

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON CRIMINAL JUSTICE
JOINTLY WITH COMMITTEE ON HOSPITALS

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September 21, 2020
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HELD AT: REMOTE HEARING

B E F O R E: Keith Powers,
Chairperson of Committee on
Criminal Justice

Carlina Rivera,
Chairperson of Committee on
Hospitals

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Robert F. Holden
Rory I. Lancman
Diana Ayala
Alan N. Maisel
Antonio Reynoso

A P P E A R A N C E S

Patsy Yang

CHS Senior Vice President

Cynthia Brann

DOC Commissioner

Ross MacDonald

CHS Chief Medical Officer

Carlos Castellanos

Chief Operations Officer

Brenda Cooke

DOC Chief of Staff Brenda Cooke

Hazel Jennings

Chief of Department

Patricia Feeney

Deputy Commissioner

Heidi Grossman

Deputy Commissioner General Counsel

Judy Beale

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Timothy Farrell

Senior Deputy Commissioner

Maureen Danko

Deputy Commissioner IT Division

Richard Bush

Senior Correctional Institutional Administrator

A P P E A R A N C E S (CONT.)

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Deputy Commissioner of Finance

Lanelle McGinley
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Officer

Francis Torres
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Margaret Egan
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Bobby Cohen
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A P P E A R A N C E S (CONT.)

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Tonya Krupat
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Andre Ward
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Jordyn Rosenthal
Director of Community Engagement for the Woman's
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Kelsey De Avila
Brooklyn Defender Services

Sammie Werkheiser
41-years-old and an advocate for pregnant women
who are incarcerated in New York City

Kelly Grace Price
Founder of Close Rosie's

A P P E A R A N C E S (CONT.)

Donna Hylton

Edda Ness
Defense Lawyer

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3 SERGEANT SADOWSKY: Pedro, please start the
4 recording.

5 SERGEANT DAUTAJ: Cloud recording is good.

6 SERGEANT SADOWSKY: Good morning and welcome to
7 today's Remote New York City Council hearing of the
8 Committee on Criminal Justice jointly with the
9 Committee on Hospitals.

10 At this time, would all Council Members and staff
11 please turn on their video. To minimize disruption,
12 please place electronic devices on vibrate or silent
13 mode. If you wish to submit testimony, you may do so
14 at testimonies@council.nyc.gov. Once again, that's
15 testimonies@council.nyc.gov.

16 Thank you for your cooperation, we are ready to
17 begin.

18 CHAIRPERSON RIVERA: Alright, good morning
19 everyone. I think we are all set right, on the back
20 end and we are live streaming?

21 SERGEANT SADOWSKY: Yes.

22 CHAIRPERSON RIVERA: Excellent, okay. [GAVEL]
23 Thank you for joining our virtual hearing today for
24 the Committee's on Hospitals and Criminal Justice.
25 Today, the Committee's will be examining the
Department of Correction and Correctional Health

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3 Services management of COVID-19. I would like to
4 acknowledge that we have been joined by our
5 colleagues. I see of course my fellow Chair Council
6 Member Powers, Council Members Ayala, Holden,
7 Lancman, Maisel, Reynoso, and Council Member Alicka
8 Ampry-Samuel. Making sure I didn't miss anyone.
9 Great, okay.

10 So, good morning. My name is Carlina Rivera and
11 I am Chair of the Committee on Hospitals. I would
12 like to start by thanking my colleague Council Member
13 Keith Powers for Chairing this hearing with me today.
14 I would also like to thank all of you who have joined
15 us for this remote hearing. We are here today to
16 examine the Department of Correction and Correctional
17 Health Services Management of COVID-19.

18 This pandemic is unlike anything we had ever seen
19 before and has caused immeasurable hardship for our
20 city but especially for our justice system and those
21 who are incarcerated.

