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COMMITTEE ON GENERAL WELFARE

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON GENERAL WELFARE

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April 23, 2020
Start: 1:14 p.m.
Recess: 5:48 p.m.

HELD AT: Remote Hearing

B E F O R E: Stephen T. Levin,
Chairperson

COUNCIL MEMBERS:

- Vanessa L. Gibson
- Barry S. Grodenchik
- Robert F. Holden
- Brad S. Lander
- Antonio Reynoso
- Rafael Salamanca, Jr.
- Ritchie J. Torres
- Mark Treyger

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COMMITTEE ON GENERAL WELFARE

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A P P E A R A N C E S

Erin Drinkwater
Deputy Commissioner for Intergovernmental and
Legislative Affairs for the Department of Social
Services

Alfonzo Forney
Impacted individual

David Gayner[SP?]
Impacted individual

Winston Tulkahesa[SP?]
Impacted individual

Sharifa Harvey[SP?]
Impacted individual

Christian Jean Cascone[SP]
Impacted individual

Roberto Mengual[SP?]
Impacted individual

Christoph Myer[SP?]
Impacted individual

Shawn Kay[SP?]
Impacted individual

Denis Johnson
Commercial and Security Division Director and
Vice President of SCIU Local 32BJ

Joyce Pallard[SP?]
Impacted Individual

Marcus Moore[SP?]
Impacted Individual

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COMMITTEE ON GENERAL WELFARE

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Christoph Myer[SP?]
Impacted Individual

Donna Miller
Security officer in the shelter system

Joshua Goldfein
Legal Aid Society

Giselle Routhier
Coalition for the Homeless

Josh Dean
Human Debt NYC

Amy Bloomstack[SP?]
Neighbor's Together

Annie Carforo
Neighbors Together

Vernon Jones
Leadership Developer from Neighbors Together

Maria Walls
Homeless Can't Stay at Home Campaign

Kianna Davis
Urban Justice Center

Wendy O'Shields
Safety Net Activists

Michael Sisitzky
New York Civil Liberties Union

Kianna Davis
Reading testimony on behalf of Peter Malvan,
Vice President at Midnight Run

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COMMITTEE ON GENERAL WELFARE

Katie Zang
Housing Specialist from Womankind

Daneek Martinez
Shelter Resident living in Queens

1
2 COUNCIL CLERK: Alright Sergeant, will you start
3 all recordings. Good afternoon and welcome to
4 today's New York City Council General Welfare
5 Committee hearing. At this time, we ask everyone to
6 please silence all electronic devices. Please mute
7 your microphones on Zoom. Microphones will be turned
8 on when it is your time to speak. We will transfer
9 you over from panelists, excuse me, from attendees to
10 panelists when it is your turn to testify.

11 Any members of the public wishing to testify can
12 email their statement to testimony@council.nyc.gov..
13 Again, any members of the public wishing to testify
14 can email their testimony to
15 testimony@council.nyc.gov.. We will begin today's
16 General Welfare Committee hearing.

17 CHAIRPERSON LEVIN: [GAVEL] Thank you all for
18 joining our virtual hearing today on this very
19 important and timely issue regarding the city's plan
20 for individuals in congregate homeless shelters and
21 those that are unsheltered.

22 My name is Stephen Levin, I am Chair of the
23 General Welfare Committee and first I am going to
24 turn it over to our Committee Counsel Aminta Kilawan
25 to go over some procedural items.

1
2 AMINTA KILAWAN: Thank you Chair Levin. I am
3 Aminta Kilawan, Counsel to the General Welfare
4 Committee of the New York City Council.

5 Before we begin, I want to remind everyone that
6 you will be on mute until you are called to testify
7 and then you will be unmuted by the host. I will be
8 the one to call on panelists to testify, so please
9 listen for your name to be called and I will
10 periodically be announcing the next panelist to be
11 testifying.

12 The first panelist today will be Erin Drinkwater
13 from the Department of Social Services, join the
14 hearing. If Council Members would like to ask a
15 question, please use the Zoom raise hand function and
16 Chair Levin will be the one to call you in order of
17 what you raised hand. Please also note that for ease
18 of this virtual hearing, we will not be allowing a
19 second round of questioning and we will be limiting
20 Council Member questions to five minutes including
21 answers.

22 Thank you and I will turn it over again to Chair
23 Levin.

24

25

CHAIRPERSON LEVIN: Sorry, give me one moment here please. Alright, thank you for bearing with me for a moment here. Okay, can you all hear me okay?

Good afternoon everybody and welcome to this hearing of the City Council's Committee on General Welfare. Today, the Committee will hear Intro. 1927, that will require the Department of Homeless Services to provide private hotel rooms to single adults experiencing homelessness in the shelter system as well as to unsheltered single adults for the duration of this public health crisis.

The Administration recently announced their plan to move an additional 2,500 New Yorkers from crowded congregate settings in the shelter system into hotel rooms by the end of April. However, we need to ensure that all New Yorkers have access to safe and secure settings in the midst of this crisis.

There are approximately 19,000 New Yorkers in congregate settings in the shelter system and unsheltered on the street and subway. Those experiencing homelessness are more likely to have chronic health conditions and rely on hospitals and emergency departments for medical care. A Non-stably housed individual aged 50 years or older, has rates

1
2 of chronic medical condition similar to or higher
3 than a stably housed individual who is 15 to 20 years
4 older. We have a responsibility to ensure that those
5 experiencing homelessness have an ability to
6 appropriately socially distance and have reliable and
7 regular access to things like private bathrooms and
8 showers, which is not often possible under the
9 current conditions and in traditional congregate
10 shelter settings.

11 This bill, which required DHS to provide private
12 rooms to all single adults in the DHS shelter system,
13 as well as single adults experiencing homelessness
14 who are currently unsheltered. It would require that
15 DHS provide a daily report to the Speaker of the City
16 Council regarding the number of rooms DHS has made
17 available to single adults and that are occupied by
18 single adults. The unmet need for private rooms
19 among this population and aggregated demographic
20 information on single adults occupying private rooms.

21 The bill would also require that DHS create and
22 implement a plan that would ensure that shelters
23 reduce the risk of COVID-19 by locating beds at least
24 six feet apart unless they are located in a private
25 room occupied by members of the same family.

1
2 I hope that this bill that I am sponsoring today
3 will help to ensure that the thousands of New Yorkers
4 experiencing homelessness are better able to stay
5 safe and healthy during this difficult and uncertain
6 time and I want to thank Speaker Corey Johnson for
7 co-sponsoring this legislation with me today.

8 Thank you very much to the advocates who are
9 joining us remotely today and for sharing your
10 experiences and thank you to the representatives from
11 the Administration for joining us and I look forward
12 to hearing from you on these critical issues.

13 At this time, I would like to acknowledge my
14 colleagues who have joined us on this hearing today.
15 I would like to acknowledge Council Member Mark
16 Treyger, Council Member Barry Grodenchik, Council
17 Member Rafael Salamanca, Council Member Bob Holden,
18 Council Member Brad Lander, Council Member Antonio
19 Reynoso and Council Member Kalman Yeger is with us as
20 well. Council Member Keith Powers as well and we
21 expect other members to join us throughout the course
22 of the hearing.

23 I would also very much like to thank the staff
24 who has done a tremendous amount of work putting this
25 hearing together. Obviously, this is the first

1
2 remote hearing that we are doing at the City Council
3 and it took a significant amount of Administrative
4 work to make this a reality today and with a real
5 sensitivity to the urgency of the matter, the Council
6 staff did a remarkable job on getting this up and
7 running as quickly as they did.

8 So, I want to thank Aminta Kilawan Legislative
9 Counsel, Crystal Pond Senior Policy Analyst, Natalie
10 Omary Policy Analyst, Frank Sarno the Finance
11 Analyst, to the Committee as well as all of the
12 Council staff that put this all together. I also
13 want to thank my Chief of Staff Jonathan Boucher and
14 my Legislative Director Elizabeth Adams for their
15 work on getting this topic front and center and a
16 bill in front of this committee as quickly as
17 possible.

18 And with that, I will turn it over to the
19 representative from the Administration but I think,
20 sorry, bear with me, I think I'm going to turn it
21 back over to Counsel Kilawan to swear in the member
22 of the Administration that will be testifying Erin
23 Drinkwater, Deputy Commissioner of the Department of
24 Social Services and I'll turn it over to Counsel to
25 the Committee at this point.

1
2 AMINTA KILAWAN: I will now be calling on the
3 members of the Administration to testify. Ms. Erin
4 Drinkwater, Deputy Commissioner of the Department of
5 Social Services. Commissioner, would you please
6 raise your right hand.

7 Do you affirm to tell the truth, the whole truth
8 and nothing but the truth before this Committee and
9 to respond honestly to Council Member questions?

10 ERIN DRINKWATER: I do.

11 AMINTA KILAWAN: Thank you, you may begin when
12 you are ready.

13 ERIN DRINKWATER: Thank you. Good afternoon
14 Chairperson Levin and members of the General Welfare
15 Committee. My name is Erin Drinkwater and I am the
16 Deputy Commissioner for Intergovernmental and
17 Legislative Affairs for the Department of Social
18 Services. Thank you for this opportunity to testify
19 today about the agency's COVID-19 response for New
20 Yorkers experiencing homelessness as you consider
21 legislation related to our agency services. At the
22 outset, I want to acknowledge the work of the
23 Department of Social Services, Human Resources
24 Administration and the Department of Homeless
25 Services. As well as, our contracted provider staff,

1
2 we are on the front lines including providing shelter
3 and services to those with no other place to go and
4 connecting New Yorkers in need to essential resources
5 to help make ends meet, which is even more important
6 in these extraordinary times.

7 As our city confronts this virus, we are
8 marshaling every tool and resource at our disposal to
9 meet this moment and protect the New Yorkers who we
10 serve. From developing protocols with Health and
11 Hospitals to ensure anyone who needs it can access
12 care, to opening hundreds of dedicated isolation
13 units at commercial hotels, to proactively relocating
14 vulnerable New Yorkers and strategically transferring
15 single adults out of large shelters, we have
16 responded to an unprecedented crisis with
17 unprecedented action.

18 Since this crisis began, we have responded with
19 speed in a comprehensive scope taking extraordinary
20 steps to change how we provide benefits and client
21 services. HRA has been focused on making it easier
22 for clients to access and stay connected to benefits
23 including eliminating all adverse case actions during
24 this time.

1
2 DHS's agencywide planning began in February,
3 recognizing the unique challenges facing New Yorkers
4 experiencing homelessness who are both sheltered and
5 unsheltered. On March 3, 2020, DHS provided
6 information and the Department of Health and Mental
7 Hygiene guidance to providers at our executive
8 director shelter meeting.

9 As a follow up, on March 4, we issued our first
10 agency specific guidance which included a COVID-19
11 advisory letter from DHS. Since these initial
12 communications, we have continued to provide regular
13 updates on evolving health guidance, stand up
14 isolation locations as required to meet the need,
15 hold weekly meetings with shelter medical directors
16 hosted by the DHS Office of the Medical Director and
17 distribute PPE as it becomes available in the supply
18 chain as well as face coverings.

19 On March 23rd, we hosted our first Commissioners
20 call with over 400 elected officials, providers and
21 community based organizations and advocates to share
22 critical information about our client services during
23 this crisis. Since then, we have held weekly
24 Commissioners calls and send weekly follow up
25 communication that includes a recording of each weeks

1
2 call and important new information related to
3 questions asked on the call.

4 Each week, this update is sent to over 4,000
5 elected officials, providers, community based
6 organizations and advocates. In the April 16th New
7 York Times Daily Report, we were credited with our
8 transparency in reporting. "The City's Department of
9 Homeless Services is tracking and releasing
10 information about confirmed virus cases and deaths."
11 Other city and state agencies that run group shelters
12 have not disclosed that information. And I want to
13 just pause to point out that the information that I
14 will be referencing in today's testimony refers to
15 our April 21st data but we will continue to release
16 that data daily.

17 This report in the New York Times also noted our
18 efforts to try to contain the viruses spread. The
19 city's plan calls for moving about 2,500 single
20 adults including people over 70 with those, those
21 with underlying health conditions and those staying
22 in the 10 most densely populated city shelters to
23 hotel rooms by the end of the month.

24 Ensuring the agency is providing up to date
25 guidance to our providers has been critical in order

1
2 to ensure they have a sensual direction to identify
3 signs and symptoms of COVID-19 and COVID-like illness
4 and immediately connect clients to care. Since the
5 beginning of March, we have provided guidance by
6 email distribution as well as uploading guidance to
7 the DHS provider portal. This include facts sheets
8 and tips ranging from general information about the
9 virus to cleaning and social distancing protocols to
10 up-to-date guidance on COVID-19 screening for clients
11 in shelters as well as those who are unsheltered.

12 We have included information on provider social
13 distancing, FAQ's, mask guidance and face covering
14 FAQ's. Topics of the guidance also include the DHS
15 COVID-19 isolation plan and best practices, including
16 isolation site guidance and work clothes including
17 the isolation advisory letter to clients. Hospital
18 protocol discharge to isolation and discharge,
19 excuse, me and DHS isolation discharge criteria and
20 the isolation discharge process. And we have been
21 working closely with our providers to ensure their
22 financial stability including sharing central city
23 guidance related to increased service costs as a
24 result of the COVID emergency and developing new work
25

1
2 scopes and budgets to account for the increase in
3 COVID related needs.

4 DSS, DHS and HRA remains steady, ready and
5 prepared to connect clients to medical services they
6 might need for any reason including those related to
7 COVID-19 or COVID-19-like symptoms. We continue to
8 convey the city's latest guidance from health experts
9 to our social service provider partners, including
10 our shelter providers, such as what signs and
11 symptoms they should be on the look out for, next
12 steps and best practices for discussing the matter
13 with clients, next steps for connecting clients to
14 care and how to report any concerns promptly should
15 they arise.

16 DSS also continues to communicate to clients
17 these same instructions regarding the signs and
18 symptoms of COVID and practices to avoid
19 transmission, encouraging them to speak up, if and
20 when they feel at all sick or experience any of the
21 identified symptoms.

22 Each day, we are adapting in shelter to increase
23 social distancing and limiting gathering. Every
24 single day, our teams are working in lockstep across
25 government and in partnership with providers to

1
2 ensure we have up-to-date plans that are responsive
3 to the real time evolving needs and a changing
4 situation which includes implementing social distance
5 strategies across our system.

6 It is important to remind the community and those
7 watching that those individuals and family in adult
8 family shelters live in separate units, not
9 congregate settings and account for approximately
10 three quarters of our system that currently houses
11 approximately 58,000 people.

12 For locations providing shelter to single adults,
13 which is the focus of today's hearing, dorms tend to
14 be on average eight to ten beds per room. In these
15 single adult congregate locations, of which there are
16 approximately 100 out of approximately 450 shelter
17 locations citywide, we continue to modify our
18 approach to services and programs to increase social
19 distancing. For example, while clients were not
20 required to leave their shelters during the day prior
21 to COVID-19, they did have to leave their dorms for
22 cleaning. We adjusted this requirement to increase
23 client access to units throughout the day and to
24 allow for increased social distancing. We have also
25 extended and staggered mealtimes to limit gatherings

1
2 in dining areas. DSS, DHS developed multiprong
3 responses for implementing city and DOHMH guidance on
4 isolation and COVID-19 virus mitigation. The use of
5 commercial hotel rooms has been and continues to be
6 an essential part of these strategies. With more
7 than 700 commercial hotel beds available for
8 isolation and more brought on as we build out our
9 arsenal for fighting this virus.

10 DSS, DHS, developed a screening tool with Health
11 and Hospitals to ensure shelter providers and staff
12 have a clear protocol for identifying clients who are
13 experiencing possible symptoms and promptly
14 connecting them to assessment and hospital care as
15 needed.

16 DHS follows city guidance, which applies to all
17 New Yorkers regardless of housing status to only seek
18 hospital care if urgently needed. As such, we
19 developed and are utilizing the H&H protocol for
20 immediately connecting clients to hospital care as
21 the situation or their symptoms require. If there is an
22 onsite medical provider, the provider will coordinate
23 with H&H to determine what level of care is needed.
24 Hospitalization or an isolation placement, otherwise
25 shelter providers use a teleconference medicine

1
2 screen and clients are referred to either the
3 emergency room or an isolation site, depending on
4 their needs.

5 Recognizing the demands on the healthcare system
6 across the city, we have developed and implemented a
7 clear protocol for isolation of any symptomatic
8 individuals. This protocol is utilized for any
9 client you expresses experiencing COVID-like symptoms
10 or mild illness to refer them to an isolation site
11 for monitoring and recovery. Including isolating
12 them at their shelter, pending transportation and
13 then transporting them to an isolation site directly,
14 so that clients who are experiencing symptoms do not
15 remain onsite at congregate locations.

16 In mid-March, DSS, DHS first converted a free
17 standing shelter with rooms to a temporary isolation
18 site, and then, began transitioning two of its
19 existing commercial hotel locations for uses
20 isolation hotels.

21 This quickly allowed the agency to move to
22 isolate, confirmed and suspected COVID-19 positive
23 cases where hospitalization was not required, as well
24 as individuals exhibiting COVID-like symptoms and/or
25 mild illness. DHS has brought on units specifically

1
2 for isolation and this week, we have more than 700
3 isolation beds available across five locations and we
4 are bringing on additional beds and additional hotels
5 to meet necessary to meet the need and the evolving
6 guidance on isolation length of stay requirements.

7 As of April 21st, there are approximately 400
8 total individuals in DSS, DHS isolation beds.
9 Including individuals who were tested and confirmed
10 positive but did not require hospitalization, as well
11 as individuals who have experienced COVID-like
12 symptoms or mild illness who have not been tested but
13 who are being isolated for monitoring and recovering,
14 aligning with the latest city guidance from health
15 experts.

16 We are pleased to report that this number has
17 decreased as more of our clients are able to be
18 discharged after completing their isolation and
19 departing without symptoms. As of April 21st, 453
20 total individuals have completed and departed
21 isolation. Including 160 confirmed positive
22 discharged cases, as well as previously symptomatic
23 individuals who we isolated for monitoring and
24 recover and who have left isolation after a required
25 period including no longer exhibiting symptoms.

1
2 Even in the midst of pandemic, we continue to
3 focus on permanent housing placements, which are the
4 best long term options for our clients. We have
5 rolled out a virtual walk through, permanent housing
6 inspection process to continue move outs and we are
7 creating new housing opportunities for households
8 experiencing homelessness through master leasing and
9 collaboration with the Department of Housing,
10 Preservation and Development. Between March 1st and
11 April 20th, we moved over 1,100 individuals into
12 permanent housing including 500 from our single adult
13 system through subsidized rules.

14 Utilizing existing DHS shelter capacity, we also
15 began strategically transferring some of our most
16 vulnerable clients in congregate shelters who are not
17 sick and/or are non-symptomatic, asymptomatic at this
18 time. At an abundance of caution, DHS Relocation
19 Initiative for clients 70 years and older in
20 congregate shelter, using three existing DHS
21 commercial hotel locations. This initiative is not
22 without its challenges to execute in the middle of a
23 pandemic. For example, during this initiative, at
24 one of our single adult locations dedicated to
25 seniors about half of the residents opted not to

1
2 relocate into hotels. Nevertheless, those clients
3 who chose not to relocate are still better off as a
4 result of their relocation of the other half of its
5 residents because they were in a less dense
6 environment.

7 We expect to complete this 70 plus initiative
8 this week and move out as many of these clients who
9 agreed to do so. Building on what we have learned
10 through this 70 plus effort, as well as our school
11 proximity OPT-IN Move Initiative for families that we
12 began in 2018, we are also proactively relocating New
13 Yorkers from ten larger shelter locations, including
14 assessment shelters to commercial hotel units where
15 they can isolate during this crisis.

16 We anticipate that this initiative could further
17 protect another 1,500 individuals identified for
18 relocation from these sites. At the same time, there
19 is an associated benefit of reduced density and
20 greater social distancing for those clients who
21 remain in these traditional shelters.

22 DHS's tiered approach focuses on targeting need
23 based on individual vulnerability risk, as well as
24 individual site configuration. As we have stated
25 previously, we inherited a haphazard system and

1
2 therefore a response to mitigating this crisis among
3 our single adult clients require careful
4 consideration of the individual needs of our clients
5 coupled with protecting the public health during this
6 global pandemic. Which could be endangered during
7 mass migration of all clients in congregate shelters.
8 Overall, in our single adult shelter system, out of
9 the approximately 17,000 people in shelter, more than
10 3,500 individuals are in commercial hotels and non-
11 congregate shelter through our pre-COVID program for
12 employed or employable clients and others who do not
13 need a high level of social services.

14 Through our isolation, 70 plus and Density
15 Reduction Initiatives, another approximately 2,500
16 single adults are being moved from congregate
17 shelters to commercial hotels. Through all of these
18 hotel initiatives, as of yesterday, 5,000 single
19 adults are now in commercial hotels. Accordingly, in
20 short order when we complete this phase of our
21 priority relocations this week, approximately 6,000
22 or one-third of the single adults in shelter will be
23 in commercial hotel rooms. But we are not stopping
24 there and as we have communicated on our weekly
25 commissioner calls; we will continue to relocate

1 clients from congregate shelters to commercial hotels
2 on a priority basis for those who are most vulnerable
3 and those clients in locations that require greater
4 density reduction for social distancing. We will
5 continue these initiatives and transfers as quickly
6 as possible and explore additional populations for
7 relocation and policy responses to the evolving
8 situation.
9

10 DSS, HRA, DHS, faces the same larger supply chain
11 issues across the city and indeed the country. As
12 the Mayor has stated, hospitals are aware the
13 supplies are urgently needed and continue to be
14 prioritized. That said, as early as March 7th, we
15 distributed a supply of surgical masks for shelter to
16 use for those clients exhibiting symptoms and we were
17 able to obtain nearly 94,000 KM 95 masks for shelter
18 staff on April 6th. In addition to this delivery, we
19 secured a half a million more masks that we pushed
20 out to the front lines of DHS and HRA staff,
21 including DHS Peace Officers and HRA client basing
22 centers along with hand sanitizer. We also
23 distributed gloves to DHS PD and at HRA client basing
24 centers to protect staff who by the nature of their
25 work are not able to maintain social distancing.

1
2 As guidance from health experts changed, we
3 secured our first shipment of face coverings for
4 clients in shelter and continue to source appropriate
5 face coverings for our clients pursuant to the city's
6 latest guidance on cloth, nonsurgical face coverings
7 for New Yorkers.

8 We also bolstered our existing medical clinic
9 staff at DHS intake centers through the procurement
10 of new nursing staff to conduct COVID-19 and COVID-
11 like illness screenings at the front door to the
12 shelter system 24/7. We were able to obtain
13 thousands of disposable thermometers which have been
14 distributed to all shelter locations citywide, though
15 we recognize the supply is only expected to get us
16 through the next couple of days and we are continuing
17 to work with our city agency partners to increase our
18 supply.

19 In addition to these disposable thermometers, we
20 obtained 2,000 reusable thermometers which have been
21 distributed to our intake assessment and isolation
22 sites. Ensuring we are able to rapidly check some
23 ones temperature if they indicate they are not
24 feeling well and/or express symptoms, so we can
25

1
2 connect them immediately to care and/or isolation as
3 appropriate.

4 We continue our efforts to expand and strengthen
5 these capabilities and OEM is actively working to
6 procure additional thermometers for us. Outreached
7 New Yorkers experiencing unsheltered homelessness
8 remains an essential service and outreached workers
9 are essential workers connecting New Yorkers
10 experiencing unsheltered homelessness with services.

11 DHS continues to convey the city's latest
12 guidance from health experts to our social service
13 provider partners including our outreach providers
14 under the HOME-STAT program. Such as, what signs and
15 symptoms should they be on the look out for. Next
16 steps, best practices for discussing the matter with
17 clients, next steps for connecting clients to care
18 and how to report up any concerns promptly should
19 they arise.

20 As of the night of March 9th, DHS rolled out a
21 street homeless screening process to hundreds of
22 street outreach workers to identify street homeless
23 individuals who may be experiencing possible symptoms
24 and connect them to testing and assessment at Health
25 and Hospitals.

1
2 DHS HOME-STAT outreach teams continue their 24/7,
3 365 day a year outreach engaging known homeless New
4 Yorkers as well as other New Yorkers they encounter
5 on the street to obtain more information including
6 information about their living situations in order to
7 help them get back on their feet.

8 Similar to DHS's extreme weather protocols,
9 during the COVID-19 pandemic, outreach teams
10 prioritize a health protection and risk prevention
11 approach. As part of their around the clock ongoing
12 operations, they integrated DOHMH guidance into their
13 outreach practice, asking clients about their health
14 and wellbeing, including questions aimed at
15 determining whether individuals have any COVID-19
16 symptoms.

17 If any individual affirms, they are experiencing
18 symptoms, outreach teams contact EMS to transport to
19 an H&H facility and report the interaction to DHS.
20 As of April 20th, DHS outreach teams have conducted
21 more than 15,000 engagements on the topic of COVID-
22 19, including surveying clients in each of those
23 engagements regarding whether they are experiencing
24 any symptoms. As a result, those outreach teams have
25 made 12 referrals to care including transporting each

1 of those 12 clients to H&H locations for further
2 investigation. All of these transports have been
3 voluntary. At this time, these referrals have not
4 resulted in any positive cases. As a part of our
5 concerted coordinated response, the evolving
6 situation in New York City as it relates to COVID-19,
7 we proactively provided outreach teams with resources
8 for clients and staff alike. We made PPE face masks
9 available to our outreach teams similar to our
10 shelter providers. We also have given our outreach
11 teams new resources to distribute to unsheltered New
12 Yorkers as we continue to engage them for services.
13 Evaluating them for any signs of symptoms and
14 emphasize that we are here to support them, including
15 cleaning wipes and new socks. And to ensure New
16 Yorkers living in shelter can access facilities to
17 maintain basic hygiene, the city is temporary
18 deploying portable toilets and hand washing stations
19 to twelve locations across the five boroughs,
20 including three toilets and two hand washing stations
21 per location. Locations were chosen based on input
22 from outreach teams identifying specific spots where
23 they were most needed.
24
25

1
2 As we have announced previously, we are also
3 bringing on additional 75 safe haven beds beginning
4 tomorrow and 120 new stabilization beds to help bring
5 more clients experiencing street homelessness inside
6 beginning next week.

