

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON CRIMINAL JUSTICE

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May 1, 2019
Start: 10:10 a.m.
Recess: 1:06 p.m.

HELD AT: Council Chambers - City Hall

B E F O R E: KEITH POWERS
Chairperson

COUNCIL MEMBERS: Alicka-Ampry-Samuel
Robert F. Holden
Rory I. Lancman
Mark Levine
Donovan J. Richards
Carlina Rivera

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

Faye Yelardy, Assistant Commissioner, Office of Sexual Abuse and Sexual Harassment Prevention, New York City Department of Correction

David Suarez, Acting Warden, Rose M. Singer Center

Prechelle Shannon, Senior Institution Administrator and Former DOJ Certified Prison Rape Elimination Act, PREA, Auditor

Heidi Grossman, Deputy General Counsel

Partners from Correctional Health Services

Mik Kinkade, Director of the Prisoner Justice Project, Sylvia Rivera Law Project

Deborah Lolai, Criminal Defense Attorney and the LGBT Client Specialist, Bronx Defenders

Kelsey De Avila, Project Director of Jail Services, Brooklyn Defender Services

Kayla Simpson, Staff Attorney, Prisoners' Rights Project Legal Aid Society

Mariah Lopez, Executive Director Strategic Transgender Alliance for Radical Reform (STARR)

Curtis Bell, Katal Center Member

Cecilia Gentile, Transgender Woman

Jen Doman, Supervisor for Forensic Social Work Unit
New York County Defender Services

Christine Herrera, CEO & Founder Trans Equity
Coalition

Betsy Lindor, Katal Center Member

Akesia Johnson, Katal Center Member

Zachary Katznelson, Policy Director
Independent Commission on New York City Criminal
Justice and Incarceration Reform a/k/a Lippman
Commission

Alajo Rodriguez, Exodus Transitional Community of
East Harlem

Andrea Bowen, Consultant New York City Anti-Violence
Project & Coordinator, TGNCNB Solutions Coalition

Dyjuan Tatro, Board Member, The Fortune Society and
Alumnus of the Bard Prison Initiative

Samuel Cabassa, Member of KAKE (sic)

Jasmine Perez, Social Worker, Destination Tomorrow

Charlie Solidum, Program Manager of HIV STI Services
LGBT Network, Queens LGBT Center

Juana Peralta, Director of Economic Justice
Initiatives, LGBT Center

Michael Mushlin, Law Professor, PACE University

Nala Toussaint, Health Advocacy Coordinator, Callen-Lorde and member of Trans Equity Coalition and Solution Coalition

2 [sound check] [pause] [gavel]

3 CHAIRPERSON POWERS: Good morning. Thank
4 you everybody for being here today. I'm the Chair of
5 the Criminal Justice Committee Keith Powers. If you
6 are here for specialized high schools, you should be
7 next door as there's a big hearing also happening
8 next door, but thank you for being here. We're
9 conducting a hearing today on the experience of
10 transgender, and gender non-conforming people in New
11 York City jails, and I want to thank the Department
12 of Corrections and Correctional Health Services and
13 many others for being here. I want to start by
14 saying the department has made a number of strides in
15 this area, and has proven itself to be a leaders in
16 the nation developing policy in house incarcerated
17 individuals in accordance with their gender identity,
18 and in operating a transgender housing unit commonly
19 called THU for its transgender women. It, and it
20 recently moved back to THU to the Rose M. Singer
21 Building facility where transgender women now have
22 greater access to more gender responsive services,
23 and I want to thank them for doing that, but we, of
24 course, always believe there's still work—more work
25 to be done. We've spoken with a number of the

2 advocates in the room today who have told the stories
3 of transgender clients being rejected from the THU
4 form unclear reasons. At the same time, we've also
5 seen written statements from transgender incarcerated
6 individuals raising questions about compliance with
7 federal requirements regarding proper path risks
8 (sic). Considering that transgender individuals face
9 higher rates of sexual victimization than cisgender
10 individuals, it is important the department is taking
11 every possible measure to ensure the safety of
12 transgender individuals in its custody. Today, we
13 will all be hearing five bills and aimed at improving
14 the lives of transgender, gender non-conforming,
15 gender non binary, and intersex people in custody.
16 The first two bill intro-Introductions. Nos. 1513 and
17 1514 by Council Member Ayala aimed to ensure that
18 housing units where T-TGNCNBI populations are housed
19 had the same access to mental health and substance
20 uses treatments as do units that house cisgender
21 populations. The third bill is my bill, Introduction
22 1532, which will require the department to create an
23 independent appeals process for the denial of housing
24 requests, and Council Member Moya's bill which
25 accompanies that Introduction 1530 will require the

2 department to issue comprehensive reporting on such
3 bills. Finally, we're going to hear a bill on this
4 topic from Council Member Rosenthal, 1535, which will
5 require the Bronx Opioid Collective to convene a
6 taskforce to address policies related to the
7 treatment of transgender-transgender, gender non-
8 conforming, and non-binary individuals the department
9 who end up in the Department of Correction. In
10 addition to those bills, we're hearing two important
11 resolutions that aim to move pending legislation in
12 the state of New York. We are thankful for the State
13 Legislature and the governor for their efforts
14 earlier this year to reform the criminal justice
15 system about speedy trials, discovery, and bail
16 reform, but we know that there are still issues
17 pending out there in the state that the City Council
18 and others in this room today care much about. The
19 first Resolution 829, which is-I'm sponsoring will
20 call the state to pass Senate Bill 1343 and Assembly
21 Bill 5493 to reform parole, conditional release,
22 revocation presumptive release and post-relief
23 supervision to reduce-supervision to reduce the
24 number of people housed in jails and prisons in New
25 York State. The second resolution 143-A introduced

2 by my colleague Council Member Dromm is support of
3 the Humane Alternatives to Long-Term Solitary Act and
4 commonly known as the ALTS Act. That is an important
5 piece of legislation that would amend New York State
6 Correction Law by eliminating the time an
7 incarcerated individual spends time in segregated
8 confinement. We would also be remiss and need to
9 mention that New York City has also been a leader in
10 that area, and I want to thank the Department and
11 Board of Correction for their work around solitary
12 confinement, and with that said, I also want to thank
13 my staff who has helped put this hearing together.
14 We had also I should mention just we've met with a
15 number of groups who are doing works in this—in these
16 areas. I want to thank them for their input as well,
17 and I also want to recognize we have a number of
18 colleagues here today who are joining us from our
19 committee: Council Member Bob Holden, Council Member
20 Carlina Rivera, Council Member Alicka Ampry-Samuel,
21 and Council Member Danny Dromm. I'm going to--before
22 we move on, I'm going to ask Council Member Dromm to
23 say a few words about his resolution today.

24 COUNCIL MEMBER DROMM: Thank you, Chair.
25 Long-term solitary confinement is torture, plan and

2 simple. As responsible policy makers, we must act to
3 cancel (sic) this especially gruesome practice of the
4 new Jim Crowe whether in city jails of state prisons.
5 For years I've been helping to amplify the voices of
6 the advocates including survivors. Many of them are
7 hear today, and I want them to know their cries for
8 justice were solitary and definitely not in vain as
9 the political momentum has now pushed the issue to
10 the fore. I also want to pause and take a moment to
11 recognize someone who ultimately did not make it
12 although his life was not in vain as it has spurred
13 us to act, Kalief Browder. Victims are often
14 individuals struggling with serious mental health
15 issues. This punishment does not lead to any changed
16 behavior, but rather an exacerbation of their agony
17 and an increase in future violence. Even those who
18 go in with adequate mental health leave them with
19 scars that last a lifetime. Resolution 143 supports
20 the halt, the Solitary Confinement Act, which is
21 state legislation aimed at curbing the government's
22 complicity in this form of torture. New York City is
23 not where it ultimately where it needs to be on this
24 issue, but it has made significant strides. However,
25 we must always be vigilant as the Department of

2 Correction has chipped away at efforts by the City
3 Council and the Board of Correction to lead reforms.
4 Strictly limiting the use of solitary confinement has
5 benefits far beyond protecting individual human
6 rights. Facilities, security and public safety will
7 improve, but how does unimaginably brutalizing
8 incarcerated individuals and then releasing them to
9 the general population or the general public promote
10 security and safety. It is time for the state to act
11 to end this practice, and I hope that this hearing
12 and the eventual passage of Resolution 143 will
13 encourage Albany to improve the Halt Solitary
14 Confinement Act in its efforts to reform the Criminal
15 Justice System. Thank you.

16 CHAIRPERSON POWERS: Thank you for that.
17 So, we will now hear testimony from the Department of
18 Corrections, and I believe Health Services as well,
19 Correctional Health Services as well. So, yeah,
20 we're just going to take the opportunity to swear you
21 in.

22 LEGAL COUNSEL: If every person could
23 raise your right hands, and stated your name starting
24 from the left to the right.

25 FAYE YELARDY: [off mic] [pause]

2 LEGAL COUNSEL: Do you affirm to tell the
3 truth, the whole truth and nothing but the truth in
4 your testimony before this committee, and to respond
5 honestly to Council Member questions?

6 FAYE YELARDY: [off mic] I do.

7 CHAIRPERSON POWERS: Thank you. You can
8 begin your testimony when you're ready. [pause]

9 FAYE YELARDY: Good morning, Chair Powers
10 and members of the Committee on Criminal Justice. I
11 am Faye Yelardy, the Assistant Commissioner for the
12 Office of Sexual Abuse and Sexual Harassment
13 Prevention for the New York City Department of
14 Correction. Joining me at the table this morning are
15 my colleagues who will assist me with answering
16 questions today. I have to my right Acting Warden
17 David (sic) Wallace--thank you--of Rose M. Singer
18 Center. To my left, I have Prechelle Shannon, Senior
19 Institution administrator who previously served as a
20 DOJ Certified Prison Rape Elimination Act, better
21 known as PREA Auditor for four years, and I have
22 Heidi Grossman, our Deputy General Counsel, and I'm
23 happy to join at the table our partners from
24 Correctional Health Services. [pause] Thank you for
25 this opportunity to discuss the department's work,

2 and our efforts to provide safe housing and services
3 to transgender, gender non-conforming and intersex
4 individuals within our custody. Today, I am pleased
5 to provide opening remarks about the brand—I'm sorry
6 about the groundbreaking work we have undertaken to
7 afford individuals in our custody housing by gender
8 identity, as well as our ongoing efforts to
9 institutionalize policies and practices that support,
10 and sustains sexual safety. I will also comment on
11 Intro 1513, Intro 1514, Intro 1530, Intro 1532 and
12 Intro 1534, the five bills being considered today.
13 This—this department is committed to ensuring the
14 safety, and security of everyone in our custody. The
15 population within DOC's facility is as diverse as the
16 population of New York City, and the department
17 recognized its responsibility to provide safe
18 housing, responsive healthcare, and engaging in
19 programs to everyone who enters the facility. In
20 accordance with Executive Order 16, the department
21 now houses individuals in our custody by gender
22 identity, and we have become a national leader in
23 this practice and are proud that jurisdictions across
24 the country now look to New York City as a model for
25 the placement and housing of transgender, gender non-

2 conforming, and Intersex individuals. Our practices
3 have been developed to close—a consultation with
4 leaders in the LGBTQI policy and advocacy communities
5 as well as through conversations with the city's
6 Commission on Human Rights. We have also worked to
7 provide our uniformed officers with sensitive and
8 accurate training on the needs and rights of--
9 [background comments]

10 CHAIRPERSON POWERS: Please close the
11 door. Sorry about that.

12 FAYE YELARDY: [laughter] Okay, where
13 was I? So, we have also worked to provide our
14 uniform officers and with sensitivity and accurate
15 training on the needs and rights of transgender,
16 gender non-conforming, Intersex individuals in the
17 department's custody in order to ensure these
18 individuals are treated with understanding and
19 respect. The department is committed to safe
20 housing, and during intake, officers complete a
21 security screening tool to assess and individual's
22 risk of victimization. Categories that are assessed
23 by an intake officer includes, but are not limited
24 to, whether an individual is small in stature, the
25 nature of the crime an individual is accused of,

2 whether or not an individual has a history of violent
3 crime or committing sexual abuse. Whether or not an
4 individual has been a victim of sexual abuse and
5 whether an individual identifies—whether an individual
6 identifies or presents as gender non-conforming and
7 whether the individual is LGBTQI. The affirmative
8 items checked on the screening tool are scored and in
9 consideration of additional security information, a
10 housing placement is reached. [door bangs] The
11 department takes special care to separate those who
12 may be at risk of abuse, potentially including those
13 who are gender non-conforming from those known to the
14 department to be abusers. In some cases, depending
15 on their score on the Risk Assessment, it may make
16 sense to house some gender non-conforming in
17 protective custody. In other cases that may not be
18 warranted. In addition, everyone who is newly
19 admitted into custody, and identified as transgender,
20 and/or or Intersex is offered the Transgender/
21 Intersex Housing Form, which we'll also call the TIH
22 form. The TIH form, which specifically asks if the
23 individual identified as transgender and/or Intersex
24 is a critical piece of the department's process of
25 identifying individuals eligible for the Transgender

2 Housing Unit known, as THU. Transgender Housing
3 Unit. The TIH form also affords transgender and/or
4 intersex individuals an opportunity to indicate if
5 they would prefer to be housed within a male
6 facility, a female facility or the THU. The THU was
7 created in 2015, and was initially housed in male
8 facilities before moving to Rosie in July of 2018.
9 Our THU model has set the national standard for
10 transgender and Intersex housing in their facilities.
11 The co-location of the THU with Rosie has allowed
12 transgender and Intersex individuals who choose to
13 reside in a female facility with the opportunity to
14 access the same programs, same services, and
15 healthcare as every other woman within the
16 department's custody. The move also provided an
17 opportunity for certain transgender and intersex
18 individuals to be housed with GP housing units at
19 Rosie's if so choose. In addition to the THU unit
20 itself, Rosie is also home to a dedicated transgender
21 new admission housing unit. If an individual going
22 through intake at a male facility self-identifies as
23 transgender or intersex, that individual will be
24 transferred to Rosie to complete the intake process.
25 That is to say the department does not wait to assess

2 as an individual before transferring them to Rosie's
3 to complete their intake process. Safe housing take
4 priority over paperwork. Per PREA regulations and
5 the Board of Correction's minimum standards, all THU
6 admission decisions are made on a case-by-case basis.
7 In every consideration, the department considers both
8 the health and safety of the individual applying to
9 the THU unit. The safety and wellbeing of the
10 individual already in the THU Unit and overall
11 management and security operations, the transgender
12 or Intersex individuals view some placement with
13 respect to his or her own safety is given serious
14 consideration in this process. From October 2018 to
15 March 2019, the department received 115 applications
16 for the THU. The breakdown of those applications is
17 as follows: Of the 115 forms received, 29
18 individuals preferred to be housed in the male
19 facility. Of the remaining 86 individuals seeking
20 admission to THU, 12 individuals were discharged
21 before an assessment could be completed. Of the
22 remaining 74 individuals, 62 were placed in THUs and
23 12 were denied for safety and security reasons. In
24 the same six-month period three transgender men were
25 held in DOC's custody. Per their request, all three

1 individuals were housed at Rosie's. Just as any
2 individual in DOC's custody can apply for placement
3 in a THU, any individual can request to leave. If an
4 individual no longer wishes to be housed in a THU or
5 if a transgender or Intersex individual no longer
6 wishes to be housed in our general population, unit
7 with Rosie's they are able to complete a voluntary
8 discharge form. All THU requests are closely and
9 thoroughly reviewed by the PREA Unit, which is
10 comprised of a PREA Supervisor, a representative from
11 CHS and the warden of designated facilities. The
12 review considers the individual's views with respect
13 to his or her own view as well as information from
14 their risk assessment tool. The department did make
15 a case-by-case determination about how to ensure
16 safety for each transgender or Intersex individual in
17 our custody. As required—as required by the federal
18 standard, and also the Board of Correction minimum
19 standard. An individual will either be approved or
20 denied housing within the female facility if the
21 individual imposes a safety and/or security concern.
22 Any individual denied placement into the THU is
23 informed of the reasons for the denial, and has the
24 opportunity to have their request reconsidered with
25

2 the understanding that a secondary review will be
3 held if the individual has new information to
4 present. At present, the PREA Unit handles these
5 appeals. We are in the process of developing a more
6 robust review process. However, in the details of
7 this plan—I'm sorry. However, the details of this
8 plan are still in development. We look forward to
9 updating the Council on our appeal process as it
10 comes to fruition. It would be impossible to for me
11 to speak about the progress the department has made
12 in its efforts to safely house transgender and gender
13 non-conforming and Intersex individuals without
14 discussion the great work e have done to adhere to
15 increase our PREA compliance. Since 2015 when the
16 department announced it would be voluntarily
17 implementing PREA standards, we have worked
18 tirelessly to implement staff wide PREA training, and
19 refreshers courses and draft policies and operational
20 practices in line with PREA guidelines. As part of
21 the federal grant assists correctional facilities and
22 becoming PREA certified, the department has enlisted
23 the assistance of the Moss Group, a nationally
24 recognized expert in PREA and LGBTQI issues to
25 outline a multi-year plan that will bring the

2 department into full compliance. The department has
3 also successfully trained over 10,000 DOC employees
4 on PREA with training provided to all in-coming
5 recruits, and there are monthly scheduled trainings
6 for all DOC non-uniform staff, contractors, and
7 volunteers. Training is vital to remind staff of the
8 importance of professional and respectful
9 terminology, and of their responsibility to protect
10 vulnerable populations whenever they are being—
11 whether they are—they may be housed or wherever they
12 may be housed. Finally, I will comment on Intro
13 1513, Intro 1514, Intro 1530, Intro 1532, and Intro
14 1535. Every individual in DOC's custody has equal
15 access to healthcare and mental healthcare. The
16 department reflects the spirit of Intro 1513 and
17 1514. In fact, the department is home to the oldest
18 methadone clinic in the country, and wants to impress
19 upon the Council that providing these services to
20 everyone is a responsibility the department takes
21 seriously. Whether legislated to or not, DOC will
22 continue to ensure healthcare access is afforded to
23 all individuals in our custody. Regarding Intro
24 1530, which we understand to be a companion bill to
25 1532, the department supports the general premise of

2 the bill, but would like to work with Council on the
3 matrix and wording so not to produce duplicative
4 information as what is already reported to the Board
5 of Correction. As a national correction leader in
6 housing by gender identity, the department shares the
7 Council's interest in having a tool to affect an
8 individual's risk of victimization, an fair and
9 thoughtful process to make certain housing
10 assignments on a case-by-case basis and a process for
11 an appeal of that assignment. The department is in
12 the process of designing a robust secondary review
13 process that allows to review by party not involved
14 in the original decision process. As bill
15 negotiations continue, we'd appreciate your
16 opportunity to talk through our existing process with
17 Council more fully and work together to devise
18 legislation that supports fairness and safe housing
19 for all. Intro '35 requires the creation of a task
20 force, which mainly—which mainly internal—with mainly
21 internal parties to advise on DOC polices and
22 security protocols. While we appreciate the spirit
23 of collaboration of this bill. The department cannot
24 support this legislation. The department has worked
25 closely with advocates and LGBTQI policy experts to

2 advise our existing policies and programs. In fact,
3 we already meet with advocates on a quarterly basis
4 and sometimes more frequently to address ongoing
5 issues. However, there is a difference between—a
6 difference from bringing an issue areas expert to
7 advise on policy creation and having issue area
8 experts who are not experts in correction and
9 security make recommendations on security policy.

