R E:
BRAD S. LANDER
Chairperson

COUNCIL MEMBERS:
Inez E. Dickens
Daniel R. Garodnick
Ydanis A. Rodriguez
Margaret S. Chin
Deborah L. Rose
Jumaane D. Williams
Rafael L. Espinal, Jr.
Mark Levine
Vincent M. Ignizio
The Speaker (Council
Member Mark-Viverito)
David G. Greenfield
Daniel Dromm

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

Dr. Ramanathan Raju
President and CEO
NYC Health and Hospitals Corporation

Karen Redlener
Executive Director
Community Pediatric Programs

Executive Director
Children's Health Fund

Dr. Rosa Gil
President and CEO
Comunilife

Stanley Richards
Nominee
Board of Corrections

William Aguado
Nominee
Taxi and Limousine Commission

Patricia Machir
Executive Director
Futures and Options

2 CHAIRPERSON LANDER: Thank you very much.
3 Good afternoon and welcome to the New York City
4 Council's Committee on Rules, Privileges and
5 Elections. I'm Brad Lander; I'm honored to serve as
6 Chair of this committee.

7 We are joined today by my colleagues, the
8 Minority Leader, a little while more, Council Member
9 Vinny Ignizio from Staten Island, as well as members
10 of the Rules Committee, Council Members David
11 Greenfield from Brooklyn, Council Margaret Chin from
12 Manhattan and Council Member Debi Rose from Staten
13 Island.

14 This hearing is going to be recessed at
15 the end of it and we'll reopen it tomorrow morning;
16 we'll be joined either today or tomorrow by the other
17 members of the Rules Committee, including The
18 Speaker, and that will provide us a good opportunity
19 to speak with and ask questions of and hear from six
20 nominees for four different boards, which I will go
21 through in just a moment, and we will hear from other
22 members of the Committee and I'll acknowledge them as
23 they come in. I'd also like to acknowledge the
24 Counsel to the Committee, Jason Otano and thank him,
25 as well as our dynamite staff from the Council's

2 Investigative Unit, Chuck Davis, the Director of
3 Investigations, as well as Deandra Johnson and Diana
4 Arriaga and they have prepared very thorough
5 materials on each of our nominees, collected binders
6 of newspaper articles, which are so big that they
7 have to be here on the desk, so we don't have one for
8 each member; there is some public information
9 available for any members of the press or public who
10 are here, as well as some more confidential
11 information assembled by the staff for members.

12 As members of this committee know, we
13 adopted a practice at the beginning of this term to
14 have at least one day where we have an opportunity to
15 ask questions to people so that if any issues arise
16 we can make sure to reflect and get additional
17 information before we take a vote, so we're gonna
18 open the hearing today; all six of the nominees will
19 come and have the opportunity to make an opening
20 statement; have some questions from the members who
21 are here. We appreciate all of your coming back
22 tomorrow and we'll recess this hearing and when we're
23 done today, come back tomorrow, reopen it; if
24 additional members have questions, you won't have to
25 do your statements again, your opening statements,

2 but if the member who are here have follow-up
3 questions or other members of the Committee have
4 questions, they'll have the opportunity to ask them
5 and then we anticipate voting in the Committee
6 tomorrow and referring it to the Full Council at the
7 Stated meeting, which will be tomorrow afternoon.

8 And as I mentioned, we have four -- so
9 I'll read this part here -- So in letters dated May
10 11, 2015, Mayor Bill de Blasio formally submitted to
11 the Council the names of Dr. Ramanathan Raju, Karen
12 Redlener and Rosa Gil for advice and consent for
13 nomination for their appointments to the New York
14 City Board of Health. The Mayor also submitted
15 William Aguado's name for the Council's advice and
16 consent concerning his nomination for appointment to
17 the New York City Taxi and Limousine Commission. The
18 Council will also consider Stanley Richards for
19 appointment to the Board of Correction; that's an
20 appointment of the Council's, as well as Patricia
21 Machir, for recommendation for appointment to the
22 Youth Board, and we'll take them in those orders.

23 We're going to start with the Board of
24 Health, so luckily the Board of Health nominees are
25 now seated at the table. If the Council gives its

2 advice and consent, Dr. Raju, a resident of Staten
3 Island, will fill a vacancy and serve the remainder
4 of a six-year term that expires on May 31, 2018;
5 Ms. Redlener, a resident of Manhattan, will fill a
6 vacancy and serve the remainder of a six-year term
7 that expires on May 31, 2020, and Dr. Gil, a resident
8 of Manhattan, will fill a vacancy and serve the
9 remainder of a six-year term that expires on May 31,
10 2020.

11 The Board of Health is part of the New
12 York City Department of Health and Mental Hygiene;
13 the Board of Health chair is the Commissioner of the
14 Department. The main function of the Board of Health
15 is to promulgate the New York City Health Code, which
16 encompasses any matter within the jurisdiction of the
17 Department, which includes regulating all matters
18 affecting health in the city, including but not
19 limited to mental health, mental retardation,
20 alcoholism and substance abuse related to the city's
21 residents. The scope of the Department's
22 jurisdiction includes such diverse disciplines as
23 communicable diseases, environmental health services,
24 radiological health, food safety, veterinary affairs,
25 water quality, pest control and vital statistics; new

2 emerging pathogens and biological warfare are the
3 most recent additions to the Department's portfolio,
4 so wide-ranging and very important.

5 The Board of Health is also charged with
6 certain administrative responsibilities, such as the
7 issuance, suspension or revocation of permits, such
8 as food vendor permits, so even its non-grand-scale
9 biological items can still be full of controversy and
10 challenge. Board of Health may declare a state of
11 great and imminent peril and take appropriate steps,
12 subject to Mayoral approval, and can declare certain
13 conditions as nuisances in order that such conditions
14 be appayed, abated or otherwise corrected.

15 Besides the Chair, the Board of Health
16 consists of ten members, five of whom shall be
17 doctors of medicine who must have at least ten years
18 of experience in any or all of the following --
19 clinical medicine, neurology, psychiatry, public
20 health administration or college university public
21 health teaching, and the other five members need not
22 be physicians, but shall hold at least master's
23 degrees in environmental, biological, veterinary,
24 physical or behavioral health or science or
25 rehabilitative science or a related field, with at

2 least ten years of experience in their respective
3 fields. Chairperson of the Mental Hygiene Advisory
4 Board is required to be one of the ten Board of
5 Health members, provided that such individual meets
6 the requirements for membership. The nine board
7 members other than the Chair and the member who is
8 the Chair of the Mental Hygiene Advisory Board serve
9 without compensation and are appointed by the Mayor
10 for a term of six years.

11 And so I am pleased now to return to the
12 three nominees we have with us today; obviously we'll
13 look forward to your opening statements and the
14 questions, but I do want to start just by welcoming
15 you; we've got a real wealth of experience
16 represented in your diverse experiences in the health
17 and medical and public fields and I think the City's
18 lucky to have nominees with such serious and diverse
19 backgrounds and experience and expertise as you
20 bring, so I wanna thank you for your interest in
21 serving and for your flexibility and time today and
22 welcome you, and ask that you'll raise your right
23 hand to be sworn in and then we'll have you each give
24 your opening statement and open it up to questions.

2 COMMITTEE COUNSEL: Great. Do you swear
3 or affirm to tell the truth, the whole... the truth,
4 the whole truth and nothing but the truth in the
5 statement that you're about to provide? [background
6 comments] Great. Thank you.

7 CHAIRPERSON LANDER: And I'll note for
8 members that you can find a written copy of the
9 opening statements as well as their Q & A in response
10 to Council questions circulated in advance in your
11 booklets, and I'll invite the candidates to go ahead
12 and give your testimony, and I guess the order we
13 have in the minutes are Dr. Raju, Ms. Redlener and
14 Dr. Gil.

15 DR. RAMANATHAN RAJU: Good afternoon,
16 Chair Lander and distinguished members of the Rules
17 Committee of New York City Council. First, let me
18 thank the Committee for considering appointment to
19 the Board of Health and it is an honor to be here.

20 I'm Dr. Ramanathan Raju, President and
21 Chief Executive Officer of New York City Health and
22 Hospital Corporation. As you know, the Health and
23 Hospitals Corporation is the largest municipal
24 healthcare system in the nation, with 37,000
25 employees and a \$6.7 billion corporation, which

2 includes 11 acute care hospitals, five nursing homes,
3 six large diagnostic and treatment centers, a large
4 home healthcare agency; one of New York's largest
5 providers of government-sponsored health insurance,
6 MetroPlus Health Plan, the plan of choice for nearly
7 half-a-million New Yorkers. Last year Health and
8 Hospitals Corporation served 1.4 million New Yorkers,
9 including more than 475,000 uninsured.

10 As a CEO of Health and Hospitals
11 Corporation, we're responsible for making sure that
12 all New Yorkers have access to health care; this
13 responsibility is part of the reason I am so eager to
14 serve on the Board of Health. If you want incredible
15 health care results for all New Yorkers, we must
16 ensure that we are in the business of not just caring
17 for sick care, but providing health and wellbeing of
18 all. Board of Health, with its public health policy-
19 making role, is a crucial component of this mission.

20 I believe I'm well qualified for the
21 role; I'm a physician first and foremost, but I have
22 been in medicine public administration over the last
23 35 years. Prior to returning to Health and Hospitals
24 Corporation, I was a Chief Executive Officer of Cook
25 County Health and Hospital System in Chicago,

2 Illinois, the third largest public health system in
3 the country. There I participated in the creation of
4 CountyCare, an Illinois Medicaid program, to provide
5 coverage for low-income adults in Cook County that
6 led to the healthcare coverage of more than 130,000
7 county residents. During my service in Cook County I
8 also had a significant public health policy role; my
9 medical roots, however, are in New York City.

10 I began a medical career at Lutheran
11 Medical Center in Brooklyn, New York; I went on to
12 serve as the Chief Operating Officer and the Medical
13 Director at Coney Island Hospital. In 2006 I became
14 the Health and Hospitals Corporation Chief Medical
15 Officer, Corporate Chief Operating Officer and
16 Executive Vice President.

17 I attended Madras Medical College to earn
18 my medical diploma and a Master of Surgery degree. I
19 underwent further training in England and was elected
20 a Fellow of Royal College of Surgeons. I'm also a
21 well-qualified healthcare executive, having obtained
22 an MBA from the University of Tennessee and CPE from
23 American College of Physician Executives.

24 My tack record is one of providing high-
25 quality healthcare and by using the independent

2 judgment as a physician administrator to ensure the
3 health and wellbeing of communities I serve. I hope
4 to lend my depth of experience to serving people of
5 New York City on the Board of Health. Thank you very
6 much for your time and consideration; I will be very
7 happy to take any questions you may have. Thank you,
8 Chairman.

9 CHAIRPERSON LANDER: Thank you, Doctor.

10 KAREN REDLENER: Good afternoon everyone.

11 My name is Karen Redlener and I'm very
12 honored to be here today. I wanna thank The Speaker,
13 Speaker Mark-Viverito, thank the Chairman, Brad
14 Lander and thank all of you and the Rules Committee
15 for considering my candidacy to become a member of
16 the New York City Board of Health.

17 I am very happy to be here so that I am
18 able to give you more information about my experience
19 and perspectives on public health issues that impact
20 New York City residents.

21 My career, education and experiences have
22 been dedicated to understanding the issues that
23 impact the health of communities and in particular,
24 to improving the health and health care of New York
25 City's most disadvantaged children and families. I

2 have a bachelor's degree in sociology from Pomona
3 College and hold a Masters of Science and Health
4 Management and Policy from The New School in New York
5 City.

6 I started my career as a VISTA volunteer
7 in rural Arkansas, working at a newly-founded
8 community health center. It was there that I learned
9 unforgettable lessons about social determinants of
10 health. Families there lived in deep poverty; they
11 did not have running water, indoor plumbing, safe
12 housing, transportation or dependable access to
13 nutritious food, just to name a few of the variable
14 that affected their health and wellbeing. I
15 determined then that my career would be dedicated to
16 improving lives by developing programs that would
17 address access to quality health care for
18 disadvantaged children and families.

19 I am currently a Founder and the
20 Executive Director of Community Pediatric Programs, a
21 federally-qualified health center based in the South
22 Bronx and affiliated with Montefiore Health System
23 and the Children's Health Fund. Since it was
24 established in 1987, this program has grown to
25 provide comprehensive, high-quality care to residents

2 of public housing, immigrant populations and homeless
3 families living in shelters throughout New York City.

4 I am proud to say that the program was recently
5 recognized by the Federal Government as a national
6 quality leader for achieving clinical outcomes that
7 far surpass national benchmarks.

8 In addition, I am the Executive Director
9 of the Children's Health Fund, a nonprofit
10 organization founded by Dr. Irwin Redlener and Paul
11 Simon to support our work in New York City and help
12 replicate high-quality care in medically underserved
13 rural and urban communities around the country.

14 With nearly three decades of experience
15 in developing healthcare programs for diverse
16 pediatric and family populations in urban
17 communities, I have gained significant experience and
18 expertise in the social disparities of health and how
19 to address them through programs, education and
20 policies. Public health issues, such as communicable
21 disease prevention and management, environmental
22 health concerns and exposures and access to care are
23 relevant across the board, prominently so in
24 prevention and management of chronic illness, endemic
25 in high-need communities.

2 While I have not had direct involvement
3 in some public health disciplines, I have been doing
4 complex analysis and problem-solving for virtually my
5 entire career. I am interested in hearing
6 information and evidence supporting all legitimate
7 sides of any proposals that would come before the
8 Board and making evidence-informed decisions
9 regarding important policies and recommendations. If
10 confirmed, it would be my privilege to serve on the
11 New York City Board of Health and work with the City
12 Council to address important public health issues
13 that would improve the health, safety and wellbeing
14 of all New York City's residents. Thank you very
15 much.