7 As of April 21st, there were 639 total positive
8 cases DHS is tracking, including 556 cases among
9 sheltered New Yorkers across 158 shelter locations.
10 453 of these cases are for single adults residing in
11 94 single adult shelter locations. 107 of these
12 single adult cases were located at assessment sites,
13 meaning those cases were identified and individuals
14 were connected to care before being placed into any
15 ongoing shelter. This also includes 103 cases among
16 families including families with children and adult
17 families.

18 As of April 21st, there are 25 confirmed positive
19 cases of COVID-19 among New Yorkers in our programs
20 for clients who have come in from the streets. 19
21 connected to care from 9 of our sites dedicated to
22 serving unsheltered New Yorkers, such as safe havens
23 and/or drop in centers. Which follow the same
24 symptom identification and isolation protocol as
25 shelter providers as outlined above and six

1
2 individuals who visited the hospital on their own
3 were reconnected to us by agency partners.

4 Additionally, we are tracking 58 agency referrals
5 which connect unstably housed individuals to care and
6 isolation via referral from partner agencies.

7 In accordance with DOHMH guidance, we've
8 comprehensively cleaned location in which a client
9 has tested positive. Further, these sites are
10 actively monitoring other clients and staff for
11 anyone who expresses they may be experiencing
12 symptoms. And systemwide, we remain in close contact
13 with shelters and provider partners related to any
14 individuals who may feel sick or be concerned about
15 symptoms. Finally, it is with great sadness that I
16 report that as of April 21st, there were 48 deaths
17 across our system related to COVID-19. On behalf of
18 the agency, we mourn these lives lost and offer our
19 heartfelt condolences to these individuals families,
20 friends, as well as the client and staff during this
21 difficult time.

22 As always, we look forward to working with the
23 Council and discussing the proposed legislation to
24 reach an appropriate resolution. In that process, we
25

1 ask you to consider the following challenges that
2 relate to the proposed legislation.

3 DOHMH released new guidance in respect to
4 congregate shelters and isolation, a copy of which is
5 attached. I realize I will send that to you. In
6 part, the guidance provides for the use of double
7 occupancy commercial hotel rooms. The proposed
8 legislation requires the use of single occupancy
9 hotel rooms. The cost implications for the city are
10 as follows: Pre-COVID-19 including social services,
11 DHS had been paying \$17 million per month to rent
12 approximately 3,500 beds in double occupancy hotel
13 rooms for single adults.

14 Under the legislation requiring single occupancy,
15 that cost would increase to \$28 million per month for
16 additional hotel rooms and incremental costs for
17 security and operations. DHS has been paying \$5.5
18 million per month to rent approximately 700 beds in
19 double occupancy hotel rooms at isolation sites
20 including medical services and operations cost.
21 Double occupancy is consistent with the DOHMH
22 guidance. Under the legislation requiring single
23 occupancy, this cost would increase to \$8.5 million
24 per month.
25

1
2 Under the DHS 70 plus and density reduction
3 initiatives, DHS will be paying \$7 million per month
4 to rent and provide incremental services for beds in
5 double occupancy hotel rooms at isolation sites.

6 Double occupancy is consistent with the DOHMH
7 guidance. Under the legislation requiring single
8 occupancy, this cost would increase to \$11 million
9 per month. Rehousing the remaining 13,000 residents
10 of congregate shelter in single occupancy commercial
11 hotel rooms under the legislation, would cost \$64
12 million per month including incremental costs such as
13 security, maintenance and meals which are more
14 expensive to provide in hotels. As we have found in
15 the 70 Plus and Density Reduction Initiatives, not
16 all clients will want to relocate and not all clients
17 have their mental health and substance needs met in
18 commercial hotel rooms as opposed to a shelter
19 environment.

20 The legislation makes no provision for addressing
21 these client service needs. Accordingly, the city
22 would have to pay to both maintain shelter operations
23 at existing sites and appropriately staff commercial
24 hotels with social service staff. Operational staff
25 and security.

1
2 While the cost for rooms would decline in these
3 circumstances, service costs would increase on a per
4 client basis. We would also expect significant costs
5 for transportation, logistical coordination and
6 agency administrative costs that we have not
7 quantified in the limited time since the bill was
8 provided two days ago and introduced yesterday. But
9 would pose another pressure on the budget at this
10 difficult and uncertain time in terms of the city
11 financial footing.

12 In total, we estimate the cost of this
13 legislation, exclusive of costs for sites we have
14 already committed to for isolation and reducing
15 density to increasing social distancing to be over
16 \$82 million a month or \$495 million over the course
17 of six months.

18 In selecting hotel sites to transfer clients out
19 of congregate shelters, we will need to select hotels
20 located as close as possible to where clients have
21 been residing, so we can provide an opportunity to be
22 rehoused as close as possible to where their services
23 are. In doing so, we will need support for these
24 site locations, which as we know from past experience
25 has generated significant opposition.

1
2 Lastly, the Law Department has concerns about
3 this bill as it relates to DHS's role as an agent of
4 the state and recent gubernatorial executive orders
5 addressing the current health emergency.

6 To close, when we complete the priority
7 relocations this week, approximately 6,000 or one
8 third of the single adults in shelter will be in
9 commercial hotel rooms and as we have stated, we are
10 not stopping there. We will continue to relocate
11 clients from congregate shelters to commercial hotels
12 on a priority basis for the most vulnerable, to
13 continue to safeguard the health and safety of our
14 clients.

15 I now welcome any questions that you might have
16 but in conclusion, I want to again extend my
17 gratitude to our central staff, including provider
18 partners, shelter staff and outreach teams who
19 continue to report to duty to support the city's most
20 vulnerable residents. We applaud their efforts of
21 our social service first responders on the front line
22 helping so many get through this unprecedented time
23 to get back on their feet and we redouble these
24 efforts every day.

25 Thank you.

1
2 CHAIRPERSON LEVIN: Oh, sorry. I am sorry, I
3 just want to, I do not know if you heard that but I
4 want to acknowledge Council Members Gibson and Torres
5 who have joined us and I want to thank you Deputy
6 Commissioner for your testimony. I will ask a few
7 questions and then I will go onto my colleagues who
8 have questions as well.

9 Just a note to Council Members, if you have
10 questions, please use the raise hand function on
11 Zoom. That should be on the top right hand corner
12 under the more, the three dots that say more
13 underneath and if you press that, you will be able to
14 see that you can raise your hand. That is how you
15 can ask questions.

16 So, my first question Deputy Commissioner, our
17 understanding is that FEMA reimburses the city for
18 its cost associated with hotel rooms, taken out for
19 COVID related matters. Is that your understanding as
20 well? Can you hear me okay?

21 ERIN DRINKWATER: I can hear you, I am just
22 trying to, okay. I was trying to unmute, thank you.
23 Thank you for the question. So, we are in direct
24 communication with OMB making a clear understanding
25 of what costs would be reimbursable under FEMA. We

1
2 have done a top line analysis of the legislation and
3 I think there are some concerns primarily around the
4 reimbursement that would be associated with the
5 social service provision in the commercial hotels.
6 We know for certain that those services would not be
7 reimbursable but for a full understanding of the FEMA
8 reimbursement, I think we need a little bit
9 additional time and support from OMB to understand
10 the cost of locations here.

11 CHAIRPERSON LEVIN: But with the cost of the
12 hotel rooms themselves, do you have any insight into
13 that yet from OMB?

14 ERIN DRINKWATER: So, what they have shared with
15 me is there are some restrictions on the way in which
16 the FEMA reimbursement for hotels would be applied.
17 And so, I think that working with them to get a
18 better understanding, it is unclear at this moment
19 sort of which of those funds would be fully
20 reimbursable.

21 CHAIRPERSON LEVIN: Okay, do you have a sense of
22 when you may have an answer on that question from
23 OMB?

24 ERIN DRINKWATER: We can continue to work as
25 quickly as possible to get you that information.

1 CHAIRPERSON LEVIN: Okay.

2 ERIN DRINKWATER: I would say that the social
3 service cost alone and that would not be
4 reimbursable, is about \$135 million annualize and I
5 think that that's one piece we know for sure.

6 The particular nuances of what FEMA will
7 reimburse on the hotels, we're gathering more
8 information and can get back to the committee.

9 CHAIRPERSON LEVIN: Okay, certainly, our
10 understanding is that - now, are these rooms being
11 contracted through DHS contracts or are they
12 utilizing the OEM contracts?

13 Oh, you're still on - you're on mute again.

14 ERIN DRINKWATER: There we go, can you hear me?

15 CHAIRPERSON LEVIN: Yes.

16 ERIN DRINKWATER: So, if you recall, we were able
17 to utilize for the 70 Plus moves that we started
18 existing DHS capacity. We were able relocate
19 families with children who were occupying those
20 commercial hotel facilities and move them across the
21 system to then quickly utilize those locations for
22 the purposes of **[INAUDIBLE 40:21]**.

23

24

25

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2 For the hotels that we are opening up and
3 expanding, they are under DHS contracts for their
4 providers.

5 CHAIRPERSON LEVIN: Is there, back to that FEMA
6 question, do you have any sense of whether that has
7 any bearing on that question, whether it's a DHS
8 contract or an OEM contract?

9 ERIN DRINKWATER: So, I'm not precisely familiar
10 with all of the nuances of the FEMA but some of the
11 details that I am familiar with relate to if an
12 individual has tested positive and if an individual
13 has been exposed.

14 So, the nuance, the difference between the
15 isolation capacity that we're setting up to what we
16 have referred to as the Density Relocation initiative
17 that we have.

18 CHAIRPERSON LEVIN: Well, I think it's safe to
19 assume, I don't want to say it's safe to assume. It
20 is rational and a compelling case can be made that
21 anyone in a congregate setting has likely been
22 exposed in some way. I think that you know, the data
23 that we could extrapolate from hospitalization rates;
24 I just saw that some preliminary results came from
25 the governors antibody test trial that that have been

1
2 potentially not qualify for FEMA reimbursement
3 because of the small size of the setting that they
4 are in, right. They are not in congregate locations.

5 CHAIRPERSON LEVIN: Well, right, they were in a
6 hotel setting before COVID.

7 ERIN DRINKWATER: Correct.

8 CHAIRPERSON LEVIN: So, that would, right, so I
9 wouldn't expect them to be. But anyone that's moved
10 out of congregate or moved from an unsheltered
11 environment into a hotel room, you know, I that
12 that's a different justification.

13 What is the current daily rate on hotel rooms and
14 has that been impacted by the fact that demand for
15 hotel rooms in New York City has you know,
16 evaporated? There is no tourists in New York City.
17 You know, hotel rooms, hotels are desperate to have
18 their rooms filled.

19 ERIN DRINKWATER: Right, I can get you the daily
20 rate.

21 CHAIRPERSON LEVIN: I'm assuming that that is not
22 the same as the daily rate in December of 2019?

23 ERIN DRINKWATER: I will confirm.
24
25

1
2 CHAIRPERSON LEVIN: Okay, and these are all
3 questions also for our fiscal impact statement that
4 we need to do for this bill.

5 Are you familiar with, there's a new CDC
6 guidelines that came out just this week regarding how
7 cities should engage on, with people experiencing
8 homelessness?

9 ERIN DRINKWATER: I have not personally seen it.

10 CHAIRPERSON LEVIN: Okay, it's very interesting.
11 The first thing that it says, I think this is
12 important, is that this is from, I'm just reading
13 from it right now.

14 Community Coalition based COVID-19 prevention and
15 response. It says planning in response to COVID-19
16 transmission among people experiencing homelessness,
17 requires a "whole community approach" which means
18 that you are involving; this is a statement to our
19 social services agencies. Meaning, so you refers to
20 DSS. Which means that you are involving partners in
21 the development of your response planning and then
22 everyone's role and responsibilities are clear.
23 Table One, which I'll speak to, outlines some the
24 activities to keep partners to consider for whole
25 community approach.

1
2 And then Table One indicates, connect with key
3 partners to make sure that you can all easily
4 communicate with each other while preparing for and
5 responding to cases. A community coalition focused
6 on COVID-19 planning should include local and state
7 health departments, homeless services providers and
8 continuum of care leadership. Emergency management,
9 law enforcement, healthcare providers, housing
10 authorities, local government leadership and other
11 support services like outreach, case management and
12 behavioral health support.

13 Has DSS involved continuum of care leadership in
14 homeless services providers in planning for your
15 response?

16 ERIN DRINKWATER: So, I mean we maintain open
17 lines of communication with our providers, with our
18 sister agencies around the agencies response. I
19 think that line of communication is really important
20 to make sure that information gets out timely and is
21 immediately available, so that way we can continue to
22 prioritize the health and safety of our clients.

23 CHAIRPERSON LEVIN: Okay, sorry, is there, I
24 think they are saying specifically I mean, I think
25 just one, one thing I just want to repeat here is

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2 that there should be a whole community approach,
3 which means that you are involving partners in the
4 development of your response planning and that
5 everyone's roles and responsibilities are clear.

6 That's a pretty descriptive instruction from CDC.
7 That would indicate you know, a somewhat formal
8 configuration involving continuum of care leadership
9 and homeless service providers. I just want to
10 reinforce that that you know, in addition to having
11 open lines of communication, I think that what this
12 is indicating is that there is a somewhat formal
13 planning mechanism in place that ought to include
14 continuum of care leadership in homeless services
15 providers.

16 ERIN DRINKWATER: And in my testimony I
17 referenced how our office of the Medical Director is
18 regularly meeting with our medical providers in
19 shelter. We continue to meet, as I said, with our
20 executive directors. We've coordinated with meetings
21 with HSU and medical providers, as well as ongoing,
22 the continuum of care leadership.

23 So, those conversations are happening. I mean
24 the matter is, is that we can't do the work to
25

1
2 shelter homeless New Yorkers without the partnership
3 of our providers.

4 CHAIRPERSON LEVIN: If I can make a
5 recommendation, setting up some type of hearing. I
6 mean, here we are doing a hearing over Zoom, they did
7 the Stated meeting over Zoom. I would recommend that
8 such a planning configuration be put together either
9 through Zoom or some type of virtual setting. Other
10 virtual setting that can allow for a kind of thorough
11 and on the record conversation among that. You know,
12 using that whole community approach. So, according
13 to the CDC guidelines.

14 So, I mean, one thing I hadn't said at the outset
15 that I think I do want to highlight is you know, I
16 think that what we've seen in other jurisdictions, so
17 in San Francisco for example, there was one
18 congregate setting that had I believe 90 or over 90
19 cases of a COVID in a single shelter. We've seen
20 other settings where we've had outbreaks because the
21 environment itself is a high risk environment.

22 So, obviously, we've seen the nursing homes, the
23 Diamond Princess Cruz. So, these are settings that
24 are conducive to spreading. Particularly if somebody
25 happens to be what they call super spreader, somebody

1
2 with a high viral load that can then infect a lot of
3 people and we see this in church settings and other.
4 These are just basic high risk settings.

5 Just based on that, I think that we've been
6 fortunate that we have not seen a wider outbreak
7 within our congregate shelters and so, the urgency of
8 this bill has to do with the fact that you know, it's
9 almost a question of when and not if there will be a
10 large scale outbreak in a congregate setting. And
11 so, as we're approaching in the next six weeks, a
12 reduction in the number of cases due to our social
13 distancing measures that we've been all taking, you
14 know, we're going to reopen this city. That is going
15 to, it is inevitable that we are going to then see an
16 uptick in transmission. And so, we have a bit of an
17 opportunity over the next six weeks, where we're
18 going to continue to see a reduction in transmission
19 as we're continuing to all stay home. Once we open
20 this city back up, it is inevitable that we will be
21 seeing an increase in transmission.

22 So, the urgency of this is to, we want to make
23 sure that we are utilizing this time and that we are
24 not then in the beginning of June, when we reopen
25 this city, still in a position where we don't have a

1
2 plan implemented as it pertains to moving people into
3 these hotel rooms.

4 And I'll get a response to that.

5 ERIN DRINKWATER: Sure, I'd like to respond. I
6 think that what this agency has demonstrated was the
7 rapid response that we executed. As I mentioned in
8 my testimony, we opened up isolation capacity in the
9 middle of June and we have been closely tracking and
10 monitoring our cases. And I think that what we have
11 seen is a testament really to the work across this
12 agency and in lockstep with our government partners
13 and most importantly with our providers who are on
14 the frontlines of those response every day asking
15 clients about symptoms, relaying written information
16 to them and really making sure that our clients have
17 the information that they need and also, the
18 resources that they need to stay safe.

19 And just reiterating the numbers in the
20 testimony. As of April 21st, there were 639 total
21 positive cases that DHS is tracking. That include
22 556 cases among sheltered New Yorkers across 158
23 locations. 453 are in the single adult system,
24 residing in 94 shelter location and 107 of those were
25 at assessment sites, meaning that those case were

1 identified before folks entered into shelter. And I
2 think that you know, our ability to be able to track
3 and to monitor, to ask clients about symptoms that if
4 clients express that they are experiencing symptoms
5 to immediately step into action to provide the client
6 a face mask, to isolate them in a location in the
7 shelter while we're able to either connect them with
8 the onsite medical care and/or through a telemedicine
9 phone call to determine what is the most appropriate
10 next step for that client, to make sure that we do
11 not bombard the health system. But also, that we
12 manage the situation accordingly, that if they do in
13 fact need isolation space, that we're able to
14 transfer them immediately and make sure that they are
15 connected to obtaining the necessary meals while they
16 are in isolation, so they can recover and come back
17 to the shelters.

19 CHAIRPERSON LEVIN: Understood, I just again want
20 to reiterate that this is about preventing a
21 widespread outbreak within a congregate setting. So,
22 while, I mean, as we all know, you know, there is
23 asymptomatic spreading of this virus. We know that
24 people are going to be infectious 48 hours prior to
25 showing any symptoms. You know, there could very

1
2 easily be a widespread outbreak within a congregate
3 setting before anybody even becomes symptomatic and
4 that's pretty clear.

5 But one thing I just wanted to present to you, I
6 don't know if you saw this, I'm reading an article
7 from The Hill that was published yesterday that is
8 regarding Governor Cuomo's meeting with President
9 Trump at the White House. Cuomo also said in the
10 briefing that the President agreed to waive the cost
11 sharing requirement that usually comes with aid from
12 FEMA. An issue that the Governor's wrote to
13 congressional leadership about at the beginning of
14 April. "FEMA has authorized to increase the federal
15 cost share to 100 percent for emergency work
16 including direct federal assistance." "If warranted
17 by the need of a disaster, the group or at the time."
18 FEMA guidelines state that when a federal disaster
19 has been declared in a state, the federal government
20 can provide up to 75 percent of the cost with the
21 state paying the other 25 percent and with the
22 waiver, states are now exempt from this when it comes
23 to coronavirus related FEMA aids.

24 So, we should inquire further about whether 100
25 percent of the cost of hotel rooms might be

1
2 reimbursable by FEMA. In which case, obviously the
3 cost of the city then would be just the cost of the
4 social services and security staff.

5 ERIN DRINKWATER: There is also operational cost
6 associated with it. The mass of 13,000 individuals
7 does create challenges especially in an environment
8 in which we are practicing social distancing. We
9 can't just put you know, 20 clients on a bus and
10 transfer them to a hotel. Our move are utilizing
11 social distancing but it's not just you know the cost
12 and reimbursement from FEMA but also trust associated
13 with operationalizing this, as well as the individual
14 needs of our clients, recognizing that not everybody
15 is appropriate for placement in a single occupancy
16 hotel room based on perhaps their mental health
17 diagnosis or required that by that particular
18 individual and client.

19 CHAIRPERSON LEVIN: There's a question around
20 whether a social services portion of these
21 expenditures are reimbursable under ESG, which is a
22 different funding source. Do we know, have we looked
23 into that as well?

24 ERIN DRINKWATER: So, we're in conversations with
25 OMB and you know, exploring all opportunities for

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2 additional dollars from the federal government to
3 address the mitigation, excuse me, to address the
4 steps that we're taking to mitigate transmission
5 among our clients.

6 I think that you know, we are concerned about the
7 costs that the city might bear under this particular
8 piece of legislation but also more broadly, speaking
9 for Department of Social Services, you know, we just
10 took a very big hit from the state in regards to an
11 additional TANF cut. So, you know, there are very
12 real realities that we are facing here and I think
13 it's not either or. What we have demonstrated
14 through prioritizing the moves of those clients who
15 are 70 above and then focused on the ten largest
16 shelters, is that there are ways in which we can
17 achieve both protecting the health and safety of
18 those clients who by virtue of an underlying health
19 condition or their age might be more vulnerable or
20 susceptible to this virus and also utilizing the
21 resources that we have in our existing shelter
22 system.

23 CHAIRPERSON LEVIN: Understood. I think just to
24 put a finer point on this. You know, we just saw in
25 recent days a nursing home just outside my district

1
2 in Cobble Hill that had over 50 deaths in a single
3 nursing home. These settings are inherently high
4 risk settings and you know, I realize that we are
5 facing a serious budget crunch. It's going to be
6 exceedingly difficult and we all realize that. I
7 think that there is you know; we should be worrying
8 about the financial side of it kind of after we do
9 what we think is the appropriate action from a public
10 health perspective and we'll figure out the financial
11 side of it afterwards. I mean, frankly, the
12 financial aspects of this, the fiscal aspects of this
13 are going to be with us for you know, probably the
14 next 20 years.

15 So, we should probably worry about that later and
16 make sure that we are getting people out of harms way
17 first.

18 ERIN DRINKWATER: And I couldn't agree with your
19 more about getting clients out of harms way and the
20 way that the work that the agency and our providers
21 have moved to implement very quickly the past couple
22 of weeks.

23 Also, just reminding that again, it's not just
24 the cost in terms of dollars and cents but the
25 concern that our clients are connected to the

1
2 necessary care you know, to maintain stability until
3 there are connections to community and those sorts of
4 things.

5 CHAIRPERSON LEVIN: Okay.

6 ERIN DRINKWATER: The city has prioritized an
7 exit plan to get out of hotels because we recognize
8 the challenges of social service delivery in hotels.
9 And while this might be for a time limited period,
10 for individuals who are facing serious and persistent
11 mental health challenges or substance use disorder,
12 there are operational challenges to ensuring safety
13 of those clients in this type of environment.

14 CHAIRPERSON LEVIN: Yeah.

15 ERIN DRINKWATER: While congregate hotel settings
16 certainly do present a risk for clients in regard to
17 community transmission, they also present an
18 opportunity where clients are engaging with staff.
19 We're able to have our staff ask them how they are
20 doing, interact around you know, if they are having
21 symptoms but just a general check in.

22 CHAIRPERSON LEVIN: Hmm, hmm.

23 ERIN DRINKWATER: The staff at our shelters build
24 relationships with the clients. They are there to
25 serve and work with them to get them back on their

1
2 feet and return them to a permanent housing option
3 and I don't want to sort of undersell the work that
4 happens on that end in terms of the potential cost to
5 the individual. In terms of being placed in a
6 location that might not be suitable for them.

7 CHAIRPERSON LEVIN: Understood and that's why we
8 give people the option. I think that that's where
9 the bill kind of speaks, you know, the bill and
10 providing that option speaks to that consideration.

11 I'm going to turn it over to my colleagues for
12 questions and then I'll come back around at the end
13 but I do want to acknowledge my colleagues and so, I
14 will in a second, I will call on Council Members
15 starting with Council Member Yeger then Council
16 Member Lander, then Council Member Salamanca.

17 COUNCIL CLERK: Council Member Yeger, your time
18 is starting now, five minutes.

19 COUNCIL MEMBER YEGER: Thank you very much Mr.
20 Chairman. Thank you, Deputy Commissioner. I have
21 just a very few questions and I'll try to not run out
22 the clock. First of all, I just want to state I'm
23 very much appreciative that you came into this
24 hearing. It's quite infrequent that an agency comes
25 with a full analysis of a piece of legislation and

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2 I'm assuming that your half a billion number is on a
3 conservative side because you're estimating now based
4 on the information that you know but you obviously
5 have no way of knowing how many and who would have to
6 utilize these rooms.

7 I have some questions, based on your reading and
8 understanding of this bill, if a family of six was
9 living in a two bedroom apartment and one of those
10 people became ill with the virus and needed to
11 isolate, this bill wouldn't cover that person, is
12 that correct?

13 ERIN DRINKWATER: No, so let me just for the
14 Committee and I promise not to use too much of your
15 time. So, for our families with children who have
16 their own unit, they would be able to isolate in
17 place. We would work with; the social service
18 provider works with them to make sure that they would
19 have food delivered to their unit and that they would
20 be able to isolate without having to leave their
21 particular location.

22 COUNCIL MEMBER YEGER: Deputy, I appreciate it,
23 my time is short and they are not frequently
24 forgiving, so let me very clear. If somebody is not
25

1
2 currently a homeless family and there's one person in
3 that family who -

4 ERIN DRINKWATER: I understand.

5 COUNCIL MEMBER YEGER: Alright, you're nodding
6 your head. So, this bill would not cover a regular
7 New Yorker who is not currently in your homeless
8 system, correct?

9 ERIN DRINKWATER: That's correct.

10 COUNCIL MEMBER YEGER: Alright, let me just ask
11 you, amongst your other roles within HRA and
12 Department of Social Services, are you seeing an
13 increased need in things like rental assistance, food
14 assistance, SNAP, WIC and all the various programs
15 that the city funds and/or traces funds through from
16 other entities. Are you seeing an increase in that?

17 ERIN DRINKWATER: Yeah, so, HRA administers food
18 stamps SNAP, as well as cash assistance and we are
19 seeing increased volume in application for both of
20 those programs. As many of our colleagues here on
21 the Zoom, as well as this agency, we advocated for a
22 moratorium on evictions and utility shut offs, which
23 has presented some you now, opportunity that
24 individuals do not need to apply at this moment for
25 rent arrears or utility assistance, but we recognize

1
2 that with so many New Yorkers and folks across the
3 country who are unemployed as a result of COVID-19
4 that there's a real risk for individuals who are
5 unable to pay their rent and we expect that we might
6 see an increase in both the need and application for
7 rental assistance and utility arrears as well.

8 COUNCIL MEMBER YEGER: Right, let me ask you
9 another questions Deputy and there's no right or
10 wrong answer but let me ask you this, if your agency
11 was to automatically one day wake up and find a half
12 a billion dollars more to spend, would the first
13 thing that you do be renting hotel rooms?