10 The department opposes individuals without a
11 correctional service background advising on security
12 and housing policies and transmission to the Mayor
13 and to the Council. In addition, we have serious
14 concerns about potentially sharing sensitive and
15 confidential information with individuals who lack
16 authority to possess access to this information.

17 However, we remain open to additional conversations
18 about avenues to integrate LGBTQI advocates into
19 operational decisions as we have with advocates'
20 concerns and visiting practices program offerings and
21 bail procedures. As you can see, the department has
22 worked hard to improve the safety and experience of
23 transgender, gender non-conforming and Intersex
24 individuals in our custody. The department
25 appreciates Council's interests and support in these

2 matters and look forward to continuing to work with
3 you, the Board, advocates and stakeholder to build
4 upon the work we have already done and remain a
5 national model for the correctional institutions
6 across the country for years to come. We also extend
7 an invitation to Council to visit our THU so you can
8 see the good work we are doing for yourselves. Thank
9 you again for the opportunity to testify today, and
10 we are happy to answer any questions.

11 CHAIRPERSON POWERS: Okay, thank you for
12 that. [coughs] I want to talk just on the
13 legislative stuff first. Then I'm go into some
14 questions about intake and housing and then I know we
15 have a couple of members who have questions here as
16 well, but just on the legislative, first is does the--
17 does the administration support the two state bills
18 that we're discussing today, the two resolutions.
19 One is about the HALT Act, and the second is about
20 reforming state parole? I know you mentioned that
21 because there was no mention of them in the--

22 FAYE YELARDY: [interposing] Right.

23 CHAIRPERSON POWERS: --in the testimony.

24 FAYE YELARDY: Well, first of all, I just
25 want to start by saying that the department has been

2 a leader in punitive segregation reform as has been
3 acknowledged. We have--from 2014 we had maybe 600 or
4 so individuals in punitive segregation on any given
5 day. Today, in 2019, that--that average might grow
6 from 100 to 120. We've really reduced our reliance
7 on punitive segregation. I would also say that the
8 department, the city, the department eliminated
9 punitive segregation for the 16 to 21-year-olds, and
10 the department eliminated punitive segregation for
11 the 18 to 21-year olds is--it's the first in the
12 country as we understand it that has eliminated
13 punitive segregation. The department also reduced
14 the maximum punitive segregation time from 90 days to
15 30 days under exceptional circumstances, and we only
16 allow people in--to remain in punitive segregation for
17 60 days within a six-month period. We also allow
18 people seven days out of, in between their 30-day
19 sentences. So, the--so we feel that we've made a
20 great deal of progress and we're seeing great success
21 and we have reduced reliance on punitive segregation.
22 However, and we feel this current system is working,
23 but the bill that--the state bill presents serious
24 operational concerns for the department. So, we have
25 disagreement over the process, and I'm happy to

2 discuss this at another time, but that—that is the
3 position of the department.

4 CHAIRPERSON POWERS: And on the State
5 Parole reform?

6 FAYE YELARDY: [pause] Apologies. We are
7 supportive of this.

8 CHAIRPERSON POWERS: Thank you.

9 FAYE YELARDY: We support that. It
10 prevents anyone having unnecessary involvement within
11 the Criminal Justice System. So, we do support that.

12 CHAIRPERSON POWERS: Okay, thank you for
13 that and we'll look forward to your comments on that
14 and the other bill as well. On 1535 you mentioned
15 some concerns around that that's Council Member
16 Rosenthal's bill, which, you know, tries to be more
17 inclusive in terms of input into the agency. You
18 mentioned you have a process today in a place where
19 you meet with—at groups and providers. Is that—is
20 that formalized in any way or can you share with us
21 what—what—what is that? What is happening, and will
22 be—if the comment is that you have some concerns
23 around the operational impact of doing the 1535, that
24 there is a process that's in place. Can you share
25 with us what that process might look like today?

2 FAYE YELARDY: Well, currently or
3 currently and in the past we have met with some of
4 the advocates and also stakeholders in working group
5 settings. They have been very instrumental in the
6 opening of the THU and supplying information that we
7 wouldn't normally have to open the TV2. After that,
8 we have had constant communication with them. In
9 regards to training, we had one of our advocates help
10 develop one of the trainings that we currently use
11 for the Transgender Housing Unit and also for staff
12 at the female facility, and we currently because--
13 since we've been housing by gender identity, we have
14 continued communications with them including meetings
15 that were--that were facilitated by CCHR.

16 CHAIRPERSON POWERS: Okay. So, who--who
17 participates in that? How often do you meet? How
18 does--how does a group or an individual become aware
19 of when there's an opportunity to come and meet or
20 participate in that, or how do you choose who can
21 participate in that.

22 FAYE YELARDY: We're lucky enough that
23 the advocates don't have a problem with reaching out
24 to us, and requesting for a meeting and we're open to
25 meet with them and--

2 CHAIRPERSON POWERS: [interposing] I-I
3 want to be more specific about it. 1535 is about
4 setting up a more formal process. So, it's, I think
5 you said you have an explanation of a process that
6 you believe is in place today that would help
7 integrate ideas into-into the DOC specifically around
8 LGBTQI issues-issues. So, is-is that-when is the
9 last time you met?

10 FAYE YELARDY: It's been-I believe it was
11 I think maybe in November or December, but we met and
12 it was facilitated by CCHR in regards to housing by
13 gender identity. We would like to have a more robust
14 process mirroring some of the working groups that we
15 currently have around the bail reform and-and
16 programming, and so we're also looking in to doing
17 that as well.

18 CHAIRPERSON POWERS: Okay, and I-I-I
19 failed to mention we're also joined by our Health
20 Chair and new committee member Council Member Mark
21 Levine as well. I guess my point is it has been a
22 quarterly bid basis. As you mentioned since
23 November, and I think the-the-they Council is seeking
24 a more formal process than sort of at hoc process for
25 getting groups together, and I think that the people

2 that are doing work in this area whether it's
3 formalized in legislation or not formalized in
4 legislation, whether it is in this manner in context
5 or not, I think, you know, the idea being that and
6 particularly in an area and a population that has a
7 lot of sensitivity around it. I think a lot of
8 misinformation and misunderstanding around it, but
9 there are opportunities for them to be able to
10 provide those who are doing the work on the ground to
11 provide meaningful input and if you—I'm—I'm sure that
12 even spending an afternoon in any—in any agency by
13 the way, but particularly one that has such an
14 important role here you would find, you know,
15 particular issues even in terms of how pronouns are
16 used or how people are—are—are treated relative to
17 their peers. So, I think that's what—that's what's
18 being sought here, and—and so I think that, you know,
19 our requests here through—either through legislation
20 or—or potentially beyond that is to have a working
21 process where those groups know, who, you know, it's
22 formalized process, and the agency is—is—is bringing
23 groups in, and individuals in to hear and talk about
24 issues that are arising.

2 FAYE YELARDY: And Council Powers, I
3 would—I would also like to add in addition to that,
4 we have ongoing conversations with the Moss Group,
5 who are the sexual safety experts in the field. We're
6 actually contracted with them. They provide
7 technical assistance and just information about our
8 policies and the trends that are in the LGBTQI
9 community. So, they offer excellent service, and
10 assistance. So, we're—we're constantly looking for--

11 CHAIRPERSON POWERS: [interposing] I
12 understand that, but they—they are your contract
13 agency to provide training. I'm talking about having
14 groups that are doing work and working with the -thee
15 vulnerable population here to also be able to have
16 places for input.

17 FAYE YELARDY: Well, to your point and we
18 are happy to talk about a less formal process not
19 necessarily associated with the legislation, but to
20 talk about how do we bring people together, and have
21 more of a process in place to that we can engage with
22 the community. So we are open to that discussion.

23 CHAIRPERSON POWERS: Okay and I
24 appreciate that, and I'm right that you have a—and
25 I'm going to go into some of other areas, but as part

2 of the THU directive, you have a THU Advisory
3 Committee. Is that correct and can you tell us who
4 is on it, how often they've met and how many of the
5 committee members are appointed?

6 FAYE YELARDY: You said the THU Advisory
7 Committee.

8 CHAIRPERSON POWERS: As I understand,
9 it's based on the--there's an advisory committee--
10 committee put together pursuant to the THU direct of--
11 --?

12 FAYE YELARDY: Well, previous THU
13 Director is why you're talking about--

14 CHAIRPERSON POWERS: [interposing] I
15 believe. I think it's the one from 2014.

16 FAYE YELARDY: Yes. So, we have no in
17 practice utilize the Advisory Committee and we are
18 now looking to make more robust committee information
19 or committee members to assist with processes as far
20 as how individuals entered into the THU, but we've
21 also been sharing that policy with members from the
22 Board of Corrections internally again getting
23 feedback from industry experts to help us develop out
24 that directive.

2 CHAIRPERSON POWERS: Okay, I mean if-if
3 there is a requirement here to have an advisory
4 committee, and you're not doing it, this goes back to
5 2014. I'll read it to you: If the inmates and in
6 there, it talks about the inmate may appeal the
7 rights of THU Advisory Committee, and then the
8 commander of the facility can extend (sic) this
9 requests. So there is no THU Advisory Committee? Is
10 that-is that correct?

11 FAYE YELARDY: Right. No, there is. I
12 think that was back in 2014 when we-we established-we
13 had an Advisory Committee and we met with some of the
14 advocates and-and discussed the transgender housing
15 unit. That was at a time when we had our THU Unit in
16 our male facility. Since then we've moved into the
17 female facility. So, some of the conversations and
18 discussions that we learned and heard about, we were
19 able to integrate into what we do today, but we-we
20 are open to talking about how we do a-work more with
21 the advocates, and-and establish some sort of process
22 to communicate and even if it's-it's informally
23 setting up our regularly scheduled meetings, we're
24 open to that.

2 CHAIRPERSON POWERS: [interposing] Well,
3 I just want to kind of take a step back, though.
4 Now, it's on something different. I think one is
5 about have formal input into the processes that end
6 in the operations. Without—you know, I understand
7 the concern about making that—making that a—a-making
8 policy versus advising, I understand that concern,
9 but the—but the—in your directive you have it—I mean
10 it's stated appeals process for housing through and
11 advisory committee that you're saying it sounds like
12 it doesn't exist. We're also here with a piece of
13 legislation today asking for an appeals process and
14 the agency is says that you are working on one, but
15 it seemed—I—and I'm just raising what I think is—
16 which is a point from this directive, which is that
17 you don't have an appeals process. Is that correct?
18 And, but—but your directive says there is one. I
19 mean I your directive seems to state there is one,
20 and if a person—and they—and they may want to appeal
21 their—their housing based on a rejection, there's a
22 committee to do that.

23 FAYE YELARDY: Right. So right now
24 we're—we're still—our appeals process is under
25 development, and we are trying—we're exploring what

2 it has—what the process is going to look like, and we
3 in terms of having a committee that has another layer
4 of review, we're happy to work and talk further with
5 the Council about what that appeals process looks
6 like, and in terms of I guess I was—I was thinking
7 advisory committee outside of the department. I
8 don't think that's what we were thinking, but--

9 CHAIRPERSON POWERS: No, I'm—I'm—I'm,
10 just I—I was talking about like an advisory committee
11 to help inform policies. Going beyond the topic of
12 sort of committees that are established here in
13 Department of Correction, my—my—my questions was
14 whether there was this appeals process that was set
15 up for it. My legislation in the Council today
16 actually allows for an appeals process, but we're—but
17 we're actually five years past when you had to pass a
18 directive that said you would institute a directive
19 that said you would do that on your own. You don't
20 have one today, and you're asking for some more time
21 to set up one, and—and to work with us on
22 legislation. It just begs the question about why
23 there's isn't one in place today. If there was a
24 good government (sic) to create upon the idea here

2 that—that there should be a process for an inmate to
3 be able to appeal their housing.

4 PRECHELLE SHANNON: My understanding is
5 we do have an appeals process in place right now.
6 It's just not as robust as the proposed legislation.
7 So, so, we—we do have an existing appeals process.

8 CHAIRPERSON POWERS: Can you tell us what
9 the appeals process is today?

10 PRECHELLE SHANNON: It's very general in
11 that a person can once denied they can seek
12 reconsideration, and then an evaluation is—is done of
13 that person's appeal, and then—

14 CHAIRPERSON POWERS: [interposing] Who
15 does the evaluation?

16 PRECHELLE SHANNON: The PREA Unit will
17 do that evaluation.

18 CHAIRPERSON POWERS: So who does it?

19 PRECHELLE SHANNON: The PREA Unit will
20 do that evaluation.

21 CHAIRPERSON POWERS: And—and who does the
22 original—like who?

23 PRECHELLE SHANNON: The same, the PREA
24 unit.

2 CHAIRPERSON POWERS: So, the same people
3 that make the decision, review and do the--

4 PRECHELLE SHANNON: [interposing] Well,
5 I would say that that that's a fair point and that is
6 something that we are looking into in terms of how we
7 develop, and we are happy to work with the City
8 Council again to talk about what that would look
9 like, but we did want and what I would also add is
10 that this is a new unit. We started on housing and
11 consistent with gender identify in October of this
12 year. There are a lot of lessons learned. There's a
13 lot that we're developing. We're pretty much the
14 leaders, and there's really no road map on how to do
15 this. So, we are trying our best to take lessons
16 learned and improve and constantly do better. So,
17 we--we--and we learn a lot from operationally on when
18 we start a process in place that's even basic. We
19 then learn about what the needs are and how we can
20 improve. So, that's--that's our goal is always to
21 improve.

22 CHAIRPERSON POWERS: I understand that
23 and I'm--I'm just--I'm just holding the day in 2014
24 from December 3, 2014, directed there were (sic)
25 changes to a housing unit. It talks about an appeals

2 process that doesn't exist today, and it begs a
3 question whether you are taking this seriously enough
4 if you're not willing to put that in place, you're
5 having the existing people who are reviewing it do
6 the appeals process, and then coming to the Council
7 and asking whether to work with us on a process that
8 we're asking—that we're ourselves trying to set up,
9 and you know, for—for—for any individual who has
10 raised concerns to us, it does—it does make us look a
11 s city and as a city as a whole, and that certainly a
12 department look like we're not taking this issue
13 seriously where if the if sort of the testimony today
14 is we're working on it because we'll be here next
15 year and we'll have another other hearing on this and
16 potentially not be anywhere absent passing
17 legislation to do something about it.

18 FAYE YELARDY: that we—the department is
19 adding a Director for the LGBTQI community to come to
20 the department. They would be—this individual once
21 on board may also play a role. So, as I said again,
22 we are constantly evolving and we are trying to be a
23 leader in housing consistent with gender identify.
24 The appeals process is one piece and one layer to
25 this, and we continue to hope to do better, and we

2 are going to work on this and create a more robust
3 appeals process.

4 CHAIRPERSON POWERS: Okay, I'm going to
5 move on, but I—actually I'm going to—I'm going to
6 housing and intake, and some more, but I will—I'm
7 going to let—allow my colleagues an opportunity to
8 ask some questions, and we're going to start with
9 Council Member Rivera.

10 COUNCIL MEMBER RIVERA: Hi. Thank you,
11 Chair Powers. Good morning everyone. Thank you for
12 being here. I have a couple of questions about
13 healthcare and we a very good conversation at a
14 previous hearing along with Council Member Powers
15 about sick call, and producing people that are
16 detained or who are currently incarcerated into
17 receiving—to receive healthcare services, and there
18 were some issues with how they were labeled and the
19 delays, and we were very disappointed with the
20 process overall, but we know that you committed to
21 doing your best and—and—and we believe that CHS
22 trying is trying to do that with the resources
23 available. In terms of the challenges with sick call
24 and some of the problems that we identified, when it
25 comes to our TGNCNB population, our community, some

2 of them have long-term healthcare issues that have to
3 be addressed, and I know that we received this policy
4 on transgender care, but how are you addressing some
5 of those long-term health issues, and if you could
6 talk a little bit about hormone replacement therapy,
7 and what you're providing and-and whether or not it's
8 enough because clearly we want to be able to advocate
9 for more resources. [pause] [background comments]

10 PRECHELLE SHANNON: Correctional Health
11 Services. Can you hear me now? [background comments]
12 Correctional Health Services provides care to all our
13 patients based on their individual clinical needs.
14 Factors like personal characteristics including
15 gender identify don't—don't factor into the care that
16 we provide unless affects the course of treatment.
17 Certainly in terms of housing that doesn't—that
18 doesn't affect what care they need. So, we—since we
19 came over to Health and Hospitals and became the
20 direct provider of care in 2016, we did consult with
21 experts who we revised with—I hope you have a current
22 stamp, right? So, we revised it November 5th of
23 2018, the policy, and it includes a range of care for
24 transgender persons ranging from homeowner therapy to
25 post-surgical care. We have obviously a specialist

2 available at Bellevue and Elmhurst as well as
3 resources of Health and Hospitals including their
4 Advanced Training Certificate which our staff undergo
5 and Dr. McDonald who is our Chief Medical Officer
6 very strong believes as do the services that to
7 improve and maximize access to transgender care that
8 it should be part of the--the--the armament that every
9 primary care provider in the jail rather than relying
10 solely on specialists so--so maximum access is
11 available so that every primary care provider knows
12 how to counsel, monitor and manage the care of
13 persons.

14 COUNCIL MEMBER RIVERA: During the
15 hearing, we saw that a number of inmates were "not
16 produced by DOC" and so that number was very
17 concerning. Do you have any numbers specifically on
18 people that identify as TGNCNB in terms of not
19 produced because when it comes to something like
20 hormone replacement therapy the consistency there
21 along with a number of issues, and I'll ask you about
22 mental health and people in observation units. Are
23 you--do you have those numbers specifically for why
24 they're not being produced?

2 PRECHELLE SHANNON: We currently do not,
3 and again we're not—we're not tracking patients by
4 their gender identity. We are aware of the
5 production issues. We continue to work with the
6 department to improve that. I think there are
7 efforts currently underway with Council to have the
8 department report more robustly the—the underlying
9 reasons under production and non-production.

10 COUNCIL MEMBER RIVERA: And people that
11 are in the—the THU, do they have access to detox
12 treatment or do they have total access in terms of
13 whether they have to transition and they qualify for
14 a mental observation unit, and—and I'm just trying to
15 get an idea that—that all of these important services
16 are—are available considering I think what an
17 alarming conversation was had about sick call and
18 about identifying an individual's needs, and then
19 what I felt was a bit problematic was the discretion
20 of DOC having to produce that person, and then us not
21 having like real information and details.