22 As of September 20th, there have been 235,649
23 cases and 19,149 confirmed deaths in New York City
24 and of those who are able to be tested, 1,423
25 Department of Correction staff, 576 individuals in

3 custody and 205 CHS staff have tested positive for
4 the virus.

5 Today, I look forward to hearing about how CHS
6 and DOC have worked to keep those incarcerated and
7 working in our correctional facilities safe and
8 importantly, how we plan to continue to keep
9 individuals safe in the event of a second wave.

10 I want to commend CHS and DOC's efforts and I am
11 also thankful for all those who have spoken out about
12 these issues throughout the pandemic. In particular,
13 I am mindful of those who are currently working
14 within our justice systems who have come forward to
15 ensure we address problems to keep those incarcerated
16 safe.

17 Due to the monumental efforts of New Yorkers, we
18 are experiencing a consistently low infection rate
19 within the state. One that has remained below 1
20 percent for over a month. As restrictions continue
21 to ease, including the reopening of indoor dining and
22 schools, I am concerned as we all are about a
23 potential increase in cases. I am particularly
24 mindful about those in congregate settings, including
25 individuals incarcerated and those working in the
facilities as we have seen the devastating impacts

1
2 COVID-19 can have in similar settings including
3 correctional facilities in other states.

4 I am also mindful that as we discuss these
5 issues, there are simultaneous discussions about the
6 need to reform our justice system. The layered
7 impacts of systemic racism have led to the
8 incarceration of some of our most vulnerable New
9 Yorkers including those who come from areas
10 disproportionately affected by COVID-19's health and
11 economic impacts.

12 I want to center our hearing today around health
13 and racial justice and equity and I want to ensure
14 that we are doing all we can to protect those
15 incarcerated as well as those who work within these
16 facilities. While I commend CHS and DOC thus far,
17 maintaining a low amount of COVID infections, I want
18 to be confident that we are maintaining such figures
19 and are ensuring our data is accurate.

20 The Board of Corrections BOC and others have
21 expressed concern about inconsistent PPE use. In an
22 ability to maintain proper social distancing and
23 sanitation practices, and such actions could be
24 devastating if infection rates begin to rise.

3 While DOC and CHS provide numerous data sources
4 regarding the health of those incarcerated, some of
5 the data needs to be clarified and better understand
6 how successfully we are meeting the needs of those in
7 custody.

8 CHS began making data on the number of
9 individuals tested for infection available daily on
10 June 29th. While we appreciate these efforts, on
11 average 73 percent of results on a given day are
12 listed as pending rather than listing either a
13 positive or a negative test result. This implies
14 that the results from these pending tests are not
15 being reported by CHS. Without understanding how
16 many new infections were confirmed on any given day,
17 it becomes impossible to understand the COVID-19
18 infection rate.

19 Monitoring infection rates in a timely and
20 efficient way is crucial for maintaining control over
21 the spread of the virus. Also, while we know that
22 people entering custody are screened and tested for
23 COVID-19, we are unsure how accessible tests are for
24 those who are incarcerated. Additionally, although
25 Local Law 59 requires that CHS report on the number
of voicemails left on all CHS phone calls, CHS claims

3 that the Department is not able to determine whether
4 a phone call placed to a CHS number resulted in a
5 voice message and does not have access to the CHS
6 voice message system and therefore, cannot determine
7 the number of voice messages left on such phone
8 numbers.

9 Therefore, it is unclear to us how many people in
10 custody are receiving timely access to healthcare.
11 This is highlighted in a report by the BOC about
12 complaints and requests for information received by
13 Office of Constituent and Grievance Services from
14 March 5th to April 30th. According to a report, 19
15 percent or 1,016 of the more 5,000 total grievances
16 received or identified as COVID-19 related.