14 ERIN DRINKWATER: I can't say that it would be
15 but I'm one person and I think that requires a
16 discussion across the agency.

17 COUNCIL MEMBER YEGER: That answer is good
18 enough. I don't think it would be the first thing
19 that anybody would do.

20 I'm troubled in many ways as you can tell
21 probably from my questions that I have about 60 or 70
22 seconds left. I'm troubled in many ways that the
23 first hearing that this Council is doing is on what I
24 call the hotel bail act of 2020. It seems to me that
25 your agency has based on the testimony that you read

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2 and that I read and what you've answered during the
3 questioning that you have 639 positive that you are
4 tracking through the system that you're working very
5 carefully to make sure that they are separated. And
6 you haven't seen the kind of results that would
7 require hotel rooms to be rented and **[INAUDIBLE**
8 **1:07:58]**, If you will. That this seems to me to be a
9 solution in search of a problem that doesn't
10 necessarily exist.

11 If you don't want to use that phraseology that's
12 okay and I may be running out of time, so go ahead.

13 ERIN DRINKWATER: So, I'll just reiterate what
14 we've been doing. We've recognized the need to
15 protect the health and safety of the most vulnerable
16 within our singles population. We started with the
17 70 plus individuals and moved them into hotels
18 recognizing that they face you know, a
19 disproportional risk. We've also then extended that
20 to our ten largest shelters, recognizing that the
21 density at those locations needed to be addressed to
22 make sure that social distancing is able to be
23 achieved among those clients.

24 We feel like we are making good progress.

25 Approximately 6,000 individuals -

1 COUNCIL CLERK: Time expired.

2 ERIN DRINKWATER: The week, will have moved out
3 into commercial hotels, or by the end of the week,
4 excuse me, 6,000 individuals will be moved into
5 commercial hotels of the 17,000 single adults across
6 our system.
7

8 We will not stop there; we will continue to
9 analyze those most vulnerable and determine what next
10 steps we can take to move them to locations that are
11 suitable. Again, to mitigate the risks associated
12 with the virus.

13 COUNCIL MEMBER YEGER: Alright, thank you very
14 much Deputy Commissioner. Thank you, Mr. Chairman.

15 CHAIRPERSON LEVIN: Council Member Lander.

16 COUNCIL CLERK: Council Member Lander, your time
17 will start now.

18 COUNCIL MEMBER LANDER: Thank you Chair Levin and
19 Deputy Commissioner, thank you for being here and for
20 all the work that you and the team are doing. I
21 appreciate that it is like exhausting and really
22 critical work right now.

23 Under normal circumstances, I know that if
24 someone's on the street and the homeless outreach
25 team reaches out them, it can take nine months before

1
2 they get a safe haven or a stabilization bed. What
3 happens right now? I mean, if somebody wants to come
4 in off the street, can we make it happen like that
5 week, instead of nine months later or is there still
6 a long delay?

7 ERIN DRINKWATER: So, we, as I mentioned in my
8 testimony, we are bringing on additional safe haven
9 and stabilization capacity to meet that need.

10 At any point and time -

11 COUNCIL MEMBER LANDER: Well how long is it now?

12 ERIN DRINKWATER: So, the placement in the safe
13 haven has to do with the chronicity requirements.
14 However, what we have seen is that as a result of you
15 know, businesses closing, places for hand washing and
16 the use of toilets, we are seeing an increase demand
17 at our front door at 30th Street and I think that you
18 know, people are sort of voting with their feet to
19 come inside to receive the you know, what they need
20 from the agency.

21 But I want to be careful around the safe haven
22 placement and where those units are -

23 COUNCIL MEMBER LANDER: So, I'll ask this as a
24 follow up question. Like you talked about the
25 outreach and increasing the outreach towards street

1
2 homeless and I really appreciate that and I got
3 compassion for those street homeless outreach
4 workers. The main thing we want to be able to do is
5 help people come off the street, so if you can let us
6 know how long it is taking to get people into
7 shelter, whether that safe haven or stabilization, if
8 you've seen an increase in people willing to just
9 come in the front door of the system, that's fine too
10 but part of this for me and part of why I am
11 supporting this legislation is I want us to get
12 everybody who is ready to come off the street, off
13 the street like today. And is what's needed to do
14 that is hotel rooms even though I don't usually using
15 them, then let's expand the capacity of our system to
16 do it.

17 So, if you could just get back to us on sort of
18 what the delay is in getting people into shelter. My
19 next question -

20 ERIN DRINKWATER: There is no delay. If somebody
21 wants to come inside right now, they are able to come
22 inside. It's just not into that specialized bed.

23 COUNCIL MEMBER LANDER: I understand but that's
24 often what people who are on the street want is a
25 safe haven or a stabilization bed. And in the past,

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2 I've talked to folks for whom they get told it's
3 going to take nine months for them to get that.

4 So, if you could get back to us. I then want to
5 ask, I mean, you talked about folks over 70 and that
6 makes sense as a place to start but homeless folks
7 who are over 60 are also very vulnerable. So, do you
8 know how many single men over 60 are in our shelters
9 and like, what would it take to get them to have the
10 opportunity to be in single hotel rooms?

11 ERIN DRINKWATER: Sure, so as I mentioned, we're
12 not stopping with the 70. Part of the sort of de
13 densifying the ten larger shelters has to do with
14 looking at additional vulnerable clients in those
15 locations.

16 Those by age, the health conditions, you know,
17 not all of the clients disclose health conditions to
18 us but we're certainly not stopping at the over 70.

19 COUNCIL MEMBER LANDER: But you don't know how
20 many over 60 there are of that remaining like 13,000?

21 ERIN DRINKWATER: I can get back to you on that.

22 COUNCIL MEMBER LANDER: And then, when you say
23 the ten most densely populated shelters, like what's
24 our measure of density? Like, I never thought about
25 density in shelters before.

1
2 ERIN DRINKWATER: Absolutely.

3 COUNCIL MEMBER LANDER: And you said there's 100
4 single men congregate shelters. Like, aren't we
5 worried about 11-20?

6 ERIN DRINKWATER: So, the 100 locations that I
7 mentioned are both for single adult men and single
8 adult women. Of those 100 locations, it includes
9 things like you know, the Bedford Armory as opposed
10 to newer shelters that we've brought online under the
11 Mayor's Turning the Tide plan.

12 Again, reminding the Committee that we inherited
13 a system that built up haphazardly over many times,
14 which meant that the configuration of the facilities
15 that we're using determines sort of the space in
16 place in which clients are in. The Callahan Consent
17 Decree requires very specific configurations of the
18 dorms and things like that. But the physical
19 location itself based on you know, what it is
20 determines the density of such a space.

21 COUNCIL MEMBER LANDER: So, I guess I'd like to
22 see some data on that, because if you're telling me
23 that there is 100 or even a congregate if it's more
24 like 50 and you're telling me the top 10 needed to be
25 de-densified, I need to understand what 11-20 look

1
2 like to know whether you can do appropriate social
3 distancing in them or not. And you haven't yet given
4 us that information.

5 So, it would be really helpful if we could have
6 some, like if it was really the case that the top ten
7 were the places it was impossible to do social
8 distancing and starting from 11 down, you could
9 demonstrate you really can do it, that's a very
10 different situation from you saying, well, we did the
11 first ten, we can't tell you that much about 11-30.
12 They might be just slightly worse—

13 COUNCIL CLERK: Time expired.

14 COUNCIL MEMBER LANDER: I'd really like to see a
15 measured density. And then my last question and then
16 I'm done is just about the staffing. You know, we've
17 heard from a lot of staff and security guards in the
18 shelters. You know, who on the one hand haven't been
19 able to get the PPE that they need and they tell us.
20 On the other hand, are making minimum wage, are
21 worried they might lose their jobs if the system
22 shifts into the hotels. Can you just talk a little
23 about what you're doing to make sure staff here are
24 also have the health and safety protections, the pay
25

1
2 and the workplace protections that one needs to be a
3 worker in this essential -

4 ERIN DRINKWATER: Sure, absolutely. And at the
5 top, I just want to you know, again, express my
6 gratitude for all of the folks on the front lines in
7 our shelters among our providers.

8 The staff have been provided with PPE. That PPE
9 distribution was delayed because of supply chain
10 issues across the city and across the country
11 prioritizing you know, our medical providers who are
12 providing medical care to individuals each and every
13 day. But we have provided PPE, gloves, face masks,
14 face coverings to the staff who are by virtue of
15 their job function are not able to maintain social
16 distancing, so our security at access control for
17 example, our HRA folks who are in the job centers who
18 are doing client interviews. So, PPE has been
19 provided.

20 We continue to be in regular conversation with
21 our providers. We've made sure that they have access
22 to the information and guidance from citywide from
23 the COVID-19 health and human services response team.
24 In terms of submitting invoices, we've also been very
25 focused on maintaining cash flows. Initiating

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2 advances where necessary and you know, working
3 directly with our providers on any questions they
4 might have around these issues.

5 COUNCIL MEMBER LANDER: Thank you.

6 CHAIRPERSON LEVIN: Our next colleague, I just
7 want to follow up on this PPE question. We have been
8 hearing that PPE in fact is not being provided to
9 Princeton Security staff. We're hearing that it's
10 only Case Managers that are getting PPE. This has
11 been an ongoing question; I think it's something we
12 should dove into a little bit more.

13 Who is exactly getting this PPE, these masks for
14 example? Are shelter staff who are at the front
15 desk, shelter staff that are doing cleaning work,
16 those that are doing the cleaning work at hotels.
17 Because we've heard for example that security staff
18 do not in fact get PPE.

19 ERIN DRINKWATER: I would love to hear more about
20 that. We have made deliveries available to our
21 security providers, the DHS police and to the social
22 service providers across the system. This has
23 included face coverings, it has included masks, it
24 has included 95 masks as well. It's also included
25 gloves. We have reminded our staff that again,

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2 because of supply shortages, you know, we are not the
3 only one's who have been reminded that masks and face
4 coverings need to be reused and re-worn, but all of that
5 has been provided to the staff in congregate
6 shelters, on our streets teams, etc., and we continue
7 to get additional deliveries to our DHS warehouse and
8 get those items into the field as quickly as we can
9 to our providers.

10 CHAIRPERSON LEVIN: Okay, I think that there
11 needs to be some clarification. Literally, I have
12 heard from representatives of a security staff, so
13 it's going to be private security staff. DSS has
14 told us that these higher quality masks, the KN95's
15 are not and have never been available to shelter
16 staff, including security staff.

17 So, I think that that needs to be something that
18 is clarified with them.

19 ERIN DRINKWATER: So, for the, I believe what
20 they are referring to is the KN95 masks.

21 CHAIRPERSON LEVIN: Yeah.

22 ERIN DRINKWATER: We prioritize the distribution
23 of those masks to the staff in our isolation sites,
24 the locations in which we know that individuals have

1
2 either tested positive or experiencing COVID-like
3 symptoms.

4 CHAIRPERSON LEVIN: But you said that there was
5 100,000— you said how many? The delivery was for
6 100,000 of those?

7 ERIN DRINKWATER: We just provided over 94,000.

8 CHAIRPERSON LEVIN: 94,000. So, 94,000 is, I
9 mean you don't have obviously 94,000 staff members in
10 the isolation unit.

11 ERIN DRINKWATER: Correct, and so, we started
12 with isolation. We didn't finish with isolation. We
13 also provided them to security staff, because by
14 virtue of the work that they are doing, they are not
15 always able to maintain social distancing.

16 [INAUDIBLE 1:19:53].

17 A shelter provider would love to get that
18 information, so we can follow up directly. I will
19 say that we are in regular touch with the providers
20 directly, with the unions that represent the security
21 staff. But if there is a particular shelter that
22 there is an issue at, please let us know so we can
23 address it.

24 CHAIRPERSON LEVIN: I think this is actually more
25 of a universal concern. So, I think, again, that

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2 actually leads to kind of getting back to that
3 community framework within a kind of planning, within
4 the planning discussion on the CDC guidelines. This
5 should be discussed with providers and continuum care
6 leadership in a way that is you know, that produces
7 minutes and is you know, an accountable conversation.

8 Okay, I will turn it back over to my colleagues,
9 next question is Council Member Salamanca.

10 COUNCIL CLERK: Council Member Salamanca, your
11 time will begin now, five minutes.

12 COUNCIL MEMBER SALAMANCA: Thank you. Thank you
13 Chair. Good afternoon Deputy Commissioner. My
14 question Commissioner, how many singles holt shelters
15 are there broken down in all five boroughs? Do you
16 have that number, at least for the Bronx. How many
17 of those do we have in the Bronx?

18 ERIN DRINKWATER: I don't have it broken down by
19 borough. It's something that I would be happy to get
20 those for the Committee.

21 COUNCIL MEMBER SALAMACA: So, my next, and then
22 how many single individuals is each borough housing?

23 ERIN DRINKWATER: Again, I can get those borough
24 breakdowns for the Committee.

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2 COUNCIL MEMBER SALAMANCA: I'm surprised you
3 don't have that information in front of you.

4 Commissioner, my other question is, you mentioned
5 that you've relocated single individuals that are
6 staying in dorm room shelters. What ages, 70 and
7 above you mentioned?

8 ERIN DRINKWATER: We started with 70 above and
9 then we worked to prioritize top ten shelters to de-
10 densify.

11 COUNCIL MEMBER SALAMANCA: Okay, my understanding
12 because you know, I have over 50 homeless shelters in
13 my council district alone. And you know, I just you
14 know, maybe less than a year ago, they just opened up
15 another, what's called a senior shelter of
16 individuals of 55 years and over.

17 So, if you're considering them seniors, why are
18 you not prioritizing those individuals that are 55
19 years and over to put them into single rooms?

20 ERIN DRINKWATER: Again, so part of the
21 prioritization relates back to the type of layout for
22 the particular shelter and really thinking about how
23 to you know increase social distancing in those
24 locations.

1
2 So, it's not only one category. I hear the point
3 on saying you know, 55 and older is a senior shelter
4 but what we're trying to do is really work through as
5 quickly as we can the vulnerable populations and it's
6 not to say that somebody who is 50 is less vulnerable
7 than somebody who is 70. Again, the 70 is one of the
8 places that we started and we're continuing our
9 efforts to de-densify the shelters.

10 COUNCIL MEMBER SALAMANCA: Alright, should this
11 bill get passed and your agency be mandated to house
12 these individuals now in single room shelters, will
13 the providers follow these individuals or what is
14 your backup plan? Because it seems to me that this
15 bill does have wide support throughout the council.

16 ERIN DRINKWATER: So, the hotels would need to be
17 staffed. They would need the social service staffing
18 as well as the security staffing across the hotels.
19 Usually the security is determined by you know, our
20 partnership with NYPD. It takes into account site
21 lines, circuit television cameras to maintain the
22 safety across the system.

23 Hotels can sometimes present unique security
24 challenges and so, you know, each hotel would have to
25 be taken into consideration to determine the

1
2 appropriate staffing model to meet the needs of the
3 clients housed in those locations. Presumably, if
4 the traditional shelters under the DHS portfolio are
5 no longer in use and you know, we have a 100 vacant
6 locations because clients have been relocated to
7 hotels. Those staff would be looking for work I
8 suspect.

9 COUNCIL MEMBER SALAMANCA: What does DHS pay
10 monthly for every single individual that a non-for-
11 profit is housing or carrying for?

12 ERIN DRINKWATER: So, I have the hotel cost that
13 was asked earlier.

14 COUNCIL MEMBER SALAMANCA: No, what is DHS
15 currently paying now to a non-for-profit provider for
16 every single individual that they're housing monthly?

17 ERIN DRINKWATER: I can get that information back
18 to you. I don't have that math for today.

19 COUNCIL MEMBER SALAMANCA: Would it vary because
20 every contract is different?

21 ERIN DRINKWATER: It does vary, so we have a
22 model budget that the agency works to negotiate with
23 our providers that takes into account the particular
24 shelter model that that provider executes in their
25 program. It accounts for the staffing and the

1 associated costs with it, but you know, one shelter
2 might have a different type of on site social service
3 programming than another. So, you know, they are
4 taken differently.
5

6 COUNCIL MEMBER SALAMANCA: Now, you know, and my
7 last question is, we are aware that COVID is
8 effecting Black and Latino communities more than
9 other communities. What is the percentage of Black
10 and Latino's single male and females that are
11 currently being housed by DHS?

12 ERIN DRINKWATER: That information is available
13 on our website. I don't have it right in front of me
14 to refer to. I could certainly pull it up and get
15 back to you.

16 COUNCIL CLERK: Time expired.

17 COUNCIL MEMBER SALAMANCA: Alright, thank you.
18 Thank you, Mr. Chair.

19 CHAIRPERSON LEVIN: Thank you Council Member.
20 The next colleague for questions is Council Member
21 Grodenchik.

22 COUNCIL CLERK: Okay, Council Member Grodenchik,
23 your clock is starting now.

24 COUNCIL MEMBER GRODENCHIK: Thank you, Mr. Chair.
25 Thank you, Commissioner. It's kind of good to see

1
2 everybody, even though we're really, well, we're not
3 really together.

4 Commissioner, on page 6 of your testimony, you
5 made a reference that I guess the outreach teams had
6 reached out to 15,000 people and only 12 of them
7 showed up symptoms of COVID. Is that what you ment
8 to say? Am I getting that correct?

9 ERIN DRINKWATER: Let me clarify. There were
10 15,000 engagements. Those are not de-duplicated.

11 COUNCIL MEMBER GRODENCHIK: I understand that.

12 ERIN DRINKWATER: But yes, of those -

13 COUNCIL MEMBER GRODENCHIK: So, would you say it
14 was 7,500 people twice or 5,000 three times?

15 ERIN DRINKWATER: I can't break the data down
16 that way.

17 COUNCIL MEMBER GRODENCHIK: It's astonishing to
18 me, you know, the governor this morning, based upon
19 the testing that's been done so far by the New York
20 State Department of Health, said they suspect that 21
21 percent of New York City residents have COVID or have
22 been exposed to it. I can't remember exactly but
23 it's 21 percent, which would be about 1.7, 1.8
24 million people.
25

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2 And now, I'm hearing that only, even if it were
3 1,500 people ten times, it would only be one percent,
4 which is astonishing to me. So, I would appreciate
5 if you would go back to your team and ask them
6 because that number seems woefully low.

7 My wife is a math professor, so she will back me
8 up on that.

9 ERIN DRINKWATER: Yeah, I remember.

10 COUNCIL MEMBER GRODENCHIK: Okay. The total cost
11 for this program, I know that the Chairman asked, I
12 was a little distracted when you gave, it's close to
13 a half a billion dollars, according to the figures
14 that you presented upon on behalf of the
15 Administration.

16 ERIN DRINKWATER: That's correct.

17 COUNCIL MEMBER GRODENCHIK: That's correct,
18 right. Would there be any offsetting costs? Would
19 there be any savings you know that might accrue,
20 which save or offset some of that \$495 million.

21 ERIN DRINKWATER: Not that I'm aware of and I
22 believe that costs would increase based on the social
23 services and security.

24

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2 COUNCIL MEMBER GRODENCHIK: Okay, and that's only
3 for six months, right? Theoretically, we could be
4 dealing with this thing way longer than six months.

5 ERIN DRINKWATER: That's correct.

6 COUNCIL MEMBER GRODENCHIK: Alright, so that's
7 that. And I know that the Chairman brought this up,
8 but who would be paying for this? Would this be City
9 tax levy dollars? Would the state, would FEMA? I
10 didn't get the answer, I'm sorry.

11 ERIN DRINKWATER: So, it's unclear. We know that
12 FEMA would not reimburse the social services costs
13 and so, we are working with OMB to understand exactly
14 what the FEMA guidance is and the likelihood that
15 FEMA would reimburse under this plan for a single
16 person in hotel rooms because of some of the details
17 the way that FEMA has outlined. The guidance
18 relating to efficiency, cost [INAUDIBLE 1:29:50] and
19 local plans.

20 COUNCIL MEMBER GRODENCHIK: Okay, and those
21 15,000 people, 15,000 contacts, we're not sure how
22 many times. Maybe one person got asked, it could
23 theoretically be five or ten, but putting that aside
24 for a second, were they asked anything other than
25

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2 were they feeling sick. Was this just for a health
3 and wellness check?

4 ERIN DRINKWATER: So, what we instituted was
5 similar to the protocols that we implement during our
6 extreme weather protocols, where it is a priority
7 around the health and safety. And so, the
8 conversation relates specifically to the questions
9 relating to COVID-like symptoms and then being able
10 to depending on an individuals answer, connect them
11 directly to care.

12 However, outreach workers don't just you know,
13 walk away after those questions are asked. We engage
14 those clients to see if there is additional services
15 that they might require to come inside and you know,
16 whatever else they might be experiencing and giving
17 them information.

18 COUNCIL MEMBER GRODENCHIK: Okay, I appreciate
19 your answers. I would really appreciate if you could
20 get back very quickly to the Council staff, to the
21 Committee staff of the General Welfare Committee,
22 myself and the Chairman on exactly how many distinct
23 individuals were engaged on that 15,000, whether it
24 was 5 or 15— whatever the number was. That would be
25 very helpful to me. I appreciate that and Mr.

1 Chairman, I yield the balance of my time. Thank you.

2 Thank you, Commissioner.

3 ERIN DRINKWATER: Thank you.

4 CHAIRPERSON LEVIN: Thank you Council Member.

5 Council Member Holden.

6 COUNCIL CLERK: Okay, Council Member Holden, your
7 time starts now.

8 COUNCIL MEMBER GRODENCHIK: How was that Debra?

9 ERIN DRINKWATER: Council Member, you're muted,
10 we can't hear you.

11 CHAIRPERSON LEVIN: And Barry, you are not muted.

12 COUNCIL MEMBER HOLDEN: Yeah, Barry's not. Can
13 you hear me?

14 ERIN DRINKWATER: Now I can hear you.

15 COUNCIL MEMBER HOLDEN: Okay, back to, I'll
16 repeat what I said. Thank you, Commissioner, Deputy
17 Commissioner, I appreciate all the hard work and
18 thank you Chair Levin for this historic General
19 Welfare hearing.

20 At our last hearing, General Welfare Committee, I
21 asked for a number of how many street and subway
22 homeless who were removed involuntarily. Do you
23 remember that?

24 ERIN DRINKWATER: Yeah.

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2 COUNCIL MEMBER HOLDEN: To healthcare because
3 they were either a danger to themselves or to the
4 public and at that time, I couldn't get the answer
5 and I'm still waiting. I think it's been a couple of
6 months. Do you have that number?

7 ERIN DRINKWATER: I don't have that with me
8 today. I can get back to you.

9 COUNCIL MEMBER HOLDEN: Alright, because like my
10 colleague just said about the 15,000 engagements and
11 only 12 referrals, that should red flag everyone.
12 And I think at this point, if anybody takes the
13 subway because I'm getting daily complaints of the
14 homeless have taken over many, many trains. I'm not
15 talking about cars, I'm talking about entire trains
16 and the police are afraid to approach them even
17 because many of the, most the homeless don't have
18 masks. And we're hearing it from police officers,
19 we're hearing it from MTA workers who unfortunately
20 are bearing the brunt of many of the COVID, the
21 spread in our subways disproportionately.

22 I think it was at 83 MTA workers have passed. It
23 might even be more by now but that's tragic. But do
24 you consider 15-20 homeless riding in a subway car
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2 without masks, like the governor has demanded to be a
3 danger to themselves or to the public?

4 ERIN DRINKWATER: So, we continue to engage our
5 clients who are on the streets, who are in subways to
6 connect them to care. We you know, can't require
7 anybody to wear a mask. We do provide it to clients
8 but we cannot require somebody to wear that.

9 COUNCIL MEMBER HOLDEN: No, my question was, do
10 you consider it a danger if they are riding the
11 subways without a mask?

12 ERIN DRINKWATER: I'm not a health-

13 COUNCIL MEMBER HOLDEN: A danger to themselves or
14 to the public?

15 ERIN DRINKWATER: I'm not a health professional,
16 so I can't answer whether or not they would be deemed
17 a risk. I think that -

18 COUNCIL MEMBER HOLDEN: Well, you're connected to
19 health professionals. You certainly have to -

20 ERIN DRINKWATER: I don't think that a homeless
21 New Yorker riding the subway is a risk to themselves
22 or others. No, Council Member, I do not.

23 COUNCIL MEMBER HOLDEN: Without a mask, you're
24 saying that? Hello, are you saying without a mask
25 it's okay?

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2 ERIN DRINKWATER: Council Member I see
3 individuals walking around my neighborhood without a
4 mask.

5 COUNCIL MEMBER HOLDEN: Commissioner, with all
6 due respect, they are not in a confined space. They
7 are not in a confined space, they are not like 10 or
8 15 and in a kind of filthy environment, if you look
9 at some of the photographs I've seen and the MTA
10 workers are not saying they are cleaning. They are
11 cleaning like the MTA says they are cleaning, so I
12 have a big problem where essential workers cannot get
13 to work and have to cram into certain cars because
14 the homeless are taking over several cars of that
15 train.

16 And then they can't socially distance and then we
17 have another issue. We have the spread of
18 coronavirus in our subways on a massive scale and at
19 the last hearing of the General Welfare, you said,
20 that they are taking involuntarily off the streets if
21 they are a danger to themselves or others. And I
22 consider a pandemic that they could be a danger to
23 not only themselves but to others and they could
24 spread the virus very quickly.

1
2 So, there is not, I don't think there is a big
3 push to remove street homeless off the streets or in
4 our subways. Is BRC by the way included in that
5 15,000 engagements?

6 ERIN DRINKWATER: That's across all of our
7 outreach providers, yes.

8 COUNCIL MEMBER HOLDEN: Alright, so, and why does
9 it take two months to get, how many homeless were
10 taken involuntarily for their own good or the good of
11 others off the streets? Why is that such an issue?

12 ERIN DRINKWATER: Council Member, I appreciate
13 the sentiment of your question. We are working
14 around the clock to maintain the health and safety of
15 our clients, both who are unsheltered and sheltered
16 during this unprecedented global pandemic. I
17 apologize that the response is taken so long, we will
18 respond back to you.

19 COUNCIL MEMBER HOLDEN: I see my time is running
20 out. I had a few other questions but I'll yield.
21 Thank you Chair.

