

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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August 8, 2018
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HELD AT: Council Chambers - City Hall

B E F O R E: KAREN KOSLOWITZ
Chairperson

COUNCIL MEMBERS: Adrienne E. Adams
Margaret S. Chin
Robert E. Cornegy, Jr.
Rafael L. Espinal, Jr.
Vanessa L. Gibson
Corey D. Johnson
Rory I. Lancman
Steven Matteo
Ritchie J. Torres
Mark Treyger

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

Dr. Michael Katz

Nathan N. Joseph

2 [sound check] [background comments,
3 pause]

4 CHAIRPERSON KOSLOWITZ: Good morning and
5 welcome to the Committee on Rules, Privileges and
6 Elections. My name is Karen Koslowitz, and I am
7 Chair of this committee. Before we begin the
8 hearing, I would like to introduce the Council
9 Members of this committee who have joined us today.
10 First, we are honored that our Speaker Corey Johnson,
11 who is a member of this committee, has joined us.
12 The other members of this committee who present...we
13 are present are Minority Leader Steven Matteo,
14 Council Member Adrienne Adams, and who else is not
15 here? (sic) [background comments] Council Member
16 Margaret Chin is not here. Council Member Robert
17 Cornegy, Jr., Council Member Rafael Espinal, Council
18 Member Vanessa Gibson, Council Member Rory Lancman,
19 Council Member Ritchie Torres, and Council Member
20 Mark Treyger. I would also like to acknowledge Rules
21 Committee Council Elizabeth Guzman, and the staff
22 members of the Council's Investigate-Investigative
23 Unit: Chuck Davis, Director Investigations and Andre
24 Johnson-Brown, Investigator. Today, the Rules
25 Committee will consider two nominations for

2 appointment. We will consider and vote on the
3 appointment of Dr. Mitchell Katz to the New York
4 Board of Health. We will then consider and vote on
5 the appointment of Mr. Nathan N. Joseph to the
6 Civilian Complaint Review Board. We will now
7 consider the nomination of Dr. Mitchell Katz, and I
8 would like to ask the Speaker if he would like to say
9 a few words.

10 SPEAKER COREY JOHNSON: Thank you, Chair
11 Koslowitz. Welcome to both of you. Thanks for being
12 here this morning. I wanted to—do you guys have
13 opening statements you wanted to deliver this morning
14 or no? Yes. Okay, so I'll ask my questions after
15 the opening statements. I want to give you the
16 opportunity to make those before I make a statement.

17 CHAIRPERSON KOSLOWITZ: Okay, we will now
18 consider the nomination of Dr. Mitchell Katz to the
19 New York City Board of Health. The primary function
20 of the Board of Health. The primary function of the
21 is to legislate and oversee New York City Health
22 Code, which encompasses the rules governing all
23 matters and subjects within the jurisdiction of the
24 New York City Department of Health and Mental
25 Hygiene. The Department of Health's jurisdiction is

2 among the most extensive and varied of all of the
3 city agencies. Hence, Board of Health members
4 legislate in a wide variety of health areas. Subject
5 areas include: Communicable Diseases, Environmental
6 Health Services, Mental Health and Disability,
7 Alcoholism and Substance Abuse, Radiological Health,
8 Food Safety, Veterinarian Affairs, Board Equality,
9 Pest Control and Vital Statistics. The fact that New
10 York City Health Code Rules have the force and effect
11 of law and covers such an extensive range of measures
12 aimed at improving the physical and mental wellbeing
13 of New Yorkers, highlights the importance of the work
14 of the Board of Health and consequently the vital
15 need for crucial consideration of all potential
16 appointments. The Board of Health's eleven members
17 serve six-year terms without pay and akin to judges
18 cannot be dismissed without cause. I'd like to
19 welcome Dr. Katz and can you please raise your right
20 hand to be sworn in.

21 LEGAL COUNSEL: Hello, Dr. Katz. Do you
22 swear or affirm to tell the truth, the whole truth in
23 the testimony you are able to give today?

24 DR. MITCHELL KATZ: [off mic] I do.

25 LEGAL COUNSEL: Thank you.

2 CHAIRPERSON KOSLOWITZ: Okay.

3 LEGAL COUNSEL: Do you wish to make an
4 opening statement?

5 CHAIRPERSON KOSLOWITZ: A statement?

6 DR. MITCHELL KATZ: [off mic] Yes, yes.

7 [on mic] Thank you. Good morning. I'm Dr. Mitch
8 Katz. Thank you to Chair Koslowitz, Speaker Johnson
9 and the members of the Rules Committee for
10 considering my nomination to the Department of
11 Health. I was born in Brooklyn and I'm a product of
12 the New York City Public Schools. I went to medical
13 school to be a primary care doctor. I attended
14 medical school and completed a residency in the worst
15 years of the AIDS epidemic in San Francisco, a city
16 hit as hard as New York City. The epidemic thrust me
17 into leadership roles in San Francisco Department of
18 Public Health where with colleagues we built cutting
19 edge programs and services including publicly funding
20 needle exchange in the face of opposition. I ran the
21 San Francisco Department of Public Health for 13
22 years and was proudest of creating the first
23 Universal Health Access Program, Health San Francisco
24 housing 1,300 homeless persons suffering from
25 physical or mental illness and rebuilding our two