16 CHAIRPERSON LANDER: Thank you very much.

17 Dr. Gil.

18 DR. ROSA GIL: Good afternoon, my name is
19 Dr. Rosa Gil. Thank you to Chairman Brad Lander and
20 thank you to the rest of the Rules Committee members
21 for considering my candidacy to become a member of
22 the New York City Board of Health.

23 My professional career, 45 years, have
24 been characterized by a commitment and passion to
25 improve the health and mental health status of New

2 York City residents, particularly for underserved
3 communities whose health outcomes are worse off than
4 other communities. Throughout the years I have
5 functioned in different professional capacities, such
6 as a clinician, program development, executive
7 management, health policy, academician in higher
8 education and an advocate to reduce health and
9 behavioral health disparities in this great city of
10 ours.

11 Health disparities in New York City are
12 much more prevalent among marginalized communities;
13 those are the patients in communities that I serve
14 while being Executive Director of Woodhull Hospital,
15 Metropolitan Hospital, Lincoln Hospital and former
16 Chairperson of the New York City Health and Hospitals
17 Corporation.

18 The prevention and management of
19 communicable diseases is critical for populations'
20 health in our city; stigma and discrimination
21 dramatically affect the life experiences of
22 individuals living with chronic diseases such as
23 HIV/AIDS and mental illness and it requires
24 professionals to advocate for fair location [sic] of
25 resources to provide adequate resources to these New

2 Yorkers; in general, African-American and Latinos.
3 Many patients living with HIV/AIDS and mental illness
4 are also suffering from drug abuse, which is one of
5 the three leading causes of premature death in New
6 York City. At Comunilife, where I serve as President
7 and CEO, we make sure that the homeless individuals
8 affected by these chronic illnesses are provided with
9 housing and wraparound services to ensure that they
10 can live in the community and contribute to the
11 affairs of their neighborhoods.

12 Among [sic] mental health disparities in
13 New York City, high rate of suicide behaviors among
14 Latina adolescents have been reported by the Centers
15 for Disease Control. At Comunilife we have created a
16 successful suicide-prevention program "Life is
17 Precious" to review suicide behaviors among Latina
18 teens in the Bronx, Brooklyn and Queens.

19 And previously, as Health Policy Advisor
20 to the Mayor, I had oversight responsibility of the
21 New York City Department of Health and Mental Hygiene
22 and therefore worked closely with the Health
23 Commissioner to manage the West Nile epidemic and
24 protect New Yorkers.

2 As the Statue of Liberty reminds us in
3 New York City, it is a city of immigrants who come
4 here with the hope of improving their lives and those
5 of their families. The diversity of New York City is
6 evident in many languages and cultural costume which
7 many times present a challenge for the healthcare
8 delivery system and public health of the city.

9 Immigrants' health-seeking behaviors and
10 their health belief might differ from those of
11 American ways. Throughout my career I have advocated
12 for health providers to know a patient's language and
13 cultural in order to have effective clinical
14 diagnosis and intervention, and at Comunilife we have
15 been in the forefront of developing the multi-
16 cultural relation approach for diverse populations to
17 improve the quality of services.

18 Though I have always believed that it is
19 imperative for us collectively to address the social
20 determinants of health if we want to improve the
21 public health of our city; this is one of the reasons
22 that I would like to be considered to serve as a
23 member of the Board of Health, and the other reason
24 is because I want to give back to this great city of
25

2 ours that welcomed me as a Cuban refugee 54 years
3 ago. Thank you so much.

4 CHAIRPERSON LANDER: Thanks very much to
5 all three of you, as I think the members of the
6 Committee and the public -- well first let me note
7 that we've been joined by Rules Committee member,
8 Council Member Ydanis Rodriguez from Manhattan,
9 welcome.

10 As I think you can tell from those brief
11 statements, and members of the public as well, we've
12 got really three candidates who I don't see how
13 anyone could question the depth of their experience
14 and I'd urge people to look at the resumes and
15 voluminous articles; in their short statements they
16 alluded to them, but they're really quite
17 extraordinarily experienced, very thoughtful on the
18 challenges that our city faces and in particular that
19 more disenfranchised and low-income communities face
20 and with an enormous amount of integrity and deep
21 careers in addressing those issues and perhaps
22 members will have some questions about these issues
23 of social determinants of health and some of the more
24 substantive issues, but I just wanna thank you for
25 bringing -- for your many years of service to all of

2 those communities; first of all, many of them in New
3 York City and some of them beyond New York City, and
4 being willing to bring that service here and spend
5 your time with us today; we could never plumb the
6 depths of your knowledge and experience in a short
7 hearing.

8 Either fortunately because we would
9 quickly pass my depth of knowledge in the field of
10 health or alas, because it falls to the Chair, I do
11 wanna go sort of from the sublime to the technical
12 briefly, and it's my policy as chair just to ask
13 members where conflicts or conflicts of interest
14 letters have been identified, to make clear for the
15 record, you know, what's covered in them and that
16 they understand the guidance that COIB has given, so
17 I'm actually gonna, Dr. Raju, do you last on this
18 one. So let me ask, because the COIB letters in some
19 ways are more straight forward from Dr. Gil and
20 Ms. Redlener; just ask each of you to briefly
21 summarize the COIB guidance you received and to
22 affirm your intent to abide by it. And so let me go
23 to Ms. Gil first.

24 DR. ROSA GIL: I have reviewed the letter
25 from the Conflict of Interest Board and hereby I

2 indicate to the Committee that I would recuse myself
3 at times when there is a potential conflict between
4 the work that I do at Comunilife and the business
5 conducted with the New York City Department of Health
6 and Mental Hygiene.

7 CHAIRPERSON LANDER: And just for members
8 of the public, to be clear, you know Comunilife has
9 been doing this -- you mentioned this in your
10 testimony, but obviously has been doing this critical
11 public health work for many years... [interpose]

12 DR. ROSA GIL: Comunilife is a nonprofit
13 organization; we serve over 3,000 New Yorkers a year
14 and particularly we serve persons who are living with
15 HIV/AIDS and mental illness and currently Comunilife
16 receives funding from the Department of Health and
17 Mental Hygiene for one of our facilities, the Safe
18 Haven I, where we provide housing and wraparound
19 services to 37 individuals who are mentally ill and
20 we also receive support for our outpatient mental
21 health clinic in the Bronx.

22 CHAIRPERSON LANDER: And of course that's
23 exactly the kind of experience we want brought to the
24 Board of Health, so we wouldn't want that to be a
25 conflict that didn't enable you to serve; that COIB

2 guidance provides that on anything specifically
3 related to or affecting Comunilife you would recuse
4 yourself from decisions on the Board of Health.

5 DR. ROSA GIL: Totally.

6 CHAIRPERSON LANDER: Thank you.

7 Ms. Redlener.

8 KAREN REDLENER: So my two positions are
9 Executive Director of Community Pediatrics of
10 Montefiore Health System and Executive Director of
11 The Children's Health Fund. As you all know,
12 Montefiore Health System is a huge hospital system
13 operating in the Bronx and beyond, but my program is
14 a small piece of it and I am not involved in anything
15 to do with other contracts that Montefiore might have
16 with the Department of Health or other City agencies.
17 At this point Community Pediatric Programs does not
18 receive any funding from the Department of Health or
19 other City agency. At this point, Community
20 Pediatrics is a nonprofit Community Health Center,
21 federally-qualified health center that serves 11,000
22 patients a year and based in the South Bronx and uses
23 mobile medical programs to reach out to homeless
24 family shelters and provide care. Children's Health
25 Fund is a nonprofit that my husband, Dr. Redlener and

2 I and Paul Simon started in 1987; its national
3 headquarters is here; it provides support, technical
4 assistance to community pediatric programs and other
5 programs around the country, it does not have any
6 formal financial dealings with the Department of
7 Health at this time, although I acknowledged in my
8 conflict of interest letter is that our organization
9 has been working with the Office of School Health in
10 an initiative to bring health services to schools,
11 focused on health barriers to learning. But I
12 certainly understand the limitations of the position
13 and would recuse myself from anything that would
14 impact either of the organizations that I lead, and
15 if anything else came up, I would seek their guidance
16 on something that was relevant.

17 CHAIRPERSON LANDER: Wonderful. Thank
18 you. And then Dr. Raju, in some ways you're in the
19 most -- you know, in a somewhat different position
20 here and don't have a COIB letter; what you have is a
21 letter from the Mayor; unlike your two co-panelists,
22 your day job is -- you know, you were appointed by
23 the Mayor and not that you wouldn't be eminently
24 qualified to get many other day jobs, but for now at
25 least you have that day job and so this is not

2 unprecedented, but in this case a position has been
3 appointed, but because you can only otherwise have
4 one public office at a time, the Mayor has written a
5 letter indicating this appointment and this
6 appointment for you, the Board of Health, would not
7 contain any compensation, but I guess what I'd like
8 you to do is just articulate for the Committee, sort
9 of take one step back and think about how you
10 understand your responsibility as an independent
11 Board of Health member to render your judgment and
12 guidance to the people of the city of New York, which
13 could conceivably at some point conflict with a
14 position that you believe the Mayor was asking you or
15 the Mayor's position on a matter and how you would
16 balance between, you know, your appointment by the
17 Mayor to the job; I guess I should say, you said it
18 at the beginning, as President and CEO of New York
19 City Health and Hospitals Corporation and your
20 responsibility as an appointee to the Board of Health
21 to bring your independent medical and health judgment
22 to the people of New York City.

23 DR. RAMANATHAN RAJU: Thank you,
24 Chairman; I think this is a very valid question. So
25 the first and foremost is, I am a physician; that is

2 my day job, that's where I claim to be and that's
3 what it is, and one of the most important things with
4 a physician is integrity, because I always used to
5 say this, you know, here I come from foreign country
6 and I speak English with an accent and I walk into an
7 emergency department, there is an old lady in there
8 and I say, "My name is Dr. Rama Raju; I'm gonna
9 operate on you, please sign this piece of paper."

10 And nowhere in the world somebody will sign the paper
11 unless you are a doctor. So this is job based on
12 absolute total integrity and loyalty to a patient, so
13 that's where the doctors are; that's why we have a
14 system like that. So my decisions will be as a
15 doctor, as a public health official, because public
16 health and population health is something very near
17 and dear to my heart; that's one of the reasons why I
18 left a very lucrative practice and got into public
19 health 15 years ago, because I felt that disparity in
20 health care exists in New York City, it exists in the
21 country; is something which as a physician I was
22 embarrassed about, because that shouldn't happen.

23 The powerful and the most richest country in the
24 world, people should not die of lack of access, so
25 that's why I got into that.

2 Having said that, where I stand, my being
3 the President of the Health and Hospitals Corporation
4 has got, you know, very close touch with the
5 Department of Health; in fact, Dr. Bassett, the
6 Commissioner sits on my board as a part of it, so
7 anything which includes my involvement at the Health
8 and Hospitals Corporation I would definitely recuse
9 myself and I have done that well in the past and I
10 will continue to do that.

11 Having said that, most of the policy
12 decision grants are all about three levels below me,
13 which I am not particularly personally involved in
14 those things, except running the organization and
15 setting the course of organization [sic], but having
16 served in multiple public roles, I am absolutely
17 confident that I can probably function with the
18 utmost integrity using my doctor's hat or the public
19 health hat than anything else.

20 CHAIRPERSON LANDER: Thanks so much to
21 the three of you for those answers, which I think are
22 important and I suspect members may drill down on a
23 little further.

24 In the interest of both respect to my
25 colleagues and time, I'm gonna leave opening

2 questions at that; I may have a few at the back end,
3 but I'm gonna open it up to my colleagues. I want to
4 acknowledge we've also been joined by Council Member
5 Danny Dromm from Queens. And we'll now open the
6 floor to members for questions, beginning with
7 Council Member Rose.

8 COUNCIL MEMBER ROSE: Thank you and
9 welcome. This administration has made no bones about
10 equity and quality of life and disparities that
11 currently exist and as each of you know, and Dr. Raju
12 probably more than the other two, that Staten Island
13 has no HHC facility to serve the uninsured or
14 underinsured, which places an undue burden on our two
15 private healthcare systems, and we've seen, you know
16 a diminution of the Department of Health services in
17 the borough; in fact, our Department of Health has
18 been gutted to the point where services that are
19 being rendered are pretty much delivered in a one-
20 room sort of area, and it's of huge concern to me.
21 In your position on the Department of Health, how
22 would you help to expand the services to the
23 residents of Staten Island who often cannot get to
24 the other boroughs for services, because not only
25 maybe because of their health condition, but also

2 it's an economic drain, so would this be a concern
3 and how would you look at the distribution of
4 services within the Department of Health?