22 CHAIRPERSON LEVIN: Thank you very much Council
23 Member Holden. I'm going to call on Council Member
24 Mark Treyger.

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2 COUNCIL CLERK: Council Member Treyger, your time
3 is starting now.

4 COUNCIL MEMBER TREYGER: Thank you Chair and
5 thank you Deputy Commissioner. How many, by the
6 latest counts that you have, how many homeless
7 families plus how many frontline service providers do
8 we have in the city to be more certain, total number?

9 ERIN DRINKWATER: So, I don't have total number
10 of frontline service workers. I can tell you from
11 our daily Census report that the number of families
12 who are included in our families with children
13 census, as of 4:22 yesterday, there were 34,896
14 individuals in our family with children census. That
15 does not include our adult family census, which is
16 you know, a mother and a grandmother. No children
17 under the age of 18, which is an additional 5,000
18 individuals.

19 COUNCIL MEMBER TREYGER: Right, but we have over
20 60,000, 70,000 folks homeless in shelters served by
21 providers, is that correct?

22 ERIN DRINKWATER: 58,000.

23 COUNCIL MEMBER TREYGER: And of that number, how
24 many were afforded a COVID-19 test?
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2 ERIN DRINKWATER: I don't have that number. I
3 included in my testimony the number of positive cases
4 that DHS is tracking of our clients, which is 639.
5 But we know that testing has been you know, not
6 readily available, so I don't have the full, I don't
7 have the number of tests provided to our clients but
8 I can tell you there is 639 positive cases we're
9 tracking across our system.

10 COUNCIL MEMBER TREYGER: And those are just
11 clients, does that include frontline service
12 providers who serve folks directly?

13 ERIN DRINKWATER: No, the 639 number is our
14 clients.

15 COUNCIL MEMBER TREYGER: So, isn't it premature
16 to declare that there is no major outbreak effecting
17 our most vulnerable families, since we have not
18 afforded the majority of them or all of them a chance
19 to get a test?

20 ERIN DRINKWATER: I don't disagree with your
21 statement; I also don't think that there hasn't been
22 a major outbreak. It's sort of like a dunce
23 statement. We continue to this work each day and
24 maintain and reinforce the social distancing
25 practicing, the de-densify ourselves to capacity and

1
2 make sure that the New Yorkers who are unable to
3 isolate in place have that opportunity through the
4 isolation capacity that we've set up.

5 COUNCIL MEMBER TREYGER: I said that indirectly,
6 because when you share the number 639, which we
7 appreciate that transparency. I want to state for
8 the record that not all families have been afforded a
9 chance to get a test. So, it is premature of anyone
10 to say, there is no outbreak impacting homeless
11 families and providers that serve them directly.

12 I want to ask a question about the reporting
13 system. If a homeless individual family and a front
14 service provider reports that they have symptoms, who
15 do they report that to? And is the Health Department
16 involved in the confirmation of a positive test?

17 ERIN DRINKWATER: So, the agency is not
18 conducting the testing. We refer clients to care and
19 we are in regular communication with the Health
20 Department about the positive tests that are
21 identified.

22 If a client, we started out in this process very
23 early on with providing communications to the shelter
24 providers, so that way they could post information in
25 the shelters. So, that way clients had access to

1
2 information about what types of symptoms might relate
3 to a COVID possible illness and to be encouraged to
4 relay that information to shelter staff, so they can
5 be connected to care. And that continues where you
6 know, if a client display that they are experiencing
7 symptoms, that the staff member then works with them
8 to either connect them to the medical care that's
9 onsite directly or teleconference to determine what
10 the appropriate steps are to ensure that that client
11 isolates and gets connected to the care that they
12 need.

13 COUNCIL MEMBER TREYGER: Does DHS rely on the
14 Health Department to confirm a test or can Homeless
15 Services confirm on their own once a person reports
16 back, they have tested positive?

17 ERIN DRINKWATER: I'm not sure that I follow, can
18 you say the question one more time?

19 COUNCIL MEMBER TREYGER: If a client or provider
20 says they have the virus, can DHS confirm there and
21 then they have the virus or do they wait for the
22 Health Department to confirm?

23 ERIN DRINKWATER: So, the way that this process
24 has worked, is that if a client is experiencing
25 symptoms, we connect them to Health and Hospitals for

1
2 care. Upon determination from the health experts
3 that they no longer require care.

4 COUNCIL CLERK: Time expired.

5 ERIN DRINKWATER: In a hospital setting, we are
6 able to follow a discharge procedure in which the
7 client then would be discharged to one of our
8 isolation units to recover. To present without
9 symptoms and then to be transferred back to the
10 shelter location.

11 So, the test is taking place in the hospital.
12 Now, if a client expresses that they have symptoms,
13 we will then work again to put them in touch with
14 medical care, so they can get the tests that they
15 might need to be able to isolate and determine the
16 next steps for their medical care. But if clients
17 are per se in our family system, they are able to
18 isolate in place and don't have to relocate to an
19 isolation capacity.

20 COUNCIL MEMBER TREYGER: I'm going to close by
21 saying this. I researched what the State of
22 California is doing and it's my understanding
23 according to Los Angeles Times article and additional
24 reporting I'm getting from California, is that, FEMA
25 is reimbursing the State of California for not just

1
2 the cost of hotels and motel stay but they are also
3 reimbursing them for meals, for cleaning, security
4 and other services.

5 So, I would make sure that whatever FEMA is
6 affording California is also affording New York. And
7 to Chair Levin, I appreciate your compassion and
8 understanding because as acknowledged by the
9 Commissioner, we have a density problem in many of
10 our shelters. And as acknowledged by the
11 Commissioner, we have not tested the majority of
12 folks.

13 So, unless there is a vacant stock of housing
14 somewhere in New York City, we need to make sure that
15 we reduce density while still serving our most
16 vulnerable.

17 I thank you for your time.

18 CHAIRPERSON LEVIN: Thank you very much, Council
19 Member Treyger. So, I do want to actually follow up
20 on that for a moment here.

21 So, Commissioner, what's the number of single
22 adults in congregate shelter right now?

23 ERIN DRINKWATER: As of today, it would be
24 approximately 17,000 minus the 5,000 moved into
25 commercial hotels. So, about 12,000.

1
2 CHAIRPERSON LEVIN: Well, the 5,000 moved into
3 commercial?

4 ERIN DRINKWATER: So, we've moved 1,500 on top of
5 the 3,500 that were already there.

6 CHAIRPERSON LEVIN: Okay, so, you know, I think
7 it's safe to say at this point that between 10 and 20
8 percent of New Yorkers have been exposed to COVID-19.
9 That have been infected based on what the Governors
10 numbers came out with, they might be a little bit
11 high because there is false positive rates in
12 antibody tests but let's say between 10 and 20
13 percent.

14 That means that 12,000 that is between 1,200 and
15 2,400 currently in our congregate settings that are
16 positive for COVID-19. That's just the math of it
17 and you can look at the data and slice it any way you
18 want. It's always going to come back to roughly
19 those numbers. You can use the hospitalization
20 numbers and extrapolate for the number of total
21 positive cases. You could use the death numbers.

22 There have been 15,000 New Yorkers that have
23 died, with a fatality rate of between 1 and 3
24 percent. That's somewhere between 500 and 1.5
25 million New Yorkers that have been exposed. You take

1 that same ratio, you know, you can extrapolate it's
2 between 10 and 20 percent of the population.

3 Somewhere in that range and right now, we're saying
4 that none of those people that are in congregate
5 settings are positive for COVID-19, because if they
6 were positive for COVID-19, they would have been
7 moved out already into a hotel room.

8 And so, I think to Council Member Treyger's
9 point, we do not know what we don't know. We
10 absolutely, if we're not testing people, we have no
11 idea. And so, it only takes one person to have a
12 high viral load that can spread it to a lot of other
13 people.

14 One of the other things we know about COVID-19 is
15 that between 10 and 14 percent or between 8 and 14
16 percent of the people end up going to the hospital.
17 And then if you look at the numbers that came out of
18 Northwell today, that were reported out of Northwell
19 today, I mean, 20 percent of people that are going to
20 the hospital end up dying.

21 My point in all of this is we know based on data
22 how many infected people are actually in our
23 congregate shelters. Even if we are not testing them
24 and even if they are not symp-, by the way

1
2 symptomatic can mean, when we say 20 percent also are
3 asymptomatic, that's not including low level
4 symptoms. Does everybody know that a dry cough and a
5 fever? How do they know they have a fever? How do
6 they know that their dry cough is not related to some
7 other health conditions. Those are symptomatic
8 cases.

9 ERIN DRINKWATER: Sure, so, I want to be clear.
10 So, in part of the information that we provided, is
11 including exactly that point. That these are the
12 symptoms of COVID-like illness and they can manifest
13 themselves in an individual in a variety of ways. It
14 can be quite severe requiring hospitalization or they
15 can be asymptomatic. We don't rely on a positive
16 test to determine our next steps with the clients
17 that we're interacting with. And if a client
18 experiences even mild symptoms, we are immediately
19 connecting with care and treating them as a
20 presumptive -

21 CHAIRPERSON LEVIN: I guess my question is, are
22 we using the data that we have that we can rely on
23 with some level of certainty and I know for a fact
24 that the Department of Health does rely on this data.
25 They use modeling, they use modeling. To assume that

1
2 there are probably over 1,000 individuals in our
3 congregate shelters that are positive right now for
4 COVID-19, because if we go from that assumption, then
5 our only prudent course of action is to start
6 aggressively moving people out, really aggressive.
7 Aggressive like what's called for in this bill
8 aggressive. To move people out of congregate
9 shelters because if there is you know, there's 10
10 percent and each person's giving it to 2.6 other
11 people, that's the rate of reinfection. That's the
12 are not in a congregate setting.

13 The reason why we're not seeing and are not like
14 that in society as a whole is because we're all
15 sitting in our apartment.

16 ERIN DRINKWATER: Except for our clients and so,
17 what I remind -

18 CHAIRPERSON LEVIN: Yeah, except for our clients,
19 right.

20 ERIN DRINKWATER: The work that we're doing to
21 mitigate the risk.

22 CHAIRPERSON LEVIN: To mitigate the risk is, my
23 plan is this, to actually mitigate the risk is to put
24 people, is to give people the same opportunity that
25 we all have right now which is the socially distance,

1 truly socially distance. That's mitigating the risk.
2 That is what drives your are not. Not, you know, six
3 feet away from somebody, to have your bed six feet
4 away from somebody is not really socially distancing.
5 Because you are still going to be using the same
6 bathroom, using the same, you know, just being around
7 each other.
8

9 ERIN DRINKWATER: And we've provided the
10 guidance. I hear the point of the Chair and the
11 legislation is very clear on the objecting people to
12 achieve. I think we what we've demonstrated is not
13 only providing information to our clients but
14 providing them with tools necessary. Again, we've
15 distributed masks, we've distributed face coverings,
16 we have implemented social distancing guidelines
17 across our congregate shelters and we've moved people
18 out. We recognize there are people who are at
19 greater risk and we've taken immediate action. And I
20 think that relying on testing is not where the
21 Administration is and certainly not where the agency
22 is.

23 We have pursued people to be positive, even those
24 who are asymptomatic which is exactly why we have
25 ensured masks and face coverings. We are taking the

1
2 steps following the guidance from our health experts
3 who are leading the city's response and we are taking
4 action to make sure that our clients are protected.

5 CHAIRPERSON LEVIN: Sorry, following up on
6 Council Member Treyger's question, have we looked at
7 what California has been doing in terms of its
8 reimbursement rate from FEMA?

9 ERIN DRINKWATER: I can speak to our colleagues
10 at OMB on exactly what they are looking at as it
11 relates to the FEMA reimbursement.

12 CHAIRPERSON LEVIN: They should call their
13 colleagues in Los Angeles and the State of California
14 and find out exactly what they are doing.

15 And with that, I will turn it over to Council
16 Member Reynoso I believe.

17 COUNCIL CLERK: Council Member Reynoso, your time
18 will begin now.

19 COUNCIL MEMBER REYNOSO: Thank you all and I just
20 hope you are doing well Erin during this time as well
21 and thank you for all you are doing in this current
22 moment considering the crisis, we're all in.

23 You might hear some background noise, it's just
24 my son. I've been trying to get into a room, sorry
25 about that, one second.

1
2 sure that an individual who might need to be
3 connected to services, has that opportunity. But we
4 continue to address those issues, making sure that
5 we're connecting individuals to social service needs
6 that they might require as well as addressing the
7 concerns about debris that might be discarded on the
8 street.

9 You are mute, you are mute Council Member.

10 COUNCIL MEMBER REYNOSO: Yeah, I can't unmute
11 myself. The man is muting me. No, I want to ask a
12 question related to testing in these sites. From
13 what I'm hearing is that the numbers don't seem to be
14 alarming yet in the homeless shelters and I just
15 wanted to ask if you believe that that's more a
16 reflection of testing, or whether or not you think
17 that we're falling in line in homeless shelter's with
18 like the city average of rate of infection.

19 And also, I know that some questions were asked
20 about whether or not the folks, let's say six people
21 in a two bedroom apartment can get services of
22 isolation so they can quarantine.

23 I don't necessarily think that that's a bad
24 question. I think that maybe we should be doing even
25 more than just looking to isolate the folks in

1
2 homeless shelters and that possibly large families,
3 we should be considering whether or not it would be
4 smart for the City of New York to have them in hotel
5 rooms. But I do want to ask whether or not the rate
6 of infection is high in shelters and whether or not
7 we have been doing a good job at testing. But you
8 also, in the question you answered Deputy
9 Commissioner Drinkwater, you talked about the fact
10 that in the beginning the Department of Homeless
11 Services or HRA wasn't even a part of these sweeps.
12 And I guess my concern here is, whether or not sweeps
13 are a social service in any way shape or form. It
14 seems like they're targeting more homeless folks more
15 in line with, it's more enforcement than it is a
16 service in assisting the people that are arguably one
17 of the most vulnerable populations in all of the
18 city.

19 So, seeing that it wasn't initiated as a service
20 tool and more as an enforcement tool, I just need a
21 better answer as to whether or not sweeps are
22 necessary at all. And if they are happening, maybe
23 exclusively happening with HRA, so that we can get
24 resources to these folks. And again, I just really
25 want to know the rate of infection and whether or not

1 testing has been done that you think suffices in us
2 getting comfortable that there is no issue in
3 homeless shelters.
4

5 ERIN DRINKWATER: Thank you. So, I'll take the
6 follow up or clarification on the question. So, the
7 coordinated efforts had previously taken place with
8 NYPD and DSNY absent the involvement of DHS and that
9 changed recognizing that individuals you know, could
10 need to be connected to care making sure that we post
11 you know -

12 COUNCIL CLERK: Time expired.

13 ERIN DRINKWATER: Debris left on the street that
14 we post that the debris will be cleaned up. You
15 know, just yesterday Commissioner's called, there was
16 a question relating to a concern about a location
17 downtown not too far from our office here on World
18 Trade and the concern about whether or not the agency
19 has been in touch with DSNY because it appears that
20 there's you know homeless, there is debris that might
21 be a sign of an individual who might be homeless
22 having spent time at that location.

23 And so, typically what happens is, a notice is
24 posted recognizing that those belongings you know,
25 might belong to somebody and that person just isn't

1
2 actually on site and to give them information about
3 when those items would be cleaned up by Department of
4 Sanitation and to have DHS on site during that to
5 make sure that if a client is there, that we're able
6 to connect them and have a conversation with them
7 about what services they might require.

8 You also asked a question about testing and I
9 want to just reiterate that you know, there is a
10 shortage testing, not only in New York City but
11 across the state and across the country. We do our
12 work on the presumption that if somebody is
13 experiencing symptoms, we presume them to be positive
14 and we act accordingly.

15 It's why we set up the isolation locations, it's
16 why we worked very closely with Health and Hospitals
17 to set up a direct line of communication with them to
18 make sure that we had you know, as seamless process
19 as possible to communicate about the transfer of
20 clients to the hospital, when that's what their care
21 required or to isolation sites because they don't
22 require the necessary care that's provided in a
23 hospital but still need to isolate.

24 You also asked a question about isolation for New
25 Yorkers who are not experiencing homelessness but are

1
2 in overcrowded conditions. I'm not familiar with all
3 of the details of the Mayor's announcement made
4 earlier this week with the partnership with the Open
5 Society Foundation but I know as part of that
6 announcement, there were some details in respect to
7 what the City would be doing to address the very
8 issue that you're raising. The fact that, you know,
9 we have multigenerational families living in one
10 apartment, often times overcrowded and recognizing
11 that these individuals might not have the opportunity
12 or the environment to isolate it and how can we make
13 sure that they have the resource.

14 And I believe that the connection to those
15 resources is made through OEM, but I will follow up
16 with my colleagues and make sure that you have that
17 information accessible to you and the colleagues on
18 the Committee.

19 COUNCIL MEMBER REYNOSO: Thank you and stay safe.

20 ERIN DRINKWATER: Thank you. You as well.

21 CHAIRPERSON LEVIN: Thank you Council Member
22 Reynoso. We are calling Council Member Rosenthal,
23 but I just want to let my colleagues know, we are not
24 going to be doing a second round of questions because
25 we do have a lot of people that are going to be

1
2 testifying as members of the public. So, I
3 appreciate everybody cooperation on that.

4 Council Member Rosenthal.

5 COUNCIL CLERK: Council Member Rosenthal, your
6 clock will start now.

7 COUNCIL MEMBER ROSENTHAL: Great, thank you so
8 much. Thank you for holding this hearing Chair Levin
9 and thank you for introducing the legislation that
10 you have introduced. It's very much appreciated.

11 Commissioner Drinkwater, I want to start by
12 thanking you for all the work that you have been
13 doing. You and I have been on some late night calls.
14 You are always so responsive and I know you're trying
15 to the best you can in what is an impossible
16 situation. So, thank you for that.

17 You know, as Chair of the Committee on Women and
18 Gender Equity, I am very concerned about victims of,
19 survivors of domestic violence and their placement in
20 shelters and Council Member Levin's bill reminds me
21 that single women who are survivors are having a
22 challenging time getting into a domestic violence
23 shelter because most of them serve families and I've
24 been hearing lately cases about single women, maybe
25 women who have been trafficked or other situations

1
2 needing, having to go to shelters for single adults
3 and those being shelters where domestic violence
4 services are not necessarily provided. Despite the
5 fact that these individuals really need those unique
6 services. For example, working with someone on
7 orders of protection.

8 Something like that, so, let me kick it back to
9 you and just sort of hear your thoughts about what's
10 happening with survivors who are single women who are
11 not being able to access DD shelters.

12 ERIN DRINKWATER: Thank you for the question. I
13 will have to get back to you on specifics. I know
14 that your office and the Committee are in regular
15 touch with the Mayor's Office to end gender based
16 violence and NYPD in preparation for what I believe
17 is a hearing calendared for the end of next week.
18 And I know that HRA and my colleagues who oversee the
19 domestic violence shelter unit are involved in those
20 conversations.

21 So, I'd be happy to follow up with you and get
22 you information either before the hearing or in time
23 to be prepared for that hearing.

24 COUNCIL MEMBER ROSENTHAL: I really appreciate
25 it. This topic probably won't come up at the

1 hearing. So, this is more a concern of mine as Chair
2 of the Committee. The topic of the hearing is
3 something else, having to do with domestic violence
4 but I really am concerned about women who are in this
5 situation.
6

7 And so, specifically, I think a response could be
8 that, but I don't know if it's true, that the people
9 who are placing women in these shelters and it could
10 be gender nonbinary individuals as well. LGBT trans
11 women who end up being in a general adult shelter,
12 just wanting to know that they are connected to a DV
13 provider of services even though they're in another
14 adult shelter.

15 So, that's the specific information, I'm curious.

16 ERIN DRINKWATER: These calls are made to the
17 Domestic Violence hotline seeking shelter and you say
18 they are being turned away?

19 COUNCIL MEMBER ROSENTHAL: So, I don't always
20 know. There are so many different hotlines, I don't
21 always know how somebody gets into shelter but these
22 are people who should be in a domestic violence
23 shelter but aren't because they are singles. They
24 are single women and there aren't single rooms
25 available to them and so, therefore being placed in

1
2 general shelters for homeless individuals and not
3 necessarily having access to domestic violence
4 services. Does that make more sense?

5 ERIN DRINKWATER: Sure, yeah, and I'll get back
6 to you on that.

7 COUNCIL MEMBER ROSENTHAL: I appreciate it. The
8 other thing that popped out in this particular
9 situation was that the nonprofit that was trying to
10 help this particular individual.

11 COUNCIL CLERK: That was the time.

12 COUNCIL MEMBER ROSENTHAL: Thank you. I'll just
13 finish up my question. Get orders of protection.
14 The shelter she was in did not have a good enough
15 internet service for her to be able to get her Orders
16 of Protection online and then be able to download
17 them and sign them and then scan them and get them
18 back up.

19 So, just a general note of concern about lack of
20 internet at shelters and I'm happy to give you the
21 exact name of the shelter she was in but I don't know
22 if that's an issue in general with homeless shelters.

23 ERIN DRINKWATER: We can look into it.

24 COUNCIL MEMBER ROSENTHAL: Okay, thank you again.
25

1
2 CHAIRPERSON LEVIN: With that, I believe that
3 that is all of the questions from Council Members.

4 ERIN DRINKWATER: Can I Chair, Council Member
5 Salamanca asked for some information relating to the
6 race and ethnicity of our single system and I
7 mentioned that that information is available on our
8 website, but I was able to quickly pull it up and
9 just wanted to share that with the Committee to be
10 responsive to his question.

11 CHAIRPERSON LEVIN: Sure.

12 ERIN DRINKWATER: So, this FY'19 data. In FY'19,
13 the race and ethnicity of our single adults in
14 shelter, Black non-Hispanic made up 58.7 percent,
15 Hispanic 27 percent and White non-Hispanic 9.7
16 percent. And that information is readily available
17 on DHS's website under Facts and Stats, sorry, Stats
18 and Reports.

19 CHAIRPERSON LEVIN: Okay, thank you very much
20 Commissioner. I just want to acknowledge Council
21 Member Gibson has joined us and one thing I just
22 wanted to note is that I know we've talked about the
23 level of service that individuals may need and how to
24 transfer over those services from a congregate
25 setting into a hotel isolation setting.

1
2 I think it's also important to acknowledge that
3 there are a great number of people residing in our
4 DHS single adult congregate shelters, who don't need
5 a lot of services. That they are there for economic
6 reasons. Many of whom we know, we've been working
7 with for years and so, I think you know, there should
8 be a kind of an acknowledgement in a kind of tiered
9 way of looking at social services because not
10 everybody needs intensive social services.

11 I understand that there are people with substance
12 use disorder or mental health challenges but that is
13 not the majority of people finding themselves in
14 shelter. And there are plenty of people that are
15 there you know, really for economic circumstances and
16 so, I just want to mention that.

17 ERIN DRINKWATER: And I hear your point and I
18 agree with it. I think one of the things
19 unfortunately that this virus has done has magnified
20 very real and persistent inequalities in our society.

21 Certainly, we can take it under consideration
22 that scaling of social services, but also want to
23 point out that you know, we have some you know, 4,700
24 individuals in our mental health and substance use
25 shelters.

1
2 So, again, you know, we have said many times that
3 our system is not a one size fits all approach or
4 solution. We prioritize our permanent housing
5 placements and we continue to do the work to
6 prioritize the health and safety of our clients
7 during this unprecedented global pandemic, for the
8 time and during our work.

9 CHAIRPERSON LEVIN: Thank you and I just one
10 thing to leave you with and just to reiterate here.
11 The number of cases that we have confirmed are
12 significantly lower than what we know to be the
13 number of actual cases within our congregate system.
14 And it is incredibly high risk environment by the
15 very nature of its congregate, because of the
16 congregate setting and it is almost an inevitability
17 that there will be some type of super spreading type
18 event because we see that throughout the world when
19 we've looked at the spread of this virus over the
20 last several months that whenever there's ongoing
21 close contact, you know, even in a place like a
22 cruise ship or a nursing home where people are not;
23 that setting is even less dense than a DHS congregate
24 shelter. You could have large spreading events where
25 one person could spread it to 30 or 40 or 50 people.

1
2 And the fact that we have not seen something like
3 that in the DHS system is something of a miracle
4 honestly and I think we have an overriding mandate to
5 avoid that eventuality if we can and the way to do
6 that is to do what this bill is calling for.

7 ERIN DRINKWATER: Can I just say one thing?

8 CHAIRPERSON LEVIN: Yeah.

9 ERIN DRINKWATER: So, I'd like to not chalk it up
10 to a miracle but rather the very hard and persistent
11 work of our providers who are on the frontline of
12 this day in and day out responding to this crisis.
13 So, I would just challenge you on that framing.

14 CHAIRPERSON LEVIN: No, I certainly acknowledge
15 their heroic work. With that said, despite efforts
16 that they may take, there can still be, they don't
17 have the power to stop a high viral load individual
18 sneezing and spreading coronavirus to 20 or 30
19 uninfected individuals. I think that that is,
20 however, heroic they are and they are heroic. They
21 can't prevent something like that from happening.
22 And so, whether it's a miracle or chance or luck,
23 probably luck is the most accurate description for
24 that. It's lucky that we haven't had a high spread
25

1
2 you know where 30 or 40 or 50 or 60 people get
3 infected at a single time.

4 But I know that we have a lot of work to do
5 together. I encourage you to speak with all of your
6 colleagues and in part to them the urgency in this
7 legislation because speaking for myself, we intend to
8 move very quickly on this and I want to also thank
9 the Speaker for his incredible support by being the
10 co-prime sponsor of this bill.

11 ERIN DRINKWATER: Understood, thank you.

12 CHAIRPERSON LEVIN: Great and thank you very much
13 Commissioner. I appreciate you taking the time and
14 all the work that you are doing.

15 ERIN DRINKWATER: Absolutely.

16 CHAIRPERSON LEVIN: Great, okay. Okay, so we
17 will, I'll turn it back over to the Counsel to the
18 Committee Aminta Kilawan for the next steps.

19 AMINTA KILAWAN: We are now going to begin public
20 testimony. I'd like to remind everyone that unlike
21 our typical Council hearings, we are going to be
22 calling individuals one by one to testify.