17 Of the grievances OCGS accepted about 220 were
18 referred to CHS and the Board does not have access to
19 these resolutions. This is of high concern,
20 considering that the Board found that medical and
21 mental health complaints were the most frequent kind
22 of grievances OCGS received. The Board's findings
23 show that for the COVID-19 grievances and the medical
24 H&H category, 30 percent, 110 were about access to
25 medical care which were filed by people in custody.
26 23 percent, 83 were from people concerned about

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3 exposure to COVID-19 and 12 percent, 45 were about-
4 people concerned about exposure to COVID-19 and 12
5 percent were about the lack of preventive measures in
6 the facilities including the lack of testing.

7 The high frequency of medical and mental health
8 complaints must be further examined and I look
9 forward to hearing more about healthcare access and
10 access to testing today.

11 Thank you all again for being here today and I
12 look forward to a robust discussion. I will now turn
13 it over to my Co-Chair Council Member Powers.

14 CHAIRPERSON POWERS: Thank you Council Member
15 Rivera and good morning everyone. I am City Council
16 Member Keith Powers; Chair of the Committee on
17 Criminal Justice and I am glad everyone could join us
18 remotely for today's joint hearing on the Department
19 of Correction and Correction Health Services
20 Management of COVID in city jails. And before I get
21 into the rest of my remarks, I just want to say thank
22 you to everybody who has been working on the
23 frontlines in helping to fight the pandemic.

24 I know that we feel like we're in a different
25 place here today but for many of the folks who went
through the last few months, I know this was a very

1
2 difficult task and I want to say thank you to
3 everybody, the doctors, the nurses, the staff, the
4 DOC, for their efforts and their bravery to be doing
5 this work at a time when it was not easy. And I am
6 glad we are here today to do another hearing related
7 to COVID in our city jails. We are now six months
8 into the COVID-19 pandemic and although we feel the
9 worst is behind us as New York City gradually
10 reopens, I think we all know that the threat of
11 COVID-19 infection in our jails remains.

12 Public health officials predict a second wave of
13 COVID-19 infection in the months ahead and people in
14 custody are among the most vulnerable as jail
15 environments allow the virus to spread rapidly. The
16 numbers speak for themselves. At the height of this
17 pandemic, nearly 400 incarcerated people tested
18 positive for COVID-19 and at least three died from
19 the virus.

20 The number of positive cases has declined to less
21 than 300 as of September 4th in large part, thanks to
22 the hard work with DOC and CHS and the work that they
23 have done to keep people in custody safe. But with
24 the potential second wave looming and an uptick in
25 the jail population particularly among the vulnerable

3 people in custody, we have to remain vigilant in our
4 oversight and in our efforts.

5 Today, we are going to look at CHS and DOC's
6 effort to identify, separate, monitor, and treat sick
7 and vulnerable people in custody and those exposed to
8 COVID-19. Efforts by DOC and CHS to institute
9 testing for people entering custody has been
10 essential to fighting the spread of COVID-19 but
11 there are still questions about delays in getting
12 test results back. The housing of people who refuse
13 testing at intake and what kind of health information
14 is being provided to people in custody.

15 There are also gaps in the DOC's data that we
16 would like to fill in terms of testing and grievances
17 and as you know we passed legislation in May, I
18 believe it was to require better reporting and data
19 and we do appreciate the efforts on weekly basis to
20 give us an update on it but I think we'd still like
21 to see much more data provided to us and to be able
22 to fill those gaps.

23 Testing for staff and ensuring safety protocols
24 are followed by staff is also crucial to preventing
25 transmission to the virus from the community into our
jails, yet we have not seen a commitment to mandate a

1 testing for staff. We've seen that in Michigan where
2 the State Department of Correction required the staff
3 to get tested by COVID-19 and we believe this is a
4 good policy. It's something that Council Member
5 Holden and others have been pushing for early in the
6 pandemic to make sure that there was available
7 testing for staff and I want to thank him and others
8 for that effort.
9

10 We've also received many reports of DOC staff not
11 wearing masks appropriately while patrolling
12 facilities which I have also observed while I was
13 there. While working security check points or
14 shuttling visitors to Rikers Island. The Board of
15 Corrections has also documented inconsistent
16 sanitation practices and mask use amongst DOC staff,
17 which we feel needs to be addressed. And I want to
18 say, this is not to pick on staff or pick on an
19 agency but it is part of preventing the spread of the
20 virus and we do want to make sure that all agencies
21 and particularly ones that are again with people in
22 custody are adhering to those safety protocols. It's
23 not a gotcha, it's a way to make sure that we are
24 doing all we can to prevent the virus of being
25 spread.