5 [background comments]

6 DR. RAMANATHAN RAJU: You know I've lived
7 in Staten Island over 36 years now; that's the only
8 place I know because that's where I migrated from; I
9 came through JFK and then people said where should I
10 live; they said, you want cheaper rent other time;
11 [sic] go to Staten Island, you'll get a better rate,
12 otherwise you will not be able to do that. So I said
13 alright. So I asked somebody said, "Can you take me
14 to Staten Island?" So somebody took me to Staten
15 Island and I bought a Staten Island Advance and see
16 if there was an apartment vacant and I walked in
17 there and I told the man, I said, "Can I rent an
18 apartment?" He said, "Do you have a credit history?"
19 I said, "No, I just came in." He said, "We can't
20 give you an apartment without a credit history, you
21 have no credit." So I didn't understand what it
22 meant; I said, "How do I get a credit history?" He
23 said, "You need to borrow money and repay it back."
24 I said, "I need to borrow money; do what?" He said,
25 "No, you borrow money and repay it back; you get

2 credit history." Anyway, so I told him [sic], "What
3 do you do for a living?" "I'm a doctor." He said,
4 "Okay, you have an apartment." So I... So that was 36
5 years ago and that's where my kids were born, that's
6 where you know I did that... you know I lived in Staten
7 Island, so I completely understand the needs of
8 Staten Island, and Staten Island, northern portion of
9 Staten Island has got huge health care disparities;
10 it is not acceptable, because what happened was, it
11 is... knowing Staten Island, you know if you live on
12 the south side of the... you know, not the train
13 tracks, here is really the highway, you get excellent
14 health care. If you live on the north side of the
15 278 you don't get good health care, right;
16 unfortunately that's what it is. So what I was
17 planning to do was to really make more primary health
18 care available to them, because the future of the
19 health care is not in the hospitals; the future of
20 health care, we are moving away from sick care
21 because we had sick care for the last 50 years; trust
22 me, as a doctor I benefitted from it. The people got
23 sicker, doctors made more money; right? That's the
24 way it has been; it has never really made money to
25 keep people healthy, but that's moving in the right

2 direction. So I am working closely with you, council
3 Member, as well as the delegation and the borough
4 president, trying to create that; in fact, we will be
5 creating Vanderbilt [sic], you know as a place where
6 they can get primary care. We are working closely
7 with both hospitals, trying to make sure that how we
8 can get the dislip [sic], which is transformation
9 healthcare, making sure that they get enough money to
10 do that, so we didn't want to compete with them on
11 the dislip money in Staten Island. And whatever we
12 do in Landover [sic] and other places, you know, we
13 will work with Ramsay [sic] and making sure that they
14 are a part of it as able to do that [sic].

15 We have really tried to correct the
16 disparities that exist in northern part of Staten
17 Island; that's not acceptable; there are sort of
18 clusters in the city where we need to really pay
19 attention to, whether it is East New York or South
20 Bronx or northern Staten Island, we have to be very
21 cognizant of them. So I can only tell you that you
22 know it's not because I'm a Staten Islander, because
23 inequities in health care is -- because I believe
24 that health care should be a fundamental right in
25 this country, it should be a civil right, so I

2 believe that it should be a human right, so I think
3 we ought to do everything possible to make that
4 happen. So you are my comicman [sic]; as we sit down
5 in there and make sure that -- you know, that's what
6 I dedicate all my life for 15 years, health care
7 disparities; we shouldn't have the kind of access
8 issues amongst us. So you are my comicman [sic] that
9 I'll work very closely, be it as my role as the CEO
10 of the Health and Hospitals system, as a provider of
11 healthcare, as well as a policymaker and if I'm
12 selected to the Board I will probably work very hard
13 to make that happen.

14 COUNCIL MEMBER ROSE: I wanna thank you,
15 because as you know, when you look at our statistics,
16 we have a high infant mortality rate, you know we
17 have the highest incident of opioid drug use; you
18 name it, asthma, cancer, you name it, we have a very
19 high percentage of it and the services are, you know,
20 a dearth of services to address them. So I don't
21 know if it's formulaic in terms of how the services
22 are distributed, but it would be very comforting for
23 me to know that there was someone who would look at
24 the statistics and recognize the disparities and also
25 the need. So thank you, Dr. Redlener.

2 KAREN REDLENER: That was certainly very
3 informative and helpful; I must admit, I don't know
4 that much about Staten Island. But from my
5 perspective, I think it is important to target the
6 communities that have the highest need and look at
7 what can address health access issues and health
8 wellbeing issues. And I think it's also important to
9 understand that the trends in healthcare now, as the
10 Doctor referred to, investment and general financing
11 is really pushing and incentives are pushing to move
12 more and more primary care. the development of more
13 primary care and with that comes preventive care,
14 which makes a lot of sense; if you address issues
15 early on and prevent problems you save money, it's
16 better for the individual and there are many benefits
17 to that and I think, you know, I come more
18 specifically from a healthcare delivery system
19 experience, but the more that public health can work
20 together in a complimentary way to healthcare
21 delivery and what's going on, the better it is for
22 the community, not only here in New York City, but
23 I'm also aware that there are federal resources that
24 are available that potentially, in some ways, you
25 know, we could help raise awareness about those

2 resources that could be applied in different
3 communities through, you know, federally-qualified
4 health center development and that type of thing, so
5 I'd be happy to contribute in whatever way I can.

6 [background comments]

7 CHAIRPERSON LANDER: Great. Thank you,
8 Council Member Rose. We are gonna -- all the members
9 who are here have questions, so I'm gonna go ahead
10 and put a five-minute clock on members; don't feel
11 compelled to use it all, but -- not that they're not
12 worth it, so I will have Council Member Chin, then
13 Greenfield, then Rodriguez and then...

14 COUNCIL MEMBER CHIN: Thank you, Chair.
15 Welcome; really impressed with the background of the
16 candidates here.

17 My question is really focused on -- you
18 know, within the immigrant community; we could talk
19 about disparity, we could talk about, you know, lack
20 of support on many issues; I mean we talk about
21 mental health, suicide rate, there's so much stress
22 on the community, but I wanna look at the other side,
23 where in a lot of immigrant communities there are
24 also very positive traditions; right? So looking at
25 the Department of Health, when you were talking about

2 really looking at keeping the city healthy,
3 preventive care and not just treat sick people, so
4 how do you see really the Department of Health really
5 promoting the kinda activity that makes people
6 healthy? I mean like for immigrant community in my
7 district, I see people in the morning, you know,
8 dancing in the park, exercising in the park; it
9 relieves a lot of stress, doesn't cost any money;
10 eating healthy food, so as a department, how can you
11 help really promote the positive aspect of keeping
12 oneself healthy to live in New York City?

13 DR. ROSA GIL: Council Member Chin, thank
14 you for your question; I think that immigrant
15 communities and other communities here do have a vast
16 and rich knowledge about health-seeking behaviors and
17 how to live healthy lives, and I think that we need
18 to involve ourselves more often in communities, work
19 with the stakeholders of communities to engage them
20 in activities that would be recognized as improving
21 the health of communities and I do hope that, you
22 know through the work of my colleagues at the Board
23 of Health, that we will continue to develop
24 community-based partnerships to really achieve what
25 you're suggesting; how to improve the health of

2 communities, taking into account what they can offer
3 in terms of healthy activities that they can offer.

4 DR. RAMANATHAN RAJU: Fifty years ago we
5 talked about hospitals that have no walls [sic];
6 hospitals should not have walls exist [sic] in the
7 communities; then we talked about more preventive
8 care and primary care and community-based care; now
9 the future, we talk about population-based care at
10 the end of the day [sic]. So healthcare leaders and
11 the public health officials cannot just be purely
12 about delivering health care anymore; we need to be
13 social community agents, you know, you cannot have a
14 healthy community, a healthy population, health care
15 is important, but also public safety, economy, jobs,
16 food, all those things need to come in there, so we
17 can't -- in the past we had this idea somehow, you
18 know, one input the disparities [sic] in the
19 healthcare community, we just went there and started
20 a clinic, right, and then we expected, as a
21 healthcare leader, I thought, my job is done, right;
22 I have given you access, but an access without all
23 those things around it is not helpful; that is why I
24 am very much interested in being considered for this,
25 because we can never ever improve the health of a

2 community unless we work on everything around it. So
3 I have seen that very much in Chicago; that is the
4 issue we had in Chicago, because we had -- Cook
5 County's the largest county, 250 miles up and down --
6 unless we improve the other stuff with that, then
7 health could not be improved. So it's a very good
8 questions; I think we ought to really take a eye off
9 just purely as health and also look at other things,
10 which play a much bigger role in that. Then there's
11 a complexity of immigrant health, you know immigrant
12 health is very different because the need of the
13 access healthcare is very different, there's a lot of
14 community-based, culturally-based issues which you
15 need to deal with, language is a bigger issue; right,
16 and we have got about like 170 languages spoken in
17 the Health and Hospitals Corporation, and I always
18 used to say this; one of the things I can claim which
19 nobody else can claim in the country is, we are the
20 only healthcare system which looks like my patients
21 and my patients look like me. See if you want to
22 live [sic] my accent, you go to Elmhurst; they'll
23 speak exactly like me. So it is all about, you know,
24 identifying yourself with the community and the
25 community able to do that, and that is so common in

2 the Health and Hospitals; if you go to Lincoln
3 Hospital, the people who work there are the people
4 who live in the community; if you go to Elmhurst,
5 [bell] they are the same; if you go to Gouverneur
6 [sic], looks exactly the same, right, lots of Asian
7 Americans, you know people who work there and the
8 community's there. And so I think here in New York
9 City we're blessed to have different communities;
10 it's a fascination part of it, but we need to really
11 do more for immigrant health, more for community-
12 based health and you can't just look at health
13 through health; you've gotta look at everything that
14 comes with that.

15 [background comment, crosstalk]

16 CHAIRPERSON LANDER: Thank you very much.
17 Oh I'm sorry, yes, go ahead; I apologize. Yes, go
18 ahead... [crosstalk]

19 KAREN REDLENER: Oh I was just gonna say
20 a couple of things. I think the City has embarked on
21 improving resources around nutritional food, making
22 it more available in various communities and
23 improving safety for walking and encouraging, you
24 know, fitness and other activities that are good for
25 health and I think that in some ways those trends can

2 continue. The other thing that I would like to bring
3 to the discussion is the focus on children and I
4 think that we can as a community think about health
5 care and enabling resilience and health behaviors at
6 an early age. There's so much that we should do
7 between the ages of 0-8 that set the path for health
8 for a long term. So I feel that in collaboration
9 with communities and getting from stakeholders and
10 community-based organizations there are ways that we
11 can increase awareness and available of things that
12 will improve children's health, improve family health
13 and set them on a good path for the future. Thanks.

14 CHAIRPERSON LANDER: And members, we
15 will... if people wanna do a second round, make a
16 second available and people can also follow up
17 tomorrow as well, so these are important positions
18 and a deep topic, so I appreciate the questions and
19 don't want to cut them off, while also making sure we
20 move expeditiously but thoughtfully, so Council
21 Member Greenfield.

22 COUNCIL MEMBER GREENFIELD: Thank you
23 Mr. Chairman. And thank you all for being here
24 today; certainly a very impressive background and I
25 think we'd all agree that you're all very well

2 qualified for the respective positions that you're
3 applying for here today.

4 I'm curious, just a general question and
5 I have a specific question for Dr. Raju. But my
6 general question is that we've seen in the past few
7 years the Board of Health has instituted rulemaking
8 in areas that have generally been considered the
9 provision of whether it's individual, personal or
10 religious rights and so how do you intend on finding
11 the balance when it comes to those particular issues;
12 two things that come to mind, for example, are
13 rulemaking on -- soez [sic] is one particular example
14 and the second is rulemaking on circumcision, which
15 is another example, both of which obviously engender
16 a lot of passion by New Yorkers where there's a
17 tradition of live and let live, but the Board of
18 Health has become very active in those arenas.
19 What's your philosophy, respectively, for member of
20 the Board and how do you plan on balancing those
21 personal, individual and religious rights with what
22 you would personally believe would be the health
23 interest of New Yorkers?

24 DR. RAMANATHAN RAJU: Let me start. I
25 think -- You know, the way I see the role is that the

2 decision should be made on public safety, public
3 health -- good public policy, together with the
4 community understanding and the beliefs of the
5 community. So that is what we always do as a
6 physician; every single day we do that, right? I
7 knew, for example, and I will tell you an example of
8 this is -- as the Health and Hospitals Corporation in
9 the last year [sic] I was struggling because we could
10 not get people in the first trimester of pregnancy
11 connected to OB care in the first trimester; we did
12 everything possible; right, and then we understood --
13 it is very common, it's common from where I come from
14 and the Asian community and the Latino community that
15 you don't -- because the chance of miscarriage is
16 very high, people don't say they are pregnant till
17 the first trimester's over and usually the decisions
18 are made by the elder member of the family as
19 supposed to doing that [sic]. Once we understood the
20 cultural issue we are able to really have a good
21 policy issue with that. So I will tell you Council
22 Member that we need to have a sound public policy
23 with the good cultural issues which involve this and
24 that's the way to make a decision, not otherwise in
25 there; that would be my take on that; that will be...

2 that's what I will fight for and that's what I would
3 do.

4 DR. ROSA GIL: Council Member, I see the
5 issue of -- the role here is to think of public
6 health -- actually, you know communities are
7 integrated by individuals and families and adults and
8 if we really wanted to think about public health, we
9 need to take in consideration those individuals that
10 form part of the community; we think that context
11 there are issues of, like we were talking about
12 before; cultural idiosyncrasies or cultural belief
13 systems that impact a community. But I feel the most
14 important thing is just to approach this from what is
15 the professional judgment and what makes good public
16 health policy for the City of New York, to make sure
17 that communities are healthy and sill continue to be
18 healthy in the future.

19 KAREN REDLENER: I agree with all of
20 that; the only thing I think I would add is that it's
21 important to arm individuals with information and
22 make sure that communities are aware of risks and
23 that policies are made based on evidence, but
24 incorporate cultural traditions.