22 PRECHELLE SHANNON: Yes. Patients who
23 have serious—serious health issues whether physical
24 or mental are generally not—not in the THU. They're
25 in the clinical therapeutic Housing areas.

2 COUNCIL MEMBER RIVERA: Okay. So, I just
3 want to well thank you, Chair for—for the amount of
4 time that you've given me, but I just want to be
5 clear that, you know, we have every intention of—of—
6 of diving a little bit deeper into this issue and—and
7 talking on transgender—transgender care specifically
8 and to potentially have a follow-up period. Okay,
9 and—and thank you all for being here and for offering
10 your testimony. This is something that's incredibly
11 important to us, and—and I'm looking forward to
12 hearing from the advocates today.

13 CHAIRPERSON POWERS: Great. Thank you
14 for that. Thank you. Next up is Council Member
15 Holden and then Council Member Dromm.

16 COUNCIL MEMBER HOLDEN: Thank you for
17 your testimony. One, I have a couple of questions.
18 You've got to give me a little more advanced notice
19 next time. [laughter]

20 COUNCIL MEMBER RIVERA: Can I ask one
21 more questions.

22 CHAIRPERSON POWERS: You've got to begin
23 with us.

24 COUNCIL MEMBER HOLDEN: Yes.

2 CHAIRPERSON POWERS: You'll just have a
3 lot.

4 COUNCIL MEMBER RIVERA: You're preparing,
5 Bob? Okay. Great.

6 COUNCIL MEMBER RIVERA: I just wanted to
7 ask a little bit about the—the—I—I heard and forgive
8 me if I didn't hear the answer about the—like the
9 Advisory Committee and some of the advocates that you
10 consult with how often does that happen?

11 FAYE YELARDY: Specific to the Gender
12 Health Alliance Advisement? (sic)

13 COUNCIL MEMBER RIVERA: You mentioned
14 that it happened, and then you're in constant
15 communication, but I wasn't sure if there was a
16 consistent schedule for how often you meet with some
17 of the advocates, and people who hopefully will
18 influence and impact to better your healthcare
19 policy.

20 FAYE YELARDY: So currently, we don't
21 have a consistent schedule as it relates to advocates
22 to speak particularly about THU. However, we are
23 expanding our reach and, you know, we're—we're open
24 to—to kind of structuring that process to make it
25 better, but we are constantly in contact with experts

2 in this field for LGBTQI issues, and we constantly
3 get feedback with them.

4 COUNCIL MEMBER RIVERA: Okay, I—I would,
5 you know, just encourage you that they're all experts
6 because not only do they have lived experiences, but
7 they—this is their lifetime, you know, vocation.
8 This is their—their goal is to be great advocates
9 for—for equality, and the last question was about,
10 you know, in your testimony you mentioned the
11 department successfully trained over 10,000 DOC staff
12 on PREA. How many staff are there overall in the
13 Department of Corrections?

14 FAYE YELARDY: Right now I believe we're
15 almost a little under 12. Yes, a little under
16 12,000.

17 COUNCIL MEMBER RIVERA: 12,000 and how
18 often does the training take place?

19 FAYE YELARDY: Definitely on a monthly
20 basis. We had two trainings happening. We have the
21 initial four-hour PREA training required by the PREA
22 standards and the DOC minimum standards, and we also
23 have the two-hour refresher. That's also required
24 by—by both standards.

2 COUNCIL MEMBER RIVERA: So each person is
3 obligated to take the training, the initial longer
4 training and then a refresher every month?

5 FAYE YELARDY: Every two--no every two
6 years.

7 COUNCIL MEMBER RIVERA: Every two years.

8 FAYE YELARDY: Yes.

9 COUNCIL MEMBER RIVERA: Just want to make
10 sure that I was hearing that correctly. I get a
11 monthly thing. It's like an open training--

12 FAYE YELARDY: Yeah.

13 COUNCIL MEMBER RIVERA: --where people
14 can walk in.

15 FAYE YELARDY: No, no, no. Monthly
16 training is going on--

17 COUNCIL MEMBER RIVERA: Yes.

18 FAYE YELARDY: --so that everyone in the
19 department has the initial training. So, we do that
20 on a monthly basis to capture everyone, and then on a
21 monthly basis we also have a two-hour refresher
22 because individuals who are already in their two-year
23 anniversary have to now do the two-hour refresher.

24

25

2 COUNCIL MEMBER RIVERA: Okay. Alright,
3 and every two years. Okay, I got it. Thank you.
4 Thank you for the—the extra time.

5 CHAIRPERSON POWERS: Yep, thank you.

6 COUNCIL MEMBER HOLDEN: Okay. I'm back.
7 The Voluntary Discharge Form, could you give us an
8 idea of the timeline. So, if somebody submits that on
9 a Monday will they get it reviewed in a couple of
10 days, three days, ten days? What's the timeline on
11 that?

12 FAYE YELARDY: It's a—it's a multi--

13 COUNCIL MEMBER HOLDEN: [interposing] Can
14 you—can you use the microphone? Sorry, sorry, just
15 for us.

16 FAYE YELARDY: It's—it's almost immediate
17 so it depends. It's a case-by-case analysis, but we
18 have 24 hours to—to review it. We might have to
19 receive additional information that will require an
20 additional time, but within 24 hours we try to make a
21 determination.

22 COUNCIL MEMBER HOLDEN: So, who reviews
23 it, the PREA Unit reviews it?

24 FAYE YELARDY: Yes.

2 COUNCIL MEMBER HOLDEN: And—and it's
3 usually immediate you said?

4 FAYE YELARDY: Yes.

5 COUNCIL MEMBER HOLDEN: Okay. I just
6 have a—on Intro I guess restricting 35, you said the
7 meeting that you had an informal meeting in November
8 and December of last year with the Review Committee.
9 Is that right?

10 FAYE YELARDY: I believe it—please don't
11 hold me to that. I'm not sure. I believe that's
12 correct.

13 COUNCIL MEMBER HOLDEN: [interposing] See
14 that's, but that's the best—that's the best reason to
15 have—to formalize this. Like I agree with the
16 Chair's remarks that since we don't know exactly when
17 it's replaced, that we should have it formalized and
18 have the unit actually overseeing this from outside,
19 and not only inside the Department of Corrections,
20 but outside health professionals and so forth,
21 reviewing this whether it's quarterly, but they set
22 up regular meetings to review it, and that—that
23 actually makes the—makes the unit even better. So I
24 would—I would say that you should want this

2 legislation. You should agree with it because it
3 would help formalize, and it sounds like it's not.

4 FAYE YELARDY: So, we—we agree that
5 that's a great idea, and that is something that
6 we're, you know, going to work to develop, and—and
7 really try our best efforts to start putting
8 something together that's more formalized because we
9 do understand the value that they bring to us as
10 correctional professionals, and we want to make sure
11 we're doing our best efforts.

12 COUNCIL MEMBER HOLDEN:

13 FAYE YELARDY:

14 COUNCIL MEMBER HOLDEN: So, you're going
15 to support the 1535 Intro?

16 FAYE YELARDY: Well, we will support
17 formalizing a more consistent way to meet with our
18 advocates in the community in order for us to really
19 take the value away with that.

20 COUNCIL MEMBER HOLDEN: [interposing] So,
21 you should support this because this does formalize
22 it. You haven't and if it's--

23 PRECHELLE SHANNON: Yes, I—I—we again, I
24 think that we would just restate what we articulated
25 earlier, which is that we don't support a formalized

2 through legislation process, but we are willing to
3 open up and talk about what a more formal internal
4 process would be within the department to be able to
5 meet more regularly with the advocates, and to hear
6 their concerns, but we—we reiterate our concerns
7 about the makeup of such a task force with not being
8 correctional experts in the field, we also have to
9 navigate our--

10 COUNCIL MEMBER HOLDEN: But there are
11 come correctional experts in the task force. It's not
12 every—it's not totally outside Corrections. So,
13 you'd have people sitting at the table, but I think
14 that—that feedback some—some discussion is important
15 to—to improve because you'll need somebody from the
16 outside looking in sometimes to actually develop.

17 PRECHELLE SHANNON: Well, I—I—I would not
18 disagree that getting feedback it hasn't—it's helpful
19 because, in fact, that's why we are where we are
20 today. We've been able to do this on our—on our own.
21 The department is a leader. We are well beyond and
22 ahead of many other jails in the country, and so that
23 is because we've listened and taken into
24 consideration what people have shared with us, and we
25 feel very proud of that. We, the department made its

2 own decision to transfer the Transgender Housing Unit
3 from the male facility to a female facility. That
4 has facilitated our ability to provide programming,
5 and to address the concerns that were raised by the
6 advocates and I think—so we are very proud of that,
7 and we feel that we—we're happy to talk further about
8 how can formalize an internal process to make regular
9 more regularly separate (sic) meetings.

10 COUNCIL MEMBER HOLDEN: Okay, thank you.

11 CHAIRPERSON POWERS: Thank you. We now
12 have Council Member Dromm.

13 COUNCIL MEMBER DROMM: Thank you very
14 much, and I'm very disappointed to hear that you're
15 not supporting my resolution on HALT, but I figured
16 you probably wouldn't because you're constantly
17 asking for variances to the segregated housing
18 regulations, and so that really did not surprise me
19 and I am glad to see that you've reduced the numbers,
20 and certainly I am glad and took an active role when
21 helping to eliminate solitary for the younger people,
22 but I—I—I am disappointed to be honest with you that
23 you still don't' see solitary confinement as torture.
24 So, that is very concerning to me. That being said,
25 when—when—when somebody is brought into DOC as a

2 detainee, is there sexual orientation or gender
3 identity asked, evaluated at intake?

4 FAYE YELARDY: Yes, sir.

5 COUNCIL MEMBER DROMM: So, you have—you
6 have a record of all LGBT transgender people that
7 come into the—your--?

8 FAYE YELARDY: So—so everyone who
9 identifies yes. All—anyone who comes through our
10 intake process goes through the same risk screening
11 and we are able to identify them through those
12 questions.

13 COUNCIL MEMBER DROMM: And do you have
14 those numbers?

15 FAYE YELARDY: I'm sorry?

16 COUNCIL MEMBER DROMM: Do you have like
17 a—a total of those numbers? Do you have those
18 numbers with you today, how many there are?

19 FAYE YELARDY: For each or for any
20 category?

21 COUNCIL MEMBER DROMM: For each category
22 for LGBT, how do you identify? Is there a sheet or
23 how is that done? I'm just trying to get an
24 understanding of how it is that you go about
25 identifying these individuals.

2 FAYE YELARDY: So, that information is
3 tracked through our PREA Risk Screening, and they—on
4 the risk screening they state which and which gender
5 they identify as, and we track it through our PREA
6 Risk Screening

7 COUNCIL MEMBER DROMM: But what about the
8 LG—LGB, Lesbian, Gay, Bisexual? Do you track that?
9 [background comments]

10 FAYE YELARDY: So, we—we—anyone who
11 identifies in that classification we track, Lesbian,
12 Gay, Bisexual, Transgender, Intersex.

13 COUNCIL MEMBER DROMM: So, how many
14 detainees last year for example would you have had
15 identified as LGBT?

16 FAYE YELARDY: So, we've been using the
17 PREA risk screening instrument since 2015?
18 [background comments] Since 2016. So, for the last
19 two—at least two to three years, we've been tracking
20 that information.

21 COUNCIL MEMBER DROMM: So, how many? You
22 say in your testimony you had 115 applications for
23 the Transgender Housing Unit, but what about for the
24 other groups?

2 FAYE YELARDY: So those numbers as far as
3 the applications total that's from October 2018, and
4 we only brought the--the numbers from when we had
5 moved the housing unit to Rosie. For the other--

6 PRECHELLE SHANNON: Let me just say that
7 I think because of the--the topic of this hearing is
8 about the housing with gender identity and in
9 particular transgender and intersex, we are able to
10 provide information about those placements in terms
11 of the other individuals who identify as Lesbian,
12 Gay, Bisexual. We--we can get back to you with
13 information.

14 COUNCIL MEMBER DROMM: Okay. I--I really
15 would like that, and I don't think they're all that
16 separate to be honest with you especially since you
17 brought it up in your testimony. I just really would
18 have thought you would have been, you know, ready to
19 answer that question. How many people--[background
20 comments]

21 PRECHELLE SHANNON: Excuse me--

22 COUNCIL MEMBER DROMM: Yep.

23 PRECHELLE SHANNON: --excuse me, Council
24 Member Dromm, we actually do have those numbers and
25 would like to provide them for you.

2 FAYE YELARDY: I have—I have current--

3 COUNCIL MEMBER DROMM: Okay, good.

4 FAYE YELARDY: --numbers for you. I
5 don't have how many. I'm sorry, I keep doing this
6 but sorry. I don't have the numbers of how many in
7 the last year, but I have the current numbers if you
8 would like me to give you those numbers.

9 COUNCIL MEMBER DROMM: Sure.

10 FAYE YELARDY: So, currently and these
11 are individuals from this Red Screening Tool who
12 identified to us. We have 39 individuals who
13 identified as bisexual. We have 26 who identified
14 as-as gay; three who identified as gender non-
15 conforming; 27 who identified as-as lesbian and we
16 have transgender females, 47 and transgender male, 3.

17 COUNCIL MEMBER DROMM: And no gay? Did
18 you say gay?

19 FAYE YELARDY: Yes, sir.

20 COUNCIL MEMBER DROMM: How many gay?

21 FAYE YELARDY: 26.

22 COUNCIL MEMBER DROMM: Okay, good. Thank
23 you. That's what I was trying to get at. I
24 appreciate it. Alright. Now, on the Advisory
25 Committees, are there LGBTQ people? Like are there--

2 since you're saying that it's not made up of
3 advocates or there are no advocates on it, do you
4 have any LGBTQ people either on the THU Advisory
5 Committee or on the PREA Committee?

6 FAYE YELARDY: On our--on our new--in our
7 new directives that we're--we're revising now, it's
8 currently in draft form, we will have like a--I'm just
9 trying to say we have a Director of LGBTQI Affairs
10 who can speak to that and give us some good guidance
11 as far as the community is concerned, and that
12 individual will be--will be part of the Advisory
13 Committee.

14 COUNCIL MEMBER DROMM: Okay, so when--if
15 somebody is--

16 FAYE YELARDY: [interposing] And
17 committing crime.

18 COUNCIL MEMBER DROMM: --when somebody is
19 asking for a placement in the Transgender Housing
20 Unit, how long does it take to process that request?

21 FAYE YELARDY: We usually--we have--I
22 believe we get our posts (sic) every two hours but it
23 really depends. We usually try to do it within 24
24 hours unless there is additional information that we
25 need to look into and--and retrieve or if an

2 individual requests to be in the Transgender Housing
3 Unit, and let's say they're out to court, that might
4 delay the process if we need to speak to them or
5 something like, but we give ourselves 72, but we try
6 to do it between 24 and 48 hours.

7 COUNCIL MEMBER DROMM: Okay, so then the
8 50—excuse me the 12 individuals who were discharged
9 before assessment would have been discharged before
10 like 24 or 72 hours somewhere in that range?

11 FAYE YELARDY: Yes, sir.

12 COUNCIL MEMBER DROMM: Okay. How many
13 Corrections Officers and administrators at DOC are
14 transgender or LGB?

15 FAYE YELARDY: We did not bring the
16 numbers? Oh, you're talking about staff, right, sir?

17 COUNCIL MEMBER DROMM: Yes.

18 FAYE YELARDY: Yes, we didn't bring the—
19 the numbers for—for staff like we said.

20 COUNCIL MEMBER DROMM: [interposing] But
21 you collect that information?

22 FAYE YELARDY: Do we have the
23 information?

24 COUNCIL MEMBER DROMM: But do you collect
25 that information?

2 FAYE YELARDY: I'm not sure. We-we are
3 the PREA Unit do not because the PREA Unit focuses on
4 the inmate-inmate population, and staff on inmate
5 allegation population. So, we don't collect that.

6 COUNCIL MEMBER DROMM: Okay, so that
7 would be interesting to know if DOC does collect data
8 at the time of employment, and what type of special
9 programing do you have for transgender individuals in
10 Rosie or even in other areas?

11 FAYE YELARDY: So, our transgender
12 incarcerated citizens are completely integrated into
13 the Rosie facility. So, all the programs that are
14 available to cisgender women are offered to
15 transgender women. They also in addition to that get
16 some specialized programming. They have the-the I
17 Can program, which provides healthy relationships.
18 It gets them prepared for work readiness, provides
19 literacy, health and wellness training, any relapse
20 prevention if someone has a history of substance
21 abuse, and they also offer additional trauma focused
22 programs specifically for our transgender women.

23 COUNCIL MEMBER DROMM: And what about for
24 younger inmates, younger detainees, both I guess. Do

2 they have an opportunity to go to school or how does
3 that work?

4 FAYE YELARDY: Yeah, yeah.

5 PRECHELLE SHANNON: No. Our 18 to 21-
6 year-olds have the opportunity if they so choose to
7 go to school.

8 COUNCIL MEMBER DROMM: Okay and what
9 about anybody younger than that?

10 PRECHELLE SHANNON: 16 and 17-year-olds
11 who are—are in our adolescent at Horizon. They have
12 and they go to school as well everyday as well.

13 COUNCIL MEMBER DROMM: They go to school
14 everyday?

15 PRECHELLE SHANNON: They're mandated to
16 go to school.

17 COUNCIL MEMBER DROMM: Okay and just let
18 me ask last about in the—in this directive I guess it
19 was tied, dated 12/3/14. It says that the
20 Transgender Housing Unit, THU Advisory Committee
21 shall meet monthly? Did that occur?

22 FAYE YELARDY: Not—not currently, sir. It
23 does not.

24 COUNCIL MEMBER DROMM: So, this directive
25 is not being followed?

2 FAYE YELARDY: So, the directive is being
3 revised currently as we speak, and we're sharing that
4 directive with members of the DOC to, you know,
5 improve upon that directive.

6 PRECHELLE SHANNON: We've been sharing.
7 We've been working with our partners at CCHR
8 regarding the directive, and what I will say again
9 and reiterate is that as—as we've discussed, October
10 we opened—we started housing with gender identity.
11 So, whatever—so policies and work that we're working
12 on we're constantly improving and we always see a
13 need to—sometimes we see a need to revise and improve
14 upon policies that were dated from December. We've—a
15 lot of lessons learned between December and now, and
16 we're trying to operationalize and improve the
17 policy. So that's why we're constantly trying to
18 incorporate feedback from the community and from
19 other stakeholders who are interested so that we can
20 improve and enhance the existing directive.