2 hospitals. I left San Francisco to run the Los
3 Angeles County Department of Health Services, the
4 second largest public health system in the country.
5 There my team expanded primary care, housed over
6 4,000 homeless persons suffering from illness, and
7 created My Health LA, a health access program for
8 low-income uninsured persons. During my last two
9 years we created a health agency to integrate the
10 functions of Health Services Categorical Public
11 Health and Mental Health Services so as to deliver
12 better care to individuals and programs to the
13 community. I was honored to be asked to return to my
14 hometown of New York City to run Health and
15 Hospitals. I know I'm in the right place because
16 just on the walk here in the five minutes I was asked
17 for directions three times: Where is Greenwich
18 Street, where's Dwayne and Lafayette, and where do I
19 go with my immigration papers. So I must—I must look
20 and—and act like I belong back in—in New York City.
21 Health and Hospitals is an amazing organization that
22 cares for the neediest and most vulnerable New
23 Yorkers, many of whom are immigrants including ones
24 who are undocumented. We run 11 acute care
25 hospitals, 5 skilled nursing facilities, and provide

2 ambulatory care in 70 other locations. One of the
3 newest I was so proud to be with Councilwoman Rose in
4 Staten Island to open Vanderbilt. Throughout my
5 career my practice is both in in-patient and an out-
6 patient physician. I'll be seeing primary care
7 patients this afternoon at Gouverneur. I also
8 received my healthcare at Health and Hospitals
9 because I believe that our healthcare system should
10 be good enough for all of us to use it. I believe
11 that the tools of health service and public health
12 are synergistic in improving the health of the city.
13 As SCO of Health and Hospitals I know intimately the
14 pressing needs of New Yorkers for healthcare.

15 Because we serve primarily vulnerable populations, we
16 have special insight into this disparities that
17 engulf our society. Public health through its tools
18 of epidemiology and assessment, health education and
19 promotion, community engagement and intervention,
20 sanitation, program development and regulation can
21 prevent health problems as well as develop community
22 wide solutions to health problems. Thank you for
23 this opportunity and I look forward to answering any
24 questions you may have. Thank you.

2 CHAIRPERSON KOSLOWITZ: Thank you. I'd
3 like to now turn it over to the Speaker.

4 SPEAKER COREY JOHNSON: Um, thank you,
5 Dr. Katz and thank you again Chair Koslowitz. I want
6 to welcome you and it's—I look forward to meeting
7 with you one-on-one soon. One thing that you
8 mentioned in your opening remarks is, of course, your
9 13-year tenure in San Francisco, and how proud you
10 are of helping create Healthy San Francisco, which
11 you talked about housing 1,300 homeless persons who
12 were suffering. I want to hear if you have any
13 thoughts on trying to come up with a similar model
14 for New York City. I know our healthcare landscape
15 is slightly different with the number of, of course,
16 public hospitals and non-public hospitals in New York
17 City, but if you have—I know this position, of
18 course, is for the Board of Health, but I still would
19 love to hear your thoughts on coming up with a
20 similar model, and working with this Administration
21 and using the resources at Health and Hospitals to
22 formulate a similar model, anything that could be
23 analogous to Healthy San Francisco on trying to
24 create this. I believe, of course, that healthcare
25 should be a human right and that we need to help all

2 uninsured people especially those who are suffering
3 the most. As someone who is HIV positive, and
4 someone who has one without health insurance at
5 certain points in my life, to me, you know, it's very
6 personal. So, I wanted to—to hear how—how you would
7 talk about trying to create a similar model to
8 Healthy San Francisco here New York City.