25 COUNCIL MEMBER GREENFIELD: Thank you.

2 CHAIRPERSON LANDER: Good? Alright,
3 thank you; returning some time. Council Member
4 Dromm.

5 COUNCIL MEMBER DROMM: Thank you, Chair
6 Lander. It's good to see you and repeat again, we
7 have three very highly qualified, wonderful
8 candidates. Dr. Raju, I've had the opportunity to
9 present you with an award and that's great and thank
10 you for all the work that you do. My question really
11 centers around -- you know right after we hear from
12 you we're going to hear a nominee for appointment to
13 the Board of Corrections and I would like to know
14 what you see as your role, if and when you're
15 appointed to the Board of Health, to shape and form
16 policy as it relates to Rikers Island?

17 [background comments]

18 DR. RAMANATHAN RAJU: You know, I think
19 it is -- as a physician, as a healthcare provider, we
20 need to give the best possible health care to our
21 inmates; right? Rikers is a jail, it is not a
22 prison; the people are there because they are still
23 pending the counsel; the policy of our country is
24 that people are innocent until proven guilty, so they
25 need to get the best possible care to get to them

2 [sic]. So we believe that as a health care provider
3 we will try to give the best possible care on Rikers
4 Island and that is what I will fight for; right?
5 Especially the mental illness; we need to really do
6 that, because it is not unique to New York, Council
7 Member, because it's also -- I've seen that in
8 Chicago. In Chicago I was in charge of the Cermak
9 Prison System; right; I was -- because in Chicago the
10 way it is, I'm also the health commissioner, I'm also
11 president of Cook County Health and Hospital
12 Corporation; I am also in charge of correctional
13 system; right, everything is under one category. It
14 is sad; it is sad because in Chicago the only way you
15 can get mental health coverage or help is getting
16 arrested, that's the only way you can get it, because
17 mental health is so bad all over the place; we cannot
18 really do that, because the criminal justice system
19 and the mental ill intersects at a very important
20 part of it and we have to really make sure that
21 people get treatment not prison; right? So we have
22 to really work very hard on getting that aspect as a
23 part. So Chicago experience taught me something;
24 what it taught me is the fact that, you know, you
25 respect what [sic] the criminal justice system in

2 this country is; we cannot incarcerate people for
3 mental illness; right, we should not and that is not
4 the right thing to do. So we have to really change
5 our method; these people need treatment, they don't
6 need prison sentences. So that will be my
7 philosophy; I think we need to really provide good
8 care to the inmates because they deserve it and they
9 need to get it, so that will be my focus if I were to
10 run the correctional health. [sic]

11 DR. ROSA GIL: Councilman, thank you for
12 your question. I think I would like to think that
13 prevention and health policy and public health policy
14 will focus on community early with those children and
15 adolescents in the community to really prevent us
16 from talking about Rikers Island as much as we can.
17 I think that in terms of primary, secondary and
18 tertiary prevention, I think that we really need to
19 focus on communities and develop the partnership with
20 communities; if there issues of mental health, we
21 should not be waiting to talk about it or provide
22 care at age 18, 19 or 21, but we should look very
23 early in the life of children as to that type -- and
24 I think that that's a very important role for the
25 Board of Health to look at communities to prevent

2 situations and the situations that we're having in
3 Rikers Island. Having said that, of course, you know
4 I am the proponent that good mental health needs to
5 be delivered to all citizens of the City of New York
6 regardless of where they are living, whether it's in
7 Rikers or whether it's in community. But I think I
8 would say to you that my focus would be community
9 intervention very early in the life of individuals in
10 the City of New York.

11 KAREN REDLENER: I agree with that.

12 CHAIRPERSON LANDER: Thank you very much.
13 Council Member Rodriguez.

14 COUNCIL MEMBER RODRIGUEZ: Thank you,
15 Chairman. I am happy to hear, you know, all the
16 descriptions of things that we should do, but what
17 happened is that we as a society have failed, because
18 it's like doing business as usual for many years; you
19 know for decades we've been addressing the problem,
20 talking about the solution, but still today the 46
21 percent of New Yorkers who live in poverty are the
22 ones that make the majority of those individuals that
23 they have to deal with diabetes, asthma; obesity, and
24 the life expectancy of those 46 percent is lower than
25 the rest of New Yorkers. So I know my mother, she

2 was wrong when she told me that god is the one that
3 pick the day when we die, because even though I'm
4 coming from a very religious family, if you're poor
5 you die younger than if you're rich. So how can we
6 -- and that's the data proven there -- so you are
7 seeing, the number is there, like in certain area in
8 the city the life expectancy is 77 years old and
9 those are the sickest [sic] where the 46 percent
10 live. And in the other areas where the average
11 income is higher, the life expectancy is 85, so I'm
12 not against 85, I now prefer those who are over 85,
13 but our work is to take those with a life expectancy,
14 in particular sickest is 77, also to be allowed to
15 say you can be part of the 85 [sic]. And today many
16 of those sickest, when a child is referred to see a
17 doctor for a mental health issue, that family has to
18 wait three months; that's a fact, and that's
19 happening in many of those underserved communities,
20 as you all witness every day, because some of those
21 work in those areas. So how can we persuade those
22 part who are in the better position to understand
23 that we need to invest in the early age to do more
24 prevention, because it's not only a problem that we
25 face in Rikers Island on those inmates that they're

2 waiting there, it's that many of those were those
3 children who they didn't get the right doctor when
4 they were referred in the early years. So how can we
5 be working together to make some public health policy
6 change? One; to cut the time that some one is
7 waiting to see a doctor; second, to make health care
8 accessible to everyone, knowing that we are not able
9 to make magic, but what policy can we make? Should
10 we as a city wait till we're making us a mandating to
11 any hospital that takes some public dollars to see
12 someone under a specific period of time? So as a
13 future member of this Board, what are the policies
14 that you think that we should be working on to cut
15 the time for someone to wait to see a doctor? That's
16 for me the question to you; at the end of the day you
17 eat fresh fruit, you are able to use more green area,
18 you have a great insurance; you will be doing better
19 than anybody else. So we know that prescription, but
20 my question is; how can we work together toward
21 changing some public policy rules so that those New
22 Yorkers who need to see a doctor get the services on
23 a short period of time than those months that they
24 have to be waiting to see a doctor?

2 KAREN REDLENER: To achieve good health
3 and longevity it takes a village. Even if we had
4 healthcare resources available and everyone had
5 health insurance, we wouldn't necessarily be able to
6 achieve better outcomes. I think that there are many
7 things that can and should be done that impact
8 individuals' health; it starts with access to food,
9 and I think many of the Mayor's policies are
10 beginning to distribute information and provide more
11 outreach in terms of [bell] enrolling people and SNAP
12 benefits and other WIC benefits; it's improved
13 housing and environment, it's improved health
14 literacy and certainly, in my opinion, it's improving
15 resources that are available to children and
16 families. Because we know that chronic health
17 conditions often begin in childhood, whether it's
18 mental health problems that become worse, whether
19 it's heart disease, cancer; when children and
20 families live in stressful environments that are
21 caused by many things, it impacts their own
22 development and it increases the likelihood of
23 chronic illness down -- you know, later in life. So
24 I think you're right; it has to be tackled from many
25 different perspectives and I think with our

2 background, we're all concerned about health
3 disparities and social impact of health impact of
4 health disparities and the leadership of Commissioner
5 Bassett and the leadership of Mayor de Blasio; think
6 there is a priority now on understanding the impact
7 and how to begin to provide services and resources
8 and information that can change that percentage for
9 the City of New York and really, I think, set the
10 possibility of becoming a model for how to invest in
11 improved health for a community that has so many
12 disparities to begin with. I think it's -- you know
13 the Children's Cabinet that the Mayor has put into
14 place with agencies working together and
15 understanding the relationship of many different
16 sectors in the community, there are many things that
17 are new that are happening that I think have the
18 opportunity and potential for making improvements in
19 the lives of our citizens and residents.

20 DR. ROSA GIL: Council Member Rodriguez,
21 I appreciate your comments and questions in terms of
22 an area that indeed is a challenge and we all work in
23 public health and the healthcare delivery system -- I
24 agree with you in terms of the multitude of
25 challenges that the communities are facing that can

2 be construed as contributing factors for chronic
3 illnesses. I think that we are also, Doctor, as you
4 mentioned before, that we are in the midst of some
5 changes in the healthcare delivery system nationally,
6 but in the state and here in the city, where primary
7 care is going to be increased; there's no -- in my
8 opinion I think that there's no way that we can fail
9 to increase primary care to reduce the number of
10 hours or months that a child is going to be seeing a
11 physician, whether it's for psychiatry or for general
12 medicine in general. So I think that there are
13 different agencies in the city that could contribute
14 to improve some of the social determinants of health,
15 which is what really we're talking about, that are
16 creating these chronic illnesses. But I do thank
17 you; your question and your comments.

18 DR. RAMANATHAN RAJU: Look Council

19 Member, you really hit upon a very, very important,
20 interesting point. You know, when at the Cook County
21 I was... I went to Cook County because Donna Brazile
22 wrote this article, which is about place matters, you
23 know, difference on where you live matters as far as
24 health is concerned. So that showed that if you are
25 an African-American living in the south side of Cook

2 County, you will die 12 years earlier, 12 years
3 earlier; right. If you live on the other side of
4 Cook County, like Chicago River, it's a small river;
5 you go to the north side, you are fine. The problem
6 is because of poverty, the poverty is a major issue,
7 either the delivery of healthcare or accessing
8 healthcare; this is really -- usually you used to
9 think it is based on, you know, ethnicity, race; you
10 know, now I am more convinced that it really has to
11 do with the economic conditions of the neighborhoods
12 which makes a big difference how do you want to do
13 that. So as we try to go for this holy grail of
14 really population health in this country, we cannot
15 simply give just healthcare, preventive or remedies
16 [sic]; we need to improve the opportunities, both
17 economic and educational opportunities for the people
18 around us. So I think this is beyond public health,
19 everybody has to work together to make that happen to
20 really improve the health of the individual. As I
21 said before, in the past we used to think that we'd
22 go to a place and start a clinic and give them
23 access; then you'd think that they get better, but
24 unless you really correct those underlying

2 socioeconomic issues, we will never get that
3 population health model in this country.

4 CHAIRPERSON LANDER: Thank you, Council
5 Member. I'm very please we've been joined by our
6 Speaker, Melissa Mark-Viverito, and Madame Speaker,
7 we've really had a wonderful conversation with Karen
8 Redlener from the Children's Health Fund and the
9 Community Pediatric Programs of Montefiore Systems;
10 Dr. Ramanathan Raju from New York City Health and
11 Hospitals Corporation; Dr. Rosa Gil from Comunilife,
12 who though they're nominees of the Mayor, I think
13 share [background comments] the passion for
14 confronting inequality by attending to social
15 determinates of health and really proactively and
16 thoughtfully attending to issues of poverty and
17 inequality in our healthcare system; we've had a
18 wonderful conversation with them, which we're now
19 going to recess, we're just recessing each of these
20 hearings today and as I mentioned, will reopen them
21 tomorrow; there's a few other members of the
22 Committee who weren't able to be here today who will
23 be able to ask their questions in the morning before
24 we vote. So let me thank the three of you for your

2 time this afternoon and recess this hearing on the
3 Board of Health Nominations.

4 And now call up Mr. Stanley Richards -- I
5 also wanna note in the interim that we were joined
6 briefly by Rafael Espinal, a member of the Committee,
7 Council Member from Brooklyn and we're also joined
8 today by our General Counsel, Kathleen Ahn. Thank
9 you.

10 So we're moving to the Council's
11 candidate for appointment to the New York City Board
12 of Corrections. If the Council votes to make this
13 appointment, Stanley Richards, a resident of the
14 Bronx, will replace Alexander Rovt and be eligible to
15 serve for the remainder of a six-year term, expiring
16 October 12, 2020. The New York City Department of
17 Corrections provides for the care, custody and
18 control of persons accused or convicted of crimes and
19 sentenced to one year or less of jail time. The
20 Department manages 15 inmate facilities, 10 of which
21 are on Rikers Island, handles more than 100,000
22 admissions each year and manages an average daily
23 inmate population of approximately 14,000
24 individuals. New York City Board of Corrections
25 oversees the Department's operation and evaluates

2 agency performance. By the law, the Board of
3 Corrections or its members shall have the power and
4 duty to inspect and visit all institutions and
5 facilities under the jurisdiction of the Department
6 at any time, evaluate the Department's performance,
7 establish minimum standards for the care, custody,
8 correction, treatment, supervision and discipline of
9 all persons held or confined under the jurisdiction
10 of the Department and to establish procedures for the
11 hearing of grievances and complaints. The Board of
12 Corrections is comprised of nine members, three
13 appointed by the Mayor, three by the Council and
14 three by the Mayor on the nomination jointly by the
15 presiding justices of the Appellate Division of the
16 Supreme Court for the First and Second Judicial
17 Departments; members are appointed to a term of six
18 years and vacancies are filled for the remainder of
19 an unexpired term. The Mayor designates the chair of
20 the Board of Corrections from amongst its members and
21 although the board members receive no compensation,
22 they may be reimbursed for expenses incurred in the
23 performance of their duties. We are thrilled to
24 welcome for our conversation Mr. Richards, whose
25 experience is quite extraordinary in your time

2 working to help inmate reintegrate into society,
3 which we'll hear about in just a minute, as well as
4 your own personal experience and I really have
5 enormous respect for The Speaker and for Council
6 Member Danny Dromm for bringing to the Council;
7 really pushing and insisting that if we are gonna do
8 right by the work at Rikers and all that we've
9 learned and heard there, that someone who has spent
10 time and been incarcerated and then built a real
11 career of experience and wisdom after that is the
12 Council's nominee, so I wanna say a big thank you to
13 The Speaker and to Council Member Dromm. They're
14 each gonna make a brief opening statement and then
15 we'll swear you in and ask you to make yours. So
16 Madame Speaker.