21 COUNCIL MEMBER DROMM: Okay, because here
22 it also says in the same sentence, the THU Advisory
23 Committee shall meet monthly. The meeting shall be
24 chaired by the Deputy Commissioner of Strategic
25 Planning and Programs. The Advisory Committee can

2 make recommendations and reconsider of requests for
3 placement in THU. However, only the THU Evaluation
4 Committee can make a placement determination. Is that
5 still true or is it PREA? I'm confused. [background
6 comments]

7 FAYE YELARDY: So there has been—thank
8 you. There has been a lot of changes as far as the
9 staff as well since that policy has come into
10 existence, and we learn a lot of things again from
11 the advocates on how to improve the process, and what
12 we did not do was put it in—in written form yet, and
13 so that's what we're doing now to include housing by
14 gender identity, but we—although it's not in writing,
15 we have improved our practices, and not necessarily
16 in writing our policies.

17 COUNCIL MEMBER DROMM: When do you expect
18 to put it in writing?

19 FAYE YELARDY: It's in draft form. We
20 are still receiving information from t stakeholders
21 and advocates.

22 PRECHELLE SHANNON: Our goal is to
23 finalize this as soon as we can. So, we recognize
24 the need to have a final written policy, and that is
25 our goal, and we are continuing to work to make sure

2 that it's a good policy, that it incorporates all the
3 concerns. Sot that way we don't have to go back and
4 keep revising so that would be all. (sic)

5 COUNCIL MEMBER DROMM: Okay, thank you.
6 Alright, thank you, Mr. Chair.

7 CHAIRPERSON POWERS: Thank you. Thanks
8 for those questions. Just a couple follow-up
9 questions on this as well. I think you said-can you
10 just give us the numbers on the-how many transgender
11 individuals are in custody today?

12 FAYE YELARDY: Sure. In custody our
13 transgender population would be-worry-would be 50.
14 That would include three of our transgender males.

15 CHAIRPERSON POWERS: Got you and how many
16 available beds do you have or-or in the THU Unit?

17 FAYE YELARDY: 50.

18 CHAIRPERSON POWERS: 50?

19 FAYE YELARDY: Yes.

20 CHAIRPERSON POWERS: So, you're at
21 capacity. So, it's--

22 FAYE YELARDY: No, no, no, no. So, we
23 have our transgender population.

24 CHAIRPERSON POWERS: Oh, not everybody is
25 in the THU, right.

2 FAYE YELARDY: Right. Do you want the
3 numbers for who's in the--how many in the THU?

4 CHAIRPERSON POWERS: Yes.

5 FAYE YELARDY: We have 13 currently in
6 THU and I'm sorry, these numbers are as of--of Monday--
7 Monday's numbers. There's 13 currently in THU. We
8 have eight in general population and two in the New
9 Admission Housing Unit.

10 CHAIRPERSON POWERS: So, that's 23 and
11 you have another other 27 that are--?

12 FAYE YELARDY: Three of our transgender--
13 transgender males I think we have--

14 CHAIRPERSON POWERS: [interposing]
15 Alright, right.

16 FAYE YELARDY: --they're at--they're at
17 Rosie's and we have outside of Rosie in protective
18 custody we have 13 of our transgender women and--

19 CHAIRPERSON POWERS: Okay.

20 FAYE YELARDY: --in other facilities
21 other than protective custody, there's 11.

22 CHAIRPERSON POWERS: Okay, so, you've
23 have 13 in THU, you have 50 beds and you have 37
24 others that are--some are--the--the men are and the men--
25 I assume male also, but if--if--I just want to get a

2 better understanding of—of, you know, there's been
3 some concerns that have been raised to offset in some
4 cases that the housing is part of the conversation.
5 You know, it can be a punitive or a reward even in
6 terms of individuals' behavior. Can you share with
7 us just more information about how these decisions
8 are getting made in terms 50 today? I understand
9 there is probably some sensitive information here,
10 but how you get to number 13 for instance today when
11 there seems to be other individuals who could be
12 eligible for THU. You know, just addressing the
13 concern that some folks have raised to the Council
14 that some of these decisions may—could be made with a
15 determination of preference to a certain individual
16 or be punitive.

17 FAYE YELARDY: Okay. So, that would
18 definitely be a concern of ours, too, that we—I don't
19 believe that that is occurring. In fact, our intake
20 staff in communicating their options to our
21 transgender and intersex populations, they encourage
22 them to apply to THU. Most of what the members, the
23 totals for those who are in housing units outside out
24 PC other than Rosie, those transgender women have
25 requested to be placed in male housing. That—that

2 actually was their preference, but acceptance or
3 denial into THU is not used like any type of punitive
4 or disciplinary measure for anyone. We encourage
5 placement there, and so they're evaluated. We
6 complete our case by—we do an individual—
7 individualized assessment case by case, and if they
8 qualify they are, you know, given their preferred
9 right placement—housing placement in THU.

10 CHAIRPERSON POWERS: And how do you make
11 a decision about who to place in protective custody?

12 PRECHELLE SHANNON: So, it-it would all
13 depend. Again, we—we do—we take a holistic approach
14 to that examination. We look at, you know, our PREA
15 re-screening. We look at how they identify We look
16 at any other security concerns, any custody
17 management issues, and we make a determination, and
18 we also take serious consideration to the person's
19 own perception of their safety, and that's, you know,
20 we then draw a conclusion of how to best house that
21 individual.

22 CHAIRPERSON POWERS: Do individuals ever
23 request it then? If you're saying that there's
24 concerned about their own—their own safety. Is
25 there—do people ever request to be put in--

2 PRECHELLE SHANNON: [interposing]

3 Absolutely.

4 CHAIRPERSON POWERS: And how-do you know
5 how many today in your population have requested
6 that?

7 PRECHELLE SHANNON: I don't have that
8 specific number of who actually requests it to be
9 placed in PC because of their own perception of the
10 rights.

11 CHAIRPERSON POWERS: [interposing] Okay.

12 PRECHELLE SHANNON: So, we could-we could
13 get that information.

14 CHAIRPERSON POWERS: Can you be
15 transferred out--

16 PRECHELLE SHANNON: Can you transferred?

17 CHAIRPERSON POWERS: --of protective
18 custody?

19 PRECHELLE SHANNON: Again, it would-it
20 would, you know, security would definitely have to do
21 an individual-individualized assessment to see if
22 that would be the safest decision for someone
23 requesting to be transferred out of PC, and and-and
24 so and may I add to that-add also in that number out
25 of the 24 individuals-out of the 24 individuals who

2 are not in the female facility, 13 did not want to be
3 considered for the female facility and five were in
4 female facility and then were removed either based on
5 their requests or for other reasons.

6 CHAIRPERSON POWERS: Okay, thank you. I
7 thank you for that clarification. How are these
8 applications that THU tracks?

9 FAYE YELARDY: We--yes. Okay we have--the
10 PREA Unit has a--a manual database and an electronic
11 form that we track all of the applications that come
12 through.

13 CHAIRPERSON POWERS: An electronic form
14 that you check?

15 FAYE YELARDY: Yes.

16 CHAIRPERSON POWERS: Okay, and just a
17 final question on housing here. I presume that you
18 have to also take into consideration things if
19 there's a gang affiliation or other considerations to
20 house people. So, how to you make a decision in that
21 case about whether somebody gets into THU if there
22 are other considerations. I know you're talking
23 about this sort of process you go through, but
24 presuming also that there's two individuals--there
25 could be two individuals who have the same thing. Do

2 you put one in and one—and one doesn't get in or how
3 does that—how do you make a decision?

4 FAYE YELARDY: So, again, you know, we
5 look at the full spectrum of the information of the
6 information that we have. Sometimes it may be
7 necessary to house someone in THU, and then someone
8 else in the female population, but we—we—we give
9 consideration to all of our options before making a
10 decision.

11 PRECHELLE SHANNON: I would just add that
12 we work very hard to try to place anyone who's
13 transgender or intersex in the trans—if they so
14 choose in the Transgender Housing Unit or
15 alternatively in a general population area in the
16 Rose M. Singer Center. So that is our effort, that is
17 our goal and we try very hard to do that, and then—
18 and we've seen great success on that.

19 CHAIRPERSON POWERS: Okay, thank you. I
20 wanted to move just with the CHS for a few questions,
21 just about healthcare, and I know that Council Member
22 Rivera touched on some of this, but can you just give
23 us the transgender specific healthcare that CH
24 provides just—just to hear it, just that CH provides
25 for transgender individuals?

2 DAVID SUAREZ: Sure. So, you know,
3 treating transgender patients with respect is part of
4 our core mission. We understand the—the trauma that
5 is often associated with the life history of all of
6 our patients, but in particular the pathway to do
7 well for our transgender patients is often one marked
8 by trauma and stigmatization in our society. And so,
9 really the most important element of the care that we
10 provide is understanding that, and respecting those
11 patients, and respecting their gender identity. So,
12 we start there with our training for our staff
13 attending to the sensitivity, the appropriate use of
14 preferred gender pronouns, and the way that we
15 empathize and interact with our patients. There are
16 details of hormone therapy, which often comes up, and
17 we have policies that we've developed in
18 collaboration with work groups, with experts, but as
19 Dr. Yang mentioned, we also believe strongly that
20 this should be a function of our primary doctors, and
21 physician assistants, and MPs in our system. We want
22 to make it a primary care function. It is a core
23 expectation that our staff have expertise and—and the
24 ability so that that lack of a provider who knows
25 what they're doing is not a barrier to—to continuing-

2 CHAIRPERSON POWERS: [interposing] Can
3 you tell us what's the—on the topic of hormone
4 replacement therapy, can you tell us what the
5 standard dosage is?

6 DAVID SUAREZ: So, I just want to clarify
7 some critique of earlier policies before the
8 transition to Health and Hospitals. The—a provider
9 uncertainty was identified early on in this process
10 as a barrier. So, in many systems around the
11 country, people will require community collateral
12 information, which means actual records of community
13 treatment to start somebody on a hormone regime or a
14 specialist appointment, which, you know, has a
15 process to it that can take weeks as well. So,
16 really the use of standardized regimens historically
17 was designed to eliminate that barrier so we weren't
18 waiting for those things that would slow down the
19 process before starting medications. We appreciate
20 the critiques of that earlier policy, and the
21 development of intercurrent recommendations from
22 expert bodies regarding the standards of care for
23 those. So, our—our latest policy may have
24 guidelines, general guidelines, but it seeks to

2 emphasize that the regimen should really be tied to
3 the individual patients.

4 CHAIRPERSON POWERS: So, there is a
5 standard dosage or not a standard dosage?

6 DAVID SUAREZ: So, there's not a standard
7 dosage that's required for any individual patient.

8 CHAIRPERSON POWERS: Okay, okay, thank
9 you. The—and then we've heard and this is something
10 that may have come up earlier in—in some legislation
11 as well. We've heard that people housed in the
12 Transgender Housing Unit, the THU, don't have access
13 to detox treatment, and can you describe what's the
14 deduction in your offering today, and whether THU has
15 access to that, and if not, if there's a plan to and
16 what is—what would that look like?

17 DAVID SUAREZ: Yeah, so the--thank you.
18 The THU at Rosie's as a facility that has access to
19 the range of services that we provide including the
20 highest level of mental healthcare and all of our
21 M.A.T. services. As we've expanded access to M.A.T.
22 generally, we've move away even from detox towards
23 maintenance when appropriate for as many patients as
24 possible and that's available to anybody who is
25 housed in Rosie's.

2 CHAIRPERSON POWERS: Thank you for that
3 question and that answer, and then and the final
4 question here when a transgender person qualified for
5 a mental observation-observation unit like CAPS or
6 PACE, how is their housing determined?

7 DAVID SUAREZ: Yeah, so, this is
8 relatively recent that there is no restriction on
9 housing in and those units are available in Rosie's
10 as well as in other facilities across the system.
11 So, to be handled on a case-by-case we are-do have
12 the ability to offer the range of services to a
13 trans-a transgender person housed in Rosie's.

14 CHAIRPERSON POWERS: Does that-does a
15 transgender woman have the option of being a CAPS
16 patient at Rosie's?

17 DAVID SUAREZ: Yes.

18 CHAIRPERSON POWERS: And as-and does a
19 transgender man have the option of being in the men's
20 facility?

21 DAVID SUAREZ: Yes, yes.

22 CHAIRPERSON POWERS: Yes.

23 DAVID SUAREZ: Not to say that these
24 situations have necessarily come up, and because of
25 the low numbers, you know, we would like to avoid the

2 details of who's in what units, but that--there--there
3 is no prohibition on that. Yeah.

4 CHAIRPERSON POWERS: Okay, appreciate it.
5 Just on training and sensitivity here, you know. I'm
6 sorry. I turned my microphone. In the--in addition
7 to the system wide changes that have to be made and
8 obviously there are to get 12,000 employees and
9 staff--and 2,000 staff members was the number cited
10 earlier, and making sure that--that the system wide
11 stuff that we do, and the people that are sitting in
12 this room, and they're--when they're working on these
13 issues really that filters down to every individual
14 who is working in the facilities everything from, you
15 know, reducing in this information or eliminating
16 this information, understanding that that sort of
17 verbiage and pronouns really matter, and--and tackling
18 issues like phobia and--and people's, you know,
19 resistance even in--even as society around us has
20 changed. Can you talk to the sensitive--Sensitivity
21 Training that officers are receiving today and--and
22 what that process is. I've have had a chance to go
23 into some of them, but I would like to know sort of
24 comprehensively what the department is doing around

2 training for officers, and then for that matter for
3 doctors as well. [pause]

4 FAYE YELARDY: So, we were working, like
5 I said earlier very closely with a few of the—the
6 advocates who developed the Sensitivity Training for—
7 for staff, and we ensured I believe we had almost
8 everyone at that female facility go through the
9 Sensitivity Training, but definitely staff who would
10 come into contact with our transgender population
11 first. That includes the intake staff or the escort
12 staff at the other facilities, but we try to make
13 sure that everyone in our female facility has that
14 Sensitivity Training.

15 CHAIRPERSON POWERS: I think everybody
16 should have that training and--

17 FAYE YELARDY: [interposing] Absolutely.

18 CHAIRPERSON POWERS: --and the, you know,
19 the concern that that I have and—is that even beyond
20 just providing training and a video, and I think it's
21 every two year training that you still have—you still
22 have a cultural shift to make in terms of a better
23 understanding of these issues that are—are particular
24 to the transgender community and that there is even
25 as I just am frank to be frank even as a society has

2 made I think significant strides in certain areas
3 around LGBTQ, but not every single one of those
4 letters in there is getting—has the same information
5 and understanding, and there are still a lot of
6 issues around phobia that exist both in—in the DOC
7 and in other—in other parts all around us and, you
8 know, particularly for those who are in custody it
9 becomes even a larger concern and a challenge. So,
10 just—just to—I want to know when did you—when do you
11 hire an LGBTQ liaison?

12 PRECHELLE SHANNON: They are hired. I
13 believe they are already hired. We're just waiting
14 for additional paperwork. So, I'm not really sure
15 where we are in that process.

16 CHAIRPERSON POWERS: And that person will
17 be part of the process of doing the—of PREA training—
18 and training sensitivity and in addition to other
19 issues like meeting Mr. Holden.

20 PRECHELLE SHANNON: Yeah, we hope to
21 integrate that person into every element as it
22 relates to PREA and our transgender and intersex
23 populations, but I would also just like to add in our
24 PREA trainings that we've been conducting since 2014,
25 2015 before our training there a—a specific model in

2 that training that speaks clearly and extensively
3 about gender sensitivity. It provides definitions
4 for all of the LGBTQIs. It talks about equality
5 versus equity, and it really goes into touch the
6 culture so that we understand agency wide the need
7 and the unique needs that—that our population may
8 have.

9 CHAIRPERSON POWERS: What is the training
10 today? You go through a four-hour and a two-hour, is
11 that correct? You do a four-hour initially?

12 PRECHELLE SHANNON: [interposing] The—the
13 initial training is the four-hour and then
14 biannually staff get the two-hour refresher, but the
15 staff members at Rosie's, of course, they get
16 addition—in addition to that they get the sensitive—
17 sensitivity training.

18 CHAIRPERSON POWERS: What is that
19 training? How often and what does it look like?

20 FAYE YELARDY: So anyone who is going to
21 be working in THU who is involved in escorts, they
22 are provided that training. The PREA Unit actually
23 does that training. One of our supervisors, our
24 captain does the Transgender 101 training, and then
25 there's an additional training that was developed by

2 ACLU that specifically goes into even more details
3 about how to keep transgender, intersex safe in
4 prison. (sic)

5 CHAIRPERSON POWERS: How often do they
6 receive it? Is it one time?

7 PRECHELLE SHANNON: They receive it
8 initially when they're--anyone who is assigned, anyone
9 who gets a new post assignment, and I'm not certain
10 if that's an annual ongoing training, but we can find
11 out if--if that is something that is done annually.

12 CHAIRPERSON POWERS: Okay, we appreciate
13 that.

14 FAYE YELARDY: Just to go back also, the--
15 the director will be on boarded by next month. I
16 just want to--

17 CHAIRPERSON POWERS: Okay.

18 FAYE YELARDY: --give you that.

19 CHAIRPERSON POWERS: Thank you for that
20 update.

21 FAYE YELARDY: Also, we--we are
22 incorporating some of that information in the
23 Sensitivity Training, and our refresher training and
24 annually we have to do. I believe it's given to us
25

2 by DCAS, and we have an obligation like everyone who
3 works for the city.

4 PRECHELLE SHANNON: [interposing]
5 Baseline it.(sic) Uh-hm.

6 FAYE YELARDY: Yeah, we have to do and
7 EEO training that includes that information as well.

8 CHAIRPERSON POWERS: And—and do doctors
9 have to go through any particular training? Do they
10 go through the same training as officers or—and
11 medical staff for that?

12 DAVID SUAREZ: So, CHS in 2018 actually
13 worked to develop our own PREA Training, and it was
14 an opportunity to include a section of that training
15 on-on transgender care. PREA and transgender Care
16 obviously are separate issues, but it was an
17 opportunity to reach all of our staff with a mandated
18 training, and so it is incorporated into that
19 training. Also, since transitioning to Health and
20 Hospitals, we've leveraged some of the great
21 resources that Health and Hospitals has developed for
22 use across the system including having experts from
23 Health and Hospitals come and give grand rounds as
24 well as the training materials that they have
25 available.