9 DR. MITCHELL KATZ: Well, thank you,
10 Speaker and thank you for speaking out for all people
11 who are uninsured. I very much believe as you do
12 that there should be a program, a comprehensive
13 program for people who are uninsured and who cannot
14 gain insurance. That includes everything from
15 outpatient visits and in-patient visits and pharmacy,
16 laboratory services, and we're able to create that in
17 both San Francisco and Los Angeles. The—the two
18 programs were different in each place, and so I
19 figure what New York will need will also be
20 different. Um, and I'm looking forward to working
21 with you and your colleagues on designing what that
22 would be. Health and Hospitals absolutely is in. We
23 provide a lot of services to this group, but it isn't
24 always as organized. I'm not—really what Healthy San
25 Francisco did and My Health LA did is organize it,

2 make it sure that everybody knew where they could go,
3 that they had pharmacy coverage, that they had a car,
4 that they had a member services number, and I would
5 love for that to exist in New York City, and I think
6 that the Health Department had a very successful
7 effort with Action Health, and I think that the
8 combination of the pilot data from Action Health and
9 what Health and Hospitals is currently doing came
10 together to create a program that people would very
11 much support.

12 SPEAKER COREY JOHNSON: Do you support
13 personally—I'm not talking about as a member of the
14 Board of Health, but I just want to know your
15 personal opinion. Do you support a single payer
16 healthcare program?

17 DR. MITCHELL KATZ: Yes.

18 SPEAKER COREY JOHNSON: And according to
19 Gay Men's Health Crisis despite the declining rate of
20 new infections per year, New York still leads the
21 nation in the number of new HIV cases. So, I wanted
22 to hear your priorities with respect to addressing
23 HIV infection and HIV treatment in our city?

24 DR. MITCHELL KATZ: Well, thank you and
25 obviously like you, I've spent my life working on

2 this issue. The—we have some better tools than what
3 we used to have. I think that probably making sure
4 that every person who is positive is offered
5 treatment. It's probably the single most effective
6 prevention tool we have because we know when people
7 are undetectable the chances of them transmitting
8 the...the virus are vanishingly small, and so trying to
9 reach everyone, and while there is amazing treatments
10 in New York, there are also areas where people remain
11 out of treatment, and trying to get those people into
12 treatment I think makes a tremendous amount of sense.

13 SPEAKER COREY JOHNSON: Well, I have a
14 lot more questions, but I don't want to take up time
15 this morning. I know other colleagues may have
16 questions. I look forward to supporting your
17 nomination to the Board of Health. I look forward to
18 working with you and your position, of course at
19 Health and Hospitals and on the issues that I
20 outlined today very briefly. So thank you very much
21 for being here.

22 DR. MITCHELL KATZ: Thank you.

23 CHAIRPERSON KOSLOWITZ: Council Member
24 Torres.

2 COUNCIL MEMBER TORRES: Thank you, Mr-Dr.
3 Katz. First, I just want to say, and I said it to
4 you in private that I'm a product of Jacoby and for
5 you to take on the challenge of managing the Seminole
6 and the safety the safety of that institution in our
7 city facing the deficits that you do as is an
8 enormous tribute to your public service.

9 DR. MITCHELL KATZ: Thank you.

10 COUNCIL MEMBER TORRES: As I'm sure
11 you're read in the papers, much has been said and
12 written about lead poisoning, and exposure in public
13 housing, and I want to know as-as someone who is
14 going to become a member of the Policy Making Board
15 for the Department of Health, do you feel the
16 Department of Health historically has done enough to
17 protect children in public housing from lead exposure
18 and lead poisoning?

19 DR. MITCHELL KATZ: Well, Councilman, in
20 some ways we can never do enough because we know how
21 harmful lead is especially to the intellectual
22 development of young children, and the fact that any
23 of our, you, people are living in substandard housing
24 should offend all of us. I look forward to working
25 with the-wit the Department of Public Health. I

2 think there are a lot of proactive solutions about
3 getting remediation, getting people into safe housing
4 and that we need to do those things speedily before
5 children have that intellectual loss.

6 COUNCIL MEMBER TORRES: And, you know,
7 we've come to discover there was a discrepancy
8 between the city's standard of lead safety and the
9 CDC standard of lead safety, but for the CDC, the
10 recommended threshold for public intervention was a
11 blood level of 5 milligrams per deciliter. Yet, the
12 city's policy was to intervene when there was a blood
13 lead level of 10 milligrams per deciliter with few ex
14 ceptions. Um, did-I found that troubling that
15 there was a whole universe of children whom the
16 federal government regarded as possessing hazardous
17 and high levels of lead exposure but for whom there
18 was no public health intervention from the city. Do
19 you share my concerns about that discrepancy?

20 DR. MITCHELL KATZ: I-I do and I
21 understand the Department of Public Health has
22 changed that, and they are now intervening, and again
23 I think that really we shouldn't be tolerating lead
24 levels in our children, right and we, right. I mean
25 that's not a normal constituent of the-the child's

2 blood, and so our efforts should be trying to make
3 sure that children are not exposed and as quickly as
4 possible certainly at five that we are able to, you
5 know, do intervention to get that kid out of that
6 situation or to remediate immediately the apartment.