23 Council Members, if you have questions for a
24 particular panelist, you should use the raise hand

1
2 function again in Zoom and I will call on you after
3 the panelist has completed their testimony.

4 For panelists, once your name is called, a member
5 of our staff will unmute you and the Sergeant of Arms
6 will give you the go ahead to begin upon setting the
7 timer at three minutes. Please wait for the Sergeant
8 to announce that you may begin before you begin your
9 testimony.

10 And with that, our first three panelists will be,
11 Alfonzo Forney, David Gayner[SP?] and Winston
12 Tulkahesa. I'd like to now welcome Alfonzo Forney.

13 COUNCIL CLERK: Alfonzo, your time is starting
14 now.

15 First, I want to thank this Council for having
16 me. Getting right to it, I'm not sure where the
17 Deputy is getting her information from but the data
18 is sadly flawed. All the numbers that were spewed by
19 the Deputy while sounding great on paper, doesn't
20 really tell the whole story. As far as I know and
21 this is based on my communication with staff members
22 and residents at the Clarke Thomas facility, there
23 were no thermostats that were given out to test the
24 clients to see if they had a fever. As well as at my
25

1
2 current shelter which is the Kingsboro Star Men's
3 Shelter. The didn't have them there either.

4 Now despite the guidance that was issued in early
5 March, DHS providers were still clueless as to their
6 authority and what they were allowed to do with
7 respect to possible COVID cases. For instance, the
8 Director of Clarke Thomas, John Bradley repeatedly
9 told clients that he and his staff could do nothing
10 for any clients that showed many of the COVID-like
11 symptoms despite the fact that I personally showed
12 Mr. Bradley the guidance that was issued by the city
13 and the Health Department.

14 Additionally, they were still not properly
15 sanitizing and decontaminating the beds subsequent to
16 possible COVID cases leaving those beds. I actually
17 drew up a petition that was picked up by Fox 5 news,
18 the New York Post and then the New York Times that
19 showed the depth of cluelessness that these provider
20 shelters actually had. For instance, me and a staff
21 member at the Clarke Thomas facility got into a
22 confrontation where he was mixing chemicals while
23 residents were sleeping. He was coming to clean the
24 area but he was mixing chemicals. One of those
25 clients was me. Had provider shelters actually read

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2 the guidance that was issued by the City, they would
3 have known that the mixing of chemicals such as
4 bleach, with any other household product when dealing
5 with COVID-19 is specifically, specifically
6 prohibited.

7 Turning to the social distancing. The beds at
8 Clarke Thomas are still 35 inches apart. That is
9 less than a yard and while this Committee was in
10 session right now, I actually called and personally
11 found out that this information is still the case.

12 In my current shelter, it's about four feet of
13 space between the beds. The sanitizer dispenser
14 machines on my first day here are empty and based
15 upon my conversations with clients and other shelter
16 staff, its been like that for several days.

17 COUNCIL CLERK: Time is expired.

18 CHAIRPERSON LEVIN: Mr. Forney, I want to thank
19 you so much for your testimony. It's incredibly
20 important that you are with us today to be giving a
21 firsthand account of all of this and having done all
22 of the work that you have done in keeping track of
23 this and holding all of us accountable, including
24 here at the City Council. So, I want to thank you
25 very much for your testimony.

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COMMITTEE ON GENERAL WELFARE

I think Council Member Holden has a question for you.

COUNCIL MEMBER HOLDEN: Thank you Mr. Forney for being on and participating. How many, do you sleep in a dormitory style setting? You said they are three feet apart?

ALFONZO FORNEY: Right now, in the current one, yes, it's about maybe four feet, maybe three in a half four feet. This particular shelter, it's about four feet apart. I'm currently at the Kingsboro Star Men's Shelter and like the next person, in the next bed from me on one side is maybe four feet. On the other side, it's about four and a half feet apart.

COUNCIL MEMBER HOLDEN: Did the provider give you any masks to wear?

ALFONZO FORNEY: They do offer masks at this facility. At the prior facility, they offered it for about two days and then subsequent to that, they said we don't have them, we don't have them, we don't have them.

COUNCIL MEMBER HOLDEN: And when, do you know of anybody that might have tested positive in your facility?

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2 ALFONZO FORNEY: In my current facility or the
3 other facility?

4 COUNCIL MEMBER HOLDEN: Any facility that you've
5 been in.

6 ALFONZO FORNEY: I personally dealt with two
7 different clients who have given me permission to use
8 their names. One is John Wallison, the other is Roy
9 Coleman. Both of them are now still in contact with
10 me by phone, in fact, I saw Mr. Coleman yesterday and
11 we sat and we talked and both of them were diagnosed
12 with COVID-19.

13 The sad thing is, is that both of these guys,
14 after being diagnosed, they were brough back to
15 Clarke Thomas and allowed to enter that facility
16 while still positive and received beds. Whereas Mr.
17 Coleman was permitted the following morning to go to
18 another shelter and given a metro card to get on the
19 bus and the train while still positive and travel to
20 his new quarantine shelter.

21 It's like the guidance that was issued by the
22 city, these providers are not taking key to it and
23 this is why we need to be in hotels homes where we
24 can look out for our own interests. Because it's
25

1
2 obvious that the provider shelters and DHS shelters
3 are not doing it.

4 COUNCIL MEMBER HOLDEN: Yes, and we agree with
5 you. I certainly agree with you on that and the fact
6 that if you're in contact with somebody with the
7 COVID and are you isolated? Are you set apart? Do
8 they, let's say three or four people come in contact
9 with that individual, are they quarantining? Have
10 you witnessed that?

11 ALFONZO FORNEY: Oh, no. When they told me that
12 it was only after I called Clarke Thomas several
13 times demanding to know what was going on with Mr.
14 Coleman, that they got upset at me and told me to
15 stop calling. But then other individual there who
16 had my phone number, they were calling me and
17 informing me that they put Mr. Wallison in a
18 conference room by his self and let him stay there
19 until they transferred him. They said that the
20 Director personally called him and said, stay in the
21 conference room, we're getting too much heat, so stay
22 in the conference room until we transfer you to a
23 quarantine shelter.

24 So, no, there not quarantining people who come in
25 contact with them.

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2 COUNCIL MEMBER HOLDEN: Yeah, we need to see this
3 because what the DHS is telling us and what the
4 providers are actually doing maybe two different
5 things and I'm not really happy with DHS's oversight.
6 I don't think they know what's going on. It's been
7 proven in the past and I think it's particularly
8 worse now.

9 So, I want to thank you Mr. Forney. I hope
10 you'll be in touch with us in the City Council.

11 ALFONZO FORNEY: You're very welcome and just let
12 me point out in response to what you just said,
13 Council Member, they are not, they have no clue
14 what's going on. Because what's really surprising is
15 that when the New York Post did the article on the
16 petition that I wrote up, they vehemently denied
17 everything. But when the New York Times did a story
18 on it, someone from Help USA indicated that they
19 recognize that there is a serious problem at Help
20 USA.

21 You can't have it both ways Councilman. Either
22 there's a problem or there's not and tentatively
23 speaking, there is a very serious problem in DHS.

24 COUNCIL MEMBER HOLDEN: I agree. Thank you,
25 thank you sir.

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2 ALFONZO FORNEY: Thank you.

3 CHAIRPERSON LEVIN: Thank you so much. Thank
4 you, Mr. Forney. Thank you, Council Member Holden,
5 for your questions. Mr. Forney, I want to really
6 just thank you so much for your testimony and we hope
7 that you'll continue to keep in touch with us and let
8 us know what's going on.

9 ALFONZO FORNEY: Yes sir, thank you Mr. Levin.

10 CHAIRPERSON LEVIN: Thank you, thank you.

11 AMINTA KILAWAN: Thank you Mr. Forney and now
12 we're going to have David Gayner followed by Winston
13 Topohesa and he will be followed by Denis Johnson.

14 DAVID GAYNER: Hello, can you hear me?

15 COUNCIL CLERK: Okay David, your clock with start
16 now.

17 DAVID GAYNER: Can you hear me?

18 AMINTA KILAWAN: Yes, we can hear you David.

19 DAVID GAYNER: Okay, my name is David Gayner and
20 I'm testifying on behalf of the homeless can't stay
21 home, can't pay to demand you open up hotel rooms for
22 everyone in shelters now. For the last two months,
23 residents at my shelter have been full of fear. We
24 have not been treated like adults and many shelters
25 are sad. They withhold information from residents

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about what the risks are and what are being done to address them.

But common sense tells us we cannot meaningfully distance from one another where we live. There are dozens of people in every room. There are dozens of people gathering for meals multiple times a day. What we need is clear private rooms and private bathrooms.

We have over 100 hotel rooms in New York City allowing folks in the shelter the ability to access them to save countless lives. Failure to do this will increase the size and scope of this crisis. We urge the city to [INAUDIBLE 2:24:23] and I'm representing New York City.

Hello?

AMINTA KILAWAN: Thank you very much Mr. Gayner, do any Council Members have any questions for Mr. Gayner? If so, you may raise your hands now and if not, we will move on to our next panelist. I'd like to call on Winston Tulkahesa.

WINSTON TULKAHESA: Good afternoon.

COUNCIL CLERK: Okay, Winston, your clock with start will start now.

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2 process much more challenging. I'm just grateful my
3 flu like symptoms were mild otherwise I could have
4 been in serious trouble. Upon returning to my home
5 shelter I found the elevator was not working and I
6 had to **[INAUDIBLE 2:26:11]** five flights of stairs.

7 According to other residents, they had not been
8 for the duration of my ten day stay in isolation.
9 Not to mention, my room was in disarray and not at
10 all how I left it. It was so bad that newly hired
11 cleaning lady refused to go in my room until I had
12 addressed it.

13 While the general public is concerned about
14 getting back to work, people in the shelter like me
15 are more worried about how to navigate the crisis
16 with next to no resources or support and worst of
17 all, the high chance of dying from complications with
18 the virus and to the inability to safely self-isolate
19 and rest. Historic policies of the Department of
20 Homeless Services cannot keep people safe from the
21 COVID-19 crisis. They do not have a skill and
22 planner how to care for ill clients in shelters or
23 keep us at a safe distance from one another and for
24 the one's that are well, the best they can do is keep
25 them stagnate.

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2 Well, it seem the general public is over the
3 effects of New York State, the situation in DHS
4 shelters is only going to get worse in weeks to come.
5 This is why I support Speaker Johnson's bill
6 requiring DHS to provide each resident with a single
7 room and I hope you will to.

8 AMINTA KILAWAN: Thank you so much Mr. Tulkahesa.
9 If any Council Members have questions, you may raise
10 your hands now.

11 Seeing none, I will now call on Mr. Denis
12 Johnson, the Vice President of 32BJ to testify. He
13 will be followed by Sharifa Harvey and then followed
14 by Christian Jean Cascone. Mr. Johnson?

15 COUNCIL CLERK: Okay Mr. Johnson, your clock will
16 start now.

17 AMINTA KILAWAN: Alright if Mr. Johnson is not
18 able to join us, we are having some issues with
19 audio, we will call Mr. Johnson again shortly. And
20 we will now call on Sharifa Harvey to deliver
21 testimony after the Sergeant announces that the timer
22 has begun.

23 COUNCIL CLERK: Okay, and your clock will start
24 now.

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2 different rooms. That's a problem because they can
3 move us around at any time and okay, today I'm
4 sharing a room with someone who is clean but what
5 happens when they shift either one of us or both of
6 us happen to have preexisting conditions.

7 One of the other issues is that I ended up
8 sharing a room with a senior, so that's under 70 but
9 still, that's a health factor and I try to limit
10 going out but it's not always possible. For example,
11 for the past, just like I'll give today as a typical
12 example, I can't eat any of the breakfast or I mean I
13 couldn't eat the protein for the breakfast nor could
14 I eat the lunch that was provided for religious
15 reasons. That's going to also be an issue because
16 fasting starts tomorrow for the month of Ramadan,
17 which I'm not sure if any of the DHS facilities have
18 taken into account. That residents will have to
19 bring in, who are fasting, will have to bring in
20 meals and if they have to go out constantly, if they
21 are denied bringing in their food, that's not just a
22 health issue, that's also a human rights issue. And
23 that has to be addressed. It has to be addressed
24 immediately.

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2 One last thing is that with all this flu that I'm
3 noticing in this hotel, we have a lot of people who
4 are working as healthcare providers, who are working
5 as essential workers. That's an issue because if
6 they move us around, someone could be in, a
7 healthcare worker being in a room with somebody who
8 is - that's a risk factor right there.

9 So, I just wanted to bring these issues to light
10 because this is what observing and I think it's
11 important that people be able to self-isolate in
12 their own individual rooms at this time.

13 AMINTA KILAWAN: Thank you Ms. Harvey. If any
14 Council Members have questions at this time, you may
15 raise your hand.

16 Seeing none, we will move on to the next witness.
17 I'm going to call back Denis Johnson.

18 CHAIRPERSON LEVIN: I just want to thank Ms.
19 Harvey as well. Thank you, Ms. Harvey for your
20 testimony.

21 AMINTA KILAWAN: And now, we'll call Mr. Denis
22 Johnson.

23 COUNCIL CLERK: The microphone is not working.
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2 AMINTA KILAWAN: Seeing that you are continuing to
3 have some audio difficulties, we are going to call up
4 Christian Jean Cascone[SP] as the next panelist.

5 COUNCIL CLERK: Okay Christian, your clock will
6 begin now.

7 AMINTA KILAWAN: We are going to move on the
8 following witness while we transfer Christian as a
9 panelist and we're going to move on to Shawn Kay.

10 Alright, seeing that we're not able to hear
11 Shawn, I'm going to move on to Roberta Johnson.

12 ROSEANNA JOHNSON: Roseanna.

13 AMINTA KILAWAN: Roseanna Johnson.

14 COUNCIL CLERK: And your clock will begin now.

15 ROSEANNA JOHNSON: Hello, how are you doing? I
16 am one of the homeless people. I have called, I have
17 contacted the Governor, the Mayor, I've contacted
18 everybody. COVID-19 is killer. They expect us to go
19 into the shelter, that the shelters are not even
20 doing [INAUDIBLE 2:34:04].

21 I was informed that if I come into the shelter
22 it's at my own risk. They have COVID-19 cases in
23 there and they didn't sterilize. I sleep in my car.
24 Right now, I'm at someone's house because I begged
25 them, can I come in because I didn't want to be

1 outside. I have to leave tomorrow. What about us,
2 what about the homeless that cannot stay home? They
3 are not trying to help us. The Mayor's gets on TV
4 and he talks about how they are helping us. That's a
5 bull face lie, because I have contacted, I have
6 numerous emails where I have tried to reach out to
7 them, nobody has you know, replied. Yesterday, the
8 young lady I spoke to, she reached out to a couple of
9 people, they called me and they are still not doing
10 anything. I am still homeless.

12 You are talking about all this help that's out
13 there for us, that's not true. Because I'm telling
14 you for myself, there is no help, none whatsoever.
15 All I ask is that somebody help us that's homeless,
16 that cannot stay home. We don't have no option but
17 to be in the streets and we are not getting any help.
18 I don't understand why we're not getting any help and
19 you say COVID-19 is a killer, it's a killer. It's
20 not making us sick; it's not making us ill, it's
21 killing us and they want us to go into places where
22 people already you know, was diagnosed and
23 everything. That's not okay. I refuse to go in a
24 shelter because I refuse to lose my life. I don't
25 want to die because I'm homeless that's only into a

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2 shelter where there is multiple people that you know,
3 tested positive. I don't think that's right and
4 nobody's helping. Like, basically, nobody's helping,
5 nobody at all, nobody. That's all I have to say,
6 thank you for listening.

7 CHAIRPERSON LEVIN: Ms. Johnson, can I ask, if
8 you were offered a hotel room, would you take it?

9 ROSEANNA JOHNSON: Absolutely. That's all I ask.
10 I spoke to someone last night and I told him, he was
11 like, well you're not willing to go in a shelter? I
12 said, absolutely not. He says, what about going in a
13 shelter with someone else. I'm like, are you
14 serious. I said, I'm going to go into a I'm sorry, a
15 hotel room with someone else. I said, I'm going to
16 go into a hotel room with someone I don't know. What
17 if the murder me? What if they rob me? What if they
18 beat me up? You know, what if they have COVID and
19 give it to me. I said, no, that's unacceptable.

20 I would absolutely, if somebody offered me a
21 hotel room by myself, absolutely, I would go,
22 absolutely.

23 CHAIRPERSON LEVIN: Okay, thank you. No, I
24 appreciate that and thank you for your testimony.
25 Thank you for being with us today. We look forward

1 to keeping in touch with you as we move forward.

2 Please let us know if anything that you think is
3 important for us to know. Thank you.

4
5 ROSEANNA JOHNSON: I need a place to stay. Like,
6 I really do. I really do. I'm sleeping in a van and
7 when I say I'm sleeping in a van; I'm sleeping in a
8 van and I ask people every day. I beg, I borrow, I
9 don't steal, that's one thing I don't do but all I
10 ask is like please help me. I can show you the
11 emails to the Mayor, to the Governor, to the
12 Commissioner. I have so many emails that I take it
13 to the news, I take it to everybody and it's like,
14 whatever. It's like, we don't matter. People on the
15 street, we do matter because we are the ones that's
16 out there. We're more vulnerable than anyone. We
17 can't shelter in place. We cannot do none of this
18 and all I ask, I was like please, I even ask the
19 hotel manager, I said, please can I stay here. I
20 said, I don't want to go outside, I'm homeless.
21 Nobody helps, nobody, nobody.

22 CHAIRPERSON LEVIN: We're doing our best Ms.
23 Johnson and I want to thank you so much for your
24 fortitude and for your honesty.

25 ROSEANNA JOHNSON: Absolutely, absolutely.

1 the same as every man in this building. Those are
2 the words that were spoken to me by the Director of
3 Delta Manor, the shelter in the Bronx in which I'm
4 staying. The Director's name is Greggory Mendenhall
5 and I think it's clear to see that he fails to
6 understand there is definitely a difference between
7 homeless individuals. I believe one of the Council
8 Members mentioned, men who are in shelters for
9 financial reasons. Of course, we know there are
10 people who have issues of mental health. But there
11 are also those who are actively avoiding the safety
12 precautions as far as COVID-19 goes. Unfortunately,
13 that doesn't just qualify with the residents, it also
14 covers the staff.

16 Ms. Drinkwater was wrong in one respect. I have
17 not been able to establish any sort of communication
18 or relationship with the staff at the shelter. They
19 make themselves unapproachable, unavailable. Their
20 negligence, they have lied to my face. I was told my
21 own case worker that currently there are not efforts
22 to place homeless men in supportive housing.

23 As Davis herself confirmed for me that that is
24 untrue. So, forgive me, I'm feeling a bit more
25 nervous about speaking than I thought I would be.

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2 The major danger I see in the congregate shelters is
3 the absolute chaotic nature of what's going on.

4 But again, as I said, many of the people who have
5 spoken before me today have already thoroughly
6 covered those issues. I can assure you; they are 100
7 percent true and they are just as dangerous as the
8 virus can be. They can cost lives. I have not seen
9 any cases of COVID-19 in the shelter I am in, but I
10 know that if I were to ask the staff at the shelter,
11 they would not tell me. Again, they make themselves
12 unapproachable and they keep certain information
13 completely hidden.

14 It's impossible to work with them and it is a
15 shame that the greatest city in the world has this as
16 its best to offer.

17 AMINTA KILAWAN: Thank you Christian. Any
18 Council Members have any questions, you may raise
19 your hands now.

20 Seeing none, I would like to call upon Roberto
21 Mengual[SP?], who will be followed by Christoph
22 Myer[SP?].

23 ROBERTO MENGUAL: Hello.

24 COUNCIL CLERK: Hello Roberto. Your clock will
25 begin now.

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2 ROBERTO MENGUAL: Well, first off, I want to
3 thank the Council for hearing my voice and I want to
4 give a big thanks to Homeless Can't Stay Home
5 Foundation and my homeless advocate by the name of
6 Ms. Helen Strum[SP?].

7 My experience with the COVID-19 virus has been
8 very harsh. During my time at the vicinity at Clarke
9 Thomas who Alfonzo said, we have been lied to in
10 front of staff members that have said, there are no
11 confirmed cases of COVID-19 and any of the facilities
12 on Randall's Island. To the next day coming to find
13 out through the New York Post online services that
14 there were 50 confirmed cases of COVID-19 with being
15 just DHS staff and police officers within the three
16 shelters that make Randall's Island.

17 That was very nerve racking to me to know that
18 these people would rather lie and sweep something
19 under the rug than face it head on to prove a point
20 to the clients and the tenants of these shelters.

21 So, the serious of the matter can be proven and
22 acted upon and speaking against staff members and
23 doing things like Mr. Forney said of doing the
24 petitions that speak not against that, you and I seem
25 like you're doing something wrong. Like you are

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2 going against the grain and you can be targeted in
3 DHS by doing these things. In the matter of time
4 after making that petition, Mr. Forney got
5 transferred in a 48 hour time after we turned in the
6 petition.

7 I've been targeted myself multiple times, my beds
8 have been transferred and moved without notice or
9 reason. The last transfer I was attempting was for
10 me to be moved to the 30th Street Bellevue facility
11 last Friday without reason with the Administrative
12 transfer mechanism of DHS.

13 This space is not giving healthier or safe to any
14 man or any homeless woman that lives in the shelter.
15 Just for the simple fact that the 35 inch reach
16 between beds. And I have not seen any attempt of
17 this being changed. Whenever I've seen a tenant
18 whether it's elderly or sick, by the end of the night
19 that that tenant has been moved there are four or
20 five bodies ready to take those beds. Which is even
21 a higher risk of just playing juggle with the changes
22 of probably bringing somebody in that could be still
23 free from the symptoms or could have it and not even
24 know it.

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2 With that being said, these situations build up a
3 whole number of emotions; stress, anxiety of hearing
4 someone cough around you and not being able to do
5 anything about it or separate yourself. The lack of
6 support of our staff.

7 Can I continue?

8 CHAIRPERSON LEVIN: If you could summarize the
9 remainder of your testimony.

10 ROBERTO MENGUAL: Just the lack of support of
11 staff, just reaches on to a disconnect between staff
12 and clients and a big gap with training as well. I
13 believe that the staff members cannot process what is
14 going on and they have not been processed or trained
15 to deal with a matter this big and a matter of
16 dysfunctionality at this time.

17 CHAIRPERSON LEVIN: Thank you so much for your
18 testimony, I greatly appreciate the insight and we
19 look forward and ask that you keep in touch with us
20 moving forward and make sure that any issues that
21 arise you're making it clear to us as well.

22 ROBERTO MENGUAL: Thank you Councilman.

23 CHAIRPERSON LEVIN: Thank you.

24 AMINTA KILAWAN: Now, I'd like to call on
25 Christoph Myer to deliver testimony.

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2 COUNCIL CLERK: Christoph, your time will start
3 when you begin speaking.

4 AMINTA KILAWAN: Again, I want to note that there
5 is a significant delay in us being able to mute and
6 unmute witnesses. So, we apologize for the delay.

7 We will now move on to Shawn Kay[SP?].

8 COUNCIL CLERK: Shawn Kay, your time will start
9 when you begin speaking.

10 SHAWN KAY: Hello. Am I heard?

11 AMINTA KILAWAN: Yes, Shawn you are heard. You
12 may begin.

13 SHAWN KAY: Okay, I, first thing, I want to, I
14 think it's commendable but DHS is doing. The Mayor
15 has the trust in social distancing and social
16 isolation and it seems that up until this point, the
17 city's social distancing and social isolation
18 strategy has not been the city's transient or
19 homeless population. And I believe that overlooking
20 that, while ultimately prove to be the weak link or
21 the Achilles heel in that strategy.

22 If you are stressing that everyone must socially
23 isolate to defeat this pandemic but are neglecting
24 people who cannot do so because they are on the
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2 streets or in densely packed shelters then it defeats
3 that purpose.

4 I know that the main focus of DHS is protection
5 of what they referred to as the vulnerable
6 population, the transient population the homeless
7 population. But this actually effects New Yorkers as
8 a whole. It's a much larger issue because what
9 happens is when you focus, I guess mostly I would say
10 on the half's for lack of a better term. The people
11 who actually are able to shelter in place and
12 socially distance and you neglected this as a
13 franchise, what happens is that when you eventually
14 with the restrictions, the homeless with rejoin
15 everyone else in society, including those who are
16 socially isolated and that can pretty much undermine
17 all the efforts to, the past efforts to control the
18 pandemic and such.

19 It's kind of like a fighting a fire in the house.
20 You wouldn't fight the fire in room A,B,C, and D and
21 then just leave E to burn by itself. You would fight
22 the fire throughout the whole house. And I think to
23 defeat this pandemic.

24 COUNCIL CLERK: Time expired.

25 SHAWN KAY: Oh, sorry.

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2 CHAIRPERSON LEVIN: You can finish your sentence
3 if you wish.

4 SHAWN KAY: Oh, thank you. I was just going to
5 say that using the analogy of a house fire, to defeat
6 this pandemic, it's going to have to be an all or
7 nothing approach. The fire has to be put out
8 throughout the whole house. They can't just be all
9 the other rooms and just one room left burning.

10 CHAIRPERSON LEVIN: Yeah, alright.

11 SHAWN KAY: I don't know if I should, I am in a
12 hotel room currently, I don't know if that's
13 important or not.

14 CHAIRPERSON LEVIN: No, no, it's certainly
15 relevant and we appreciate —

16 SHAWN KAY: Because I know a lot of the people.

17 CHAIRPERSON LEVIN: Yeah.

18 SHAWN KAY: I'm one of the few.

19 CHAIRPERSON LEVIN: Well, thank you so much. We
20 appreciate your testimony and we greatly value your
21 being here and if there are any other issues that
22 arise, please make sure to communicate them with us.
23 But we greatly appreciate your testimony today.

24 SHAWN KAY: Thank you. I'm sorry I was all over
25 the place, I was a bit nervous.

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2 CHAIRPERSON LEVIN: No worries at all, you did
3 great.