17 SPEAKER MARK-VIVERITO: I will be brief,
18 but personal welcome, Mr. Richards, and for me it's a
19 real pleasure that we are having this hearing,
20 interviewing you and feel confident that you will be
21 voted to serve as our rep on the Board of
22 Corrections. You know and have to say I wanna thank
23 Danny for bringing this; you know it's the first, my
24 understanding, time the City Council has appointed
25 someone who has been formerly incarcerated on the

2 Board of Corrections and I think that it's way
3 overdue. Because as the Chair has said, you know if
4 we are expecting to make any sort of difference in
5 the way that we run the Department of Corrections,
6 then we need to have people that understand it in all
7 different ways and I really value your insight and
8 congratulate you also on your professional career,
9 which is very illustrious, as I'm reading all the
10 work that you've been doing on behalf of The Fortune
11 Society, a great organization that is a partner with
12 us in the Council and also a partner to the City of
13 New York in helping the formerly incarcerated, so
14 thank you for that and again, as I said, it's overdue
15 and I look forward to the partnership with you
16 representing us on the Board and being able to turn
17 things around and there's a lot of work that needs to
18 get done; we know that this administration, this
19 mayor and this commissioner are attempting to do that
20 and we will exercise our full authority in our
21 oversight capacity and we need individuals like you
22 to help us in that role. So thank you for being
23 here; thank you for your commitment and your
24 willingness to engage in this with us, and thank you
25 Danny for approaching me. When Danny approached me,

2 I didn't even have to think twice; I said this makes
3 complete sense, I mean it really is illogical that we
4 wouldn't have thought of this sooner. So again,
5 thank you all and look forward to you answering the
6 questions that we will pose later on.

7 CHAIRPERSON LANDER: Thank you Madame
8 Speaker. Council Member Dromm.

9 COUNCIL MEMBER DROMM: Thank you Chair
10 Lander and this is indeed a very important moment;
11 it's one that's a little bit emotional for me as well
12 and I hope I don't get too emotional, but I wanna
13 thank you, Madame Speaker for pushing this forward
14 and for really believing in Stanley and really
15 believing in the idea that we should have formerly
16 incarcerated people on the Board of Corrections and I
17 think that is really vitally important to getting a
18 better understanding of what's going on behind the
19 scenes, so to speak.

20 So thank you, Chair Lander and Speaker
21 Mark-Viverito for the opportunity to highlight the
22 historic nature of the Council's nomination of
23 Stanley Richards to the Board of Corrections.

24

25

2 I am proud to have raised Stanley's name
3 for consideration and would like to offer a succinct
4 but I hope powerful reason for my enthusiasm.

5 I first met Stanley through a friend,
6 Robert, who was incarcerated and was a client at The
7 Fortune Society. Stanley, as someone with more than
8 two decades experience helping to guide one of the
9 country's leading re-entry programs and a personal
10 experience of incarceration, will bring a fresh
11 perspective to the Board. He has been honored by the
12 White House as a champion of change -- as a matter of
13 fact, I was just reading an article that said that he
14 went from the Big House to the White House -- for his
15 extraordinary dedication and hard work to help those
16 with criminal records re-enter society with dignity
17 and viable employment opportunities. The appointment
18 of an individual who has been directly impacted by
19 the Board of Corrections' policies is long overdue
20 [pause] for people like my friend Robert and all the
21 other individuals who have yet to pass through the
22 gates of our other jails. The appointment of Stanley
23 to the Board represents a promise of justice that
24 their voices will finally be heard and taken
25 seriously.

2 And in my visits to Rikers I saw
3 firsthand many of those injustices that occur there
4 and that's why I think having someone who has had
5 that experience is so vitally important.

6 I believe that Stanley shares my views
7 that preparation for re-entry into society begins
8 when individuals first enter the criminal justice
9 system. Our jails should be places where individuals
10 can fight their cases and prepare their lives on the
11 outside, all without the threat of violence; this is
12 the only way these individuals can move forward and
13 our society can become safer. And so I ask that my
14 colleagues seize this moment to effect lasting change
15 in our criminal justice system by voting to approve
16 Stanley Richards' nomination, and I really did not
17 wanna get emotional, but I cannot help, after hearing
18 so many of the stories of young men and women who
19 have had to endure the terrible deep injustices that
20 go on in Rikers Island; I'm so glad that the Mayor
21 has taken a stand on that and is beginning to turn
22 the situation around there, and this has been
23 something that has been a fight for me for a long
24 period of time and something that I think goes along
25 with my fight for LGBT equality and justice as well.

2 So thank you both for making sure that this
3 nomination happened and good luck to Stanley.

4 CHAIRPERSON LANDER: Thank you very much,
5 Council Member Dromm. I just wanna add my voice to
6 that of The Speaker's and really thanking you for
7 your leadership, not only in the nomination of
8 Stanley Richards, but on this issue as well, though
9 you haven't -- you know, you've chaired Immigration
10 and then Education; the just real personal passion
11 and leadership that you bring and understanding that
12 this city in many ways isn't better than the promises
13 it makes and keeps to people facing the biggest
14 challenges of all and that offering hope and a real
15 vision of justice and a pathway is something that's a
16 credit to this whole body and we owe that to much of
17 your leadership, so thank you to you and to The
18 Speaker.

19 Okay, with that, Mr. Richards, we ask
20 that you be sworn in by our Committee Counsel and
21 then make your opening statement.

22 COMMITTEE COUNSEL: Do you swear or
23 affirm to tell the truth, the whole truth and nothing
24 but the truth in the statement that you're about to
25 provide?

2 STANLEY RICHARDS: Yes I do.

3 COMMITTEE COUNSEL: Thank you.

4 STANLEY RICHARDS: Well first I -- I'm
5 emotional. I wanna thank The Speaker and Council
6 Member Dromm and Chairman Lander and the entire City
7 Council. I think we are at a moment in time in New
8 York City where we can do some real amazing work
9 together and I am just so, so honored to be nominated
10 to serve on the Board of Corrections.

11 You know I prepared this statement and as
12 you all were doing the introductions I said I'm not
13 gonna read this statement; I'm gonna tell you about
14 who I am, what my journey has been and what I hope to
15 accomplish by serving on the Board.

16 You know 29 years ago I was sitting in a
17 cell in AMKC, not sure what my future was gonna be
18 about; I was facing a lot of time, and what I knew in
19 my life at that time was I knew how to do jail; I did
20 not know how to be out in the world. And so my
21 future was about, how do I survive in that
22 environment, and survive I did. I stayed in that
23 facility, a number of facilities for two years, going
24 back and forth to court; I understand the bullpens, I
25 understand the dorms, I understand the cells; I lived

2 that life, and it wasn't until I was sentenced to
3 four-and-a-half to nine years and I went upstate and
4 when I got to State prison, I had to be involved in
5 something; I got involved in education. When I got
6 involved in education and I started having success, I
7 obtained my GED, I went to college; graduated
8 college. Those experiences started telling me
9 something that I have never heard in my life, I never
10 heard that I was worth anything, I never heard I was
11 good, I never heard I was smart; I always heard I was
12 the bad kid; I wouldn't end up being anything; I
13 would end up in jail or dead and I began to really
14 live that life, and when I went to prison and went to
15 college, it started telling me something different; I
16 started believing that I was not the person that I
17 heard everybody told me that I would be. I began to
18 believe that things for me could be different; I
19 could make great choices, I was smart, I enjoyed
20 seeking knowledge; it gave me the foundation to say
21 that the person in charge of my life was me; it
22 wasn't my community, it wasn't my environment, it
23 wasn't the people who I thought put me in jail, in
24 prison. And when I came home I said, as long as I

2 didn't give up on myself I know I wouldn't go back to
3 prison, that prison was no longer an option for me.

4 And so I came home, I started looking for
5 jobs and it was tremendously hard, everybody told me
6 I had to get experience; nobody was willing to give
7 me the experience, and Fortune Society gave me that
8 opportunity, they allowed me to give back, because
9 while I was in prison I worked in a pre-release
10 center, helping people prepared for release; I
11 couldn't get a release, but I was helping people
12 prepare for release, helping people figure out how
13 not to come back, and I wanted to do that when I came
14 home and Fortune Society gave me that opportunity.

15 And from 1991 until today, every day I go to work, I
16 go to work in seeing what nobody ever saw in me; I
17 see the beauty in the men and women who walk through
18 the doors, I see all their potential; I see all the
19 things that we can do if we work together and start
20 from a place of accountability and hope and support;
21 the power that rests in that vision. And so every
22 day I work my tail off to make sure that the men and
23 women who are impacted by the criminal justice system
24 know that they matter. I work every day to make sure
25 that the places that we can change and fix in our

2 system we fix. I work every day to partner with
3 folks who wanna partner to make a difference in our
4 criminal justice system and in our communities. So I
5 am honored that the City Council is nominating me to
6 be part of this solution, not part of the problem;
7 part of fixing and partnering with Department of
8 Corrections to do things differently and to do things
9 better.

10 So I wanna thank you; I am gonna be your
11 eyes, your ears, your voice; I am gonna be what you
12 need me to be on that Board of Corrections, because
13 we do have a very, very unique opportunity. Thank
14 you.

15 CHAIRPERSON LANDER: Thank you very much,
16 Mr. Richards. Questions? [background comment]
17 Yeah, go ahead.

18 COUNCIL MEMBER DROMM: Just a couple of
19 questions maybe around to the issue of mental health
20 provisions and services.

21 As you know, Corizon is currently the
22 provider of mental health services, or actually
23 health services throughout all of Rikers Island; how
24 do you see your role as a member of the Board of
25 Corrections in terms of improving the provision of

2 health services on Rikers Island? It's estimated
3 that about 40 percent of folks on Rikers Island right
4 now are people who are dealing with substances abuse
5 and/or mental illness issues.

6 STANLEY RICHARDS: I think it rests --
7 and I put this in my answer -- I think it rests in
8 changing the minimum standards; I think we have to
9 move from what are the minimum standards to what are
10 the standards that would make a difference for the
11 men and women who are entering the system.

12 If you think about the system as a moment
13 or an opportunity in time for us to do something
14 different, I think it's about changing the standards,
15 the standards of care, I think it's about engaging
16 the Department of Health, I think it's engaging the
17 healthcare provider about really looking at where are
18 those moments of changing our standards, about how
19 it's delivered, how care is delivered, how mental
20 health services are delivered, and what we're
21 delivering. So I think the work for the Board and
22 the work that I'll be doing is around what are those
23 standards and how do we change those standards.

24 COUNCIL MEMBER DROMM: So stemming from
25 my own personal experiences in terms of working with

2 you in The Fortune Society, I think there's a
3 philosophy at Fortune which I hope that you will
4 expand as much as you can in your role as a member of
5 the Board of Corrections, which is that, you know
6 people can turn their lives around, people can, if
7 they're given two, three, four, five chances, take
8 that opportunity and make something of their lives,
9 but I think it also comes down to the understanding
10 of a basic goodness within people; it's almost
11 something that I relate to in terms of being a 12-
12 step program and I think many people know that I'm 24
13 years clean and sober myself, which is partially the
14 reason why I get so emotional about this issue. But
15 I hope that that's going to be something that you
16 will also use in your protest [sic] and member of the
17 Board of Correction, that we need to change the
18 philosophy of these people who are on Rikers Island
19 as being castaways, throwaways and that they need an
20 opportunity to turn their lives around and to move
21 forward. I know that you said some of that in your
22 opening statement, but to me that's the essence of
23 the reason why I wanted to nominate you for this
24 because I know that that's a deep-held belief that --
25 and you've had that experience, you have had where

2 people we call the worst of the worst criminals
3 staying at The Fortune Society at the Castle and yet
4 most of those people who have gone through the Castle
5 are people who are now leading productive lives and
6 as David Rothenberg has said, are not taxpayers as
7 well. And so I just hope that as you go forward in
8 this role that you'll be able to really impress upon
9 people the importance of that philosophy.

10 STANLEY RICHARDS: Absolutely. And David
11 Rothenberg, I've found, often says, the crime is what
12 people did, it's not who they are, and so it's about
13 lens, right and I put in my answer; I think part of
14 the work with Commissioner Ponte is really changing
15 the culture of corrections. You know, I put in
16 there, the sense that if we can change the care,
17 custody and control to services, opportunities and
18 safety, how do we provide services, second chances
19 for people to rebuild their lives and reclaim their
20 lives; how do we see people as people so that
21 corrections officers are interacting with people not
22 based on a sense of they don't deserve to be treated
23 fairly, but that if it was their family member,
24 treating them like their family member. So I think
25 that's part of the work, that's part of the culture

2 change that needs to happen with correction and
3 that's definitely the work that I'll be doing.

4 COUNCIL MEMBER DROMM: Well that's
5 something I'm really glad to hear you talk about as
6 well, because unless we have buy-in from the
7 corrections officers themselves into the treatment of
8 the detainees at Rikers Island we're not gonna be
9 successful in our efforts and so that change of
10 culture, that dealing with the corrections officers
11 themselves as human beings who have needs, desires
12 and wants and aspirations as well, I don't think
13 we're gonna have the changes that we need, so I'm
14 glad to hear that as well.

15 STANLEY RICHARDS: And part of that is
16 transparency, part of that is being out there; you
17 know, I spoke to Commissioner Ponte; he gets it, he
18 understands that there's a cultural shift that needs
19 to take place, beginning in the Academy and then
20 rewarding where there are pockets of creativity,
21 where there are pockets of excellence, really
22 rewarding that.