7 COUNCIL MEMBER TORRES: So as you rightly
8 point out there is a new policy of conducting home
9 investigations. When any child under the age of 18
10 has a blood lead level of five milligrams per
11 deciliter or higher, but the CDC has noted that there
12 is no safe amount of lead exposure. So, what should
13 we do when a child has four milligrams, a blood lead
14 level of four, three or two milligrams per deciliter?
15 What's the appropriate public health interaction in
16 those cases?

17 DR. MITCHELL KATZ: Well, councilman, as
18 you were saying, I-I agree with that. It's not a
19 safe constituent in the blood of children. It
20 doesn't have a safe level. It's not okay, right?
21 Children's blood should not have lead. Obviously the
22 higher that is, the more likely you are to get
23 serious harm, but I think that—that when it's
24 detectable, you have to ask yourself why is there
25 lead in this kid's blood, and I think that—that

2 sending our resources because even if it's below a
3 detection level does that prove that it won't
4 ultimately be higher if the child has more exposures
5 going into the future? So, I think that whenever
6 kids have detectable lead levels, you know, we're-
7 we're not talking about, you know, giving them a
8 harmful treatment, right. What we're talking about
9 is that the kids have lead. We want to figure out
10 why they have lead. Right. I mean it seems like a
11 fairly straightforward issue. We're not harming the
12 children. It's not a question of weighing the risks
13 of treatment, right. All we're saying is the kid has
14 lead in their blood. Kids should not have lead in
15 the blood. We need to go out and find out why the
16 kid has lead in their blood.

17 COUNCIL MEMBER TORRES: And so you agree
18 there should be some action taken even if it's below
19 5 milligrams per deciliter?

20 DR. MITCHELL KATZ: Yes,

21 COUNCIL MEMBER TORRES: And-and one
22 concern I have, I know the Mayor said it. My
23 understanding is that mayor set aside \$10 million to
24 support the home investigations under the new policy,
25 but we're going from 700 cases to 5,000 cases, and so

2 I have concerns about whether the \$10 million that
3 the Mayor has set aside is sufficient to support what
4 is 700% increase in the—in the home investigation
5 caseload of the Department of Health. So, I hope
6 that's an issue that you can monitor. Separately,
7 just one more question. You might have read in the
8 Daily news that Montefiore Medical Center had severe
9 overcrowding. Has severe overcrowding in its
10 emergency room, and has a practice of stacking
11 patients in the hallways, and I suspect the practice
12 that extends beyond Montefiore. First, is that a
13 practice that's common among your hospitals and
14 second, do you see a role for the Board of Health in
15 curbing the practice of hallway placements, which
16 strip patients of privacy for toileting, intimate
17 interviews, physical exams. It's ruinous to the
18 patient experience. What are your responses to those
19 two questions?

20 DR. MITCHELL KATZ: Councilman, it's a
21 difficult issue that I've struggled with since I
22 worked at San Francisco General Hospital now 25 years
23 ago. No, patients should not be in hallways.
24 Patients should be in rooms where they have
25 appropriate privacy. That being said, people need to

2 be treated, right and you can't—you also don't want
3 people with serious illness sitting in a non-
4 monitored space in the waiting room. So, you somehow
5 have to weigh the pluses and minuses of moving more
6 people in or going on diversion, which is another
7 tool people use, but when you go on diversion meaning
8 you close the ED because you have too many patients,
9 then people wind up farther away from their families
10 and they're away from their medical records. So,
11 that, too is a very imperfect solution. I would like
12 to work with you, and your colleagues and Montefiore
13 on, you know, trying to get root causes of this. I
14 think there needs to be a lot more primary care in
15 the Bronx for one thing. There's no question that
16 people go to the ED because of the lack of
17 availability of accessible care, and to me care is
18 not accessible if it's only open 9:00 to 5:00 Monday
19 through Friday. None of us would accept that if we
20 called the airlines and said we wanted to fly, you
21 know, cross country and they said Monday through
22 Friday 9:00 to 5:00. Why do we accept that from our
23 medical system? You know I'm a big pusher that H&H
24 has to go to evening clinics and Saturday clinics and
25 Sunday clinics because people work, and not

2 everybody, as you know, has sick leave. A lot of why
3 people go to the ED is because you can go in the
4 evening. Right, you can go on the weekends. You
5 don't have to take time off from work. So, I think—I
6 don't think it's a simple issue. Um, I also want to
7 put in a plug for the importance of NCB. A lot of
8 people, you know, told me, consultants before I came,
9 well why do you need NCB, and one of the things I--
10 when I-- So I made it my point to go to NCB. NCB,
11 I'm sorry North Central Bronx Hospital has 40,000
12 outpatient visits, actually emergency room visits.
13 Well, where would those visits happen if NCB was not
14 there? So, I think trying to build up North Central
15 Bronx is another way that we can help to make sure
16 that people get care in a timely way.