4 SHAWN KAY: Thank you. Take care.

5 CHAIRPERSON LEVIN: Take care.

6 AMINTA KILAWAN: We are now going to call again,
7 Denis Johnson followed by Donna Miller.

8 COUNCIL CLERK: Denis, your time will be begin
9 when you start talking.

10 DENIS JOHNSON: Thank you very much. Can you all
11 hear me now?

12 AMINTA KILAWAN: Yes, we can hear you now.

13 DENIS JOHNSON: Thank you all for your patience.
14 Good afternoon Chairman Levin and members of the
15 Committee. Thank you for your time this afternoon.
16 My name is Denis Johnson, I'm the Commercial and
17 Security Division Director and Vice President of SCIU
18 Local 32BJ.

19 Our union represents 165,000 building service
20 workers from Florida to Boston. Of those members,
21 85,000 live and work right here in New York City and
22 we represent over 100,000 contracted security
23 officers at DHS managed shelters across the city and
24 these 1,000 members are among the 14,000 security
25 officers citywide that we represent.

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2 We applaud the Council's commitment to serve the
3 homeless as safely as possible in response to COVID-
4 19. As a labor union, we are not experts on what
5 model for doing so is the right one. However, we
6 want to ensure that if the unprecedented expansion of
7 hotel shelters proposed in Intro. 1927 moves forward,
8 protections for workers like security officers must
9 be included.

10 Security officers have been working in shelters
11 to keep this vulnerable population safe. They have
12 done so in situations some might describe as
13 egregious or security officers have come forward to
14 note issues regarding the lack of PPE and the lack of
15 enforcement of social distancing rules.

16 We had almost a month where our members were not
17 having regular access to PPE in the shelters. Intro.
18 1927 seeks to improve living conditions for the
19 shelter population. In improving the living
20 condition of this population, we should not abandon
21 security guards who have bravely stayed on their post
22 throughout this pandemic.

23 Any transition to ensure that for security guards
24 working under the DHS contract and enjoying the
25 protections that come with that contract, they should

1
2 follow this work. The Council should ensure that
3 number one, there will be no involuntarily furloughs
4 of security officers. They can be reassigned to new
5 locations.

6 Number two, that security officer's hours not be
7 reduced. And three, that their hourly rate for wages
8 and benefits provided under the contract with DHS not
9 be diminished.

10 And finally, number four, that they be provided
11 with hand sanitizer, face masks and gloves. Not
12 including these requirements would result in a
13 significant hardship to DHS contract and security
14 officers who may lose their jobs or suffer a
15 significant cut in pay or loss of benefits.

16 Unlike security contracts with DHS, the security
17 market for other shelter operators who work under
18 agreements with DHS, is relatively unregulated and
19 security officers there may be paid as little as the
20 minimum wage.

21 While we hope that in this emergency situation,
22 DHS will be providing the security services at hotels
23 with trained experienced officers who have been
24 working at the congregate shelters and other DHS
25 sites. The standards in the bill for security

1
2 officers at hotels should ensure that if private
3 shelter operators manage facilities, that security
4 officers will be paid the same wage as DHS contracted
5 officers.

6 COUNCIL CLERK: Time.

7 DENIS JOHNSON: With supplemental benefits that
8 include health insurance. Thank you for your time.

9 CHAIRPERSON LEVIN: We are going to take a five
10 minute break. Next, we're going to have Ms. Donna
11 Miller is speaking, but if we could take a five
12 minute break, we'd greatly appreciate it. And we're
13 going to use that time to move everybody into being a
14 panelist, sorry, I'm not sure what that means
15 exactly. So, that's a technical zoom thing, but if
16 we take a five minute break, we'll reconvene at 4:16.
17 Thanks.

18 Hi everybody, are we ready to reconvene?

19 COUNCIL CLERK: We are ready.

20 CHAIRPERSON LEVIN: Okay.

21 AMINTA KILAWAN: Alright, before calling our next
22 panelist, I do want to identify two phone numbers
23 that have dialed in for the record. So, I will call
24 out the phone number, at which point if can state
25 your name for the record, you will be testifying

1
2 later but we want to be sure that we have your name
3 for the record.

4 The last four digits of the first phone number I
5 am going to call are 3029. Can the individual with
6 the phone number ending in the digits 3029 identify
7 your name for the record?

8 JOYCE PAULARD: Joyce Pallard[SP?]. Hello,
9 hello, hello.

10 AMINTA KILAWAN: Thank you Joyce Pallard. We've
11 identified you for the record. And now, will the
12 individual with the phone number ending in 1833
13 identify yourself for the record?

14 Again, will the individual with the phone number
15 ending in the digits 1833 identify yourself for the
16 record.

17 I realize that we had called on Ms. Miller to
18 testify next but we do have a couple of impacted
19 individuals we want to prioritize in our hearing
20 today. So, I will be calling to testify Joyce
21 Pallard at this time.

22 COUNCIL CLERK: Joyce, your time will begin when
23 you start talking.

24 JOYCE PALLARD: Hello. Sorry about that. Okay,
25 good afternoon esteemed Chair Levin, Deputy

1
2 Commissioner, Council Member, Social Worker,
3 Provider, Staff Activists and all concerned citizens.

4 My name is Joyce Pallard, as of Monday afternoon
5 noon, April 20th at 1:00 p.m., I was a resident of
6 the Catherine Street Shelter. Since then, I've been
7 blessed to transfer into long term housing, permanent
8 housing.

9 Also, of note, on Monday, the property at
10 Catherine Street formally transferred from a DHS
11 property to an ICL. The unsafe conditions that I
12 observed at the shelter going into and throughout the
13 Corona-19 virus pandemic include the following:

14 Insufficient preventative health practices to
15 include six foot social distancing guidelines and
16 enforcement excruciatingly low supply and/or
17 distribution of face masks, gloves, hand sanitizer
18 and cafeteria, table cleaning supplies. Inadequate
19 cleaning of individual and property image scan
20 machine.

21 Two narrow an area was in stairwells that are
22 most unsuitable for pandemic precautions during
23 upstairs, downstairs traffic patterns. Constant
24 change in cafeteria hour time. The allowance of
25 outside food to be brought in and the serving of

1
2 quality meal provision, which adversely effects a
3 residents nutritional wellbeing and moral. There is
4 no regular public posting of cafeteria menus, nor
5 correlating nutritional value summaries and adherence
6 guidelines regarding live enzymes and active cultures
7 in yogurt, salads and fresh vegetable.

8 Conversely, the shelter diet is
9 disproportionately weighted down with high sugar and
10 starchy foods which are untenable for fighting off
11 the COVID-19 virus.

12 Resident moral is rapidly declining. Very little
13 check in opportunities exist that promote genuine
14 engagement to reveal concern, fears and/or
15 frustrations. More to the contrary, there seems to
16 be an overarching attempt to isolate and warehouse
17 residents.

18 Within the last week, there have been two major
19 incidents. One last Thursday and the second on
20 Sunday. The Thursday incident, a female ASW manager
21 had to seek refuge within my dorm room in order to
22 find enough quite and stability to permit her to
23 initiate a 911 call request.

24 During her call, she defined the ongoing incident
25 as a riot. She qualified it by noting that there

1
2 were two separate groups participating in heated
3 unrest. I subsequently observed that there were many
4 threats of retaliatory outbursts following by
5 residents who are concerned about their own safety or
6 were issuing them to others.

7 Three days later, during a Sunday night,
8 altercation and outbreak –

9 COUNCIL CLERK: Times up.

10 JOYCE PALLARD: Involved a group of women. Okay.

11 CHAIRPERSON LEVIN: Sorry, you can summarize your
12 remarks from this point, if that's okay.

13 JOYCE PALLARD: So, the women were restricted to
14 their dorm rooms. Hygiene is a major issue,
15 cigarette and drug use and marijuana use in the
16 bathroom is an ongoing issue. There's no library
17 access with computers and access to the Wi-Fi system.
18 There are no locations where you can bring in your
19 outside food. So, you have to throw your food away
20 in order to try to get a good nutritional balance.

21 Residents are anxious and they have no viable
22 alternative. They are very concerned about the
23 transfer of the property. The entire process is
24 murky and impossible to challenge or be held
25 accountable with the voucher process and the

1
2 management between the landlord, broker, DHS, HRA and
3 housing specialists is very confusing. There's no
4 clear guidelines on what to follow or who to hold
5 accountable.

6 Also, there are no solid rays of hope within such
7 an environment. AFW security and even the
8 maintenance staff are all on edge. If something
9 isn't done quickly, the powers that be are going to
10 find themselves faced with a scenario of conditions
11 that they themselves have contributed to and it's a
12 kin to a powder keg waiting to explode.

13 Thank you.

14 CHAIRPERSON LEVIN: Thank you so much for your
15 testimony and we really appreciate you taking the
16 time and your insight as well and look forward to
17 working with you moving forward. Thank you.

18 JOYCE PALLARD: Thank you.

19 AMINTA KILAWAN: Thank you Ms. Pallard. We have
20 another telephone number that has joined us that we
21 do need to identify for the record. The last four
22 digits of that telephone number are 5022. If the
23 individual with the phone number ending in 5022 can
24 please identify themselves by name for the record at
25 this time?

1
2 CHRISTOPH MYER: Yes, my name is Christoph Myer,
3 I was on the line but it got hung up, I got hung up
4 on, so I recalled.

5 AMINTA KILAWAN: Thank you Christoph. And if the
6 individual with the telephone number ending in 5592
7 would please identify themself for the record at this
8 time.

9 MARCUS MOORE: Yes, my name is Marcus Moore. I'm
10 with the Homeless Can't Stay at Home Campaign.

11 AMINTA KILAWAN: Thank you Marcus. At this time,
12 we had called Marcus to testify earlier, we'd like to
13 call Marcus again to testify now and he will be
14 followed by Christoph, who is another impacted
15 individual.

16 So, we'll call Marcus Moore followed by Christoph
17 Myer.

18 COUNCIL CLERK: Marcus, your time will begin when
19 you start speaking.

20 MARCUS MOORE: Good afternoon Council Members
21 Levin, members of the General Welfare Committee. My
22 name is Marcus Moore and I am a board member of
23 Picture the Homeless and the homeless and a long time
24 homeless organizer with the advocate of homeless New
25 Yorkers. I am also a member of Community for Police

1
2 Reform CPR and Picture the Homeless is part of the
3 CPR leadership.

4 I, like thousand of New Yorkers am homeless. I
5 am currently staying in a hotel room, not provided by
6 the City but instead provided from the Go Fund me
7 money raised by the Homeless Can't Stay at Home
8 Campaign.

9 While it is great that the campaign has been able
10 to offer me, twenty other New Yorkers who have been
11 living on the streets with a hotel room for at least
12 a few weeks during the pandemic, this is really
13 something that the city should be providing for
14 everyone who needs it. As you know, Mayor de Blasio
15 has refused to act with urgency for homeless New
16 Yorkers. So, I am glad that the City Council has a
17 bill to offer homeless singles a room during the
18 pandemic, including hotel rooms. This is a good
19 step; this is good to see that the Council start
20 actions since the Mayor has failed.

21 One major area that I want to talk to you about
22 is that the bill doesn't do anything about how
23 homeless New Yorkers have continued to be targeted by
24 DHS, NYPD and other city agencies with sweeps. The
25 NYPD Homeless Diversion Program and other police

1 harassment of homeless New Yorkers, people on the
2 trains and on the street. Even during COVID-19, the
3 city has continued to conduct cruel sweeps of people
4 and their belongings on the street. Even though CDC
5 and HUD issues guidance to stop these sweeps during
6 COVID-19.
7

8 These sweeps are always destabilizing – hello?

9 CHAIRPERSON LEVIN: We hear you.

10 AMINTA KILAWAN: Yes, Marcus.

11 MARCUS MOORE: Hello.

12 AMINTA KILAWAN: Hi Marcus, we can still hear you.
13 You may continue.

14 MARCUS MOORE: Okay, alright, yeah. Even though
15 the city has continued to conduct cruel sweeps of
16 people and their belongings on the street. Even
17 though the CDC, HUD, issued guidance to stop these
18 sweeps during COVID-19. These sweeps are always
19 destabilizing individuals. Even before now, the city
20 agency, lot of times NYPD comes and throws the
21 belongings of people they are sweeping.

22 COUNCIL CLERK: Time expired.

23 MARCUS MOORE: Hello, time?
24
25

1
2 CHAIRPERSON LEVIN: Yes, I appreciate your
3 testimony. If you could just summarize your final
4 remark.

5 MARCUS MOORE: Yes, we really need to open up
6 hotel rooms to keep homeless New Yorkers safe because
7 the city shelters cannot you know, it's making it
8 hard for individuals to be able to protect
9 themselves. People on the street need isolation as
10 well, you know, and it's hard for people who are on
11 the bottom of the barrel. You know, it's hurtful
12 that people still want to come in, people want to
13 come in and stay safe too. They really need a hotel
14 room to help them to move forward because homeless
15 people are feeling like, we are constantly being
16 ignored. We are in the out in the elements four
17 seasons of the year. Four seasons of the year,
18 winter, summer, fall, spring and it seems like the
19 police constantly steps over us but they are acting
20 like we are spreading this disease.

21 Thank you, Marcus Moore Can't Stay at Home.

22 CHAIRPERSON LEVIN: Thank you Marcus Moore.
23 Thank you very much. I appreciate your testimony.
24 Thank you.

1
2 AMINTA KILAWAN: Thank you Marcus Moore. As a
3 reminder to Council Members who are still with us, if
4 you have any questions at any point, you may use the
5 raise hand feature on Zoom to chime in with any
6 questions you have for panelists.

7 And now, I'm going to call Christoph Myer who
8 will be followed by Donna Miller who will be followed
9 by Joshua Goldfein[SP?].

10 COUNCIL CLERK: Christoph, your time will begin
11 when you begin speaking.

12 CHRISTOPH MYER: Thank you, can you hear me?

13 AMINTA KILAWAN: Yes Christoph, we can hear you.

14 CHRISTOPH MYER: Okay, my name is Christoph Myer
15 and I want to thank the Council for listening, for
16 making this possible and to my advocate at New York
17 City Relief Tricia, Brett Hartford, Josiah and Wan
18 for being my friend, my mentor, my family.

19 I used to stay in the shelters. There is a long
20 waiting list, once your time is up, you can't go to
21 another shelter, there is a waiting list. And I'm
22 thankful for what the shelters offered and provided,
23 even with everything else that's going on.

24 So, I stayed out on the train. I stayed out in
25 the hallways and apartment buildings with other

1
2 people sleeping on the floor. It's not safe, it's
3 not healthy. I caught the COVID-19 virus and I had
4 nowhere to go, nothing to do. Your organization and
5 my advocates got this hotel room for me, where I can
6 isolate. I call Urgent Care and they wouldn't accept
7 me because I had no insurance.

8 My advocates in New York City paid for it and
9 they got me the medication I need and I'm in
10 isolation, quarantine for several weeks and then they
11 contact Urgent Care again. I don't know how to stay
12 down, how much it means that I have a place like this
13 to be healthy and get well. Out there in a train, in
14 an apartment building on floors, you can't get that
15 and I want to speak for the homeless people too out
16 there in the trains and nobody cares about them and
17 they need to start caring for themselves too but it's
18 rough. It's tough on the trains, it's tough sleeping
19 in the hallways and the shelters don't give you masks
20 but I'm blessed to have this place, so I can isolate
21 myself and I'm eating when I can. I really can't
22 because I feel sick half the time but I'm blessed
23 because I have a place where I can just be by myself
24 and just isolate and know that I'm seeking help and
25 seeking to get better and I want to thank you and

1
2 everybody out there for that opportunity. And if I
3 didn't have this, I don't know where I'd be. I'd be
4 on the train, I'd be somewhere. I'd be out there on
5 the streets and it spreads and it gets worse, not
6 just for me but everybody else and I thank you for
7 this opportunity and I hope that everyone that needs
8 it can really get the help and care that they need
9 because they deserve it and they are people too.

10 Thank you.

11 CHAIRPERSON LEVIN: Thank you so much for your
12 testimony and you know, we hope that you stay safe
13 and that you continue to get better and we really
14 appreciate you having the fortitude to take this time
15 to testify at this hearing.

16 I appreciate it very much. Thank you.

17 CHRISTOPH MYER: Thank you.

18 AMINTA KILAWAN: Thank you for your testimony
19 Christoph and we are going to call Donna Miller to
20 testify.

21 COUNCIL CLERK: Donna, your time will start when
22 you begin speaking.

23 DONNA MILLER: Good afternoon and thank you Chair
24 Levin and members of the Committee. My name is Donna
25 Miller, I have been a security officer in the shelter

1
2 system for 17 years and I have been a member of 32BJ
3 for 11. I am here to testify on behalf of 11,000
4 32BJ security officers employed at DHS shelters.

5 As frontline staff, we know that the coronavirus
6 is a real threat to all who live in the shelter and
7 we are deeply concerned about our clients but
8 security officers like us are also at risk every day.
9 I worry that I will be exposed and possibly expose my
10 loved ones at home.

11 And so, as Council pursues policy changes to
12 service, our homeless residents this crisis, we ask
13 that you include protection for workers. If clients
14 were moved from dorm style sites to hotels as
15 proposed in the Intro. 1927, we urge you to ensure
16 that security, shelter security officers like us do
17 not face threats on our jobs because of this shit.
18 We have been working in high risk rows day in and day
19 out and we cannot afford to lose paychecks and
20 healthcare.

21 As residents move to hotels and our existing
22 sites potentially close, security officers should be
23 protected from reduced hours or layoffs. We are also
24 asking you to make sure that frontline workers like
25 guards have access to PPE at the new hotel sites and

1
2 in general. Since the beginning of the pandemic,
3 getting the gloves, sanitizers, masks, we need to
4 work safely with and to keep clients safe has been a
5 struggle. As part of this bill, the city should
6 ensure that officers have the supplies we need.

7 Finally, while I work at the shelter site run by
8 DHS, I am also here in solitary with the thousands of
9 security officers at [INAUDIBLE 3:24:04] shelters
10 across the city. We are paid roughly minimum wage
11 who lack access to affordable healthcare, like me.
12 Many of these security officers have worked in the
13 shelter system for years without healthcare, without
14 decent wage and benefits for themselves. One
15 paycheck away from ending up on the shelter system.
16 Having access to affordable healthcare changed my
17 life. I have high blood pressure and I take medicine
18 every day.

19 Before I was a member of 32BJ, I didn't have
20 health insurance and the cost of seeing a doctor and
21 buying a prescription weighed heavily on me. No one
22 should have to choose.

23 COUNCIL CLERK: Time expired.

24 DONNA MILLER: No one should have to choose
25 between a meal and purchasing lifesaving medicine,

1
2 especially not in the middle of a pandemic. We make
3 sure that all shelter security is included at new
4 hotel shelters that result from this bill earn the
5 industrial standards and have good healthcare
6 benefits they can afford.

7 We appreciate all your support that New York City
8 homeless residents and we have. You will also ensure
9 that needs of essential workers like us are addressed
10 as you move through the process.

11 Thank you.

12 CHAIRPERSON LEVIN: Thank you very much Ms.
13 Miller and thank you for being on the frontline of
14 this pandemic here in New York City and putting
15 yourself in harms way to serve your fellow New Yorker
16 and we greatly appreciate that. We will do
17 everything we can to get you enough protective
18 equipment to be able to do your job safely.

19 DONNA MILLER: I'd appreciate, thank you.

20 CHAIRPERSON LEVIN: Thank you, thank you.

21 AMINTA KILAWAN: Thank you Ms. Miller. Now we
22 are going to call on Joshua Goldfein from the Legal
23 Aid Society to deliver testimony followed by Giselle
24 Routhier of Coalition for the Homeless.

1
2 COUNCIL CLERK: Joshua, your time will begin when
3 you start speaking.

4 JOSHUA GOLDFEIN: Thank you very much. Thank you
5 to the Chair and the members of the Committee for
6 holding this important hearing so quickly. Thank you
7 also to the Speaker for championing this issue and we
8 normally appear at these hearings and deliver joint
9 testimony with Coalition for the Homeless and Giselle
10 Routhier from Coalition for the Homeless to speak
11 after me. We have submitted joint written testimony.
12 I'm just going to highlight a couple points from our
13 testimony, not read it. I'm sorry?

14 CHAIRPERSON LEVIN: I'm sorry, talking to my
15 daughter, sorry, sorry.

16 JOSHUA GOLDFEIN: No, no, not at all. We're all
17 in the same boat. We are used to our clients not
18 getting what they need but what is unique about this
19 situation is that by preventing people from having
20 private space in which to distance and isolate
21 themselves, we are putting the whole city at risk.
22 You know, as long as people are living in congregate
23 settings, whether they are in shelters or jails, or
24 they are spending the day in drop-in centers or they
25 are on the street together, there are going to be new

1
2 infections and all of the efforts that we're making
3 to socially distance and to flatten the curve to stay
4 at home, all of that work that people who are not
5 homeless are doing will go out the window. Because
6 there will continue to be new case, even if all of
7 the people who are on Rikers Island stay there. Even
8 if all of the people in shelters never leave them,
9 there are staff such as the 32BJ members, a member
10 who just testified, who come and go from those places
11 and are at risk and will continue to become new
12 sources of the disease and bring it into the
13 community.

14 We know that people are contagious for days
15 before they become symptomatic. So, measuring for
16 temperatures, worrying about who is sick, that
17 doesn't solve it. The only way to solve it is to
18 provide people with private space.

19 Just to address Intro. 1927 quickly, we support
20 it. We just wanted to make a couple of notes. In
21 Section B, the Department should be required to
22 provide transportation, safe and timely
23 transportation to the rooms. And the Department
24 should also be required to include people who are
25 residing in congregate faith based or DYCD shelters.

1
2 In Section E, the shelter should be required to post
3 the plan, so that clients can see it.

4 In Section F, we would urge that clients be given
5 72 hours' notice of when the emergency ends, so that
6 they have time to prepare to return to whatever
7 shelter they are in and also if they have the right
8 to return back to their shelter. A lot of people, as
9 Deputy Commissioner Drinkwater testified that people
10 didn't want to move and some of those people didn't
11 want to move because they didn't want to lose their
12 shelter placement.

13 COUNCIL CLERK: Time.

14 JOSHUA GOLDFEIN: Finally, I just want to say
15 that access to private rooms should also be offered
16 to adult members of families who become symptomatic
17 or test positive so that the remainder of the family
18 could be sheltered without that adult, so that in
19 family settings, somebody who is positive can have a
20 place to go and not further endanger their other
21 family members.

22 Thank you very much for the opportunity to
23 testify.

24 CHAIRPERSON LEVIN: Thank you Josh and I just
25 want to say on behalf of everybody on this Zoom

1
2 conference, we love your background. We are very
3 appreciative. You are the only one that has shown up
4 to 250 Broadway.

5 JOSHUA GOLDFEIN: Giselle came.

6 CHAIRPERSON LEVIN: Yes, I see Giselle and some
7 of the usual crew. I see Stefanie Gadel[SP?] has
8 come back from ACS to testify as well.

9 But thank you for doing that and thank you for
10 all the work you are doing.

11 JOSHUA GOLDFEIN: We do what we can, thank you.

12 AMINTA KILAWAN: Thank you Josh. And now we'll
13 have Giselle Routhier from Coalition for the Homeless
14 followed by Felix Guzman.

15 COUNCIL CLERK: Alright, your time will begin
16 once you start speaking.

17 GISELLE ROUTHIER: Hi, thank you for the
18 opportunity to testify and I want to especially thank
19 everyone that testified before me. My name is
20 Giselle Routhier and I am a Policy Director at
21 Coalition for the Homeless.

22 I want to start by reading quotes from homeless
23 individuals regarding access to private hotel rooms.
24 The following sample of statements were gathered from
25 homeless New Yorkers by Josiah Hackin[SP?] from New

1
2 York City Relief on April 22nd. When asked their
3 opinions of the proposed legislation to provide
4 homeless adults with the option of a private room.

5 Todd said, if someone offered me a hotel room,
6 I'd take it right now. A place to sleep, I don't
7 like living in the streets, it's cold. The other day
8 when it rained, it was freezing. Sometimes the
9 police harass me and tell me to move.

10 Stefanie said, I'm currently staying in a
11 congregate shelter. I don't feel safe. I would love
12 a private hotel room and would feel much safer.

13 Brian said, if someone would offer me a hotel
14 right now, I'd take it in a second. I'm trying to
15 get my stimulus money but I don't know if it's been
16 processed yet. Having my own bathroom would be a
17 game changer.

18 Jeffrey said, I would love a private hotel room.
19 Of course, I'd take it if someone offered it to me.
20 Nobody wants to be in the street.

21 Lastly, I'll end with a quote from Shane, as who
22 has been homeless for four years, contracted COVID-19
23 in a shelter. He was discharged from the hospital to
24 isolation on March 22nd, then discharged to the
25 streets from isolation on April 14th. He said, you

1
2 know what's funny? "I was judging people about not
3 getting tested for the virus because they were
4 worried about losing shelter as a consequence. Now I
5 understand their mentality. I decided to do the
6 right thing and now I'm on the street without any
7 resources. Yes, I was homeless before all of this
8 but I at least had shelter.

9 Now, I lost that for doing the right thing and
10 speaking out, ironic isn't it."

11 So, we submitted written testimony with Legal Aid
12 and Joshua covered some of the specific
13 recommendations we have for the bill language which
14 we fully support. But now, I'm going to talk about
15 how many homeless people are dying and how it
16 compares with the New York City mortality rates
17 underscoring the urgent need for action.

18 In consultation with Dr. Charles Cleeland who is
19 a biostatistician at NYU, for the homeless calculated
20 that age adjusted mortality rates among sheltered
21 homeless New Yorkers to date. So, this is accounting
22 for the differences in age groups between the general
23 population and homeless folks, so the mortality rates
24 are comparable.

1
2 As of April 21st, the overall New York City
3 mortality rate due to COVID-19 was 117 deaths per
4 100,000 people. For sheltered homeless New Yorkers
5 it was 184 deaths per 100,000 people or 57 percent
6 higher than the New York City rate. Moreover,
7 because most homeless individuals remain crowded in
8 congregate shelters and the city has moved slowly to
9 move people into private hotel rooms, it's very
10 likely that the mortality rate among sheltered
11 homeless New Yorkers will continue to grow, even as
12 the overall New York City rate shows signs of
13 leveling off.

14 And although the age adjusted rate for
15 unsheltered homeless New Yorkers is not yet
16 quantifiable, these individuals also have high rates
17 of serious underlying health conditions and it should
18 be assumed that they face a similar if not greater
19 risk of mortality compared with shelter -

20 COUNCIL CLERK: Times expired.

21 GISELLE ROUTHIER: I'll just wrap up. And so, we
22 support the bill, we underscore the urgent need to
23 allow homeless individuals to access private spaces
24 in order to stay safe and thank you for the
25 opportunity to testify today.