3 Today, I want to hear from DOC and CHS on their
4 plans to prevent a second wave including safety
5 measures put in place for any future reopening of
6 religious service, programming, in-person family
7 visitation and in-person attorney visits. The lack
8 of clear information so far around a reopening plan
9 in jails worries me, and I believe it worries all of
10 us. We also needed more information from CHS around
11 their contact tracing program in terms of how the
12 program is functioning at its reach. But ultimately,
13 it is the city's duty and responsibility to keep
14 people in custody safe, especially people who are
15 particularly vulnerable to COVID-19 and that goes as
16 well as keeping all our staff safe as well.

17 I am going to thank all of the staff here for
18 putting together this hearing. I want to thank all
19 the Council Members in attendance and Chair Rivera
20 for their effort and diligence making sure that we
21 are being ready for a second wave and being able to
22 do the work that we need to do to keep people safe.

23 And I will now turn it back to Chair Rivera.

24 CHAIRPERSON RIVERA: Thank you so much Chair
25 Powers for your leadership on this issue. I am going

3 to turn it over to our moderator Committee Counsel
4 Harbani Ahuja to go over some procedural items.

5 COMMITTEE COUNSEL: Thank you Chair. My name is
6 Harbani Ahuja and I am Counsel to the Committee on
7 Hospitals at the New York City Council.

8 Before we begin, I want to remind everyone that
9 you will be on mute until you are called on testify,
10 when you will be unmuted by the host. I will be
11 calling on panelists to testify. Please listen for
12 your name to be called. I will be periodically
13 announcing who the next panelist will be.

14 The first panelist to give testimony will be
15 representatives from Correctional Health Services and
16 the Department of Correction. CHS testimony will be
17 provided by Senior Vice President Patsy Yang and DOC
18 testimony will be provided by Commissioner Cynthia
19 Brann. Additionally, the following representatives
20 will be available for answering questions from CHS
21 Chief Medical Officer Ross MacDonald and Chief
22 Operations Officer Carlos Castellanos.

23 From DOC Chief of Staff Brenda Cooke, Chief of
24 Department Hazel Jennings, Deputy Commissioner
25 Patricia Feeney, Deputy Commissioner General Counsel
Heidi Grossman, Deputy Commissioner of Programs Judy

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3 Beale, Senior Deputy Commissioner Timothy Farrell,
4 Deputy Commissioner IT Division Maureen Danko, Senior
5 Correctional Institutional Administrator Richard
6 Bush, Deputy Commissioner of Finance Patricia Lyons,
7 Acting Deputy Commissioner and Chief Diversity
8 Officer Lanelle McGinley and Acting Commissioner
9 Programs Division Francis Torres.

9 I will call on you when it is your turn to speak.
10 During the hearing, if Council Members would like to
11 ask a question of the Administration or of a specific
12 panelist, please use the Zoom raise hand function and
13 I will call on you in order.

14 We will be calling agency representatives and
15 panels and ask that Council Members reserve their
16 questions for after each panelist finish testifying.
17 All hearing participants should submit written
18 testimony to testimony@council.nyc.gov.

19 We will now call on representatives of the
20 Administration to testify. Before we begin, I will
21 administer the oath.