17 COUNCIL MEMBER TORRES: Well, I care
18 deeply about and NCBG is underutilized.

19 DR. MITCHELL KATZ: Yes as a—as a physical
20 structure and it's right next to Montefiore.

21 COUNCIL MEMBER TORRES: In fact, so
22 should Montefiore divert more patients to NCH since
23 it's underutilized?

24 DR. MITCHELL KATZ: Well, I think we
25 could work that out.

2 COUNCIL MEMBER TORRES: So, is that
3 something you would take on as both the head of
4 hospital of the hospitals and as a member of the
5 Board of Health?

6 DR. MITCHELL KATZ: Yes, and as someone
7 who cares about patients.

8 COUNCIL MEMBER TORRES: I just want to
9 reiterate just one more. How common are hallway
10 placements in your facilities?

11 DR. MITCHELL KATZ: Hallway placements?

12 COUNCIL MEMBER TORRES: Hallway
13 placements.

14 DR. MITCHELL KATZ: I would say, you
15 know, I've been to every single emergency department
16 we have. I would say that about two-thirds of them
17 have enough room space--

18 COUNCIL MEMBER TORRES: [interposing]

19 DR. MITCHELL KATZ: --so that it doesn't
20 happen. I'd say about a third of them when it gets
21 busy, they bring people in, and again, I would have
22 to support that because I couldn't support them being
23 in the waiting room. If they needed to be monitored
24 at least in the hallway, it while imperfect they get
25 nursing, they get medical attention.

2 COUNCIL MEMBER TORRES: Thank you for
3 your answers. Thank you.

4 DR. MITCHELL KATZ: Thank you, Sir.

5 CHAIRPERSON KOSLOWITZ: Council Member
6 Treyger.

7 COUNCIL MEMBER TREYGER: Thank you,
8 Chair, and the Speaker, my colleagues and
9 congratulations on your nomination.

10 DR. MITCHELL KATZ: Thank you.

11 COUNCIL MEMBER TREYGER: Dr. Katz, I'm
12 Councilman Treyger. I represent Coney Island
13 neighborhoods in Southern Brooklyn. Just to give you
14 some—some context, we are—even though it's now a
15 number of years from Sandy, we're still recovering.
16 We're still in recovery mode from Super Storm Sandy.
17 When I took office, we actually did not see any firm
18 commitment from FEMA to help rebuild Coney Island
19 Hospital and hospitals that were severely, severely
20 damaged by that storm. What frustrated me was that
21 we're seeing faster FEMA commitments and progress
22 with regards to private hospitals and private
23 institutions. As a matter of fact, the Speaker was
24 the former chair of the Health Committee. We were
25 very close to actually having a hearing on this topic

2 until FEMA suddenly magically found the money because
3 they didn't want additional scrutiny because of the
4 fact that they short—they were short changing our
5 healthcare institutions. To summarize, we secured a—
6 I believe a \$1.6 billion FEMA grant to all the Health
7 and Hospitals that were impacted by Super Storm Sandy
8 of which that \$923 million was to go to Coney Island
9 Hospital. Coney Island Hospital, just so you're aware
10 and I don't know if they've briefed you, has gone
11 through a series of leadership transitions, which I
12 find concerning, and I come from the public school
13 system. I'm a former public school teacher, and if
14 we had about three principals, in about two to three
15 years, that—that would be concerning, and I am
16 concerned, and I'm not clear on where the recovery of
17 our critical hospital stands. We were promised, you
18 know, to be briefed regularly with regard to not just
19 the recovery of the hospital, but to make it more
20 resilient. There's a big investment to create a new
21 tower, to elevate critical infrastructure. There was
22 also a commitment made by previous Health and
23 Hospitals leadership to work with the community to
24 work with local Workforce 1. We have a Workforce 1
25 Program where qualified credentialed residents who

2 have the skills and qualifications to be a part of
3 certain job sites. Can be a part of that process
4 because the residents should not be witnessing
5 recovery, they should be participating in the
6 recovery as well. That has not really happened. I
7 know that a contract has been awarded to Turner
8 Construction to work on this, but that is where
9 things stand, and we deserve and need more clarity
10 about the recovery of Coney Island Hospital, and the
11 community engagement plan to brief us on where things
12 stand and how will they fully engage the community.
13 So, I'd like to just to hear your remarks and your
14 thoughts, and whether or not you will extend that
15 commitment to engage with the community every step of
16 the way in this recovery process.