1
2 CHAIRPERSON LEVIN: Thank you Giselle and thank
3 you for all the work you are doing. And just to your
4 point around the mortality rate, I just saw a study
5 that came out while we were conducting this hearing
6 that said that 94 percent of COVID-19 patients that
7 were admitted to Northwell's Hospitals had some
8 comorbidity and whether that's hypertension or
9 diabetes or asthma, we know that housing is
10 healthcare in many instances and people that have not
11 had access to permanent housing have had underlying
12 health conditions exacerbated because of the lack of
13 housing afforded to them. And that puts them at
14 greater risk.

15 So, thank you very much for pointing that out and
16 putting it in very clear and refutable terms, I
17 appreciate that very much.

18 AMINTA KILAWAN: Thank you Giselle. I'm noting
19 that Council Member Holden has raised his hand to ask
20 a question.

21 COUNCIL MEMBER HOLDEN: Yes, can you hear me?
22 Okay, I wanted to ask Joshua or Giselle, I don't know
23 if you can put them both on at the same time but the
24 congregate model of shelters, I just visited one
25 before the pandemic and they had a large space, yet

1
2 they created the dormitory style of rooms, which I
3 thought they could have made single rooms. I think
4 they would have less violence, less problems. Yes,
5 it would cost a little bit more money but I think DHS
6 has to change that model of how they are constructing
7 these shelters. I think people need private space.

8 Now, we're seeing it in a pandemic. That it's so
9 important and I think we should all work together to
10 try to create that kind of model of shelters where
11 people have a private space. I know it's slightly
12 more expensive but I don't think it's that much more
13 expensive. I think we're going to pay for it on the
14 backend. But what's your feelings on that? Anybody?

15 JOSHUA GOLDFEIN: I think we agree Council
16 Member. I think we also saw a case a couple years
17 ago about access to shelter for people with
18 disabilities. That also requires that the city
19 provide more space that is the single rooms. So,
20 there are many reasons to do it, not just the risk of
21 contagion but also, because that's actually what
22 people need and even for people who don't have a you
23 know, disability related need for that, it certainly
24 is a way to help people feel better about themselves
25 to experience more dignity and to be in a better

1
2 position to move on with their lives, get out of
3 shelter and presume a permanent situation.

4 COUNCIL MEMBER HOLDEN: Okay, thanks Chair.

5 AMINTA KILAWAN: Thank you Council Member Holden.
6 Now, we'll have Felix Guzman.

7 FELIX GUZMAN: Phone number because of issues
8 with connection. Is it possible that you can give
9 the audio for 347-432-3001?

10 AMINTA KILAWAN: Felix, we have you, we can hear
11 you and you may begin now.

12 FELIX GUZMAN: Okay, awesome.

13 COUNCIL CLERK: One sec, I'm just going to start
14 your clock. Alright, it's already to go sir.

15 FELIX GUZMAN: Thank you City Council for
16 allowing me to testify. I am speaking as a Housing
17 Organizer with Vocal New York advisory group member
18 with Coalition for the Homeless on the need to move
19 30,000 New York City residents housed in homeless
20 shelters and then sheltering into hotels.

21 As one of the formally incarcerated folks
22 appointed to the City Council's Commission for
23 Community Investment and the closure of Rikers
24 Island. A former resident of a residential building
25 cluster site, as well as a former resident of the DHS

1
2 system, speaking from this experience, the City of
3 New York is stalling it's most vulnerable by not
4 doing enough and it's been going on for quite some
5 time.

6 Granted that statement is a bit sensational in
7 scope but having been through the hamster wheel of
8 homelessness myself, I know the city is not
9 prioritizing people over bureaucracy.

10 The shelter system has for a long time stalling
11 warehouse people without concerns for safety,
12 recovery needs, health and emotional wellbeing, and
13 the list goes on. That's the best case scenario.
14 Worst case is people have lost their lives waiting to
15 be housed. New Yorkers, New Yorkers are dying. It
16 doesn't matter who you are, as I see it, with no
17 where else to bed for the night, those who are in
18 shelter are residents of New York City. We cannot
19 allow New Yorkers to die warehousing shelters while
20 places of refuge are stockpiled across the city.

21 Reports online have stated that 100,000 is the
22 number of available hotels possible with thousands
23 upon thousand of empty apartments across the city.
24 Having failed to streamline exit from shelter via
25

1
2 working vouchers before COVID, lets realize there are
3 many pathways to homelessness and very few ways out.

4 We have to start looking at why some people in
5 the past found it rational to seek safety in the
6 streets exposed to the elements or purposely being
7 arrested to be detained at Rikers or sentenced to
8 prison or choosing to be hospitalized perhaps in the
9 hopes of landing supportive housing.

10 There is a pandemic happening amplifying the
11 already manufactured crisis of homelessness and
12 without doing all possible to flatten the curve, we
13 are helping people die prematurely. We have some
14 people being released form jails and prisons due to
15 safety concerns, only to end up in the shelter system
16 or on the street where they are still vulnerable to
17 death by COVID-19. This is reckless and needs to be
18 addressed. The proposed bill would help address
19 that.

20 Meaning that many folks across the city and even
21 the world are being told to shelter in place, when
22 home is a shelter which is not allowed for social
23 distancing or the street. We mias well call it what
24 it is, a crime against humanity based on the comfort
25 of those who have.

1
2 Shelters are social policy failures full of
3 callus ineptitude. To allow someone to die in place
4 while homeless when there are safety elsewhere is
5 calculatedly heartless. As someone who suffers from
6 breathing issues and having been a resident of the
7 DHS system for 15 months prior, I must tell you, the
8 air quality in some shelters is making people sick as
9 it is. Asthma attacks, respiratory infections were
10 common for me to hear about while residing at Bedford
11 Atlantic Men's Shelter.

12 How can we expect to flatten the curve in the
13 city if people are bedding in dorms without masks,
14 gloves, soap and sanitizing products prior only up
15 until now catching up. At some point and time every
16 human being dies and for the less fortunate have not,
17 going from shelter to grave is how their lives are
18 being ended. That ain't right. Let's get people
19 into the safety of a private space aligned for
20 sheltering in place properly ironically. Let's do
21 this right and not just throw money away.
22 Accountability, safety, compassion, kindness should
23 all be values that should be upheld throughout the
24 process. Pass this bill but don't stop there. Let's
25 end homelessness. Why? Because it makes sense.

1
2 Thank you.

3 AMINTA KILAWAN: Thank you Felix. Now, we'll
4 have Eric Lee from Homeless Services United and Eric
5 will be followed by Josh Dean, Amy Bloomstack[SP?],
6 Annie Carforo[SP?] and Vernon Jones.

7 Now, we will have Eric Lee.

8 ERIC LEE: Hi, good afternoon.

9 COUNCIL CLERK: Eric one second. Your clock will
10 begin now. You are ready to go.

11 ERIC LEE: Okay, alright thank you. I'm Eric
12 Lee, I'm the Director of Policy and Planning for
13 Homeless Services United. Thank you, Chair Levin and
14 General Welfare Committee for letting me testify
15 today.

16 I'll summarize my testimony just to try to get
17 through this in time here. We strongly support the
18 creation of additional isolation capacity for with
19 hotels. We do feel that it should be expanding not
20 just to DHS clients but also to HRA DV shelters that
21 have shared units as well as DYCD Runaway and
22 Homeless Youth Shelters. And we also think that, let
23 me see here. We are heartened that it is calling for
24 private rooms, not for shared rooms, because shared
25 rooms don't go far enough to really stop the spread.

1
2 We have people that shelters have actually been
3 resistant to placing their elderly and elevated risk
4 clients in shared spaces giving concerns that they
5 might actually be putting them at further risk to
6 catch the disease. We are heartened that DHS is
7 looking at looking for a hotel capacity **[INAUDIBLE**
8 **42:17]** with Josh's points, transportation has been a
9 major bottleneck for trying to get people into these
10 hotel units as well as getting them back into either
11 the shelters or the street homeless, like drop in or
12 safe havens after the hotel stay ends.

13 The main things that we think are really going to
14 be important in order to get hotel capacity up in a
15 timely manner is getting adequate medical, social
16 services and security staffing at these hotels. We
17 feel that to the Chairs questions about medical, we
18 definitely need, healthcare for the homeless
19 providers to be moved better into the hotel site you
20 know as they come online. There needs to be adequate
21 staffing for both them as well as security and case
22 managers onsite, but we want to recognize that the
23 staffing patterns have to be higher than that
24 compared to shelter programs given just the physical
25

1
2 layouts of trying to seat people in private rooms
3 throughout a much larger building.

4 And we also definitely need PPE equipment there
5 to keep the clients and the staff safe. This also
6 kind of echoes what we're seeing on the shelter side
7 in terms of greater challenges trying to manage our
8 staff. Nonprofits absolutely need more PPE
9 equipment. DHS's supplies have been sporadic at best
10 and nonprofits have been told time and time again
11 that they are on their own to try to secure this
12 critical equipment. Shelter providers are also
13 struggling with keeping staffing patterns at their
14 sites, as people fall ill themselves and on the staff
15 side or call out for risk to becoming ill.

16 OMB has committed to incentive pay for direct
17 service staff lines, but it's so narrowly defined
18 that it's only 20 to approximately 40 percent.

19 COUNCIL CLERK: Times up.

20 ERIC LEE: So, the program staff would actually
21 get an increase. So, providers are actually
22 concerned, giving this would actually destabilize
23 their staff and demoralize them and possibly have
24 more call out as a result.

1
2 So, this doesn't include security staff, front
3 desk attendants, resident aids, people that are
4 cleaning units, interacting, keeping people safe from
5 health risks as they enter and again, we need more
6 PPE equipment which we can't stress enough.

7 Thank you for the Council for working with us.
8 If properly isolating people and giving them the
9 chance to isolate as well as providing the supplies
10 for nonprofits and staff, we can turn the corner on
11 this.

12 Thank you.

13 CHAIRPERSON LEVIN: Thank you so much Eric.

14 AMINTA KILAWAN: Thank you Eric and now we're
15 going to have Josh Dean from Human Debt NYC.

16 JOSH DEAN: Good afternoon Chair Levin and
17 members of the General Welfare Committee.

18 COUNCIL CLERK: Hey Josh, your clock will begin
19 now.

20 JOSH DEAN: Good afternoon Chair Levin and
21 members of General Welfare Committee. For weeks, we
22 had been hearing about the dire conditions our
23 unsheltered neighbors were coming up against during
24 the pandemic. They told us they had nowhere to
25

1 shower, wash their hands, use the bathroom or
2 socially distance.

3
4 With Mayor de Blasio failing to act immediately
5 and showing no signs of changing course, I think it's
6 from the Homeless Can't Stay Home Campaign, took
7 matters into our own hands with the Go Fund Campaign.
8 Raising money to put people up in hotels to shelter
9 in place safely.

10 The Go Fund Me Campaign highlighted what we
11 already know to be true. Offering a private room in
12 a hotel with a bathroom and a shower is a very
13 different offer than a congregate shelter or even a
14 safe haven, which often have bathrooms shared amongst
15 ten or more people. Contrary to what we hear from
16 the Mayor and DHS, people are ready to come off the
17 streets, they just need the right offer.

18 100 percent of the 25 people we offered hotel
19 rooms to, immediately said yes. The solution for our
20 street homeless constituents cannot be to simply send
21 outreach teams in order to encourage people to come
22 inside to safe haven beds or congregate shelters.

23 At a time where people understandably fear
24 congregate shelter settings more than ever, we need

1
2 to be offering single hotel rooms where people know
3 they will be safe.

4 On Monday, Claudia Azaria Pointe[SP?] and Ben
5 Franklenburg[SP?] from the city published an article
6 that shared the harrowing experiences those on the
7 streets were up against and how their lives changed
8 upon being moved into a hotel room through our Go
9 Fund Me Campaign.

10 I want to read a few of those anecdotes. From
11 Lincoln Sirius[SP?], I used to take a shower every day
12 at my rec center. I paid a membership just for that.
13 I showered, I used the gym, I used the pool. I like
14 to maintain my health and I don't like to stink.

15 I have everything closed with the lockdown. I
16 hadn't taken a shower in a month and half before I
17 got to the hotel. That first night at the hotel I
18 was so happy. My emotions got the best of me. I
19 didn't cry or anything but I was very emotional.

20 From Ashley Belcher, for someone living with IBS,
21 colitis and asthma, I can finally say I feel
22 relieved. I do not have to cause self-harm by
23 holding my bowels until I got to the mission. Before
24 the pandemic, I could go to McDonald's or something
25 to use the bathroom but now, everything is closed. I

1 don't like going to the drop-in center anymore
2 because its crowded and dirty. I haven't showered in
3 months. At the hotel, the first thing I did, I
4 showered. Slept ten hours and showered some more. A
5 shower is all the difference in someone who cares
6 about themselves.
7

8 From Nunar Jefferson[SP?], that first night at
9 the hotel, I think I showered oh, God, it must have
10 been an hour. I shower three times a day now. It's
11 like I'm still in survival mode, like I still act
12 like I don't know when my next shower is going to be.
13 I'm happy now having a real bed to sleep in. I feel
14 stable.

15 From Jeffrey Wilford, when I got here, I only had
16 a bag of clothes and an onion bag with hygiene
17 products and that's about it. I think that first
18 night I slept about 12 hours. I have noticed a
19 change in my mood since I got the hotel. They told
20 me I'll have it for at least a month. I've been in
21 here like a week now. I wake up in the morning and I
22 don't feel despair. When things don't work out, I
23 don't feel as forlorn as I used to.

24 Council Members, there are still thousands of
25 Lincoln's, Ashley's, Nunar's and Jeffrey's out there.

1
2 It's not our job to put them in hotels, it's the
3 city's. We thank you for introducing this
4 legislation and we need it to pass and be implemented
5 at quickly as possible.

6 Thank you.

7 AMINTA KILAWAN: Thank you Josh and now, we'll
8 have Amy Bloomstack.

9 CHAIRPERSON LEVIN: Sorry Josh, before we move
10 on, can I ask, what is the average cost per night of
11 the hotel rooms that you have been, got online?

12 JOSH DEAN: About \$50.00 a night.

13 CHAIRPERSON LEVIN: \$50.00 a night and that's, do
14 you imagine that that's down from pre-COVID?

15 JOSH DEAN: I'm not sure. We booked some of them
16 even straight from hotels.com.

17 CHAIRPERSON LEVIN: Okay, you don't know, yeah.

18 JOSH DEAN: It's just the normal rate that they
19 were offering yeah.

20 CHAIRPERSON LEVIN: Okay, \$50 bucks a night.
21 Okay, that's good to know. Alright, thank you.

22 JOSH DEAN: Yeah, everyone is doing great in the
23 hotels so.

24 CHAIRPERSON LEVIN: Yeah, no, those are good
25 stories to hear.

1
2 Thanks.

3 JOSH DEAN: Thank you.

4 AMINTA KILAWAN: Thanks again Josh. I want to
5 remind everyone again that when you're called to
6 testify, it may take a few seconds for the Sergeant
7 at Arms to start the timer. So, if you could wait
8 until you hear the Sergeant say that you may begin
9 before beginning your testimony, that would be great.

10 And now, I'm going to call on Amy Bloomstack from
11 Neighbor's Together.

12 COUNCIL CLERK: Okay, so Amy, so when you start
13 speaking the clock will start.

14 AMY BLOOMSTACK: Okay, great thank you. Good
15 afternoon Council Member Levin and members of the
16 committee. My name is Amy Bloomstack and I am here
17 today on behalf of Neighbors Together and the
18 Homeless Can't Stay Home Campaign.

19 I'm here today to speak to the urgent need for
20 the city to set aside 30,000 hotel rooms for homeless
21 New Yorkers in congregate settings and on the street.
22 As well as to end street sweeps and police targeting
23 of home homeless New Yorkers, so that we can reduce
24 the spread of COVID-19 and ensure that people do not
25

1
2 needlessly die due to the hospitals being
3 overwhelmed.

4 The Mayor and the City Council have said every
5 New Yorker must practice social distancing if we hope
6 to reduce the strain on hospital capacity. If more
7 people are infected, more people will end up in ICU
8 beds and because we have a limited medical resources,
9 more people will die. If keeping ICU beds from
10 reaching their capacity is the difference between
11 life and death for potentially thousands of New
12 Yorkers, we have an obligation to ensure that every
13 one can do everything they can from getting an
14 initial infection.

15 Yet, because of the city's inaction, the virus
16 has been allowed to spread for weeks amongst New
17 Yorkers living in shelters and on the street. There
18 is no way to know how many folks will wind up with
19 serious infections, but we know many will.

20 It is nearly impossible to predict who will need
21 higher levels of care but we do know that it will
22 ultimately be determined by how far the virus has
23 been allowed to spread. We'll never know exactly how
24 many people will avoid serious infections due to
25 proper social distancing but if we do not even allow

1
2 people the option to avoid infection, the disastrous
3 effect on our healthcare system will be all to clear.

4 The Health and Housing Consortium recently
5 submitted a letter to the city with over 500
6 signatures from healthcare professionals urging the
7 city to move more homeless people into hotel rooms.

8 The letter states, "Congregate settings such as
9 homeless shelters are potential hot beds of
10 infection." And "doing more to protect this
11 vulnerable population would not only save lives but
12 also reduce use of stressed hospital resources."

13 By not placing people in hotel rooms that allow
14 them to follow CDC guidelines, meaning their own room
15 and bathroom, we have put undue strain on vital
16 healthcare systems at the cost of human lives. It is
17 not too late to act. We must use the 100,000 vacant
18 hotel rooms at our disposal before we claim we did
19 everything we could to keep people in healthy and
20 hospitals running safely.

21 Thank you for your time.

22 CHAIRPERSON LEVIN: Thank you very much Amy.
23 Sorry, you could answer this maybe or Eric. I just
24 want to ask, following up these CDC guidelines.
25 These guidelines that came out the other day

1
2 regarding involving a team room of care leadership
3 and providers as part of like a decision making
4 framework. Have either of you heard anything about
5 this or received communication from DHS in terms of
6 being part of that type of framework to make
7 decisions?

8 AMY BLOOMSTACK: I could not speak to that but
9 I'll pass it to Eric to see if he can.

10 ERIC LEE: I haven't been contacted by DHS in
11 terms of decision making. To the Commissioner's
12 point when she was mentioning around healthcare, we
13 did have meetings with providers in the healthcare
14 for the homeless care for the homeless and DHS around
15 hotels, but this was a little late to game. It
16 wasn't something that was done from the onset. It
17 did happen this week.

18 So, it is something we would definitely want to
19 be able to have providers keyed in more proactively
20 into these decisions but to my knowledge, I do not
21 have any understanding with regards to the COC
22 guidance.

23 CHAIRPERSON LEVIN: So, I noticed that you said
24 it happened this week?

1
2 ERIC LEE: Conversations with DHS and medical
3 providers this week. But I do not believe it was
4 something that happened as early as we would have
5 liked to see or healthcare providers would have liked
6 to see.

7 CHAIRPERSON LEVIN: So, it's like third or fourth
8 week in April, six weeks into the outbreak.

9 ERIC LEE: Yes. We can get back to you with more
10 information if you need.

11 CHAIRPERSON LEVIN: HSE is part of continuum of
12 care in New York City?

13 ERIC LEE: Yes. Catherine is one of the members
14 there on the steering committee, I believe.

15 CHAIRPERSON LEVIN: Okay, so HSE would know if
16 they had convened continuum of care leadership as
17 part of a framework.

18 ERIC LEE: Yeah, and I can check with Catherine
19 and get back to you if she has more information on
20 this.

21 CHAIRPERSON LEVIN: Okay, thank you Eric.

22 ERIC LEE: Yeah.

23 CHAIRPERSON LEVIN: Thank you Amy.
24
25

1
2 AMINTA KILAWAN: Thank you both. I'm noting that
3 Council Member Holden has his hand raised for
4 questions. Council Member Holden?

5 COUNCIL MEMBER HOLDEN: Eric, but you know the
6 CDC came out I think also recommending that shelters
7 have an onsite nurse or other clinical staff, make
8 clinical assessments of clients and we're not, you
9 know, we're not seeing that. I'm not sure, I tried
10 to ask the Deputy Commissioner, but we didn't go the
11 second round. But you know, I just suspect that with
12 the so few cases that we're seeing that there's a lot
13 that's just not being you know, really looked at or
14 diagnosed because of a lack of a nurse at the
15 location. I wanted to ask her also, what percentage,
16 maybe somebody knows out there, what percentage of
17 the shelters have medical staff or a nurse.

18 ERIC LEE: So, I don't have the figure off the
19 top of my head in terms of percentages, I know that
20 healthcare for the homeless providers work with some
21 DHS shelters onsite. But it's on a case by case DHS
22 contract basis. I know more of our providers would
23 like to have onsite medical services. In the past
24 years, DHS has actually scripted out onsite medical
25 for some of these. They can get care in the

1
2 community pre-COVID, so it is something that I know
3 providers would like more onsite medical. And to
4 that point when there was concern about expanding
5 hotel capacity. So, many sites do have nursing that
6 came back on that figure and then they also use
7 hotlines for assessments there.

8 But in terms of hotel capacity, members who have
9 onsite would be hesitant sending staff or sending
10 clients to isolation that they don't have in the
11 hotel units. We want to make sure that we're
12 providing medical as many places as we can, both in
13 shelter as well as in isolation hotels.

14 COUNCIL MEMBER HOLDEN: Thank you.

15 AMINTA KILAWAN: And now, we'll have Council
16 Member Treyger for questions.

17 COUNCIL MEMBER TREYGER: Thank you so much and
18 forgive me if I missed this earlier, but I wanted to
19 have a little more time to ask the Commissioner but I
20 know we didn't have a second round because of time
21 constraints, but as Education Chair, I'm also very
22 interested in knowing about the impacts our children,
23 particularly our homeless children. We have over
24 100,000 kids in temporary housing in our school
25 system and one of the challenges that DOE has been

1
2 working to address is making sure that every child
3 gets tablets, particularly in shelters. My anecdotal
4 feedback from many parents is that the remote
5 learning experience requires a lot of parental family
6 intervention to support children and that
7 disproportionately adds more burden and challenges
8 for families who are going through a lot in terms of
9 health and safety in the shelter system. Is there
10 any feedback that I can receive from advocates,
11 providers in my conversations with DOE and with the
12 city Administration to better support our children,
13 our students in our shelter system?

14 Thank you.

15 AMY BLOOMSTACK: Hi, Council member Treyger, I
16 would mostly defer to Eric on this. I will say that
17 I have heard from other advocates and people who work
18 in education that it has been difficult for some
19 families to get access to the equipment, the Wi-Fi
20 support, the technology that they need and
21 effectively be able to continue their studies and I'm
22 sure it does place a disproportionate burden on
23 people who are already disproportionately impacted by
24 homelessness.

25

1
2 So, thank you for your concern about this issue
3 and if you would like we can follow up with you
4 afterward with more information in connecting you
5 with some other folks who would be able to speak to
6 the matter.

7 COUNCIL MEMBER TREYGER: And I appreciate that
8 and I would say that in addition to getting them
9 devices, I'm also interested in knowing how the DOE
10 utilizes social workers and supports for students
11 that were already traumatized before the pandemic but
12 unquestionably are even more traumatized right now
13 and I know that DHS had already a shortage of social
14 workers, in DOE we need more social workers but every
15 child needs access to critical supports more than
16 ever at this time, so I need feedback. Please send
17 my way and I thank you for your advocacy.

18 AMY BLOOMSTACK: Thank you.

19 ERIC LEE: Yes, thank you Council Member for that
20 question and your concern. Echoing Amy's concerns
21 there, the problems getting the remote access tools
22 **[INAUDIBLE 3:59:40]** students within DHS helpers.
23 We've tried to get the information out as best we
24 can, helping to echo out the message from DHS. There
25 was lag getting it out, even with that. I think it

1
2 took over a week after schools were starting remote
3 access to get them to that and we are still doing I
4 think a final push. If there is any still needing
5 these I-pads that don't have them yet.

6 To your concern about traumatization, this really
7 echo's the importance of having social workers within
8 the family shelters, because they've been working on
9 trauma informed care with all of the students, as
10 well as work with our partners with like advocates
11 for children with all the essential resources that
12 they do providing DOE with access to assistance,
13 making sure that their DOE liaisons at the schools
14 are getting the resources that the federal government
15 should be providing them.

16 But we know, housing instability does impact
17 educational outcomes and we need to do as much as we
18 can to try some of this.

19 COUNCIL MEMBER TREYGER: Thank you and in
20 closing, thank you for that and what I would just
21 also add and to put on your radar, in my
22 conversations with DOE, I've been very interested in
23 knowing about attendance with regards to remote
24 learning and one area of concern is that there is a
25 difference between compliant and being engaged.

1
2 So, compliant means, if the student logs on even
3 for one second of the day, they count that student as
4 being present for the entire day. That's a
5 challenges, because if families are sharing one
6 device, if families are going through other types of
7 traumatic issues in the shelter system, if a child is
8 not being able to access that learning, it's not
9 sufficient to me. So, I'm very interested in knowing
10 about the attendance figures. What that engagement
11 looks like and what kind of supports DOE is providing
12 in addition to DHS in terms of access to social
13 workers to provide critical supports at this time.

14 So, thank you all very much for your great work
15 and advocacy.

16 Thank you. Thanks to the Chair.

17 AMINTA KILAWAN: Thank you Council Member
18 Treyger. We are going to have Annie Carforo from
19 Neighbors Together followed by Vernon Jones.

20 COUNCIL CLERK: Annie, your time will begin when
21 you start talking.

22 ANNIE CARFORO: Thank you. Good afternoon Chair
23 Levin and members of the Council. Thank you for
24 convening this hearing today. I'm here to testify on
25 behalf of the Homeless Can't Stay Home Campaign and

1
2 reiterate much of what has already been said at this
3 point but to emphasize the hazardous conditions that
4 make congregate shelters breeding grounds for COVID-
5 19. In congregate shelters where bedrooms and
6 bathrooms can be shared by dozens and eating and
7 common spaces used by hundreds daily, social
8 distancing is undeniably impossible.