2 CHAIRPERSON POWERS: Okay, thank you.

3 So, do you have anything other things? Okay.

4 Thanks—so I want to say I think—think, you know,
5 think, I think, you know, we recognize that the
6 agency has made strides and is leading in particular
7 areas around it. I think, you know, it does not mean
8 in my estimation or my opinion that we should stop
9 there or do not continue to move the city forward and
10 continue to be in the front, not, you know, not
11 somewhere in the middle of the path in terms of large
12 cities and—and throughout this country, and I think
13 that, you know, we have some final questions
14 particularly around how to—how to incorporate more
15 voices into that process, but particularly also how
16 to actually have formal processes that we are—we are—
17 we are advertising to be in—in effect here. You
18 know, it's obviously important as well we're—we're
19 going to hear momentarily from I think some of the
20 advocates and those who are working on issues around
21 the Criminal Justice System, but I—and I want to
22 thank—I want to thank you for the work you—you're
23 doing, and—and where we are today. I think that the
24 legislation is trying to address—that we have to move
25 forward (sic) in trying to address things that we see

2 as, you know, continued efforts to stay as leaders in
3 here and also to formalize things that seem to be
4 informal around like an appeals process or around
5 getting more information around housing and other
6 services that are being provided, and to ensure that
7 for Council Member Ayala's bills that everybody is
8 receiving the same and adequate and appropriate
9 services. So, we will follow up with both agencies
10 or agency and contractor or agency. I don't know,
11 but around-around the-around some of the issues that
12 we have as a follow-up, but I also would as always to
13 encourage folks from CHS and DOC to stick around and
14 hear from the folks that will be testifying after you
15 because you will hear I'm sure other ideas and
16 opinions as well. So, we thank you. Thanks. We'll
17 take a quick second, and we'll invite others up here.
18 Now, we are going to hear from our next panel from-
19 Mik Kinkade from the Sylvia Rivera Law Project;
20 Deborah Lolai from the Bronx Defenders; Kelsey Diabla
21 from Brooklyn Defender Services; and Kayla Simpson
22 from the Legal Aid Society. [background
23 comments/pause] Alright, thank you. We are going to
24 continue now with our next panel. The-we don't have
25 to swear you in, but we-we are going to have just

2 because we have a long list of groups, we're going to
3 have some--some clock limitations here, and we want an
4 opportunity to ask questions and final questions
5 after as well. So, we'll go from my right this way.
6 So, and if you can just before you testify just state
7 your name and the group that you're affiliated with,
8 and then you can start your testimony, and they'll
9 have you on the clock, but we'll have an opportunity
10 to ask questions as well.

11 MIK KINKADE: Hello. My name is Mik
12 Kinkade. I am the Director of the Prisoner Justice
13 Project at the Sylvia Rivera Law Project. I want to
14 thank you for having this, and also for moving it
15 from the 30th so that more of us could attend. I
16 didn't submit prepared comments, and in part that's
17 because I wasn't sure what the Department of
18 Correction was going to say, and so I wanted to have
19 more freedom to just respond. And in that, I wanted
20 to say that I--last month at a Board of Correction
21 PREA hearing, there was a lot of confusion around the
22 different between transgender identity and sexuality
23 and around the Prison Rape Elimination Act itself as
24 a whole, and then the specific treatments of
25 transgender and non-conforming intersex people.

2 There seems to be a lot of conflation between
3 transgender people, gender non-conforming people, and
4 intersex people, and in part this is because of a
5 lack of definitions in the law. There are
6 definitions in various different laws, but between
7 the city to the federal it changes significantly and
8 it's very unclear who these laws apply to. So, for
9 instance, at the Board of Correction hearing the—the
10 DOC continued to talk about the transgender and
11 intersex housing. However, I—there's nothing on
12 paper that says that intersex individuals unless they
13 also identify as transgender are allowed into housing
14 units, and in addition, the current directive, which
15 is private and not allowed to be shared with
16 individuals in the community or advocates has no
17 placement for transgender men, and transgender men in
18 general don't seem to be considered in a lot of this.
19 The three men who were are Rose during the Board of
20 Corrections testimony were counted as women, and this
21 seems to be an ongoing concerning that the Department
22 of Corrections doesn't actually know the difference
23 between transgender men and transgender women. In
24 addition, when the department was telling you about
25 the eight transgender women in general population, I

2 want to be clear that those women are in another unit
3 altogether. So they are in a unit that allows for
4 transgender women to and cisgender women 50 and
5 older. [bell] So, I think there's a lot of clarity
6 issues, and in addition, I just want to point out
7 that the three-minute RMSC. I don't believe at any
8 point in time today the department said where they
9 were housed, just that they were at Rose. They're all
10 in protective custody or isolated consignment of some
11 kind. So, I—there's a lot of general statements that
12 I think we need as more specifics about because they
13 don't go into these when they talk with them. For
14 instance, before our PREA training, there is no
15 specifics that they said like about what part of that
16 is about transgender people in particular. I sat
17 through a version of it two years ago, and there was
18 no particular part of it that was about transgender
19 identity or LGB identity at all.

20 CHAIRPERSON POWERS: Just as a follow-up
21 question and thank you for that, and thank you for
22 flexible—flexibility in terms of the testimony. You
23 talked about inconsistencies of definitions between
24 federal, city, probably around state practices in
25 that as well. Is there a definition? Do you—do you—

2 is there—in the conflict between the city and the
3 state, do you see a definitional preference in terms
4 of the law and—and which one is you feel like more
5 adequate?

6 MIK KINKADE: I don't think that either
7 has a fantastic version. I think it just needs to be
8 more clear throughout. So, for instance under the
9 Prison Rape Elimination Act there are definitions of
10 intersex and transgender, and then this specific
11 things that apply to transgender people, intersex
12 people, and then gender non-conforming people aren't
13 included in there. Then the city has used the terms
14 non-conforming in some of the specific minimum
15 standards, but they're not reflected in the directive
16 then. So, there just seems to be an inconsistent
17 use, and we need to figure out if we want the
18 Transgender Housing Unit, if we want transgender base
19 placement to be inclusive of all people who identify
20 as a sex or a gender other than that which they were
21 born with or if we only want it to be people who
22 transition on a binary, and—and I think that needs to
23 be a decision that's made, and then clearly shared
24 with people because there's no—there's no clarity.

2 CHAIRPERSON POWERS: That's great.

3 That's a great point, and—and on training have you
4 ever sat through any of the PREA trainings?

5 MIK KINKADE: Yes. I sat through one in
6 2016 I believe and then I'm supposed to have one—
7 another one because I'm a volunteer. I go to RMSC
8 every week. I am supposed to have had a training,
9 but I haven't.

10 CHAIRPERSON POWERS: You're required to
11 have it? You're required to go?

12 MIK KINKADE: Yes.

13 CHAIRPERSON POWERS: Did you—did you feel
14 like they were adequate?

15 MIK KINKADE: No. I thin that the entire
16 training was about how people in incarceration are
17 tricky and will try to have sex with you. [laughter]

18 CHAIRPERSON POWERS: I have no follow-up
19 questions.

20 DEBORAH LOLAI: Good morning or
21 afternoon. I'm not sure. Good morning. My name is
22 Deborah Lolai. I am a Criminal Defense Attorney and
23 the LGBTQ Client Specialist at the Bronx Defenders.
24 As part of my role at the Bronx Defenders, I
25 represent hundreds of transgender people in criminal

2 cases every year many of whom were incarcerated
3 pretrial. I testified before some of you in
4 September of 2018 on this issue, and as has been
5 acknowledge already today, there have been
6 improvements since then primarily with the move of
7 the THU to Rose M. Singer Center. It's definitely
8 been a lot better, but we are far from where we need
9 to be. Since the department was—has—was supposed to
10 have been housing people according to gender identity
11 from October 2018, I have to say contrary to—to what
12 has already been testified to, that is not happening.
13 The majority of transgender women specifically who I
14 represent who have been incarcerated since that date
15 have been in a male facility, and again contrary to
16 what has been testified to, they are not there by
17 choice. They are there because they were either
18 rejected from the THU, they were discouraged from
19 applying to the THU. They were kicked out of the THU
20 or they didn't want to be in the THU. They wanted to
21 be in general population at Rose M. Singer Center,
22 which is again contrary to what has been said is not
23 an option, and the other way that people end up in
24 male facilities is when they have as the Council has
25 talked about already today, when they have serious

2 medical issues that they need medical attention for
3 or serious mental health issues or drug—very intense
4 drug treatment that they need. It was said today
5 that those services, people in the THU has access to
6 those services, [bell] but I just want to be clear
7 that women in the THU don't have access to those
8 services at Rose M. Singer Center. If they need
9 those services, they're going to the male facilities.
10 I know I'm out of time. I submitted written
11 testimony that—that includes a lot more suggestions
12 and concerns that I have. So, I would ask that that
13 be reviewed, but—but what I want to end with is that
14 I—we support all of the bills that are being
15 introduced. Related to this topic, I don't think any
16 of these issues that I outlined for you in my
17 testimony can be addressed until the department
18 actually starts to see transgender women as women and
19 starts actually placing them in general population
20 with cisgender women if that's what they want, and
21 again the Bronx Defenders supports all the bill on
22 the table today.

23 CHAIRPERSON POWERS: Thank you for that.
24 I'll just ask on follow-up question to you—how are—
25 can you describe any particular processes about what

2 you've heard what or how they were discouraged from
3 applying to THU?

4 DEBORAH LOLAI: Yes. So, on multiple
5 occasions I have heard from clients that at intake
6 they were told not to apply to the THU because it's
7 too catty in there, because they're not going to like
8 it in there. I also have had experiences. So, I'm
9 specifically thinking of one client who I had who was
10 initially in the THU. She reported being sexually
11 harassed in the THU, was then removed forcibly after
12 being pepper sprayed, and put in a male facility
13 after basically begging the department to place her
14 back in any women's facility, and she was even
15 willing to go into solitary confinement in a women's
16 facility because of the assault she was experiencing
17 in a men's facility. She was approached by a PREA
18 representative who told her she should not go to Rose
19 M. Singer Center because she's actually as bad as it
20 is where she was then in the male facility, it's much
21 worse in general population at Rose M. Singer Center.
22 So, that's just one story.

23 CHAIRPERSON POWERS: Got it. So, thank
24 you. Thanks for sharing that.

2 KAYLA SIMPSON: Alright, good morning.
3 My name is Kayla Simpson. I'm a staff attorney at
4 the Prisoner's Rights Project of the Legal Aid
5 Society. Thank you so much for having this hearing
6 and for hearing us, and thank you to my fellow
7 advocates who made points that will save me time. I
8 join their testimony. We also continue to hear from
9 trans women who want to be in the THU, but are
10 removed for seemingly minor incidents, and instead of
11 being housed a Rose, they languish in men's jails
12 where they tell us, of course, the they're subject to
13 continual harassment, and I want to focus
14 specifically on one thing that we—we continue to hear
15 in these hearings about how DOC makes housing
16 decisions. It is still not clear obviously to us as
17 an advocate community or to our clients what the
18 criteria are and DOC has been saying that they have
19 in draft forms those written policies and procedures
20 for nearly a year by my recollection, and we look
21 forward to seeing those. But the primary reason that
22 DOC gives at least to us and I think to—to other
23 members of our community for denying our clients
24 gender consistent housing is a claim of
25 dangerousness, but we're very concerned about how do

2 DOC assesses that factor. We don't know if they take
3 into consideration how recent that behavior was, the
4 fact that trans people are often forced into conflict
5 because of a dangerous environment and defend
6 themselves. Is that assessed against them for gender
7 consistent housing? We certainly support the PREA
8 standards, but we're concerned that PREA is often
9 used as a sword to deny gender consistent housing and
10 the security—a security expert recently told us
11 there's no reason that that person cannot be housed
12 consistent with gender identity unless they pose a
13 risk to the safety of persons of the same gender
14 identity. So, gender based violence, and the point
15 as I think when cisgender women have behavioral
16 issues, when they act violently, when they've show
17 abusive behavior [bell] it certainly happens, the
18 department doesn't move them to Men's facilities.
19 Just because someone has a behavioral issue doesn't
20 mean the department shouldn't still house the
21 consistent with their gender identity, and that
22 concern drives some of our written comments that we
23 made, and I just want to say really quickly that we
24 support very strongly the two resolutions before the
25 committee. Legal Aid staff were actually in Albany

2 yesterday encouraging the passage of HALT and MAT,
3 Intro 1514 and we, too, we believe that the standard
4 of care for opioid addiction should be available to
5 everybody in every facility regardless of gender
6 identity. Thank you for the Council's leadership.

7 CHAIRPERSON POWERS: Just a follow-up
8 question for you.

9 KAYLA SIMPSON: Yes.

10 CHAIRPERSON POWERS: Are the—are the
11 pieces of legislation that we're considering today in
12 your experience at the BOC hearing or in prior
13 practice are those things that the DOC has stated are
14 currently occurring, meaning it's codifying the
15 existing practice?

16 KAYLA SIMPSON: The five—all five of
17 those?

18 CHAIRPERSON POWERS: The bill, yes.

19 KAYLA SIMPSON: Yes, I think—I think they
20 would say that they are—that they are currently in
21 practice. I think that is out of line with the
22 reality of what we're hearing from people.

23 CHAIRPERSON POWERS: Got it. Thank you
24 for the testimony.

2 KELSEY DE AVILA: Good morning. My name
3 is Kelsey De Avila. I'm the Project Director of Jail
4 Services at Brooklyn Defender Services, and I'm
5 basically going to say everything that's already been
6 said, but I'll try to say it in a different way. SO,
7 first off, I mean I would like to thank you all for
8 moving the hearing to today because we were also in
9 Albany on our campaign for HALT. In addition, I just
10 want to say thank you for asking them some pretty
11 direct questions to the department, but I mean I
12 think to all of us were pretty simple to answer, but,
13 you know, we found out that—what we already knew that
14 there was—there's a lot of confusion. There's, you
15 know, there's really no process. I'm not really sure
16 what rules they are following, if any. You know,
17 their directive is the one that I've seen the 2014
18 directive and we assume that that's what they're
19 following, but it's pretty clear that they're not
20 and. you know, I think that's really worrisome and
21 it's harmful to our clients and the people in our
22 jails. You know, there are so many times where
23 people will—they've asked for THU. They've applied
24 to THU, and they are being denied for arbitrary
25 reasons. One example is we had a woman who was in

2 the THU, and she was sentenced to a city year, and
3 the next day when she got back from court, DOC
4 removed her from THU and put her in a male facility.
5 I reached out to the only person I know is the
6 Assistant Commissioner Faye Yelardy, and the response
7 was that because she was sentenced, she was not be in
8 THU. Well, in the draft it doesn't say anything
9 about being sentenced, and in addition, there are a
10 number of sentenced women who are in THU. So, how
11 are these decisions being made, and yeah, I mean
12 what's the criteria, and so I think, you know,
13 depending on—they talk about case by case basis, but
14 like it's—there's no following order. Like it's—it's
15 a lot of confusion, and it's difficult for us to
16 advocate for our clients. You know, in addition, I
17 think it's already been said about behavior being
18 used against a person. We had a fairly young woman
19 in her early 20s who [bell] she applied for—for THU,
20 waited over a month for a response and we reached out
21 to the department. They said it was her behavior.
22 Well, when she applied, she was like, you know,
23 within the 24 hours and the behaviors they were
24 talking about was how she was trying to defend
25 herself from the assault, the physical assault and

2 the sexual assault that she endured during that month
3 period waiting, and they used it against her to
4 apply—to not be able to be in the THU, and then
5 there's a lot more I have to say. Please read our
6 written testimony. I just want to make one more
7 point is that, you know, we need to ensure the
8 department's leadership is not compromised by any
9 personal biases relating to transgender and gender
10 non-conforming people. We need to be mindful of how
11 they department creates and enacts policies meant to
12 protect and safely house. So, thank you for your
13 time.

14 CHAIRPERSON POWERS: Great. Thank you.
15 I think Council Member Holden, did you have a
16 question?

17 COUNCIL MEMBER HOLDEN: Yes, the
18 Department of Correction's testimony that they act on
19 these applications for housing immediately 24 hours.
20 You—none of you have seen that?

21 MIK KINKADE: I—so just quickly, I go to
22 the THU to teach a class twice a month and I go to
23 the THUI the other two weeks. So, I'm at RMSC in one
24 of the THUs every single week. None of the women who
25 are currently in either of them were processed within

2 24 hours. I routinely ask every time a new person
3 comes in how did you get here, and their answers are
4 either I don't know. I was in a men's jail. I was
5 complaining, and then all of a sudden I got moved
6 here, but it happened like between three to six weeks
7 and it wasn't—they don't believe it was their
8 complaints. They believe either their attorney or
9 the judge intervened, or there are women who have
10 come back from parole, and have been placed there
11 within the 24 hours because they were there
12 previously, and when they defaulted on parole they
13 were placed back in there, but none of the women who
14 are newly sentenced were placed within 24 hours.

15 DEBORAH LOLAI: I-it's-it's very rare
16 that I have a client who is place in the THU that
17 wants to be in the THU within 24 hours. I actually
18 don't know if it's ever happened, but what I will say
19 is that it seems to me from [coughs] from patterns
20 that I've been seeing that the department very
21 largely determines their decision based on how
22 femininely a woman presents, and that's extremely
23 problematic and, in fact, it's the basis for many of
24 my clients' rejections and what the department will—
25 they have literally said this to me: We believe your

2 client is pretending to be transgender--[laughter]-
3 and let me be clear, none of my clients have been
4 pretending to be transgender. They are all
5 transgender. So-so I think again, this sort of
6 speaks to the lack of transparency about how these
7 decisions are made within the department, but I do
8 see a trend in terms of when a transgender client who
9 is a woman presents more femininely they usually get
10 in a lot faster.

11 COUNCIL MEMBER HOLDEN: Thank you.

12 Alright.

13 CHAIRPERSON POWERS: Great. Thank you
14 for all your testimony. Thanks so much and your
15 input applied to the hearing. So thank you. Our
16 next panel we're going to have--we'll actually do a
17 five-person panel. It's Mariah Lopez, Nancy Sapardo,
18 Curtis Bell, Donna Hilton, and I can't read this
19 name, but it's Vincent Schiraldi from Columbia
20 University. [pause] Thank you. We'll start from
21 the same--we'll start at the other end. Yep. [pause]

22 VINCENT SCHIRALDI: Good morning. Thank
23 you. I'm testifying on the Resolution on the Less is
24 More Act. I'm the Co-Director of the Columbia
25 University Justice Lab, former Commissioner or New

2 York City Probation. I'm not going to read my
3 testimony. I'm just going to say a couple of things
4 and then get out of your way.

5 CHAIRPERSON POWERS: Great. Thanks.

6 VINCENT SCHIRALDI: We started probation
7 and parole here in the United States, parole was
8 actually started in New York State in the 1870s. It
9 was unabashedly rehabilitative, an attempt to gauge
10 how people did while they were locked up, and help
11 them when they got out. That ran smack into the war
12 on drugs and the war on crime and mass incarceration
13 in the '70s, and a lot of parole departments pivoted
14 to be very punitive and very surveillance focused.
15 They started wearing guns and flap jackets. We
16 started calling ourselves Community Corrections,
17 engaging in intermediate sanctions, trying to keep
18 our market share while prisons exploded, and we did
19 keep our market share in one respect. We've got five
20 times as many people on probation and parole in
21 America than we had back in the 1970s. In another
22 respect we didn't because nobody ever funded that.
23 So, now there are some caseloads that have over 100
24 people who have legitimate needs for housing, for
25 education, for employment. They carry the stigma of

2 a felony conviction and incarceration, but instead of
3 helping them, what we've done is we've sort of
4 ratcheted surveillance, ratcheted up a number of
5 conditions that people are required to abide by so
6 that almost no one could abide by those conditions,
7 and what's happened now particularly is in New York
8 State is that we're revoking people for minor
9 missteps and re-incarcerating thousands and thousands
10 of them every year. There's 6,300 locked up in our
11 state facilities in New York, and that is just for
12 non-criminal technical violations of rules like
13 missing appointments, [bell] and that costs us
14 hundreds of millions a year. It is thwarting the
15 closure of Rikers Island. It's about 1 out of every
16 12 people at Rikers is in for a technical violation.
17 Less is More addresses that by reducing the ability
18 to be technically violated and hopefully the next
19 step will be capturing some of those saving and
20 putting them into the community so people can thrive
21 rather than just live under the threat of a
22 violation.