17 DR. MITCHELL KATZ: Well, thank you so
18 much Council Member for your advocacy for that
19 hospital. You know, that—that was the hospital that
20 my family used growing up in Sheepsheads Bay. So it
21 has a very special place in my heart, and before I
22 get to the construction issues, I just want to say so
23 I—I know about the history of Coney Island Hospital
24 and its changes. I really do think it's having a
25 renaissance, and one of the things that—that best

2 clues to me was that the medical staff themselves
3 asked me to please appoint Dr. Terry Brady the Chief
4 Medical Officer. It's very unusual for doctors to
5 unanimously agree on anything, and the fact that they
6 came to me each of them and said we want him
7 appointed as Chief Medical Officer meant a whole lot
8 to me, and I think he's amazing physician. I also
9 think that, um, Mr. Brown who was recently recruited
10 has done a great job, and part of my focus to them is
11 they need to see how important Coney Island Hospital
12 is in the system unlike some of our other hospitals.
13 There is not other major hospital, as you know, in
14 Southern Brooklyn. Right, you have to travel all the
15 way to Maimonides or Kings, and the reach actually
16 extends into Far Rockaway. So, if you're in the
17 Rockaways, you need to come all the way over the
18 Marine Parkway Bridge to Hodges Bridge. So, you know
19 that hospital, um, is incredibly needed and it's also
20 in an area where people are older, right, so there's
21 more illness. And so, you know, my vision for that
22 hospital is that we grow the intensive services
23 around for example angioplasty the threading of
24 catheters to open up blocked heart arteries as well
25 as stroke care because if you look at the

2 demographics of who's living there, and what are the
3 urgent care that they're going to need, I don't want
4 them traveling across Brooklyn where there's no
5 freeway or drive the Bell Parkway, Ocean Parkway.
6 It's not--no fast way to Kinds and Maimonides. So, I
7 have a very good sense of the clinical part, and I
8 think that's something that the--that we would be very
9 consummate on and I could help. I have to say I know
10 less about--I'm very interested in--I'm sorry to hear
11 that the workforce hasn't gone well, and as soon as I
12 go back to the office, I will ask, and also I didn't
13 know that the briefings had been promised and are not
14 happening, and I will work on that.

15 COUNCIL MEMBER TREYGER: And--and I would
16 say it's bigger than just the workforce piece. It's
17 just we're not clear on where the recovery and
18 resiliency stands--

19 DR. MITCHELL KATZ: [interposing] On this
20 concept. (sic)

21 COUNCIL MEMBER TREYGER: --in general,
22 and--and I appreciate your roots from Southern
23 Brooklyn as well, and I would love to visit with you
24 on a good occasion to the hospital to see its
25 progress.

2 DR. MITCHELL KATZ: Great.

3 COUNCIL MEMBER TREYGER: And
4 congratulations once again. Thank you.

5 DR. MITCHELL KATZ: Thank you.

6 CHAIRPERSON KOSLOWITZ: Thank you.

7 [coughs] Since we don't have any slips filled out
8 for comments from the public, we're now going to call
9 on vote for Dr. Mitchell Katz. [background comments]
10 Yeah, call the vote.

11 CLERK: William Martin, Committee clerk.
12 Roll call vote. Chair Koslowitz.

13 CHAIRPERSON KOSLOWITZ: I vote aye and
14 congratulations.

15 DR. MITCHELL KATZ: Thank you.

16 CLERK: Gibson. Cornegy.

17 COUNCIL MEMBER CORNEGY: I vote aye and
18 also congratulations.

19 CLERK: Espinal.

20 COUNCIL MEMBER ESPINAL: I vote aye and
21 congratulations.

22 CLERK: Lancman.

23 COUNCIL MEMBER LANCMAN: Aye.

24 CLERK: Torres. Treyger.

25 COUNCIL MEMBER TREYGER: Aye.

2 CLERK: Adams.

3 COUNCIL MEMBER ADAMS: Thank you. Dr.
4 Katz for all of the work that you've done this far, I
5 do vote aye as well.

6 CLERK: Speaker Johnson.

7 SPEAKER COREY JOHNSON: I vote Aye.

8 CLERK: By a vote of 7 in the
9 affirmative, 0 in the negative and no abstentions,
10 the item is adopted.

11 CHAIRPERSON KOSLOWITZ: Okay, and now
12 we'll proceed to our next nominee Mr. Nathan Joseph
13 to the New York City Civilian Complaint Review Board.
14 The CCRB has 13 member, 5 designated by the City
15 Council, one from each of the five boroughs, five
16 designated by the Mayor, one of whom is appointed
17 CCRB Chair, and three designated by the Police
18 Commissioner who must have law enforcement
19 experience. Those designated by the City Council and
20 Mayor may not have a law enforcement background. All
21 appointees to the CCRB serve three-year terms. CCRB
22 members may not hold any other public office
23 including public employment and are compensated per
24 diem at a rate of \$315. The CCRB is authorized to
25 receive, investigate, hear, make findings and

2 recommend action on civilian complaints of misconduct
3 committed by members of the New York Police
4 Department. Complaints within the CCRB's
5 jurisdiction are those that allege excessive force,
6 abuse of authority, discourtesy or use of offensive
7 language including, but not limited to slurs relating
8 to race, ethnicity, religion, gender, sexual
9 orientation or disability, and I welcome you here.
10 Raise your right hand to be sworn in.