23 COUNCIL MEMBER DROMM: Well I'll just
24 close by saying; we are so proud and so lucky to have

2 an individual like you, to be able to nominate you
3 for this position. Thank you... [crosstalk]

4 STANLEY RICHARDS: Thank you so much.

5 CHAIRPERSON LANDER: Thank you, Council
6 Member Dromm. I'm going to ask one question and then
7 turn it over to Council Member Rose.

8 But I guess I'd just like you to drill
9 down a little further; you started this in speaking
10 to the need for culture change, but obviously we're
11 at a moment where very substantial changes are needed
12 at Rikers in particular and have been -- you know
13 that's not debatable any longer, obviously the
14 department... you know the... [crosstalk]

15 STANLEY RICHARDS: Department of Justice.

16 CHAIRPERSON LANDER: Department of
17 Justice, the Mayor, the Department of Investigation,
18 New York City Department of Investigation and of
19 course the Commissioner have all made clear that, you
20 know reforms and changes are urgently needed and
21 they've put them forward; I wondered if you could
22 just say a little more about how you see the Board's
23 role in that, what you think the most important next
24 steps are and how you'll work concretely in this role
25 to help make sure that that progress is achieved.

2 STANLEY RICHARDS: Years ago I was part
3 of the Discharge Planning Committee that was formed
4 by former Commissioner Marty Horn and former
5 Commission of Homeless Services, Linda Gibbs, went on
6 to be Deputy Mayor, and Marty said that in order to
7 have sustainable change in a department as big as
8 Corrections you have to get to the B officer, and
9 everybody said, what do you mean the B officer? And
10 he said, you've gotta get to the officers who will
11 be here before you got there and they'll be there
12 after you leave to really sustain the kind of
13 cultural change, and I think part of the work of the
14 Board could be engaging Commissioner Ponte in, what
15 is his strategic plan to, as I just said, reward
16 excellence where there is excellence, making sure
17 that there's a robust training program for new people
18 coming into the department and really emphasizing and
19 rewarding, publicly rewarding where those pockets of
20 excellence are at and bring them from the shadows
21 into the light.

22 I remember when I was working out on
23 Rikers we had officers who would sneak inmates to our
24 office to get services because they knew that if they
25 publicly said, could you come and help this person

2 that they would be looked upon or frowned upon from
3 their colleagues. We need to shift away from that,
4 we need to highlight that, and that there's some work
5 that the Commissioner can do, there's work that the
6 Board can do with our ability to go out there and be
7 present, be out there, see what's going on, talk to
8 both officers and inmates; gives us some leverage to
9 really talk about changing that cultural aspect.

10 CHAIRPERSON LANDER: Great. Thank you.

11 Council Member Rose.

12 COUNCIL MEMBER ROSE: I wanna commend
13 you, first of all, for you know, just the journey
14 that you've taken to get here and arriving on this
15 side of that journey. And I'm really, really
16 impressed by The Speaker's courage and Danny's
17 courage to put forward your name, because it is
18 something that has not been done, you know previously
19 and you know, people will probably accuse us of
20 having the inmates running the prison and it makes
21 the most sense to me and you see it in a lot of
22 models now in other areas; with Cure Violence we're
23 now hiring what we call "credible messengers" and
24 there are people who have experienced it, they know
25 it, they speak the language, they can relate and they

2 get the job done. And so I commend the Council for
3 really having the courage to do this.

4 Actually, I wanted to ask you my question
5 first, because Brad sort of asked my question, but I
6 wanted to know what you see as the problems with
7 Rikers Island; is it about... is it a training issue;
8 is it lack of services and how do you change the
9 paradigm, and I know you pretty much, you know,
10 discussed that, so if there's something that maybe --
11 or is it even inadequate services; maybe we're not
12 providing the right services, especially since we see
13 every day and it's a big concern to me that the
14 mental health condition of people who wind up
15 incarcerated is not being addressed and that we are
16 actually closing mental health facilities and the
17 prisons have become our new mental health hospitals
18 without the services. And so I just... you did touch
19 on it, so if there's nothing else you want to add to
20 it, but my concern was, you know, changing the
21 paradigm and what you saw as the problems, you know,
22 that precipitated the conditions that you know we see
23 today.

24 STANLEY RICHARDS: Thank you,
25 Councilwoman. I think you're absolutely right; you

2 know, this is a wicked problem that has multiple
3 causes and it's not gonna be one solution that's
4 gonna resolve it; it's gonna take a multiple
5 approach. One such approach is about how you bring
6 people in; one such approach is about enhancing the
7 services, using, as I said, that moment in time for
8 people being detained to be, sort of interrupt the
9 cycle of incarceration, but in order to do that
10 you've gotta be willing to talk about homelessness,
11 you have to be willing to talk about mental illness,
12 you have to be willing to talk about substance abuse,
13 you have to be willing to talk about family supports,
14 you have to be willing to talk about NYCHA; you have
15 to be willing to engage in multiple conversations
16 that require lots of resources and significant
17 strategy. So Rikers is just a huge, huge mess in
18 terms of it is where everything society doesn't wanna
19 pay attention to or acknowledge exists, it exists on
20 Rikers Island, and if we are to make a difference in
21 that space, we have to be willing to have those
22 conversations. And... [interpose]

23 COUNCIL MEMBER ROSE: Do you think that...
24 because I was very impressed with sort of your... part
25 of your journey out was education; do you think -- I

2 don't know if education is mandated once someone is
3 incarcerated; do you think that if it's not it should
4 be for all wherever they are on the educational, you
5 know scale, but do you think that education should
6 sort of like be mandated?

7 STANLEY RICHARDS: Absolutely, if done
8 right. Right? One of the things you don't wanna do
9 is engage people in that process where they won't
10 have any success [bell] that I think will further
11 diminish their ability to engage and to feel good
12 about what they're engaging in. So if done well, I
13 think... [interpose, background comment] exactly -- if...
14 [interpose, background comment] that's exactly right.
15 If done well, absolutely, I think that is something
16 that we should be talking about and we should be
17 looking at. It baffles my mind that Pataki
18 eliminated higher education in the prison systems
19 when it was making such a difference for so many
20 people. Study after study demonstrates that folks
21 who went to college in prison had a much lower
22 recidivism rate than those who didn't. And if you
23 talk about return on investment, why aren't we
24 investing in that, it's a proven tool. So yes, I am
25 a firm believer that education -- it opened up my

2 world, I think education opens up worlds and changes
3 lives.

4 [background comments]... [crosstalk]

5 STANLEY RICHARDS: Absolutely.

6 [background comments] Absolutely.

7 CHAIRPERSON LANDER: Thank you, Council
8 Member. Council Member Rodriguez.

9 COUNCIL MEMBER RODRIGUEZ: [background
10 comments] more than \$60,000 is invested per person in
11 Rikers Island, compared to \$13,000 per student, as a
12 new... if you have the chance to be on the Board and we
13 continue to invest \$60,000 per person in Rikers
14 Island, now that you have not only the experience
15 from being there and being someone that took whatever
16 experience you went through and use it to do good
17 things in our society, but also with the institution
18 that you've been working, The Fortune Society, you've
19 been working with a lot of people, thousands of
20 people... [interpose]

21 STANLEY RICHARDS: Yes.

22 COUNCIL MEMBER RODRIGUEZ: also coming
23 out from Rikers Island and other prison systems
24 Upstate. How will you reorganize that \$60,000 that
25 we invest per inmate in a more productive way to help

2 those average of 14,000 people that we have in Rikers
3 Island?

4 STANLEY RICHARDS: In my ideal world,
5 that \$60,000 would never hit Department of
6 Corrections; that \$60,000 would be about improving
7 our schools so that we don't lose so many black and
8 brown young folks from our high schools; it would be
9 about improving the economic opportunities in our
10 communities so we don't have to find 120, 170,000 out
11 of school, out of work young folks, mainly black and
12 brown folks; that if we did a good job in making sure
13 that people didn't come back and we can reduce the
14 budget of Department of Corrections, we should
15 reinvest that in things that will make a difference
16 in the communities from where many of the people come
17 from [applause, cheers] help their communities.

18 [background comments] [laughter]

19 COUNCIL MEMBER RODRIGUEZ: Why do you
20 think that... What is it that makes someone that has
21 been in Rikers Island to be part of those 80 percent
22 who come back when they come out from Rikers Island?

23 STANLEY RICHARDS: Oh, a number of
24 things; one, a sense of whether or not things would
25 be different or could be different. I think we have

2 a very small window of opportunity, like when people
3 leave people say, I don't wanna ever come back, but
4 that lasts for about a hot minute and then they get
5 out, they come across the bridge and they realize
6 they don't have a place to live; then they realize
7 that they can't get a job; then they realize that the
8 people they thought could support them in public
9 housing can't because they face eviction. Like, all
10 of those things happen so fast for people that they
11 lose a sense of hope and possibility and go back and
12 do what people know how to do; survive, and survival
13 for a lot of folks is going in and out of prison.
14 And so if we don't talk about substance abuse
15 treatment, mental health, housing; family
16 reunification -- we really have to look at this from
17 a cross-agency perspective -- what are our policies
18 around NYCHA that either support or diminish family
19 reunification for people who are in prison or in
20 Rikers Island; what are we doing to engage people in
21 mental health care while they're on Rikers and then
22 continue into the community; what are we doing to
23 engage people in treatment; what are we doing to
24 provide alternatives for people so that they don't
25 need to go to jail, they can go to an alternative to

2 incarceration program that has mental health and
3 substance abuse treatment. Those are all the options
4 that are available to us, but those aren't all the
5 options that everybody wants to talk about. And I
6 think my role being on the Board is to help have that
7 conversation about what do we do to seize the moment
8 to prevent so many people from coming back into the
9 system so that we could reduce the budget so that we
10 could reallocate some of that money to some of the
11 things that make a difference for everybody's life in
12 the community.

13 [bell]

14 CHAIRPERSON LANDER: Thank you very much
15 to all three of you and especially to you,
16 Mr. Richards; these hearings are -- we often to get
17 see a lot of experience, insight and wisdom; I think
18 the, you know, being called to see real possibilities
19 in people beyond, but we're thinking of day to day,
20 we don't always deliver that in our City Council
21 hearings, so I wanna appreciate that; there's a big
22 job to do... [interpose]

23 STANLEY RICHARDS: Yes.

24 CHAIRPERSON LANDER: and while today is
25 historic, the work of following up on that to make

2 sure we get the change we need at Rikers is
3 important... [crosstalk]

4 STANLEY RICHARDS: Absolutely.

5 CHAIRPERSON LANDER: and we... I look
6 forward tomorrow to voting for you, and we'll go
7 ahead and recess this hearing as well and ask you to
8 come back tomorrow; our hearing will open from recess
9 at 10:30; there are some other of our colleagues on
10 the Committee who may have additional questions
11 before we vote.

12 STANLEY RICHARDS: Thank you so much.

13 CHAIRPERSON LANDER: Thank you.

14 Alright, we will now move to the Taxi and
15 Limousine Commission, and I have to say we have a
16 very inspiring nominee to the Taxi and Limousine
17 Commission as well, so -- it's somebody who I have
18 been fortunate enough to work with in some other
19 capacities and we'll ask William Aguado to come up
20 for his hearing.

21 William Aguado is being nominated by the
22 Mayor to, as I said at the outset of the hearing, to
23 serve on the New York City Taxi and Limousine
24 Commission and if Mr. Aguado, a Bronx resident, is
25 confirmed by the Council, given advice and consent;

2 he will fill a vacancy and serve for the remainder of
3 a seven-year term that expires on January 31, 2022.

4 The New York City Taxi and Limousine
5 Commission was created to improve and further the
6 development of taxi and limousine service in New York
7 City concerning issues related to the public safety,
8 comfort and convenience by adopting and establishing
9 an overall public transportation policy to govern
10 taxi, coach, limousine and wheelchair-accessible van
11 services as it relates to the overall public
12 transportation network of the City; TLC also
13 establishes certain rate standards and criteria for
14 the licensing of vehicles, drivers, chauffeurs,
15 owners and operators engaged in such services; TLC
16 shall also provide authorization to persons to
17 operate commuter van services within the city and I'm
18 pleased that a member of our Rules Committee is also
19 the Chair of the Council's Transportation Committee,
20 which oversees the TLC.

21 The TLC Commission consists of nine
22 members that are appointed by the Mayor, all at the
23 advice and consent of the Council; five of those must
24 be a resident from each of the five boroughs of the
25 city and are recommended for appointment by a

2 majority vote of Council Members of the respective
3 borough. TLC members are appointed for seven-year
4 terms and can serve until the appointment and
5 qualification of a successor; vacancies other than
6 those that occur at the expiration of a term should
7 be filled for the unexpired term; the Mayor may also
8 remove any TLC member for cause upon stated charges;
9 the Mayor designates one member of the TLC to act as
10 the Chairperson and Chief Executive Officer; the
11 Chairperson is in charge of the organization; has the
12 authority to employ, assign and superintend the
13 duties of the officers and employees as necessary to
14 carry out the provisions of the Charter, and the
15 Chairperson currently, Meera Joshi, whose nomination
16 we gave advice and consent to last year, devotes his
17 or her full time to the position and as such receives
18 compensation, but other TLC members, such as the
19 position Mr. Aguado is being appointed to are not
20 entitled to compensation. Pursuant to the Charter,
21 all TLC proceedings and the documents and records in
22 its possession are public records and the TLC is
23 required to make an annual report and provide it to
24 the Council on or before the second Monday of January
25 of every year and also to come before the Council's

2 Transportation Committee, chaired by Chair Rodriguez,
3 when requested.

4 Welcome to Bill Aguado, who I've had the
5 honor to work with on some occasions in the past in
6 his prior role at Bronx Museum of the Arts and his
7 leadership on cultural policy and connections to
8 communities and community organizing throughout the
9 city. We welcome you back to the City Council and
10 ask that you raise your right hand to be sworn in by
11 counsel and then make your opening statement.