22 Patsy Yang, Ross MacDonald, Carlos Castellanos,
23 Commissioner Brann, Brenda Cooke, Hazel Jennings,
24 Patricia Feeney, Heidi Grossman, Judy Beale, Timothy
25 Farrell, Maureen Danko, Richard Bush, Patricia Lyons,

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2 Lynelle McGinley, Francis Torres. I will call on
3 each of you individually for a response. Please
4 raise your right hands.

5 Do you affirm to tell the truth, the whole truth
6 and nothing but the truth in your testimony before
7 this Committee and to respond honestly to Council
8 Member questions? Patsy Yang?

9 PATSY YANG: I do.

10 COMMITTEE COUNSEL: Thank you. Ross MacDonald?

11 ROSS MACDONALD: I do.

12 COMMITTEE COUNSEL: Thank you. Carlos
13 Castellanos?

14 CARLOS CASTELLANOS: I do.

15 COMMITTEE COUNSEL: Thank you. Commissioner
16 Brann?

17 CYNTHIA BRANN: I do.

18 COMMITTEE COUNSEL: Thank you. Brenda Cooke?

19 BRENDA COOKE: I do.

20 COMMITTEE COUNSEL: Thank you. Hazel Jennings?

21 HAZEL JENNINGS: Good morning, I do.

22 COMMITTEE COUNSEL: Thank you. Patricia Feeney?

23 PATRICIA FEENEY: I do.

24 COMMITTEE COUNSEL: Thank you. Heidi Grossman?

25 HEIDI GROSSMAN: I do.

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3 COMMITTEE COUNSEL: Thank you. Judy Beale?

4 JUDY BEALE: I do.

5 COMMITTEE COUNSEL: Thank you. Timothy Farrell?

6 TIMOTHY FARRELL: I do.

7 COMMITTEE COUNSEL: Thank you. Maureen Danko?

8 BRENDA COOKE: She is not participating in this
9 meeting.

10 COMMITTEE COUNSEL: Okay, thank you. Richard
11 Bush?

12 RICHARD BUSH: I do.

13 COMMITTEE COUNSEL: Thank you. Patricia Lyons?

14 PATRICIA LYONS: I do.

15 COMMITTEE COUNSEL: Thank you. Lanelle McGinley?

16 LANELLE MAGENLY-LIDY: I do.

17 COMMITTEE COUNSEL: Thank you and Francis Torres?

18 FRANCIS TORRES: I do.

19 COMMITTEE COUNSEL: Thank you. Senior Vice
20 President Patsy Yang, you may begin your testimony
21 when you are ready.

22 PATSY YANG: Great, hi, good morning Chairpersons
23 Powers and Rivera and Members of the Criminal Justice
24 and Hospitals Committee.

25 I am Patsy Yang, Senior Vice President at New
York City Health and Hospitals for Correctional

3 Health Services, also referred to as CHS. I am
4 joined in this room at great physical distance and
5 off camera currently, so that I can actually speak to
6 you without my mask on for a bit.

7 It is Ross MacDonald our Chief Medical Officer,
8 Carlos Castellanos our Chief Operations Officer as
9 well as Jeanette Merrill our Director of
10 Communications and Intergovernmental Affairs and
11 Benjamin Farber our Chief of Staff.

12 We appreciate the opportunity to update you since
13 I last testified in May on our considerable efforts
14 to manage COVID-19 in the city's jails.

15 First, I'd like to acknowledge that our last
16 confirmed case of in jail transmission of COVID-19
17 was on May 19th. Although we did have 15 positive
18 cases since then, all were individuals newly admitted
19 from the community and we were able to prevent the
20 spread of disease to other patients. Most
21 fortunately, we have had no COVID related patient
22 deaths since April.

23 While other correctional facilities across the
24 country continue to contend with the rapid spread of
25 COVID-19, we in New York City have affectively bent
down the curve. Our ability to manage such a highly

3 contagious virus in such a uniquely challenging
4 setting speaks to the efficacy of our COVID-19
5 response strategy.