11 LEGAL COUNSEL: I welcome Mr. Joseph. Do
12 you swear or affirm to tell the truth, the whole
13 truth throughout your testimony today?

14 NATHAN JOSEPH: I do.

15 LEGAL COUNSEL: Thank you.

16 CHAIRPERSON KOSLOWITZ: Do you have an
17 opening statement?

18 NATHAN JOSEPH: I do. [background
19 comments] Good morning Chair Koslowitz, Speaker
20 Johnson. [background comments] [laughs] Council
21 Members. My name is Nathan Joseph. I come before you
22 today to be considered for appointment to the CCRB.
23 You might ask why I want to be considered for such a
24 position. Well, I'm a native New Yorker. I was born
25 in the Bronx and raised in Staten Island, and I still

2 live there. I feel it's my responsibility to give
3 back to the city that I love. I have worked in our
4 prisons and our hospitals, taking care of those in
5 need. It's what I love to do. I am retired now. So,
6 this is another opportunity for me to support and
7 give back to my city. I have been in healthcare for
8 the majority of my working life. I have worked as a
9 dialysis technician, a physician assistant and a
10 facility administrator. Helping people is the thing
11 that brings me the most satisfaction. It's not just
12 saving someone's life or easing their pain or just
13 helping them to have a better day today than they did
14 yesterday. It's helping to train the next PA, doctor
15 or nurse or helping a clerk realize their dream of
16 becoming a social worker. I feel I have been given
17 that opportunity again with this appointment: To help
18 people resolve stressful, emotionally painful
19 situations in a different way, through the CCRB. I
20 know I can't cure every ailment. Life will definitely
21 teach you that, but I welcome to the challenge of
22 helping those that I can and, therefore, and thereby
23 give back to my city. I thank you for this
24 opportunity, and I'm ready for your questions?

2 CHAIRPERSON KOSLOWITZ: Okay. Thank you.
3 I'd like to call on Council Member Rose to say a few
4 words.

5 COUNCIL MEMBER ROSE: Yes, thank you so
6 much Chair Koslowitz for convening this--this meeting,
7 this hearing and Speaker Johnson, I really want to
8 thank you for moving this appointment forward. This
9 position has been vacant for more than four years,
10 and, um, I think it's a very important position that
11 should be filled, and I am please today to endorse
12 the appointment of Staten Island resident Nathan
13 Joseph to the Civilian Complaint Review Board. I
14 have know Mr. Joseph for decades. Well, actually
15 many, many, many, many decades, and I've found him to
16 be always an intelligent objective and pragmatic
17 person. Everything he has taken on in his career he
18 has performed with excellence, and I know he will do
19 the same as the Staten Island representative on the
20 CCRB. As a physician's assistant and a hospital
21 administrator, Mr. Joseph has built his career making
22 decisions that are sometimes life or death. His
23 career has spanned medicine, data analysis and
24 hospital administration. In each of these
25 capacities, he has demonstrated a keen ability to

2 analyze empirical evidence, and make decisions based
3 on that evidence. I know he will use those same
4 skills to weigh and analyze evidence to ultimately
5 strengthen public safety, and accountability as well
6 as raise the esteem with which we hold our law
7 enforcement officers. Therefore, Mr. Joseph's
8 skillsets make him ideally suited to represent Staten
9 Island in this capacity, and so I heartily encourage
10 my colleagues to join me in supporting his
11 appointment. Thank you.

12 CHAIRPERSON KOSLOWITZ: Thank you. Okay.
13 I would like ask a question. Do you agree it is
14 necessary for the CCRB and NYPD to have a respectful
15 working relationship?

16 NATHAN JOSEPH: Absolutely. The only way
17 we can succeed is that we have to work together and
18 we have to work together with respect for each other.
19 We can't have divisiveness between these two entities
20 and expect to produce the results that the city
21 requires and needs.

22 CHAIRPERSON KOSLOWITZ: Okay and I see on
23 your resume that you spend time working in detention
24 centers. How has your work experience particularly
25

2 the time you spent in detention centers informed the
3 way you view law enforcement.