12 COMMITTEE COUNSEL: Do you swear or
13 affirm to tell the truth, the whole truth and nothing
14 but the truth in the statement that you're about to
15 provide? [background comment] Thank you.

16 WILLIAM AGUADO: ...that would help; right...
17 [background comments] to become commissioner for the
18 Taxi and Limousine Commission. As a life-long New
19 York City resident who has depended exclusively on
20 public transportation, I've been able to appreciate
21 the importance of the transportation industry. It is
22 safe to stipulate that taxis and other for-hire
23 vehicles are critical to New York City's economy
24 sustain in its ongoing revitalization and at the same
25 time serving the many communities that normally would

2 be isolated by a lack of other transportation
3 options.

4 I have served the Bronx, its residents
5 and communities for over 40 years in a variety of
6 professional capacities and as a board member of many
7 emerging and major nonprofit community, cultural and
8 educational institutions.

9 Throughout the years it has been very
10 clear to me that my successful experiences in
11 agencies and organizations is directly correlated to
12 the respect and awareness of the histories and values
13 of the communities I have served. My skills and
14 successes throughout my career have always centered
15 on the assets of the community and its potential to
16 enhance the delivery of services and resources. This
17 awareness of the community's potential has enabled me
18 to successfully design and implement many initiatives
19 and strategies that have become modeled ventures. As
20 an arts administrator and cultural activist, I have
21 had many valuable experiences that again have been
22 anchored in the notion of community and generated
23 local and national exposure for these community-based
24 ventures.

2 It is my track record of community
3 engagement that I feel can be an asset to the Taxi
4 and Limousine Commission as well as complimenting the
5 strengths of the other Commission members. My
6 perceptions of vehicle operator goes beyond that of a
7 driver; that is, it is the recognition of drivers as
8 a whole represent the diversity of the communities,
9 cultures and legacies that are significant elements
10 of New York City's rich tapestry. This knowledge
11 alone is insufficient to address the many issues TLC
12 is confronted with, but perhaps will allow for an
13 understanding of the nuances and context that drivers
14 bring to the industry and the communities they
15 represent.

16 At the same time, as a New York City
17 resident and non-driver I have used taxis and private
18 car services for 50 years, exceeding 1,000 trips, and
19 that's a conservative number. I have seen the best
20 and the worse, but throughout it all it has been
21 industry comprised of many who want to create a
22 livelihood that will have a significant impact on
23 their lives, their families and the community-at-
24 large. It is this understanding and my professional
25 experience that I will bring to the Taxi and

2 Limousine Commission as a new commissioner,
3 ultimately facilitating the delivery of service
4 efficiently and cost-effectively. Needless to say, I
5 will have a learning curve at the TLC because I know
6 it as a passenger, but on the other hand, I think I
7 have a lot to contribute. Thank you very much for
8 this opportunity.

9 CHAIRPERSON LANDER: Thank you very much,
10 Mr. Aguado for all your past work and service and
11 your interest in serving on the TLC and your time
12 today; we appreciate it.

13 Mr. Chair, do you wanna kick us off?

14 COUNCIL MEMBER RODRIGUEZ: First of all,
15 thank you for volunteering your time to be here with
16 the expectation that you will be also one of the
17 commissioners.

18 What is your expectation or your concern
19 about how the value, or the yellow medallion has been
20 devaluated in our city in the last couple of months?

21 WILLIAM AGUADO: I do think it is a swing
22 at the moment, based on the other for-hire cars that
23 are available, like Uber and of that kind, but I also
24 think that it will come back as TLC begins to adapt
25 and adopt new technologies to be competitive with

2 these other emerging for-hire car services. So I do
3 think that the medallion will be coming back to
4 perhaps not as high as it once was, but I do think it
5 will -- its cost will go up.

6 COUNCIL MEMBER RODRIGUEZ: Some people
7 would argue that the opt services are not subject to
8 the same rules and regulations... that opt services,
9 such as Uber and Lyft are not subject to the same
10 rules and regulations than the yellow, black and
11 livery; what is your understanding on that?

12 WILLIAM AGUADO: There's so much written
13 about Uber that it's hard to fully grasp its reach; I
14 know that it's... there's more cars registered under
15 Uber than the taxis; they're negotiating a \$1 billion
16 credit line; the taxi drivers in Mexico were
17 protesting. I'm not sure that I competent at this
18 point to answer the question, but I do think that TLC
19 needs to provide oversight to make sure that the
20 passengers, the ridership of the city are not
21 subjected to the whims of the drivers and the costs
22 that sometimes elevate it, perhaps illegally.

23 COUNCIL MEMBER RODRIGUEZ: Do you think
24 that everyone who are the stakeholders in the taxi
25 industry should have the same rule and regulations or

2 do you think that there should be a separate rule and
3 regulation to those like opt services, such as Uber
4 and Lyft? As you know, they don't have to pay the 50
5 cents, they don't have to do environmental impact
6 report; do you think that everyone, every player in
7 the industry, such as Uber and Lyft should be subject
8 to the same rules and regulations or we should treat
9 them different?

10 WILLIAM AGUADO: No, I do think if the
11 yellow cab industry, the green cab industry are
12 subjected to certain rules; everyone should be
13 subjected to the same rules and that oversight should
14 be in the hands of the TLC. There may be some
15 variations, but essentially, everyone should follow
16 the same rules. No one should have the opportunity
17 to exploit a system, it should be... the issue of
18 equity has to be first and foremost.

19 COUNCIL MEMBER RODRIGUEZ: Thank you.

20 CHAIRPERSON LANDER: So Mr. Aguado, I
21 just want to ask; you alluded to some of this in your
22 opening statement, but I'll just ask it again; it's
23 an interesting transition; you have this wonderful
24 career of service around arts and communities that I
25 got to know some of and see up close; I have enormous

2 respect for, as you said in your opening statement,
3 your ability to work with communities in a very deep
4 way -- reach out; listen, and I think you rightly
5 note that there are some similarities that are needed
6 here; at the same time, obviously, it's a very
7 different whole field and a field in dramatic
8 transition; it's fascinating to watch, as you say;
9 you know it seems like only two years ago the big
10 issue were the green taxis and what impact they were
11 going to have and now all of a sudden Uber has come
12 and we've got the issues of disability access and a
13 fascinating transition. I take it by the fact that
14 you accepted this nomination that you're interested
15 in applying that history that you have understanding
16 communities, and I see from your written answers that
17 you've learned a lot already about this very far from
18 the arts some might say field, but just wonder if you
19 could give just a little more reflection on stepping
20 into this quite different space from the community of
21 arts... [crosstalk]

22 WILLIAM AGUADO: Well see I don't...

23 CHAIRPERSON LANDER: work that have
24 consumed most of your life's passions.

2 WILLIAM AGUADO: Well see I don't see it
3 as being very different, I came to the Bronx Council
4 on the Arts as an educator and as a community
5 organizer and my successes have been based on my
6 community organizing principles and engaging
7 communities, so and if you look at my track record of
8 what I've been able to produce, it's been about
9 community. You know, we were able to create an art-
10 handler's training program that for the first time
11 allowed the unemployed and members from the
12 communities of color to be trained to work in museums
13 and for years people in museums would say, we are
14 committed to diversity, but we can't find anyone to
15 hire; well now I've given you a cadre of workers that
16 you need to hire. You know it's about the civil
17 rights and the cultural rights of our community to be
18 heard and to be a partner to it. So I don't see it
19 as a stretch. I mean, you know, this weekend I was
20 invited to... there's an issue in the South Bronx about
21 gentrification where five community activist
22 organizations have invited me to come sit with them
23 and talk to the artists. The artists have called me
24 to say come sit with them to talk to the community
25 organizations. So the issue is; I understand what it

2 means to be in a community. At the same time, the
3 drivers are like nonprofit organizations; have
4 limited access to resources, have finite earning
5 capabilities because of the industry itself. I had a
6 colleague of mine once determine that if his meter
7 ran for six days 12 hours, he would still not make
8 enough to buy a home and raise a family of four. Now
9 that's pretty challenging and that's the same as in a
10 nonprofit community. So there's a lot of crossover
11 in terms of issues and I feel my value is presenting
12 arguments about the community and its role and its
13 importance to the TLC.

14 CHAIRPERSON LANDER: Well that's good; I
15 appreciate that a lot and I think it's well said; as
16 members of the public, obviously our interest is in
17 making sure that when we need it this set of
18 providers is there for us; I think sometimes we can
19 think, oh that's very technical and we've gotta leave
20 it to some transportation planners or you know,
21 policy wonks and to know that the people of the
22 Bronx, the Council Members to the Bronx and more
23 broadly, the people of the city would have you there
24 as an advocate is most welcome, so.. [interpose]

2 WILLIAM AGUADO: And by the way, I am
3 colorblind and tone deaf, so I don't know what kind
4 of... a successful arts administrator I've been for
5 over 30 years, is 'cause I listen.

6 CHAIRPERSON LANDER: Here, here. Okay,
7 with that we'll recess today's hearing and as I said,
8 tomorrow other members of the Committee will be here;
9 may have additional questions before we take a vote
10 in Committee and on the floor of the Council, but
11 thank you again for your time and interest in
12 service... [crosstalk]

13 WILLIAM AGUADO: And I thank you very
14 much.

15 CHAIRPERSON LANDER: And last but by no
16 means least, as I believe witnessed by how many
17 people previously said that really what matters is
18 what we do with young people; that was I think the
19 theme of both the Health hearing and Stanley
20 Richards' Corrections hearing and I know from a lot
21 of past work with Bill Aguado that he agrees as well;
22 that really nothing is more important than working
23 with our young people, so let me just find my page in
24 the book here. [background comment] Hm?
25 [background comment] Here we go. Alright, we are

2 pleased... and so thank you very much for your patience
3 and I am very pleased to ask to join us for our final
4 nomination of the day, Patricia Machir, who is being
5 nominated by the Council with a recommendation and
6 she would then be subsequently appointed by the
7 Mayor. Patricia Machir would be eligible to serve on
8 the New York City Youth Board for an undefined term.

9 The Youth Board serves as an advisory
10 body to the Commission of the Department of Youth and
11 Community Development with respect to the development
12 of programs and policies related to youth in the
13 city. The Board consists of 28 members appointed by
14 the Mayor, 14 of whom were appointed upon
15 recommendation of the Council. The Board must be
16 representative of the community and include persons
17 representing the areas of social services,
18 healthcare, education, business industry and labor.
19 The Board meets quarterly and its members serve
20 without compensation.

21 Ms. Machir, we are so grateful to you for
22 the work that you've done in the past on behalf of
23 young people and families in the city; for your
24 interest in continuing to do that in ways that inform
25 the Council, the Mayor and DYCD's critical work in

2 all our communities to support young people, as well
3 as your patience and your time this afternoon. So
4 the counsel will swear you in and then we'll ask for
5 your opening statement.

6 PATRICIA MACHIR: Okay.

7 COMMITTEE COUNSEL: So do you swear or
8 affirm that you will tell the truth, the whole truth
9 and nothing but the truth in the statement that
10 you're about to provide?

11 PATRICIA MACHIR: I do.

12 COMMITTEE COUNSEL: Great. Thank you.

13 PATRICIA MACHIR: Okay. Good afternoon,
14 Chair Lander and members of the Committee on Rules,
15 Privileges and Elections.

16 My name is Patricia Machir; I go by
17 Patty. I am very honored to be presented to you as a
18 candidate for recommendation by the Council to the
19 Youth Board. Although I've lived in various places
20 in the United States, I am a New Yorker by birth; my
21 mother and father were raised in the Bronx where I
22 lived until I was 6 years old, when we followed my
23 dad's career to St. Louis, Missouri. I have lived in
24 New Jersey, Washington, D.C., Fort Worth and Dallas
25 and I returned to live in New York City in 2002.

2 Since I was a high school student I have
3 been involved either as a volunteer or paid employee
4 with the young people of my community. When I was 18
5 years old I volunteered as a tutor of runaway and
6 homeless boys in a tenement brownstone on the Lower
7 East Side, which eventually became Covenant House.
8 That was my first involvement with New York City
9 youth.

10 In 2003, when I came back, I was named
11 Director of Variety International, the Children's
12 Charity, which is a multinational organization
13 dedicated to promoting and protecting the health and
14 wellbeing of children around the world. Variety, the
15 Children's Charity of New York is one of its 50
16 chapters worldwide.

17 In 2005 I joined the Children's Aid
18 Society as Director of Volunteer Services; I had
19 responsibility for the oversight of recruitment,
20 training and management of over 300 volunteers each
21 year, as well as their Corporate Strategic
22 Partnership Initiative and the annual Young
23 Professionals Fundraising Gala. Children's Aid
24 afterschool youth programs included volunteers as
25 mentors, tutors and homework helpers.

2 In 2007 I became Executive Director of
3 Futures and Options; at that time Futures and Options
4 served 124 young people in its internship program.
5 Today the organization serves New York City middle
6 and high school students in four career development
7 programs which provide them opportunities to develop
8 job skills and explore professional career paths.
9 Last year we served 628 youth throughout our program
10 continuum. Ninety-nine percent of our high school
11 seniors graduated on time and 94 percent were
12 college-bound. It is not written in my statement,
13 but we serve underserved students in New York City
14 with more than two-thirds who qualify for free lunch
15 and 90 percent who come from minority communities.