23 CHAIRPERSON POWERS: Thank you. Just one
24 question. You mentioned a staff. I wanted to maybe
25 get a clearer number here. As we are kind of having

2 this conversation right now, but the siting of the
3 new borough based facility for Rikers Island and talk
4 about population size relative to the recent reforms
5 in Albany. Can you—what is the number today that are
6 in on technical parole violations in our city jails?

7 VINCENT SCHIRALDI: So, it's 650 on pure
8 technical, and another 800 and change that are locked
9 up on a new offense, but they also have technical.
10 So, it's important that new offense because there's a
11 lot of people in on misdemeanors with a technical
12 parole hold. You don't stay very long in Rikers on
13 misdemeanor right now. It's like eleven days is like
14 the average length of stay, but if you have a parole
15 violation the average length of stay is 99 days. So
16 about half of the people locked up for a misdemeanor
17 in Rikers are parole violators or are in on parole
18 violations. That means that about 15,000 potential
19 folks on parole are using as many beds as the other
20 8.6 million of us for misdemeanors in Rikers Island.
21 It's crazy.

22 CHAIRPERSON POWERS: Yes, great. Thank
23 you for that, and that clarification. Thanks so
24 much.

2 MARIAH LOPEZ: Hello. So my name is
3 Mariah Lopez. I have some slightly prepared remarks,
4 but given that there are Corrections folk in the back
5 and people from Legal Aid and even the Executive
6 here, I'm certainly going to go for the two minutes,
7 but I'm going to give context now—

8 CHAIRPERSON POWERS: But it's a two-
9 minute actually.

10 MARIAH LOPEZ: --as to why, councilman.
11 So, I'm the Executive Director of the oldest
12 transgender rights group in the country, and most of
13 my teens years were spent going back and forth to
14 Rikers Island. I was the spokesperson for an Amnesty
15 International Report, not brought up anywhere in
16 these proceedings that first outlined the issues
17 brought up today in the—in the hearing. Before the
18 two minutes runs, and I'm just going to show you that
19 I will address my points regardless, I'm going to
20 give Correction a little cover here. So, most of the
21 issues that were brought up today could be cured
22 legally--and I'm going to get to why I know my legal
23 stuff in a second--by an executive order, and I'm
24 glad this new wonderful progressive Council feels the
25 need to drag Corrections in and be moved by this

2 whole progressive community, but the Legal Aid
3 Society Prisoners' Rights Project and many of the
4 Correction folk in the back will tell you that I
5 personally put my body on the line for the year 2006
6 around-'til 2009 or '10 when Corrections under the
7 pressure of multiple lawsuits from my attorneys and
8 pressures from the community sort of bowed to my
9 experience and decided making case by case decisions
10 base on my scenario. I'm going to jump from my
11 repair--prepared remarks, but if you knew Sylvia
12 Rivera and you understand anything of that speech she
13 gave in 1973, when that buzzer bell buzzes in about
14 five seconds, I'm going to move on, and I'm going to
15 read my prepared remarks [bell] because that's what's
16 historically necessary this year. So, especially I
17 was hoping Councilman Dromm stood here because if
18 you're not familiar with Marsha P. Johnson and Sylvia
19 Rivera, he was, you should be. So, my name is Mariah
20 Lopez. I'm the Executive Director of STARR. STARR
21 is the first and oldest trans rights organization in
22 the country. We were founded in the white hot heat
23 of the Stonewall Rebellion. As we celebrate the 50th
24 Anniversary, it is important of Stonewall. It is
25 important that we acknowledge and give credit to and

2 honor the work of trans pioneers who got us to where
3 were are, and I'll reference back if both the Council
4 and the people in the audience have not seen the clip
5 of Sylvia Rivera at the Pride celebration in 1973
6 bringing—bringing up prisoners' rights issues. You
7 should watch it. STARR I think is consistently
8 advocating on these issues longer than any other
9 [bell] organization. [bell] As it relates to
10 today's proceedings, STARR is in favor of most of the
11 resolutions. Today it sort of represents a
12 crossroads in many ways anyway. The Council sees fit
13 to prioritize connection Corrections in a formal
14 canonized way to community members making it policy
15 that Corrections and the community work further for,
16 you know, to—to-on reforms and policy. I make myself
17 available both to Corrections and Correction Health
18 Services, and I just want to point out the fact that
19 I bring up 2009 and '10 because the only thing that
20 has changed—that has changed is political impetus.
21 The legal principles behind the civil rights for
22 transgender people in Corrections are the same. The
23 State Constitution is the same. The only thing that
24 happened were politics and elections, and so, if you
25 would like me to come back here and never have to go

2 over my time, I just recommend that the Council pass
3 all the resolutions and stay on top of Corrections in
4 terms of working with community, and I obviously
5 invite my community members to contact STARR if you
6 know any transgender person that's faced abuse while
7 in Correction custody.

8 CHAIRPERSON POWERS: Thank you.

9 MARIAH LOPEZ: You're welcome.

10 CHAIRPERSON POWERS: Thanks so much.

11 NANCY SACARDO: Good afternoon, Council
12 Committee. My name is Nancy Sacardo and I'm here to
13 read my testimony, and my truth. My name is Nancy
14 Sacardo, and I am a member of Katal, and a Manhattan
15 resident. I've been incarcerated at Rikers Island in
16 state prisons, and I've seen enough of the system to
17 know that I do not trust it, and it must be
18 completely reformed. Rikers is an unjust facility
19 that strips people—people of color of their humanity—
20 humanity. Why do we have such a place in our city
21 when it's supposed to be progressive and fair? Why?
22 We need to close Rikers, and create a system that is
23 fair and bring safety and justice to all of our
24 communities, a system that treats other nasties (sic)
25 like myself and young girls and women with the

2 respect and dignity that we deserve, and just to
3 follow up on that a little I just want to—even though
4 it's not on paper. I was personally impacted by this
5 technical violation a couple of years ago. I was
6 violated and sent to prison not knowing what I was
7 violated for. Just that it was 30-year one. I
8 didn't find out 'til 90 days later that I was
9 violated for eating poppy seeds, poppy seeds. Less
10 is More is the way to go, and we need to pass this
11 bill today. So, I would appreciate that. Thank you.

12 CHAIRPERSON POWERS: Great. Thank you
13 for your testimony. Thanks.

14 CURTIS BELL KATAL: Curtis Bell Katal.
15 This is—let me first speak about something that doc
16 said that they work very well with advocates. I
17 would as this Council that anybody that comes before
18 you saying they work with advocates because we all
19 stay. We're linked to each other. If one group has
20 a conversation with DOCS by 5:00 everybody has a
21 transcript of it. So that is a lie. They haven't
22 reached out to anybody to organize to have a meeting.
23 If they're talking about advocates, what do they
24 mean, prison advocates? Because they have not spoke
25 to groups, and they don't want us included in the

2 legislative process and even revealing your training
3 videos you use to teach our officers, reveal them to
4 us so the community can weigh in what's effective or
5 not because at the end of the day, we have a culture
6 that lacks transparency. There's reason why jails
7 are built away from society. There's a reason why
8 they're on Rikers Island. Supreme isolation you
9 could do what you want with a docile body, and I'm
10 not going to play games with this. At the age of 17
11 I was one of those youths that happened to go to
12 Rikers Island, and I'm going to tell you when you
13 come to Rikers Island on a disciplinary bus, ask them
14 about that training? That informal training. How do
15 you deal with aggressive inmates? Do you have a
16 conversation with them? No. In part my language is
17 boot to ass, and that's a slogan amongst correction
18 officers. So, when you say that you're representing
19 advocates, and you spoke with advocates, please be
20 honest because that was a lie under oath. They want
21 to talk to us. They want to speak for us, but they
22 don't want to speak with us. They—they'll cloud it
23 with these suggestions of security. Oh, they're not
24 experts. Who's more qualified than 14—a 17-year-old
25 man, a kid that spent 18 years in prison and has

2 degrees in criminal justice? You want to hear my
3 experience. [bell] You shouldn't run from it. When
4 we talk about Less is More, and putting our lives on
5 the line, I'm going to be totally honest, New York
6 State has done a remarkable job ushering us in a new
7 historical platform for criminal justice. In order
8 to fulfill that promise, we have to hold all
9 accountable, and that includes DOC's employees. We
10 can no longer hide behind security, a fear of
11 transparency. No. The thing you're hiding is that
12 correctional officers are getting sick by working on
13 Rikers Island. There's a documentary being prepared
14 today, former captains have cancer from Rikers
15 Island. So, when we're talking about shutting it
16 down, it is a justice imperative and a moral
17 imperative. The need to pass Less is More is because
18 mass incarceration is continuing on technical
19 violations. So, we can't there and say we're a
20 progressive state with draconian laws, antiquated
21 behavior. We are hostile, and all of DOCs knows
22 we're coming to your community. We're going to live
23 next door to you. We are experts. We hold degrees.
24 If you want to have a conversation with intelligent
25 people to come up with a resolution, stop hiding

2 behind security because it's not party politics.
3 It's not union politics. It's lives. They know
4 what's going on in Rikers Island, and they talk about
5 medical. Google it. I—the downside to New York
6 State's incarceration [bell] and medical treatment.
7 It will pop up. I Googled it while I was sitting
8 here. It's the worst. So, when we're talking about
9 what's going on, we really need transparency, and we
10 need to hold DOCs really accountable because what
11 they said is we have a plan in development. We have
12 a plan in development. Less is More is needed
13 because what's going to happen is the efforts that
14 Governor Cuomo, Mayor de Blasio and MOCJ used to
15 reform this state, there is no legislation keeping
16 mass incarceration from stopping because it was done,
17 decarceration was done without legislation. We need
18 this piece of legislation to hold all accountable.
19 If we want to build a fair, just and healthy society,
20 let's start by passing this law and taking lives very
21 seriously.

22 CHAIRPERSON POWERS: Okay, I've got to-to
23 end you there. Thank you for that.

24 FEMALE SPEAKER: Good morning. Thank
25 you, Councilman Peter—I mean Powers—sorry—for

2 introducing Resolution 8 point--[laughter] you know,
3 it's been a long morning right? We heard so much
4 stuff. So, I want to talk about Less is More even
5 more strongly. I personally from my own experience
6 and from the countless stories and--and--and--and my
7 relationships with formerly incarcerated people know
8 that parole violations have become the new form of
9 incarceration, and just as Mr. Schiraldi said, the
10 number is right. The numbers that we know right now,
11 605 they're increasing. I know some women personally
12 who have been violated or threatened who are awaiting
13 adjudication or whatever you may call it right now
14 for very simple, minor things that a normal regular
15 John and Jane Doe would not see as a problem, and
16 right now we have approximately 35,000 people on
17 parole in New York State and that at any time that
18 35,000 could be sent back to prison, right, and so
19 we're filling the beds again with--with bodies. And
20 so, we are concerned, strongly concerned. We've--
21 we've been out there in the community. We've been
22 speaking all over the state, and having community
23 members. You've seen and heard our leaders just now
24 speaking about Less is More that certain communities
25 within the city are targeted. There are certain

2 people from, you know, let's say the Bronx, which is
3 one of the highest rates right. We call those million
4 dollar blocks. We're being re-incarcerated for the
5 simplest things and sadly I hate to say this, but
6 sometimes it's just walking while black, and so we
7 have to really consider, you know, what we as a
8 people like you stated earlier [bell] what we are
9 going to do as a whole to really progressively make
10 some changes within our system, and we need to pass
11 Less is More now, and I just have to say this because
12 it has to do with solitary confinement and that as
13 well. I spent 2-1/2 years collectively in solitary
14 confinement, six months of those on Rikers Island
15 when I was a kid, and I want to tell you that first
16 they called it protective custody, and when they sent
17 me to solitary confinement, which is called the Bing,
18 it was the same thing. All I did was move across the
19 hall. So, when you hear the term protective custody,
20 it is also solitary confinement because you have no
21 interaction with anyone, and so you really need to
22 understand these things, and we are the experts and
23 we can tell you what we have lived.

24

25

2 CHAIRPERSON POWERS: Great. Thank you.

3 I want to thank all of you for your involvement in-in
4 the effort to close Rikers Island, too. [applause]

5 SERGEANT-AT-ARMS: Everybody, quiet down.

6 CHAIRPERSON POWERS: Thank you.

7 FEMALE SPEAKER: And I just really--

8 CHAIRPERSON POWERS: [interposing] No.

9 We're, yeah, we've got to go. We have—we have three
10 or four more panels. We have to go. Thanks.

11 MALE SPEAKER: Thank you for your
12 resolution Council member.

13 CHAIRPERSON POWERS: Thank you.

14 [background comments] We're going to—next up, we're
15 going to have Cecelia Gentile, Gen Doman—Doman,
16 Christina Herrera, Mike Overdall—Fidel and Betsy
17 Windsor. [background comments/pause] And I just—I
18 just want you to know we have—we have four more
19 panels. That's a lot. There's a lot of people
20 testifying. So, I'm going to cut you off at two
21 minutes. It's—you have to obey, and it's out of—it's
22 not our response, it's respect for the other people
23 who are behind you or looking to testify.

24 [background comments] Okay, we'll have—we'll start
25 over here on the right.

2 CECILIA GENTILE: Good afternoon, Chair
3 Powers and the Council members and I'm—I'm just going
4 to cut to whole think you for doing this, and I'm
5 going to my testimony. My name is Cecilia Gentile. I
6 am a transgender woman who was briefly detained at
7 Rikers Island where I was housed with the male
8 population. As a person with substance abuse issues
9 at the time, I was dealing with a terrible addiction
10 to Heroin. Once sent to Rikers I was not provided
11 with any medication to help my situation. My stay
12 there not only was terrible for the kind of
13 harassment I experienced from direct of the male
14 identified individuals that I had to live with, but
15 for the life transitioning with drugs episodes that
16 lasted five days without any treatment. Needless to
17 say, I was not provided with any mental health
18 support to help me adapt to such a shocking reality.
19 I believe making these changes in terms of treatment
20 available for TGN&B individuals as well as revising
21 the housing regulations and creating a fast forward
22 to address policies related to treatment of
23 transgender, gender non-conforming, and non-binary
24 individuals in the Department of Correction would
25 make our expanses in their more bearable and create

2 an ideal recovery and mental health maintenance to
3 keep after their release. After a short time in
4 Rikers, I was handled—handled—handed to ICE although
5 they said that, you know, Rikers did not, you know,
6 send ICE for you, they did. They picked me up, and
7 who put me in deportation procedures. While waiting,
8 I was put in isolation. I do know how hard it is to
9 live in the situation, and I urge the New York State
10 Legislators to pass and the Governor to sign the
11 Human Alternatives to Long-Term Solitary Confinement
12 Act and condemn the Criminal Justice Committee [bell]
13 and—and—and applaud the Criminal Justice System
14 Committee for asking this measurement to be taken.

15 CHAIRPERSON POWERS: Very good.

16 CECILIA GENTILE: Thank you.

17 CHAIRPERSON POWERS: Thank you. Thank
18 you for your testimony. We'll go to the next.

19 JEN DOMAN: Hello. My name is Jen Doman,
20 and I am the Supervisor for the Forensic Social Work
21 Unit at New York County Defender Services. Thank you
22 for listening to me today. In my six years there as
23 it relates for our transgender clients I have noticed
24 two outstanding issues. I don't know if I'll get to
25 the second one. The first is the client's legal

2 right to receive the necessary hormone therapy
3 treatment that they need. The initial concern was
4 whether or not they were receiving their hormones at
5 all. It was a battle to make that happen for our
6 clients. Six years later, DOC has made dramatic
7 improvements in terms of getting clients their
8 hormone treatment. The issue now is the timing of
9 receiving the hormone. Imagine thing your body that
10 you were born with, and then prior to incarceration,
11 you were able to take agency over your own body by
12 beginning the process of transitioning. You then
13 become involved with the Criminal Justice System and
14 it is a slow drip process waiting to resume your
15 therapy modality. If a client is waiting a DOC for
16 close to a month to receive their hormones, facial
17 hair is returning, breast tissue is decreasing,
18 psychological hell is happening. The client is
19 already in hell by being incarcerated. We are simply
20 asking that the hell not be compounded. Whether
21 employees at DOC religiously or culturally agree,
22 which once desired a transition from one sex to
23 another is irrelevant. The speed with which
24 incarcerated transgender people receive their hormone

2 therapies is relevant and dramatically needs to
3 improve. Thank you.

4 CHAIRPERSON POWERS: Thank you, and I
5 just want to note that we didn't have a chance to get
6 into those—that issue as much as I'd—I'd like, but it
7 is something that the Council is interested in and
8 concerned about in terms of the hormone therapy,
9 timing, dosage and making sure that people are
10 getting what they need.

11 JEN DOMAN: Thank you.

12 FEMALE SPEAKER: Thanks Alana.

13 CHAIRPERSON POWERS: Thank you.

14 CHRISTINE HERRERA: Thank you. Good
15 morning Chair Powers and City Council Members and
16 staff of the Committee on Criminal Justice. My name
17 Christine Herrera, and I am the CEO and Founder Trans
18 Equity Network. I'm here to talk about a series of
19 introductions and resolutions around the treatment of
20 transgender, gender non-conforming, and non-binary
21 individuals in New York City Jails. I want to take
22 this opportunity to thank you all for your advocacy
23 for the TGNC and B community around these very
24 sensitive issues. As part of the Trans Equity
25 Coalition, and the Coalition-Coalition look to—we

2 look to improve the lives of our New York City
3 residents especially the community that encounters
4 the jail system. I want to speak about the
5 experience of TGNC and B individuals, our Trans
6 Equity Network and other community member significant
7 work with these individuals and their experience
8 going through that jail system, and how important it
9 is for these local pieces of legislature and
10 resolution call the New York State Legislature to
11 pass and the Governor to sign the Humane Alternatives
12 to Long-Term Solidarity Confinement Act. It's so
13 important for the trans communities. Our community
14 needs mental health and substance abuse treatment in
15 the jail system. As we have seen in research, our
16 peers just struggle with multiple health issues. As a
17 transgender New Yorker in our community of the NYSER
18 who has been working with the TGNC and B community
19 for the last 20 years, I have seen the many
20 challenges that my community struggles with. [bell]
21 One of the primary was the mental health issues.
22 There have been dozens of clients that I have worked
23 with that have gone through the New York City jail
24 system and have experienced being ignored when they
25 asked for support around their mental health needs.