6 When I last testified in May, I outlined the
7 three cornerstones of our approach to reducing
8 transmission in the jails. Decarceration,
9 containment, and maintenance.

10 We continue to adhere to these principles for
11 this approach while modifying our practices to meet
12 the current needs of our patient population and to
13 stay aligned with evolving public health guidance.
14 While our jail system and New York City more broadly,
15 have achieved remarkable progress in combating COVID-
16 19. We know that the SARS-CoV-2 virus is still here
17 and the magnitude of any resurgence will depend in
18 large part on vigilance and rapid response.

19 In partnership with the Department of Correction,
20 the clinical operations, and administrative
21 professionals at CHS have continued to plan and
22 prepare for reemergence of the virus in the jails.
23 Using our initial COVID-19 response as a blueprint
24 for keeping patients and staff healthy and safe.

25 To return to our three pronged approach, our
decarceration efforts centered on identifying

3 patients who would prove most vulnerable to a severe
4 course of COVID-19 should they contract the virus.

5 Our compassionate lease efforts which proceeded but
6 were expanded as a result of COVID-19 continue
7 through the summer.

8 We continue to work with defense prosecution
9 courts and our city and state partners to help
10 arrange for patients safe release. We know that the
11 virus is most effectively transmitted between persons
12 in close, prolonged contact while in an enclosed
13 densely populated spaces where practicing physical
14 distancing and good hygiene can be difficult. This
15 is sometimes defined as at a jail environment.

16 Reducing the number of individuals in jails
17 through targeted decarceration efforts therefore
18 proves vital to limiting transmission in the jails
19 and to protecting the health of individuals who
20 continue to live and work in the jails.

21 We also help protect the health of people in the
22 community by screening every patient whom DOC brings
23 prior to discharge from the jails, so we can educate
24 people to self-isolate and to assist those who need
25 accommodations in which to do so.

3 I would note that since March through the last
4 September 6th or so, we've had 1,559 request in
5 support for compassionate release of patients and we
6 provide that advocacy to prosecution and defense.

7 Back to my testimony to effectuate the second
8 component of our approach which was containment, we
9 implemented a robust testing strategy and an
10 integrated housing plan. During the height of the
11 pandemic, we were testing at a rate higher than that
12 in the larger community.

13 As of September 16, 2020, we have tested over
14 5,000 patients for COVID-19. Accumulatively, 570
15 patients have tested positive for the virus. It's
16 important to remember however, that not all of these
17 patients remain in the system and none of our current
18 patients are actively infectious. We have no active
19 cases in the jails.

20 During the last wave of the pandemic, we offer
21 testing to symptomatic patients and patients who are
22 asymptomatic but highly vulnerable. As of September
23 16th, approximately 51 percent of individuals
24 currently in custody have been tested for COVID-19
25 and our incidence rate stands at zero percent

3 compared to a rate of approximately one percent in
4 New York City.

5 As you may be aware, CHS has not been immune to
6 the delays that the city and in fact the country has
7 experienced in testing turn around times. While
8 testing is just one component of our COVID response
9 strategy, the data helps inform decisions about
10 housing placements and clinical care and it is
11 critical that we receive timely results.

12 As of 8 a.m. this morning September 21st, CHS has
13 moved to the city's pandemic response lab. A new
14 laboratory that will help the city process test
15 results within 24 to 48 hours. We are confident that
16 this new testing infrastructure will significantly
17 improve turn around times in our system and help
18 streamline processes overall.

19 With no current transmission within the jails, we
20 are now focused on universally testing all
21 individuals entering the system, regardless of
22 symptoms. All newly admitted patients are
23 quarantined as well until they test negative and/or
24 show no symptoms over the course of 14 days. Like
25 our testing strategy, our housing model remains

1
2 nimble enough to respond to the dynamic nature of
3 this virus.