4 NATHAN JOSEPH: An interesting question.
5 Well, it really made me realize that I don't want to
6 go to jail. It is not a very pleasant place. It's
7 not a nice place to be. It also has allowed me to
8 have a lot of respect for the challenges that law
9 enforcement face especially in the prison system.
10 They might be in block or a dorm with 21 inmates and
11 there's only one officer. That is a huge challenge.
12 You have people there that are angry, afraid, violent
13 and may be emotionally unstable. It's a very, very
14 difficult job, a very, very huge challenge, and I
15 respect those officers that they're able to do that,
16 and come in there everyday and do their job. It is
17 extremely difficult.

18 CHAIRPERSON KOSLOWITZ: Okay, thank you.
19 Are there any other questions from my colleagues?
20 Seeing none, and see no one filling out a slip to
21 make a comment from the public, I will now call on
22 the vote for Mr. Nathan.

23 CLERK: Chair Koslowitz.

24 CHAIRPERSON KOSLOWITZ: I vote aye.
25 Congratulations.

2 NATHAN JOSEPH: Thank you.

3 CLERK: Cornegy.

4 COUNCIL MEMBER CORNEGY: With the glowing
5 endorsement of Council Member Debi Rose, I certainly
6 vote aye and also congratulations.

7 NATHAN JOSEPH: Thank you.

8 CLERK: Espinal.

9 COUNCIL MEMBER ESPINAL: I vote aye and
10 congratulations.

11 NATHAN JOSEPH: Thank you.

12 CLERK: Lancman.

13 COUNCIL MEMBER LANCMAN: [off mic] Aye.

14 CLERK: Treyger.

15 COUNCIL MEMBER TREYGER: Aye and
16 congratulations.

17 NATHAN JOSEPH: Thank you.

18 CLERK: Adams.

19 COUNCIL MEMBER ADAMS: Mr. Joseph, the
20 CCRB has undergone several iterations over the past
21 few years. I admire you for sitting in that seat. I
22 thank my colleague Debi Rose for her support of you,
23 and congratulate you. I vote aye.

24 NATHAN JOSEPH: Thank you.

25 CLERK: Speaker Johnson.

2 SPEAKER COREY JOHNSON: Mr. Joseph, I
3 want to thank you for the service that you've given
4 to the city and the healthcare field. I appreciate
5 your comments here and I thank you for agreeing to
6 put your name forward for this position, and I look
7 forward to, of course, a working relationship between
8 all Council Members of this body and you at the CCRB.
9 Thank you very much and I vote aye.

10 NATHAN JOSEPH: Thank you.

11 CHAIRPERSON KOSLOWITZ: Thank you.

12 CLERK: Matteo.

13 COUNCIL MEMBER MATTEO: Thank you. Mr.
14 Joseph, I look forward to working with you. I thank
15 your for your commitment and your service. I hope
16 you take this appointment with an open mind.
17 Unfortunately for the process, though, the majority
18 of the Staten Island Delegation was not in favor of
19 the appointment. So, I'm going to respect that. I'll
20 vote no on M89.

21 CLERK: Gibson.

22 COUNCIL MEMBER GIBSON: I vote aye.

23 CLERK: By a vote of 8 in the affirmative,
24 1 in the negative and no abstentions, the member is
25 adopted by the committee.

2 CHAIRPERSON KOSLOWITZ: Thank you, thank
3 you and with that—

4 SPEAKER COREY JOHNSON: [off mic] On M89.
5 You have to call Matteo that.

6 CLERK: On M77, Council Member Gibson.

7 COUNCIL MEMBER GIBSON: I vote aye.

8 COUNCIL MEMBER MATTEO: Aye.

9 CLERK: M77 currently stand at 9 in the
10 affirmative, 0 in the negative and non abstentions.

11 CHAIRPERSON KOSLOWITZ: Okay, with that,
12 this meeting is adjourned. [gavel] [pause]
13 [background comments]

14 CLERK: Continuation of roll call
15 Committee on Rules, M77. Council Member Torres.

16 COUNCIL MEMBER TORRES: I vote aye on
17 all.

18 CLERK: Final vote on this item is 10 in
19 the affirmative 0 in the negative and no abstentions.
20 Preconsidered M, Council Member Torres.

21 COUNCIL MEMBER TORRES: I vote aye.

22 CLERK: The final vote on this item is 9
23 in the affirmative, 1 in the negative and no
24 abstentions.

1 COMMITTEE ON RULES, PRIVILEGES AND ELECTIONS 36

2 CHAIRPERSON KOSLOWITZ: [gavel] This
3 meeting is officially closed. [background comments,
4 pause]

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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 August 9, 2018