2 In my work I have observed members of the Trans
3 Equity Network who have been sent to jails and have
4 had—have been housed with peers--

5 CHAIRPERSON POWERS: That is it. We need
6 you to just come to your final conclusion.

7 CHRISTINE HERRERA: Yes. The last two
8 lines.

9 CHAIRPERSON POWERS: Sure, good.

10 CHRISTINE HERRERA: Uh-hm. Thank you.
11 Been housed with their peers who are similar to be
12 assigned aspect of birth instead of their gender
13 identity instead of being put in isolation
14 confinement. This is dangerous physically and mental
15 dangerous. Trans Equity Network supports this
16 legislation being introduced today. I thank you,
17 Chair Powers, and the rest of the City Council team,
18 and staff for your support on this.

19 CHAIRPERSON POWERS: Very good.

20 CHRISTINE HERRERA: Uh-hm.

21 CHAIRPERSON POWERS: Okay, thank you.
22 You're next.

23 BETSY LINDOR: Is this on? Hello. Oh,
24 sorry. Hello, good afternoon everyone. My name is
25 Betsy Lindor and I am a member of Katal (sic) and we

2 are here for the Less is More Bill, and this is my
3 statement: Trust me, I'm not going to go over two
4 minutes. [laughter] It's very short. Basically,
5 this is just my opinion—my statement. I feel like
6 the Less is More Bill is an excellent opportunity
7 that the City Council, legislator and the Governor—it
8 should be passed, and the reason why the bill should
9 be passed is for, you know, for people. Wait.
10 Actually, I'm so sorry. It's to be able to have
11 professionals for people who are making chance-making
12 changes in their lives for the better, and not have
13 to deal with unnecessary taking the code violations
14 going back and forth from Rikers and all of that
15 stuff. So, when it comes to Rikers as a whole, it
16 does need to be closed because as we all know, it has
17 bad reputation. I'm not going into details as to why
18 because at this point we all should know, and that's
19 my statement, and I'm also going to be reading for
20 Mr. Rabbi Michael who is also part of Katal, and--
21 [background comments]

22 CHAIRPERSON POWERS: Okay.

23 RABBI MICHAEL: Yes, my name is Michael
24 Katal (sic) Rabbi, but better known as Rabbi Michael.

2 I didn't bring my glasses and that's why she's
3 reading it off for me.

4 CHAIRPERSON POWERS: Okay.

5 BETSY LINDOR: Well, do you want to
6 borrow this?

7 CHAIRPERSON POWERS: Well, do I? Are you
8 echoing her sentiments?

9 RABBI MICHAEL: It feels like it.

10 BETSY LINDOR: Okay.

11 CHAIRPERSON POWERS: Okay.

12 RABBI MICHAEL: Go ahead.

13 BETSY LINDOR: Okay.

14 CHAIRPERSON POWERS: Okay.

15 BETSY LINDOR: Alright. Hello again.

16 [laughter] Okay, this is his words. To Whom It May

17 Concern: I am addressing this letter to you in

18 regards s to why I am as a person feel that Rikers

19 Island should be closed down. Number 1: Rikers

20 Island is overcrowded. A lot of people that are in

21 Rikers Island have mental problems--Oh, I'm sorry--in

22 one form or another. It may be drugs or some form of

23 drugs or alcohol or broken homes. Also, they do not

24 have the proper counseling over there or mental

25 health people over there to help them in their

2 transition back out to the streets. Number 2: There
3 are lots of fights and things that go on there. A
4 lot of people get hurt there just waiting to be
5 transported back and forth to court. They have to
6 get up at approximately and forth to court. They
7 have to get up at approximately 4:00 in the morning
8 or maybe earlier just to get transported to court.
9 If they do not get to court to time, their case is
10 put off until another day. Also fam—also when
11 families come over there to visit, it is very hard
12 for a family member to be able to see their loved
13 ones because they have to travel very, very far. If
14 they have—if they had a correctional facility or a
15 jail in each borough it would make it a little bit
16 easier for them to get to court and have visits. And
17 last but not least, there are four borough based
18 jails already existing in the boroughs that transport
19 people back and forth to court. They can be expanded
20 to include those on Rikers. Rikers is overcrowded.
21 There are people waiting to go to court who cannot
22 pay their bail because bail is too high. [bell]
23 [background comments] Alright thank you.

24 CHAIRPERSON POWERS: We—we appreciate it.
25 I want to note that we've been joined by Council

2 Member Rosenthal as well. I have to just jump to the
3 hearing next door. So, Council Member Rosenthal is
4 going to chair for the—the time, and is on—and this
5 is on?

6 BETSY LINDOR: Great. Thank you.

7 CHAIRPERSON POWERS: I'll be right back.

8 COUNCIL MEMBER ROSENTHAL: Thank you,
9 Chair Powers and thank you to this panel for your
10 testimony. Oh, hi. It's really great. I'm—I—I have
11 all your testimony, and I know the Committee staff
12 does, and everyone is reading everything very
13 thoroughly. So, thank you for that. I'm going to
14 call up the next panel. Akesia Johnson, Alajo
15 Rodriguez, Marcus Campbell, Michelle Silbor, Zachary
16 Kettelson, and five Miale Leneck (sp?) You think I
17 did? [background comments/pause] I am also going to
18 call up Andrea Bowen. It just looks like not everyone
19 is still here. Thank you. Thank you so much for
20 coming. If we could start with my left. If you'd
21 like to start, just introduce yourself and where
22 you're from and—and speak to me from your heart.

23 AKESIA JOHNSON: Okay.

24 COUNCIL MEMBER ROSENTHAL: That isn't
25 testimony.

2 AKESIA JOHNSON: [laughter] Okay great.
3 Hi, I'm Akesia Johnson. I'm here—I'm a Katal Center
4 Member. I would like to tell you that I thoroughly
5 support the Less is More Community Supervision
6 Revocation Reform Act. I'm a former New York City
7 Police Officer and a formerly incarcerated woman. I
8 just was paroled on July 5th of 2018. You know, it
9 could be very stressful just having a technical
10 violation and as lingering thought even though I had
11 been successful while on parole. A second violation
12 is non-compliance with conditions of community
13 supervision and includes not reporting to a parole
14 officer, missing curfew or testing positive for
15 drugs. These are not crimes in and of themselves. We
16 can utilize our resources in a more efficient,
17 effective and comprehensive way that will empower and
18 build successful communities. In addition to aiding
19 the effort to shutter Rikers Island due to the
20 significant amount of people that would be released
21 from county and state jails and prisons if this
22 legislation is not passed—if this legislation is
23 passed, excuse me. The Less is More Community
24 Supervision Revocation Act would shorten parole and
25 probation terms overall. Studies show that the modes

2 of re-offenses occurred within the first year or two
3 of supervision, cap the amount of time people can
4 spend in jail for technical violations before they
5 must be released, incentivise—incentivise good
6 behavior by allowing people to earn accelerated
7 discharge such as mandating 30 days of probation or
8 parole for every 30 days a person spends violation
9 free in the community. Require a robust hearing with
10 lawyers for their queues before a judicial officer
11 before jailing someone accused of a technical
12 violation. Create a high legal threshold for jailing
13 people on parole for minor offenses and expedite the
14 hearing. We allocate savings from these reforms to
15 community programs that support reentry efforts for
16 formerly incarcerated—for formerly incarcerated
17 people. There should be no more delays in passing
18 this bill, which will help with the closure of Rikers
19 Island. Experiencing the unsavory conditions [bell]
20 and inhumane treatment on Rikers Island will leave a
21 bad taste in anyone's mouth. So, today I call on
22 you, New York City Council to pass this resolution.
23 I call on the Legislature and the Governor to pass
24 the Less is More Act, which would further decarcerate
25 Rikers and jails and prisons across New York State,

2 and help people like myself to successfully re-
3 integrate back into communities with their families.
4 The city must take swift action to close Rikers
5 because everyone deserves a quality of life whether
6 you're from Park Avenue or park bench. Thank you.

7 COUNCIL MEMBER ROSENTHAL: Thank you for
8 your eloquent testimony. [laughter] Listen, I will
9 say, though, every single bit of testimony is already
10 going to be in the record, and if you want to just
11 speak from your heart, and—and, you know, within the
12 timeframe, we'll—we'll be able to hear that, too, and
13 that added piece will then be in the record.

14 ZACHARY KATZ-NELSON: Good afternoon. My
15 name is Zachary Katz Nelson, and I'm the Policy
16 Director at the Independent Commission on New York
17 City Criminal Justice and Incarceration Reform,
18 Commonly known as the Lippman Commission. Thank you
19 for the opportunity to testify, and thank you for the
20 introduction of the resolutions in support of Less of
21 More. I want to focus on what the current parole
22 population at Rikers and what it means for the
23 closure of the jails there because the numbers really
24 speak volumes. Roughly 20% of the people who are
25 incarcerated in city jails right now are there

2 because they have parole violations. Over 600 people
3 for technical violations, then over 500 people who
4 are there for misdemeanors or low-level non-violent
5 felonies would normally be free, but because pending
6 trial—but because they have parole violations,
7 they're automatically locked up. And so the city is
8 spending actually upwards of half a billion dollars a
9 year just focused on these folks paying to
10 incarcerate these people who under most circumstances
11 would otherwise be free, and so this—and—and then the
12 numbers are wrong. Right, you have, 1,100 people who
13 are there, and if you took them out of the jail
14 population, return them to the community where
15 they're working hard many of them to trying to
16 succeed upon return from prison, it would
17 dramatically change the population. It would
18 dramatically change what the jails that the city is
19 proposing right now to build, what those would look
20 like as well. And so, we really have this
21 opportunity to pass the Less is More to not just
22 reform the—the parole system and its impact on the
23 individuals and their communities, which is—which is
24 critically needed, but also to really impact the city

2 jails and speed up our opportunity to close Rikers as
3 soon as possible. Thank you.

4 ALAJO RODRIGUEZ: Hi. Thank you for
5 having me, and thank you for the two people who spoke
6 before me. It's going to make my sharing a lot
7 easier to provide, you know, to speak on-- My name
8 is Alajo (sic) Rodriguez. I served 32 years in state
9 custody in Department of Corrections. Also currently
10 that I'm here today representing Exodus Transitional
11 Community. It's a re-entry organization in East
12 Harlem, and to share some observations of some of the
13 issues that many of our clients are faced with
14 dealing--having to deal with technical parole
15 violations, and what we've learned and the sense that
16 we have gotten is that to violate individuals for
17 minor violations, minor technical violations no
18 matter how minor to punish them for these reasons and
19 yet not reward for good behavior, for very
20 significant good behavior for individuals who are
21 doing their right thing and helping to work with
22 others is an unjust system. It's very one-sided, and
23 actually perpetuates the resentment that individuals
24 have towards law enforcement. It undermines really
25 the relationship that we want to try to build with

2 community members and having individuals return as
3 productive citizens. The-the notion of-of
4 essentially having to walk on one tightrope after
5 another is truly counterproductive, and it really
6 undermines the work of a number of community based
7 organizations who is-whose missions is are to provide
8 the mentoring and provide the kind of resources
9 needed to reinsure individuals' success. You know,
10 when we talk about reentry and individual parole and
11 this nature, the concept of reentry one size does not
12 fit all. A person's issues who've done three years
13 in prison is a lot different than person who done 30
14 years in prison. [bell] And so we need to look at
15 these things very calm-very closely, and this is why
16 I ask that we support the Less is More bill.

17 COUNCIL MEMBER ROSENTHAL: Thank you very
18 much.

19 COUNCIL MEMBER ROSENTHAL:

20 ALAJO RODRIGUEZ: Thank you.

21 COUNCIL MEMBER ROSENTHAL: After hearing
22 the three of you and looking at it very quickly, I'm
23 going to talk to my Legislative Director about
24 signing me on to the resolution as well and I
25 appreciate you. [cheers/applause]

2 ANDREA BOWEN: Thank you, Council Member
3 Rosenthal and Committee staff and Chair Powers. I'm
4 Andrea Bowen. I'm speaking as a consultant on behalf
5 of New York City Anti-Violence Project. I also
6 coordinate the TGNCNB Solutions Coalition, which
7 works to make sure city agencies are really doing
8 their work with the community. I am also—AVP is also
9 a member of the Trans Equity Coalition, which tries
10 to get funding for TGNCNB right in serving
11 organizations. So, we support AVP, all of the intros
12 and the resolutions within. I want to make a couple
13 of broad points around all of this. First of all,
14 AVP believes that the protections for TGC—TGNCNBI
15 people within these intros are effectively already
16 provided for within CCHR Guidelines around gender,
17 then gender identity and expression. So, we think
18 it's already part of the law. That being said,
19 statutes are always more important and powerful than
20 agency guidance, and so we're—we really support and
21 applaud City Council for specifically naming TNCNBI
22 protections. Like that is the thing that is
23 necessary in all areas of city life especially DOC
24 supports for substance abuse and mental health. So,
25 my testimony has a lot of really technical

2 recommendations just like additions and subtractions
3 to—to the pieces of legislation. I guess one other
4 thing I wanted to note about the Resos, we hope that
5 they could be amended just to mention that TGNCNBI
6 people especially TGNCNBI of color are at risk of
7 state violence including incarceration. That isn't
8 really noted in there AVP has a general physician and
9 as my colleague acknowledged, Callen-Lorde, let's not
10 advocate or support the overall expansion of the jail
11 and prison industry, and that is pretty much my time.
12 So, the rest of my testimony says a lot more. So,
13 thank [bell] for your time. [laughter]

14 COUNCIL MEMBER ROSENTHAL: No, Andrea,
15 thank you and, you know, I'm noting on here you were
16 very specific in your written testimony and that's
17 incredibly helpful to the staff, to us. I'm reading
18 through your comments on the bill that I'm proposing,
19 and you're spot on right, and I like what you said,
20 the importance of naming something is critical, and
21 we're at a juncture where are we going to sweep
22 things under the carpet or are we going to name them?

23 ANDREA BOWEN: Right.

24 COUNCIL MEMBER ROSENTHAL: So, I very
25 much appreciate your comments, [applause] and you

2 will absolutely see a different A version on my bill
3 for sure.

4 ANDREA BOWEN: Yeah, thank you and I'll
5 say--yeah, just--just to note, you know, there--there
6 are a couple of notes that like we want to make sure
7 that specifically local organizations that serve
8 TGNNBI people are included.

9 COUNCIL MEMBER ROSENTHAL: Right.

10 ANDREA BOWEN: We want to make sure that
11 folks that aren't just in trans housing are included,
12 and so I mean we also want--one more like quick thing
13 is making sure that like we get as much information
14 on the granular level as possible, and Council Member
15 Moya's Intro it talks about providing aggregate
16 information about trans housing. It occurs to me
17 (sic) we're going to identify we're going to do a
18 FOIL request. I would probably get individual things
19 just with identifying information blacked out. So, I
20 would like to see as granular of information as
21 possible on the advocacy side. Knowing what specific
22 things people have faced will be really important.
23 So, that's just one other thing I wanted to get in.

24 COUNCIL MEMBER ROSENTHAL: A good point
25 and there are always ways around it. You know,

2 either by redacting or culling out the specific
3 reasons without any identifying information
4 whatsoever.

5 ANDREA BOWEN: I think it's--

6 COUNCIL MEMBER ROSENTHAL: [interposing]
7 But I agree with you, the devil is in the details.

8 ANDREA BOWEN: Yes.

9 COUNCIL MEMBER ROSENTHAL: So, I really
10 appreciate you. Thank you all of testifying today.

11 ANDREA BOWEN: Thank you. [applause]

12 COUNCIL MEMBER ROSENTHAL: I'm going to
13 call up the next panel. Samulyn Kabasa (sp?). If I
14 pronounce names wrong, my apologies. [background
15 comment] Yeah. Jasmine Perez, Hannah Miller, Phil
16 Miller, Scott Paltrowitz and Diane Tatro, and if I
17 can just say for the record that on my bill in
18 particular, which is Intro 1535, I very much
19 appreciate the testimony, yes from the Anti-Violence
20 Project, but also from the Legal Aid Society, the
21 Bronx Defenders and the Brooklyn Defender Services
22 who have given us terrific specific suggestions to
23 improve the bills, and we will be absolutely taking
24 those suggestions into account. So, I want to thank
25 you for that. Alright. Again, if we could start

2 with you, just your name, your organization if you're
3 testifying on behalf of your, and from the heart just
4 a couple of minutes about why you're here. What—what
5 powers you through today?

6 DYJUAN TRATRO: Good afternoon and thank
7 you for having me. My name—my name is Dyjuan Tatro.
8 The views I express today are my own. However, I sit
9 on the Board at the Fortune Society, and I am an
10 alumnus of the Bard Prison Initiative. I had a
11 prepared statement, but I'm also a debater. So, I'm
12 going to ground my testimony today for you, and it's
13 also very, very important. So, I think I want to
14 take a moment to get away from the numbers and the
15 facts and look at kind of the socio-psychological
16 impact that the parole has on people reintegrating
17 back into society, right. This should be an arm of
18 our government that is helping people effectively
19 reintegrate themselves back into society, but how do
20 you do that when you walk into a parole office every
21 week and you are worried whether or not you're going
22 to go back to prison for one or another. I personally
23 am currently on parole, and I go in there every week,
24 and it feels like I'm walking back into prison. How
25 do you make real life plans, and life decisions when

2 you don't know whether or not you're going to be free
3 tomorrow for something as trivial as not coming home
4 for curfew. Further, I often go to parole and sit
5 there in excess of five hours every week to be heard
6 for five minutes. That is an insane waste of time
7 and productivity. Today, where I am in my life,
8 parole is usually the only place I am confronted with
9 criminal activity on a regular basis. You go on
10 parole and you're solicited for drugs and every other
11 things. It is a hotbed for that type of association,
12 and I would also like to point out especially in
13 relation to the Less is More Act and the measures to
14 strengthen kind of judicial process around people on
15 parole we need to be looking at the ways in which the
16 parole is used to fuel mass incarcerations.

17 Specifically, there's a lot of people sitting on
18 Rikers Island for technical violations, but some of
19 them people are there on misdemeanors for new crimes.
20 It's common practice for the court to OLR them people
21 because they have a parole hold. Therefore, their
22 time in Rikers is not counted towards their sentence
23 and we keep people [bell] in prison longer, right,
24 and so there are all types of things like that around

2 the judicial process that we also need to be looking
3 at. [pause]

4 SAMUEL CABASSA: Hello. Thank you for
5 having me before you. I'm representing New York KAKE
6 (sic) on the Halt Solitary Act. My name is Samuel
7 Cabassa. I have a prepared statement to read. I
8 tested it yesterday. It's going to be under three
9 minutes, and members of KAKE had other meetings to go
10 to, and I would ask your permission if after I read
11 my testimony I can read this one page on behalf of
12 one of the members.