9 As early as March 31st, FEMA released guidance to
10 eliminate congregate housing and shortly afterwards
11 approved New York States plan for non-congregate
12 sheltering to include homeless persons.

13 In a press conference on April 18th, Governor
14 Cuomo recognized that any congregate setting is a
15 concern. Yet, as of today, April 23rd, only 6,000
16 hotel rooms are available for those experiencing
17 homelessness when 30,000 individuals are still
18 sleeping in congregate settings or on the streets,
19 many of whom have underlying chronic health
20 conditions and are considered extremely vulnerable.

21 As Council Member Levin has already highlighted,
22 asymptomatic spread is a very big concern and further
23 supports the need to isolate oneself from others. A
24 homeless shelter in Boston that underwent large scale
25 testing revealed asymptomatic spread happening at an

1
2 alarming rate. There is no testing happening in DHS
3 homeless shelters. DHS does not have a centralized
4 understanding of who in their shelters has underlying
5 conditions and it only takes one asymptomatic
6 individual living in close proximity with a
7 vulnerable population to create a significant
8 outbreak or a super spreading event.

9 Even more concerning members of our organizations
10 have shared corroborating reports that their shelters
11 have been lacking a real response to this crisis.

12 Administrative staff at DHS are not living in
13 shelters. They do not have an accurate sense of what
14 the reality is on the ground. Our members are living
15 in shelters everyday and I'm inclined to believe
16 their reports over DHS.

17 They are telling us that beds are only 36 inches
18 apart; cleaning has not increased and clustering and
19 shared spaces continues despite CDC guidance. PPE is
20 unavailable for staff and clients alike. On numerous
21 occasions, members have told us disturbing reports
22 that other clients in their shared rooms are coughing
23 and sneezing through the night and are not being
24 removed for isolation.

1
2 DHS guidance for isolation required staff to
3 identify clients exhibiting COVID-like symptoms. We
4 can confirm from inside of the shelter system that
5 this is not happening regularly. Regardless, this
6 reactive policy to move people once they are showing
7 symptoms is by no means adequate. Once an individual
8 is showing symptoms, they are already sick and have
9 spread the virus to countless others through shared
10 surfaces and spaces.

11 Moving homeless New Yorkers into individual hotel
12 rooms proactively flattens the curve and allows
13 everyone the chance to protect their health. Shared
14 hotel rooms are a dangerous shortcut that does little
15 to prevent infection and an individual cannot be held
16 accountable for the decisions and actions of a
17 roommate that sleeps less than six feet away, uses
18 the same bathroom and shares the same surfaces in a
19 hotel room.

20 People are scared and our organizations have been
21 trying to comfort our members through this
22 unprecedented and seemingly helpless time. If New
23 Yorkers stay in congregate settings, hundreds if not
24 thousands will die.

1
2 Our Mayor has failed to grasp the severity of the
3 situation for homeless New Yorkers and we commend
4 City Council for holding this hearing and hope that
5 you respond to this crisis using science.

6 COUNCIL CLERK: Time expired.

7 ANNIE CARFORO: Thank you.

8 AMINTA KILAWAN: Thank you Annie. And now, we'll
9 have Vernon Jones who will be followed by Maria
10 Walls.

11 COUNCIL CLERK: Vernon, your time will begin when
12 you begin speaking.

13 VERNON JONES: Yes, hello. Can everyone hear me?

14 AMINTA KILAWAN: Yes, we can hear you.

15 VERNON JONES: Okay, my name is Vernon Jones, I'm
16 a Leadership Developer from Neighbors Together. When
17 I was homeless, I spent nine months at the Bronx
18 Boulevard Men's Shelter. The shelter had a dormitory
19 style setting, so there was no rooms. It was a big
20 building but it was over 100 residents. The
21 bathrooms, the kitchens and the lunchroom were all
22 shared spaces. The day room, where everyone goes
23 when the dorms are restricted was the same. The
24 enclavement in front of the building was the same.
25 Everywhere in the shelter was congested and dense and

1
2 it was impossible to isolate yourself there. It is a
3 setting like that during the global pandemic with the
4 contagious new virus we know little about, I can tell
5 you that it is impossible for someone with the virus
6 not to infect others. I've heard stories from
7 friends in the shelter right now that everyone is
8 still crowded together. If anyone is coughing or
9 showing symptoms, many times that's not enough for
10 staff to separate them. No one staying in the
11 shelter is notified about who is infected.

12 If someone wants to report another client who is
13 showing symptoms, they cannot because the staff is
14 rarely there. They tell me that staff are distancing
15 themselves from the clients as if everyone is
16 infected. From their perspective, it does not appear
17 that DHS is trying hard to isolate or socially
18 distance people who live in the shelter because of
19 the virus. All of the spaces where people hang out
20 particularly the bathrooms are breeding grounds for
21 the contagion. The shelter system's culture will
22 allow COVID-19 to spread easily. The city should
23 give all homeless New Yorkers their hotel rooms
24 because you cannot slow the spread of COVID-19

1
2 without using a preventative measures that the whole
3 world is using.

4 If you are asking anyone to isolate themselves
5 and stay at home or still allow people living in
6 crowded dormitory settings to go out and come back
7 in, you are allowing virus to spread to many others.
8 If they had a private hotel room, they would be able
9 to protect themselves and be responsible for not
10 spreading the virus. It is unfair for my friends to
11 be forced to rely on habits of hundreds of others if
12 they want to stay healthy. People in shelters should
13 be in an environment where they are provided the same
14 opportunity to take safety precautions that everyone
15 knows in the world has.

16 It is especially important for the city to put
17 the homeless in hotels where there will be oversight
18 and they will be notified when someone in the hotel
19 is infected, so that they can take proper precaution.

20 People experiencing this in the shelters right
21 now don't want to share their names or they are
22 scared of retaliation from the shelter if they
23 testify. If they are waiting for an apartment, their
24 names could easily end up on the bottom of that list.
25 That is why I'm speaking for them.

1
2 I am gravely worried about their health and
3 safety and I feel that the city is going to let them
4 down again.

5 COUNCIL CLERK: Time expired.

6 VERNON JONES: Thank you.

7 AMINTA KILAWAN: Thank you Mr. Jones and now
8 we'll have Maria Walls for the next testimony.
9 Followed by Kianna Davis.

10 COUNCIL CLERK: Maria, your time will start when
11 you begin speaking.

12 MARIA WALLS: You can hear me?

13 AMINTA KILAWAN: Yes, we can hear you Maria.

14 MARIA WALLS: Alrighty, yes, good afternoon. My
15 name is Maria and I'm with the Homeless Can't Stay at
16 Home Campaign, which includes [INAUDIBLE 4:08:57]
17 landlord watch, neighbor, the homeless which I'm
18 still involved with, safety net activist, which I'm
19 still involved with and homeless New York.

20 We found this coalition back in mid-March because
21 of the seriousness of COVID-19 and how it would
22 impact the homeless people on the street and in the
23 shelters. Nobody was talking about it. So, we
24 decided we were going to make people talk about it.
25 Today, you heard many people from our coalition speak

1
2 out about these issues. I was homeless myself, so I
3 know what it's like to be in shelters and on the
4 street.

5 We thank Speaker Johnson and Council Member Levin
6 for creating this bill and holding this hearing. We
7 believe the Mayor; Mr. Mayor should have taken
8 emergency action and offer all the homeless hotel
9 rooms a long time ago. This bill to offer people
10 hotel rooms is very important. There are so many
11 hotels that are not being used right now and they
12 could be used for so many people.

13 So, single men and women in shelters is very
14 crowded and there might be at least 20 people in the
15 room. They have to share; they can't protect
16 themselves because there is no social distancing in
17 these shelters. It's crowded, it's hard. If there
18 is going to be social distance, there has to be
19 social distance for people in the shelters and they
20 need their own, repeat own room.

21 This bill is also really important for people on
22 the street, so they can have a place to stay, a place
23 to rest, a place to take care of themselves. We got
24 tired and fed up and decided that we wanted to try to
25 move people over to hotel rooms ourselves. We were

1
2 able to help 27, repeat 27 people through our Go Fund
3 Me Campaign. But still, there are so many people out
4 there that need a hotel room.

5 We are also asking the City Council and of course
6 DHS to immediately stop the sweeps to the homeless
7 people. The sweeps are illegal, that's right, they
8 are illegal and are harmful. People who are on the
9 street and not have anywhere else to go, we should
10 and I repeat not arrest them. We should not throw
11 their things away. Peoples with a social security
12 card, birth certificate, -

13 COUNCIL CLERK: Time expired.

14 MARIA WALLS: Oh, sorry. To make it real quick.
15 I want to emphasize this need to happen quickly. DHS
16 should start moving people out across this. People
17 are on the streets right now, nowhere to shower,
18 nowhere to rest. We're in a state, repeat, state of
19 emergency now and we can't waste any time. This is a
20 crisis; this needs to happen right now. We cannot
21 wait weeks for this to pass. This needs to be done
22 right away.

23 Thank you for the opportunity for me to testify
24 at this hearing. Thank you.

1
2 AMINTA KILAWAN: Thank you very much Maria. Now,
3 we're going to have Kianna Davis from the Urban
4 Justice Center followed by Helen Strom.

5 COUNCIL CLERK: Kianna, your time will begin when
6 you start speaking.

7 KIANNA DAVIS: Thank you. Good afternoon and
8 first I really want to thank Chair Levin and members
9 of the Committee for allowing impacted individuals to
10 speak first today because their remarks are really
11 invaluable.

12 I am representing the Safe Net project as part of
13 the Homeless Can't Stay Home Campaign. On behalf of
14 the campaign, I would like to speak about how we can
15 achieve the necessary measures included in Intro.
16 1927 in a way that protects people basic safety and
17 dignity. First of all, DHS must notify shelter
18 residents of the location of the available hotel room
19 as part of the 24 hour notice required before
20 transfers.

21 As you know, DHS is currently in the process of
22 moving some select shelter residents to hotel rooms,
23 unfortunately when residents we have heard of, have
24 asked to where the hotels are located, shelter staff
25 do not have the answers. For many, location can be

1 critical to medical providers, domestic violence,
2 drug treatment and jobs. If someone doesn't accept a
3 particular placement because of a location, they
4 should be offered a different placement. We firmly
5 believe that the city has the ability to make these
6 single rooms available quickly and to provide people
7 with the information needed to ensure that they are
8 moved to a safe location for them.
9

10 Additionally, in the coming months, the city must
11 undertake enormous efforts to ensure homeless New
12 Yorkers are moved out of hotels and shelters into
13 affordable permanent housing. For too long, our city
14 and state have resigned themselves to mass
15 homelessness. Today over 80,000 people are homeless
16 in our city on any given night.

17 COVID-19 has shown us the inherent dangers of
18 shelters and congregate spaces. This is an
19 opportunity to permanently house homeless people.
20 Many shelter residents have already been seeing
21 delays in move out processes since this crisis
22 started and are worried that if they were to accept
23 and move to a hotel that they will forfeit their
24 access to city vouchers or they will not be able to
25 move into permanent housing. The city has to ensure

1 that housing services and move out processes continue
2 with increased urgency. We know there is still
3 tremendous housing stock in vacant city and state
4 owned and privately owned buildings including
5 stabilized units, condos, vacant HPD housing connect
6 units, some of which are currently reserved for those
7 making over six figures and empty NYCHA units. These
8 units must all be made available to homeless New
9 Yorkers immediately and city vouchers should be
10 increased to reflect real rents in New York City and
11 be made available to those who are homeless. All
12 unoccupied supportive housing units should be made
13 available without bureaucratic barriers to people on
14 the street using a housing first approach.

16 Council Members, for too long we have allowed
17 homelessness to become a permanent feature in our
18 city, Now is our chance to change that. We thank
19 you for this bill. I want to reiterate on behalf of
20 the entire campaign that we really urge this bill to
21 be passed and implemented as swiftly as possible.
22 Every night, every day that we wait for this to
23 happen, we know that our thousands of homeless New
24 Yorkers who could be safe in hotel rooms if the city
25 could enact this bill quickly.

1
2 So, thank you very much for the opportunity to
3 testify.

4 AMINTA KILAWAN: Thank you Kianna. And now we'll
5 have Helen Strom and she'll be followed by Wendy
6 O'Shields who will then be followed by Michael
7 Sisitzky.

8 COUNCIL CLERK: Helen, your time will begin when
9 you start speaking.

10 AMINTA KILAWAN: While we wait for Helen, we will
11 now call Wendy O'Shields from the Safety Net
12 Activists to testify.

13 COUNCIL CLERK: Wendy, your time will begin when
14 you start speaking.

15 WENDY O'SHIELDS: Hello. COVID-19 testimony for
16 DHS single adult shelter residents and individual
17 hotel rooms with a closed private bathrooms, Intro.
18 1927.

19 My name is Wendy O'Shields and I'm a homeless
20 rights and housing advocate in New York City. I'm a
21 founding member of the Urban Justice Safety Net
22 Activist and I support Intro. bill 1927.

23 I will comment on the immediate placement of DHS
24 single adult shelter residents in commercial hotel
25 rooms for the purpose of their health and safety by

1 limiting the spread of COVID-19. DHS congregate
2 shelter residents transfers to COVID-19 hotel rooms.
3 DHS shelter residents transferred to emergency hotel
4 placements and long term shelter stayers currently
5 residing in existing DHS hotel shelters, will be
6 housed by the end of this emergency status. Directly
7 from their hotel placements and not return to DHS
8 single adult shelters.
9

10 DHS housing homeless single adults. Number Two,
11 DHS single adult long term shelter stayers residing
12 in DHS shelters for three to five to seven to ten to
13 twenty five years will be housed in priority with the
14 most to the least amount of time cumulatively lived
15 in shelters. A. Eligible DHS shelter, adult shelter
16 residents will be processed for independent housing
17 in HPD and other independent apartments. A. Eligible
18 DHS single adult shelter residents will be housed as
19 per HUD rapid rehousing methodology. See end notes.

20 NYC unsheltered homeless single adults.

21 Three, NYC homeless unsheltered adults will be
22 housed from their COVID-19 hotel rooms and not return
23 to the streets following the HUD Housing First
24 methodology.
25

1
2 Four, DHS hotel placements and residents basic
3 needs. DHS sheltered adults and unsheltered residing
4 in a hotel, COVID-19 hotel placement will be offered
5 the following: A. A DHS bus or van transportation
6 from the DHS shelter nonprofit shelter or a street
7 pickup will be provided. B. -

8 COUNCIL CLERK: Time expired.

9 WENDY O'SHIELDS: DHS will coordinate. There's
10 more.

11 AMINTA KILAWAN: Wendy if you can just wrap up
12 your testimony.

13 WENDY O'SHIELDS: Okay, so the later part is, let
14 the record show the Parts of Way hotel room at 158
15 West 58th Street in New York is not being used during
16 the 2020 global pandemic for COVID-19, federal
17 emergency status. And that's it.

18 AMINTA KILAWAN: Thank you Wendy. Now, we'll
19 have Michael Sisitzky from New York Civil Liberties
20 Union.

21 COUNCIL CLERK: Michael, your time will begin
22 when you start speaking.

23 MICHAEL SISITSKY: Thank you Chair Levin and
24 members of the Committee. My name is Michael
25

1
2 Sisitsky, I'm lead Policy Counsel with the New York
3 Civil Liberties Union.

4 Intro. 1927 is a critical component of the city's
5 response to the coronavirus and the NYCLU supports
6 its passage. Providing temporary private housing
7 options to be people experiencing homelessness is a
8 long overdue step and it would bring New York in line
9 with actions by state and local governments across
10 the country that have responded to the pandemic by
11 committing resources, telegrams which offer a safer
12 alternative to overcrowded congregate shelters.
13 Where social distancing is impossible and where the
14 virus can spread rapidly. With over 100,000 vacant
15 hotel rooms in the city, we can and should do more
16 than the Administration has so far offered. And by
17 mandating that all single adults experiencing
18 homelessness be provided with the option of a private
19 room, this bill will ensure that those who are
20 currently in overcrowded and unsafe shelters and
21 thousands more living on the streets will have access
22 the single resource most needed to protect their
23 health in the short term.

24 The effectiveness will of course depend on
25 implementation which is why the bills reporting

1 requirements are of critical importance and we urge
2 the council to be aggressive in conducting oversight
3 to ensure that homeless New Yorkers needs are being
4 met. And while we note that the mandate to provide a
5 private room applies only to single adults, we urge
6 the Council to work with DHS and DYCD to ensure that
7 private individual rooms are also made available to
8 residents of youth and family shelters for residents
9 who may need to self-isolate due to contracting or
10 being exposed to the virus.
11

12 And with an estimated 114,000 public school
13 students lacking stable housing, the agencies must
14 also ensure that young people have access to reliable
15 internet and the supports necessary to fully
16 participate in remote learning.

17 Finally, the Council must also call for an
18 immediate end to the targeting of homeless people in
19 public spaces by the NYPD and other agencies. This
20 means ending the use of sweeps that defy CDC guidance
21 and that threaten unsheltered New Yorkers with the
22 destruction of their belongings if they don't leave
23 public spaces, and it also means demanding an end to
24 broken windows policing tactics.
25

1 Including the course of a subway diversion
2 program. In normal circumstances, these tactics or
3 approval, in the present moment, these tactics can be
4 deadly. We cannot police our way out of this crisis,
5 especially when the virus spreads through exactly the
6 kind of close person to person contact involved in
7 police interaction. And for unsheltered New Yorkers
8 in particular, we're already at risk for worse health
9 outcomes and who are more likely to encounter an
10 officer just by virtue of being out in public right
11 now. Those risks are even more acute. If there were
12 ever a time for the city to abandon broken windows,
13 it's now.

14
15 Again, we thank you for your consideration of
16 Intro. 1927 and we look forward to its quick passage.
17 Thank you.

18 AMINTA KILAWAN: Thank you Michael. And now, I'm
19 going to call Kianna Davis up again to read testimony
20 on behalf of Helen Strom.

21 COUNCIL CLERK: Okay, Kianna, your clock will
22 start now.

23 KIANNA DAVIS: Thank you Council for allowing me
24 to read again. This testimony is actually on behalf
25 of Peter Malvan who is Vice President at Midnight

1
2 Run. A medical Patient Advisory at Project Renewal,
3 a Co-Chair of the people with lived experience
4 Committee of NYC COC, a member of Human NYC, a safety
5 net activist and a former Council Member of the
6 Interfaith Assembly on housing and homelessness. I
7 am reading on his behalf.

8 I have lived on the street after working in drop
9 in center and congregate settings for 15 years. One
10 example of me in isolation and outbreaks of disease
11 was when 75 percent of 800 people in Wards Island
12 largest shelter tested positive for exposure to TB.
13 The results for staph, I do not know.

14 Currently, in congregate shelter beds, beds are
15 less than three feet apart, bathrooms are shared.
16 For COVID, hand washing and hot water or using hand
17 sanitizer is recommended. For those on the street,
18 bathrooms are almost impossible to find and access.
19 Showers are all but nonexistent except for one place
20 where 20 people can shower on two days of the week.

21 There are conservatively over 4,000 people on the
22 street, over 32,000 people who cannot stay home are
23 being exposed through impossibility of social
24 distancing, lack of access to hygiene, and constantly
25 being moved from one site to another on the street.

1
2 This is intolerable for all New York City as we all
3 interact including those making deliveries.

4 To stop the spread, people must be able to
5 isolate and follow CDC guidelines. This will take at
6 least 32,000 private rooms with private baths. This
7 is a do or die for New York City. It is more
8 affordable than the system in place.

9 Thank you.

10 AMINTA KILAWAN: Thank you Kianna. Next, we're
11 going to call up Katie Zang[SP?] followed by Daneek
12 Martinez. So, Katie Zang.

13 KATIE ZANG: Hi.

14 COUNCIL CLERK: Katie, your clock will begin when
15 you start to speak.

16 KATIE ZANG: Thank you. My name is Katie Zang, I
17 am speaking as the Housing Specialist from Womankind
18 which is a gender based violence social service
19 provider. Previously called the New York Asian Woman
20 Center.

21 I first wanted to thank everybody who shared
22 their stories. I'm honored to be talking alongside
23 of all of you in this fight and I am hoping to
24 represent our clients who I work with in our
25 emergency DV shelters or people who seek services

1
2 from the community including a lot of whom are DHS
3 shelter residents.

4 So, I just wanted to point out that this is also
5 a gender violence issue. A lot of our survivors and
6 the advocates, our staff are working to navigate a
7 lot of really difficult decisions right now. It's I
8 think a stressful time for everybody but especially
9 for survivors who are dealing with quarantine
10 situations having to make this impossible decision
11 between choosing to stay in a situation where they
12 are risking their health with an abuser or having to
13 leave and risk their health in a shelter in a
14 congregate setting.

15 I think Council Member Rosenthal mentioned this,
16 but often there are no vacancies in the DV shelter
17 system, so a lot of people do have to end up going to
18 DHS and go in women shelters. And then, even for
19 those who are in our DV shelters, there's a maximum
20 of six months with us and so, at the end of that,
21 when they time out, a lot of people have to make that
22 decision again which is really tough to see. When
23 our staff is working with them to heal from trauma
24 for months on end and then at the end of that, having
25 to make that decision again and seeing a lot of our

1 survivors return to their abusers because it is the
2 most safe immediate housing situation.

3 So, I guess, thank you for everybody who spoke.
4 It would be great if you could include GV HRA
5 shelters and the DYCD shelters as well and please
6 consider passing this bill because you would be
7 giving a lot of people, since every body deserves a
8 safe place to stay, some hope for the future and
9 throughout this crisis.

10 Thank you.

11 AMINTA KILAWAN: Thank you so much Katie. Now,
12 we're going to have Daneek Martinez as our next and I
13 believe last panelist for today. Daneek?

14 DANEEK MARTINEZ: Can you hear me?

15 COUNCIL CLERK: Yes, your clock will start when
16 you begin to speak.

17 DANEEK MARTINEZ: I can see myself.

18 AMINTA KILAWAN: Daneek, we are able to hear you.
19 So, you can begin whenever you are ready.

20 DANEEK MARTINEZ: I'm trying to unmute myself.
21 Can you hear me now?

22 AMINTA KILAWAN: We can hear you and we can see
23 you.

1
2 DANEEK MARTINEZ: Okay, perfect. Hi, first of
3 all I'd like to thank you, Andy Bowen from Bowen
4 Public Affairs Consultant for allowing me the
5 opportunity to speak.

6 Like I said, my name is Daneek Martinez and I am
7 a shelter resident living in Queens. Thank you to
8 Speaker Johnson, Chair Levin, Council Member and the
9 staff of the Committee on General Welfare. I'm
10 trying to speak fast so I can be, we only got three
11 minutes.

12 Council members and staff at the Committee on
13 General Welfare for this hearing and for the
14 opportunity to speak today.

15 I'm a member of many organizations and I'm a
16 Board Member of Policy Works. I have been living in
17 the shelter system for many years and I am a
18 transgender woman. Before living in my shelter, I
19 currently being moved to more private locations but I
20 can't speak for the need for the shelter residents to
21 have private [INAUDIBLE 4:29:45].

22 I have had my own fears of living in the shelter
23 system as a transgender woman through the years but I
24 see that fear of living in shelter is widespread
25 among people of all backgrounds.

1
2 We have a client now in my shelter who has COVID-
3 19 and is currently in the shelter. A security guard
4 who works at our shelter passed away about two weeks
5 ago and I don't know exactly the time.

6 Some people say that another worker had COVID-19
7 and who have survived and passed it to the security
8 guard who died. Most clients are in a state of
9 panic. What happened? Oh, you keep sending the
10 video.

11 Most clients are in the state – can you hear me?

12 AMINTA KILAWAN: Yes, we can hear you.

13 DANEEK MARTINEZ: Okay, most clients are in a
14 state of panic, including myself. I observe that
15 every shelter residents and those who are physically
16 disabled are afraid of becoming victims of someone
17 else anger in addition to getting sick from the
18 virus. As a homeless transgender woman, I have lived
19 in fear of violence from people in the shelter
20 system. I have been faced with verbal and physical
21 abuse from other shelter clients and workers. It
22 seemed like they don't really care about abuse. I
23 personally took this to DHS and liaison because
24 clients were constantly harassing me and calling me
25 names.

1
2 This crisis is showing that homeless people are
3 vulnerable to physical danger, whether it is anger of
4 others in the shelter system or in this virus.

5 Sorry, you have to excuse my English.

6 We need Council support to make sure all homeless
7 people and all people who are unable to live safely
8 in their current situation –

9 COUNCIL CLERK: Times up.

10 DANEEK MARTINEZ: Able to receive private
11 housing. I appreciate the opportunity to testify and
12 tell you about my experience and perspective. You
13 can ask me other questions as you know, [INAUDIBLE
14 4:32:02].

15 And my lady, my person, my consultant and thank
16 you for giving me this opportunity and thank you.

17 AMINTA KILAWAN: Thank you so much Daneek.

18 DANEEK MARTINEZ: Thank you, all of you.

19 AMINTA KILAWAN: And with that, I think seeing no
20 other panelists, all panelists have spoken, I will
21 turn it back over to Chair Levin to close us out for
22 today's hearing.

23 CHAIRPERSON LEVIN: Thank you so much Aminta and
24 I just want to acknowledge, really the tremendous
25 amount of work that went into putting this together.

1 So, all of the staff that did this. This is the
2 first time we've ever tried to do a remote hearing in
3 New York City Council's history. We had the Stated
4 Meeting yesterday. This is the first time we had a
5 full hearing and you know, true to form a General
6 Welfare hearing went for over four hours. So, you
7 know, that's par for the course but we're glad to
8 know that you know, at least we can still do our
9 normal course of business. But we want to thank
10 Deputy Commissioner Drinkwater for staying with us.
11 I want to acknowledge Council Member Holden for being
12 here for the duration of the hearing. All of the
13 advocates and individuals who testified and brought
14 their very important stories to the forefront and
15 again, to Council Staff, our Sergeant at Arms, our
16 Director of Security and really every body else that
17 worked very hard to get this to go smoothly. We
18 greatly appreciate everybody's time and effort today.

19 I have my one year old here. This is Albert and
20 with that, at 5:48 p.m., this hearing is adjourned.
21 Thank you all and thank you Aminta. Bye, bye.
22
23
24
25

C E R T I F I C A T E

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



Date April 1, 2018