16 I thank you very much for your
17 consideration.

18 CHAIRPERSON LANDER: Thank you very much
19 and thanks for all that work and you know the great
20 work you do with Children's Aid Society and the
21 current work with Futures and Options, which is
22 really remarkable and it was fun to learn a little
23 bit about.

24 Talk to us a little bit about how you see
25 DYCD and what it has been good at; what it can be

2 better at; how you -- you know, what you hope to
3 contribute to its, you know strategic development on
4 behalf of the young people of the city.

5 PATRICIA MACHIR: So in my world of
6 working with young people, and I really am one of the
7 lucky people in life that get to work at something
8 that they really, really enjoy. I haven't worked
9 with huge organizations like DYCD; I sat on the
10 Dallas Commission for Children and Youth that had a
11 lot of representation of people from the bigger city
12 organizations, but I have worked with organizations
13 and children that serve small groups of kids and were
14 able to really consider one child at a time.

15 DYCD has an enormous challenge because of
16 the number of young people in New York City, but they
17 are still each an individual child. I think the
18 organization does a phenomenal job across so many
19 challenging areas and my hat's off to their
20 initiatives in the afterschool work, in working with
21 homeless and runaway youth, working with the LGBTQ
22 community trying to really ramp up their youth
23 employment programming and my organization has been...
24 we've talked to the City about the program that we
25 run because it's quite successful and it's a very

2 strong model with a high rate of success; it's not as
3 scalable when you're thinking of serving say 50,000
4 students in the SYEP program. Nevertheless, I think
5 that it's helpful to have a voice on a committee that
6 does look at the individual child and considers, you
7 know, some of the best practices and helps think
8 about how we can scale those up.

9 So many of New York City's young people
10 that are served by DYCD come from poverty and to me,
11 poverty is like the most critical challenge children
12 and families face in New York City. And so even
13 though I don't think it's in the mission of DYCD to
14 address poverty; I do think that because so many of
15 the young people that come through their programs
16 come from challenging circumstances in terms of their
17 economic situation that my experience working with
18 young people who come from poverty could be
19 beneficial.

20 I also wanna say one thing; you know like
21 I... I have a tremendous optimism for the young people
22 of the communities that I've worked in and when I
23 came back to New York City and I worked for Variety,
24 I left that job because I had had in my own
25 experience much more -- I felt much more rewarded

2 when I was working specifically with young people of
3 the city that I lived in and whether that was D.C. or
4 Fort Worth or Dallas, and so I left when the
5 Children's Aid job came up and Children's Aid is a
6 big organization. I left for a smaller organization
7 partially because of the fact it is such a big
8 organization, but my had was -- like, kudos to them
9 for trying to tackle tens of thousands of kids who
10 are in need and so, what can I add; I'm just a voice,
11 I really am a voice of someone who looks at one child
12 at a time and how we can better serve each child
13 individually.

14 CHAIRPERSON LANDER: That's great.

15 Council Member Rose.

16 COUNCIL MEMBER ROSE: Thank you, and
17 thank you... [crosstalk]

18 PATRICIA MACHIR: You're welcome.

19 COUNCIL MEMBER ROSE: for waiting so
20 long... [crosstalk]

21 PATRICIA MACHIR: No worries.

22 COUNCIL MEMBER ROSE: and being a former
23 community board member, I know that it's really hard
24 for the person who oftentimes, I think, is one of the
25 most important; they're the ones further down on the

2 list. I just wanna say, about 20 years or more DYCD
3 decided that they were gonna put more monies into
4 intervention programs rather than prevention;
5 personally, I thought that was a huge mistake, but --
6 and I think we're seeing, you know, sort of the
7 results of waiting for the problem... [crosstalk]

8 PATRICIA MACHIR: Crisis. Yeah. Yeah.

9 COUNCIL MEMBER ROSE: to manifest itself
10 as opposed to prevent it. Are you somewhat of a like
11 mind and is there... would that be a conversation that
12 you would be willing to have with the advisory board
13 members in terms of devoting resources more to
14 prevention programs as opposed to intervention?

15 PATRICIA MACHIR: I've thought about
16 prevention versus intervention actually for a while
17 and I made my own personal decision to get involved
18 on the prevention side, and I feel like -- you know
19 honestly, my background in early childhood
20 intervention, which is I think prevention and that's
21 where I would like to see much more resources and
22 dollars and programs developed, because I think
23 you're far less likely, the research is very, very
24 strong that you're far less likely to have to address
25 serious crisis along the way. So philosophically I

2 am much more leaning towards prevention; the work
3 that I do now with Futures and Options I consider
4 total prevention; in fact I've talked to people who
5 say no, we need to work more with the kids who are
6 out of school or -- and I agree that yes, we do need
7 to give programs to kids who are out of school or
8 kids who are coming back from being incarcerated or
9 pregnant and parenting moms; I certainly agree that
10 we should be supporting those young people, but if we
11 take away all the resources and don't support the
12 kids who are like in my program now who have many,
13 many challenges and yet they still have whatever it
14 takes to get in the door to apply for a job, to learn
15 about what kind of skills they need for a job, to go
16 out and work hard; you know we're just actually
17 preventing them from making some poor choices because
18 of the work we do, so philosophically my own personal
19 view is on the prevention side, but you have to
20 address crisis, you can't not.

21 COUNCIL MEMBER ROSE: One of the duties
22 that you'll have is to review and analyze and
23 recommend the acceptance or rejection of proposals
24 for the creation or expansion of recreational
25

2 services; this is really something that bugged me as
3 a community board member... [crosstalk]

4 PATRICIA MACHIR: Okay.

5 COUNCIL MEMBER ROSE: because the
6 communities recommend the need for additional
7 recreational facilities; how will you look at the
8 need, especially in underserved communities or
9 communities devoid of recreational services and
10 determine where, you know, resources should go?

11 PATRICIA MACHIR: Again, I have to just
12 go to my own personal philosophy; is that I think
13 it's not a perfect system, but I think local groups
14 know what their communities need and we have to have
15 faith that... we have to have some trust or we have to
16 build in the system so that we can trust what the
17 local groups are saying are needed. I mean
18 obviously, unfortunately, economics plays a big role,
19 I assume, and you can't always say yes when the need
20 is there, but you know it just... I would think that I
21 would probably wanna listen to what local groups say
22 and see their plans and make sure that they are well
23 thought through and that there is some sort of fiscal
24 responsibility attached to it in terms of not just,
25 you know, springing up but actually that there's a

2 plan to keep it... the activities of the programs, the
3 facilities; whatever, that it's not just a short-term
4 thing and that the people who are representing the
5 localities are people who we can trust that will
6 follow through on their word, okay. I'm sure that's
7 not a... we're not gonna bet a thousand, because that
8 never happens, but you know, to me that seems to make
9 the most logical sense.

10 COUNCIL MEMBER ROSE: And part of the
11 model used to be to have youth service workers, which
12 actually, you know, provided... [crosstalk]

13 PATRICIA MACHIR: Broker... Did you say
14 brokers?

15 COUNCIL MEMBER ROSE: Youth service
16 workers...

17 PATRICIA MACHIR: Oh workers, okay;
18 excuse me... [crosstalk]

19 COUNCIL MEMBER ROSE: right, and there
20 was some talk about -- about three years ago -- of
21 bringing them back...

22 PATRICIA MACHIR: Okay.

23 COUNCIL MEMBER ROSE: would that be a
24 conversation that you might want to... [crosstalk]

2 PATRICIA MACHIR: Can you just describe
3 what the...

4 COUNCIL MEMBER ROSE: Service workers
5 used to work out of the community board offices and
6 they coordinated youth services, they solicited
7 proposals...

8 PATRICIA MACHIR: Uh-huh.

9 COUNCIL MEMBER ROSE: and they worked
10 directly with DYCD to ensure that there were adequate
11 services in each of the community.. each community..
12 [interpose]

13 PATRICIA MACHIR: So this was a way to
14 get more local intervention, more local involvement?

15 COUNCIL MEMBER ROSE: Exactly.

16 PATRICIA MACHIR: Do you know why did
17 away with it?

18 COUNCIL MEMBER ROSE: Funding and they
19 changed the... [crosstalk]

20 PATRICIA MACHIR: Funding...

21 COUNCIL MEMBER ROSE: they changed the
22 model.

23 PATRICIA MACHIR: Yeah.
24
25

2 COUNCIL MEMBER ROSE: So... but three years
3 ago there was conversation about bringing it back; I
4 haven't heard anything since... [crosstalk]

5 PATRICIA MACHIR: Yeah.

6 COUNCIL MEMBER ROSE: about that...
7 [interpose]

8 PATRICIA MACHIR: Well you know, on the
9 surface it seems to me to be a smart idea; I mean you
10 just have make sure that there's not an inequality in
11 terms of, you know, one neighborhood gets the short
12 shrift because they don't have the type of person
13 that's representing as strongly as the other
14 neighborhood or... [interpose]

15 COUNCIL MEMBER ROSE: It was actually a
16 salary line... [crosstalk]

17 PATRICIA MACHIR: Okay.

18 COUNCIL MEMBER ROSE: each community
19 board had a youth services worker.

20 PATRICIA MACHIR: Okay. Well it sounds
21 like they should come back, to me; without... you know,
22 I'm not giving you a very good answer 'cause I don't
23 know enough about... [crosstalk]

24 COUNCIL MEMBER ROSE: I don't wanna put
25 you on the spot, but I just... I just want... [crosstalk]

2 PATRICIA MACHIR: all the intricacies,
3 but unfortunately, economics is always kind of tough
4 when you're dealing with young people; alright, and
5 in some cases you know, young people don't vote, so
6 you know like, there's reasons why youth services
7 don't get the same kind of funding, but my feeling is
8 that it's an investment in the future of our city to
9 find the kinds of programs and fund the initiatives
10 that make the most sense for the best needs of that
11 child, the best needs of the children in the
12 community and there's just no cookie cutter answer
13 across the board and New York City is such a huge --
14 it's just so many millions of young people here that
15 if we leave each young person where they are we're
16 gonna have to do something that's not cookie cutter.

17 COUNCIL MEMBER ROSE: It was just another
18 position where the community, you know, to give voice
19 to each of the community districts, you know..

20 [crosstalk]

21 PATRICIA MACHIR: It seems to me that if
22 a community has a voice they're gonna be much more
23 invested in the outcome.

24

25

2 COUNCIL MEMBER ROSE: Thank you. And I
3 hope that it... I hope the conversation, you know,
4 comes up again... [crosstalk]

5 PATRICIA MACHIR: Yeah.

6 COUNCIL MEMBER ROSE: it might be
7 valuable in terms of looking at, from the community's
8 view, the assessment of what the needs are and
9 resource distribution.

10 PATRICIA MACHIR: I will say in my
11 experience in New York I have had very much
12 interactions with the DYCD as a professional; I mean
13 I certainly know of them, but I haven't been included
14 or at the table of any important discussions as yet.

15 COUNCIL MEMBER ROSE: Thank you.

16 CHAIRPERSON LANDER: Thank you, Council
17 Member. And I'll just urge -- I mean I think some of
18 the issues that you speak to, in particular,
19 attending to the ability of the smaller community-
20 based organizations and youth-serving organizations
21 to contribute and recognizing the challenges that
22 they uniquely face in doing so are very important to
23 members of this Council, for obvious reasons; we have
24 enormous respect for the big citywide organizations,
25 but we care a lot about the local organizations; they

2 in some cases are indigenous to and know our
3 neighborhoods best, more likely to be led by people
4 of color, people that have come from the
5 neighborhoods, and I think you know in some ways we
6 have good partners for this on the other side of City
7 Hall who are working with community-based groups
8 through the Community Schools Program, who have made
9 room in the UPK for those organizations; at the same
10 time it's hard for those organizations to navigate
11 their way through the bureaucracies to get their
12 contracts, to manage the overhead; easier for some of
13 the larger groups and I don't think we've yet really
14 attended to what we can do to try to help support
15 those smaller organizations, so I think you're
16 bringing that perspective to us but also making sure
17 that we're pushing and not just saying alright, think
18 I have a little spot to get some contracts from DYCD,
19 but to say, how do we make sure that's connected with
20 other elements of the strategy for...

21 PATRICIA MACHIR: Right.

22 CHAIRPERSON LANDER: helping support the
23 young people of this city, attending to the overall
24 goals that we have, whether that's confronting
25 inequality, supporting our young people, health; some

2 of the other issues you heard today, will be very
3 important. So we appreciate you bringing that
4 perspective to us... [crosstalk]

5 PATRICIA MACHIR: You're welcome.

6 CHAIRPERSON LANDER: and your sticking
7 around and your patience. I'm gonna recess your
8 hearing... [crosstalk]

9 PATRICIA MACHIR: Okay.

10 CHAIRPERSON LANDER: as well and ask you
11 to come back tomorrow at 10:30, when other members of
12 the Committee may have questions. And with that I'm
13 going to... seeing no other comments, declare this
14 hearing in recess until tomorrow at 10:30.

15 [gavel]

16 PATRICIA MACHIR: Thank you.

17 [background comments]

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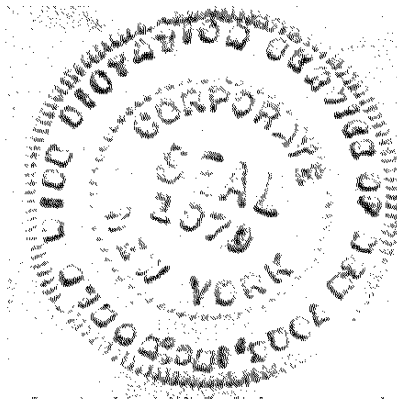
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C E R T I F I C A T E

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



Date June 4, 2015