13 COUNCIL MEMBER ROSENTHAL: [off mic]
14 Okay.

15 SAMUEL CABASSA: Okay, thank you. Good
16 morning. My name is Samuel Cabassa, and I am
17 testifying today as member of the New York KAKE Halt
18 Solitary Campaign. Our campaign is a community of
19 people who have survived solitary confinement, family
20 members of people incarcerated, concerned community
21 members, advocates, health and mental health
22 professions and people in the human rights, health,
23 faith, and social justice communities across New York
24 State. I am testifying today to urge the City
25 Council to adopt Resolution 143, which calls upon the

2 New York State Legislature to pass and the governor
3 to sign the HALT Solitary Confinement Act. Solitary
4 confinement is torture. People in solitary in New
5 York State are held up to 24 hours a day with no
6 meaningful human contact or programming. I would
7 know. I served 34 consecutive years in New York
8 State Prisons, spent 8 years in 10 different solitary
9 confinement units, 40 months in one stretch. I was
10 alone in my cell for 23 hours per day, and for that
11 last hour I was held alone in a—in different steel
12 cages, and/or cinderblock enclosures. Is that
13 recreation? This practice has long been known to
14 cause devastating harm, mentally, physically and
15 emotionally. Over 30% of suicides in New York
16 prisons take place in solitary. A study in New York
17 City jails found that people [bell] in solitary were
18 70 times more likely to engage in acts of self-harm.
19 Solitary also makes our prisons, jails and
20 communities less safe. Despite all this, thousands
21 of our fellow New Yorkers are in solitary confinement
22 each day across our state and tens of thousands each
23 year. Black and Latino people are disproportionately
24 subjected to this inhumane practice. People are held
25 in solitary for months, years and even decades. There

2 are people in our state prisons who have been in
3 solitary confinement for over 20 and 30 years. This
4 I is horrific and unconscionable. Far too many minds
5 and lives have been and continue to be destroyed. It
6 has to stop. The HALT Solitary Confinement Act would
7 end the torture of solitary confinement and create
8 more human and effective alternatives. Specifically,
9 HALT would end solitary beyond 15 days for all people
10 in line with what is defined internationally as
11 torture. Instead, HALT would create program based
12 alternatives proven to be more humane, effective and
13 safer. HALT would also restrict criteria for what
14 the conduct result in solitary confinement or other
15 separations, ban some groups from solitary entirely,
16 and provide greater reporting and oversight. The New
17 York State Assembly passed HALT last year, and now a
18 majority of both senators and Assembly members are
19 official sponsors of the bill. The time for the
20 State Legislature and the governor to act is now.
21 There must be—they must enact HALT immediately. We,
22 therefore, urge the City Council to adopt Resolution
23 143 and lend the voice of the City Council to say no
24 to this torture, and if I—the letter from the
25 prisoners, the one letter?

2 COUNCIL MEMBER ROSENTHAL: [off mic]

3 Thanks, but no, you can't read that. (sic)

4 SAMUEL CABASSA: Okay, thank you.

5 JASMINE PEREZ: Hello. I'm Jasmine
6 Perez. I'm a Social Worker from Destination
7 Tomorrow. As a social worker I work with LGBTQ youth
8 of all ages, and also as out transwoman, I have heard
9 personal accounts of people within the Criminal
10 Justice System, and before I go into the prepared
11 statement, I do want to—I have a concern with the
12 training that the officers are getting at Rikers.

13 COUNCIL MEMBER ROSENTHAL: [off mic] Me,
14 Too.

15 JASMINE PEREZ: [laughter] The concern
16 that I have around is it because I always come back
17 to this as a social worker when it comes to training
18 that I'm creating around tolerance and acceptance
19 because I feel that we can sit in a training all day
20 long. We can learn about LG this BTQ that, but I
21 don't know if it's really sinking in into people,
22 which is what I'm getting at in terms of it—they are
23 being tolerated. So, in, you know, in their personal
24 account I have heard a lot of my trans clients be
25 constantly misgendered, and with them not being—

2 using—with them not using the correct gender pronoun.
3 So, you know, as a social worker, you know, I've
4 heard a lot of misuse within the solitary confinement
5 because they did not know where to house them, and
6 as—being that they—I'm sorry. I'm sorry. This is a
7 little distracting for me. [laughter]

8 COUNCIL MEMBER ROSENTHAL: Well, I
9 appreciate you. We were just—you're—you're a very
10 powerful person--

11 JASMINE PEREZ: Oh.

12 COUNCIL MEMBER ROSENTHAL: --and we were
13 just talking about that.

14 JASMINE PEREZ: Oh, okay.

15 COUNCIL MEMBER ROSENTHAL: So, sorry to
16 be talking about you, but that's what we were talking
17 about. We got you. Keep--

18 JASMINE PEREZ: Sorry. That's okay.

19 COUNCIL MEMBER ROSENTHAL: If you want to
20 just submit your testimony if you've got it--

21 JASMINE PEREZ: [interposing] So my
22 testimony is there--

23 COUNCIL MEMBER ROSENTHAL: --but I'll
24 tell you I just heard you--

25 JASMINE PEREZ: Okay

2 COUNCIL MEMBER ROSENTHAL: --very loud
3 and clear.

4 JASMINE PEREZ: Well, in terms of—in
5 terms of going back to what you were talking about
6 before and just speaking from your heart rather than
7 speaking from the prepared statement, what's coming
8 from my heart is that of getting the tolerance and
9 acceptance [bell] that I was just before, and also in
10 regards to hormonal regime, I find that with the
11 accounts that I've heard from trans inmates that when
12 they're being put in solitary confinement that they
13 are all of a sudden being forgotten about, and when
14 they're forgotten about, it's like they're—they're—
15 they're not, their mental health is not being
16 addressed and their hormonal regime is not being
17 addressed as well. And so, those are the two main
18 thing that I'd like to come from my heart and the
19 rest is within my prepared statement. Thank you.

20 COUNCIL MEMBER ROSENTHAL: [off mic]
21 Thank you. [laughter/pause]

22 PHIL MILLER: Hello. So my name is Phil
23 Miler. I represent the Correctional Association of
24 New York. We're an independent non-profit
25 organization that was established in 1844, and we

2 monitor all of New York State's prison. So, you
3 already have my testimony, my formal testimony. So,
4 I'm just going to speak a little differently and
5 summarily. So, as an organization we support both
6 the HALT and the Less is More Acts. Particularly for
7 HALT we were supportive because it puts some service
8 limits on the inhumane practices of isolated
9 confinement, and it's long overdue for something like
10 this to happen, and from a personal perspective I'll
11 say that I spent some years in solitary confinement.
12 So, I can tell you that just sitting in a cell locked
13 away, the days of the week merge together. You lose
14 the sense of time. It's easier to stop talking to
15 people, and by the time you actually leave that place
16 after many years, your muscles have atrophied so much
17 it's difficult to even walk down a hallway. So, the
18 whole bill is a--is a really good step in the right
19 direction. In terms of Resolution 829, which
20 concerns the Less is More Act, we support this
21 because it really puts serious limitations on
22 technical parole violations, and also reforms how
23 much time parole violations can lead to in terms of
24 re-incarceration. Technical parole violations
25 they're really minor things, but they completely

2 disrupt rehabilitation, reintegration. They disrupt
3 family relations, any progress someone has made, can
4 totally be destroyed in a second because of it. Any
5 housing opportunities someone has disappear
6 immediately, and so from an organizational
7 perspective we support the Less is More Act because
8 any law that help more people remain free to
9 establish connections with their families and move
10 forward with their lives is something that we wish to
11 also support, and then from a personal perspective,
12 I'll say that sitting in a parole office with other
13 people who are waiting to see parole officers, you
14 can feel the fear in that room because so many people
15 are there happy. They just got a new job. They
16 might have just had a new child, and they really
17 don't know if they are going to be a violator or not
18 because two days ago [bell] they didn't answer a
19 phone call in time from their parole officer. And so
20 it's a constant state of anxiety where people are
21 trying to move forward, but these little rules can
22 jeopardize everything, and really keep people stuck
23 in the city that they can't escape from, and so these
24 laws need to be passed.

2 COUNCIL MEMBER ROSENTHAL: Thank you very
3 much, and again, thank you for your powerful
4 testimony today. Really appreciate you. I'm going
5 to turn it back to the Chair Council Member Powers.

6 CHAIRPERSON POWERS: Thanks for that, and
7 I know you're on a list somewhere to go ask questions
8 too.

9 COUNCIL MEMBER ROSENTHAL: I am.

10 CHAIRPERSON POWERS: So thank you for
11 that. [background comments] Okay, thank you, guys.
12 Thanks so much. I'm going to call up the next panel.
13 We have Charlie Solomon from LGBT Network, Kay
14 Simmons from the Case Law School. Michael, I can't
15 read your last name. I apologize for that. Juan-
16 Juana Peralta from the Center, Nala Toussaint from
17 Callen-Lorde Community Center, and Juana Peralta from
18 LGBT Center. [background comments/pause] Thank you.
19 I think we're waiting for one or two more, but before
20 I stop, I just want to say thank you for waiting and
21 being patient with us. I know it's-it's hard to sit
22 through all of this, and knowing many of the works
23 that your organizations are doing we're-we're very
24 happy that you were able to join us today, and we've
25 also been joined by Council Member Lander I think

2 briefly he's come in. Well, why don't we get
3 started. You want to start on the--on the left end
4 again. The same thing. If you can just state your
5 name and your organization before you start that
6 would be great. Thanks.

7 CHARLIE SOLIDUM: Sure. Hi, thank you
8 Chairman Powers. I'm--my name is Charlie Solidum.
9 I'm the Program Manager of HIV STI Services at the
10 LGBT Network, Queens LGBT Center. I'm going to
11 diverge from my written testimony because you guys
12 have that, and it does cover a lot of what we have
13 already discussed today, but I just wanted to add the
14 additional commentary that we've heard a good amount
15 of testimony today about how transgender inmates are
16 routinely denied access to crucial services. So, I
17 just wanted to highlight a specific case of one
18 client I've encountered who actually did end up
19 accessing healthcare at Rikers, but the unfortunate
20 thing is that even though in that outlier of a case
21 she was able to access healthcare. That provider was
22 not at all prepared to provide medically sound
23 information to this woman. She had been on street
24 hormones on the outside, but upon bringing up
25 hormones to her provider at Rikers in order to

2 receive those hormones under the supervision of a
3 doctor for the first time, that provider actively
4 dissuaded her from pursuing hormones while in jail
5 because he told her his reasoning was that providing
6 her hormones would cause her to have a stroke. Now,
7 I want to be clear that there is no peer reviewed
8 available data for this claim. I've been working in
9 transgender health for over a decade, and I've seen
10 this sort of tactic before. It is absolutely a scare
11 tactic that is utilized in order to—for that provider
12 to avoid doing their job of being able to provide
13 care to those patients. It's clear that in this
14 circumstance—in this exceptional circumstance, that
15 even though this trans woman was able to access
16 medical services, these services were woefully
17 inaccurate providing inaccurate information and
18 inadequate care for this person. So, I just wanted
19 to highlight that, and I will yield the rest of my
20 time.

21 CHAIRPERSON POWERS: Great. That's
22 something we really care about. I think it's going
23 to be part of our follow-up conversation. Thank you
24 for that.

2 CHARLIE SOLIDUM: Thank you. [background
3 comments]

4 CHAIRPERSON POWERS: I'm back to the last
5 one. (sic)

6 JUANA PERALTA: Okay. It doesn't matter.
7 Hello. My name is Juana Peralta and I'm the Director
8 of Economic Justice Initiatives at the LGBT Center in
9 the West Village. I'm also going to reiterate the
10 points that other advocates have made, and we've
11 submitted our grand theme (sic). I'm going to
12 diverge from it a bit. Transgender and gender non-
13 conforming community members faced challenges
14 concerning healthcare access and safety within the
15 Criminal Justice System at large. These problems are
16 only magnified in jails where Correction officials
17 argue that the temporary nature of the system
18 provides the excuse to overlook severe, harmful and
19 dehumanizing practices. Gender transition related
20 healthcare like Charlie mentioned, including access
21 to hormones and TGNC competent mental healthcare
22 providers within city jails is inconsistent and
23 difficult to access. Often times individuals are
24 unable to continue existing treatments, or are unable
25 to receive the healthcare that they need. This is

2 further compounded given the disproportionately high
3 rates of incarceration of TGNC individuals. The
4 continuous and tremendous stressor on barriers, lack
5 of clarity of the process, amounts of time spent
6 around self-advocacy required to access anything
7 often dissuades individuals from requesting and
8 accessing any of the healthcare they desperately
9 need. There's consistent and intentional
10 misgendering increasingly harming community members
11 that are already vulnerable in this space. Many
12 incarcerated individuals face humiliation, and
13 degradation from both correction staff and other
14 prisoners, inconsistent policies like folks have
15 shared and practices around staff members about how
16 to interact with TGNC identified individuals.
17 Sometimes within a single facility lead to
18 unnecessary fear of-fear and emotional trauma of
19 incarcerated individuals. I want to share some
20 personal experience. I was a former staff member of
21 the Sylvia Rivera Law Project, and I heard
22 consistently from T-H—from community members that
23 were in the THU during my visit when it was housed at
24 the Manhattan Detention Complex that folks were
25 routinely misgendered, that there was a lack of

2 clarity of any grievance process, that there was
3 overall [bell] consuming about the lack of clarity.
4 Can I just share one more point? There was a group of
5 advocates that was routinely meeting with DOC staff,
6 and with the Mosque (sic) Group joined, the meetings
7 stopped after two meetings after people were told
8 that TGNC people were new to that and they refused to
9 be concerned about any of the housing directives
10 reflected, and they also just have an internal bias
11 around TGNC people that was apparent, and they
12 refused to address it. Thank you.

13 CHAIRPERSON POWERS: Thank you for
14 sharing with us. Thanks.

15 MICHAEL MUSHLIN: Good afternoon. My
16 name is Michael Muslin. I want to thank you for
17 holding this--this hearing, and giving us the
18 opportunity to testify. I'm a Law Professor at PACE
19 University, and I have been involved for over 40
20 years in the effort to reform solitary confinement.
21 So, I'm happy to be here in support of the Resolution
22 143, which I think is a very important document.
23 There are five reasons that I'd like to offer for why
24 the City Council will do a very important thing if it
25 adopts this resolution. One is as solid as you've

2 heard, and as you know, solitary confinement is
3 torture. It's burying people alive. It-it-it-it-it
4 causes suicide. It causes self mutilation. It
5 causes mental-it exacerbates mental illness. It
6 causes mental illness. The people that survive
7 solitary confinement, and you've heard from some of
8 the today have enormous courage. It's a-it's a pain
9 that should not be inflicted on people, and we've
10 known this. The second reason is it violates
11 fundamental human rights, and we've know this for
12 over 170 years. Charles Dickens said it best when he
13 came to America, and he saw solitary confinement
14 being used in Philadelphia. He said, it's a dreadful
15 punishment that inflicts an immense amount of torture
16 and agony, which no man has a right to inflict upon
17 his fellow creatures. Ten years ago, Atul Gawande in
18 the New Yorker wrote that when we look back on this
19 period we'll-we'll look back at a time when we can go
20 and legal segregation, and we'll look back at a time
21 when we condoned legalized torture. Solitary
22 confinement violates fundamental human rights. It
23 violates the U.N. Standards on the treatment of
24 prisoners. I was privileged to be on the ABA Task
25 Force on the legal status of prisoners that led to

2 the adoption of standards for the treatment of
3 prisoners by the legal profession, and that it
4 condemns solitary confinement and [bell] says that's
5 a violation of the standards of the profession.
6 Solitary confinement is unnecessary. We now know
7 it's not needed. The profession has come to a
8 consensus that it can be done, that we can take care
9 of everyone without solitary confinement. It's
10 inflicted on tens of thousands of New York citizens
11 today. So, the City Council, we're at a historic
12 moment, and I'm just so happy that the City Council
13 has this resolution and I urge you to pass it. I
14 hope it will be passed unanimously by the City
15 Council.

16 CHAIRPERSON POWERS: Me, too.

17 NALA TOUSSAINT: Hello. My name is Nala
18 Toussaint. I speak as a woman of trans experience in
19 my role as a transgender Health Advocacy Coordinator
20 at Callen-Lorde as well as a part of the Trans Equity
21 Coalition and the Solution Coalition. So my
22 statements were focused on our support on Intro 1513,
23 a bill requiring all department facilities housing
24 transgender, gender non-conforming, non-binary and
25 intersex individuals to have access to comprehensive

2 mental health treatment. So, Callen-Lorde is a
3 community health center that provides integrated
4 primary and behavioral healthcare. We estimate more
5 than 20% of our behavioral health patients have
6 history with Criminal Justice System. We can attest
7 first hand to the need for behavioral health and
8 mental health service for TGNB individuals in New
9 York City's jails, and so if you see on one of the
10 testimonies, there are about five asks that we have
11 received from our response and communication to TGNB
12 folks who are incarcerated. So, we get over 20 a
13 year, and so I want to highlight the fifth
14 overarching ask, which is about receiving legal
15 support round discrimination in the prison system,
16 and including information regarding what their rights
17 are as transgender and gender non-binary inmates.
18 So, there's a lack of information. So the lack of
19 information is recurring—is a recurring theme in the
20 letters that we receive and which—what it does create
21 is a lack of—it creates a lack of hope, and it
22 creates isolation. I want to highlight two—about two
23 stories. One of our—a former patient named Brittany
24 was formerly incarcerated, and shared with out mental
25 health providers that she was placed in solitary

2 confinement while she served five years. She told
3 the provider that this was only option given, and it
4 explained that it was meant to save her life from the
5 inmates, but she ended up being ripped to pieces by
6 the guards. She explained that she was able to deal
7 with it most days because she was drugged by such-by-
8 with such--she had taken on medication. [bell] The-
9 can I just say one more point, please. One of our
10 youth, a transgender female shared with me that when
11 she was sent to New York City jail she had never--she
12 had never had sexual activity before. So imagine an
13 adolescent, your niece, your nephew, who had never
14 shared a romantic kiss or had sexual encounter with
15 anybody held in a male jail. Her sexual abuse being
16 raped multiple times per week in order to survive.
17 In order to have the costly protection by one co-
18 dwelling inmate from other inmates. So, there--there
19 are some other stories that I included in both of the
20 testimonies. Thank you so much again for supporting
21 these bills.

22 CHAIRPERSON POWERS: Thank you. Thank
23 you for everybody for your patients [applause] and
24 your advocacy here as well and I want to thank all
25 the groups who came before us and testified today.

2 As—as always on the legislation before us it's very—
3 extremely helpful to hear the comments and—and
4 positions of the groups that are—and—and agencies
5 that are working in this area, and we, you know,
6 after all these hearings we always find we have much
7 more work to do in areas where we didn't get enough
8 time to focus on it at this committee hearing as
9 well. So we look forward to our continued work
10 altogether. I want to thank again my staff for
11 helping to put this together, and—and thanks
12 everybody for—for being here today. Thanks. [gavel]

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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 May 28, 2019