4 At the beginning of the pandemic, we worked with
5 DOC to adapt and expand our concept of therapeutic
6 housing units. We basically created a new
7 designation of therapeutic housing for patients on
8 the COVID spectrum based on the clinical need and
9 status of each patient. Our housing plan, which
10 included the use of the 98 dead [INAUDIBLE 23:36]
11 unit, separately housed individuals who were highly
12 vulnerable to a severe course of disease should they
13 contract the virus.

14 These were housed separately from asymptomatic
15 patients known to have been exposed separately from
16 patients who exhibited COVID like symptoms and
17 confirmed COVID cases. Given the current state of
18 the disease in the jails, most of these special
19 housing designations have been suspended but they are
20 ready to be activated when and if the need arises, as
21 we did during the height of the crisis.

22 Since SARS-CoV-2 was identified in the jails, we
23 have continued to modify our two pronged containment
24 strategy of texting and housing to best meet the
25

3 needs of our patients and our evolving understanding
4 of this disease.

5 Additionally, we continue to monitor patients and
6 staff for signs of disease including COVID specific
7 patient screening and every point of contact within
8 the criminal justice process. Prearrest, admission,
9 clinical encounters, and discharge.

10 Through the third component of our approach,
11 which is maintenance, we have continued to provide
12 access to healthcare services while adhering to
13 physical distancing protocols in our clinics and in
14 our waiting areas. We have maintained access to
15 medical, nursing, mental health services, as well as
16 ongoing substance use treatment. Maintaining the
17 health of our patients is critical to helping our
18 patients best end off the disease and to fight its
19 worst effects should they contract the virus.

20 We've also maintained access to our discharge
21 services and in some respects we've expanded the
22 provision of these services during the course of the
23 pandemic. As previously mentioned, CHS screens
24 patients whom DOC presents prior to discharge from
25 the jails for symptoms of COVID-19 and we provide
information about COVID and community testing sites.

3 If someone reports symptoms or a confirmed
4 positive for COVID at the time of discharge and does
5 not have a place to safely isolate, arrangements are
6 offered for an isolation room.

7 CHS is also working with DOHMH and with the New
8 York City Health & Hospitals Tests and Trace Corps,
9 known as T2, so that positive or symptomatic patients
10 who are discharged to the community can be monitored
11 and provided necessary COVID specific support or
12 follow up standard of care.

13 As part of this comprehensive discharge services,
14 CHS also provides general information to patients
15 that its established community services that can help
16 support successful reentry. Even include our point
17 of reentry and transition portion court which
18 includes telephonic assistance at in-person
19 navigation and patient care by CHS providers in
20 community, health, and hospital facilities.

21 We also refer to the community reentry assistance
22 Network or CRAN which offers telephonic and in-person
23 referrals and assistance for helping human services.
24 We also encourage all patients to call the port phone
25 line after they are released in order to speak with a
peer about accessing community based services.

3 I would like to note that we have worked to make
4 our COVID-19 data more publicly available. We now
5 provide COVID-19 metrics including the current
6 incidents and prevalence rates on the CHS website in
7 addition to data we report to Local Law 59.

8 We appreciate that the sharing of accurate and
9 timely information is paramount during a public
10 health crisis and we remain committed to transparency
11 and ability.

12 On a daily basis I read reports criticizing the
13 management of COVID-19 in prisons and jails across
14 the country. Here in New York City, once the EPI
15 Center of the EPI Center, I am proud and humbled by
16 what DOC and CHS together have accomplished through
17 this pandemic. We make decisions together based on
18 an unprecedented pooling of the wealth of our
19 respective clinical and security experience and
20 expertise. The evolving science about this shifting
21 virus also informed our approach and always informed
22 our approach.

23 We were powered by frontline essential
24 professionals who make personal sacrifices and
25 exhibited unwavering professionalism. I am honored
to work with such dedicated individuals during one of

3 the most trying times in the city's history and I
4 know we stand ready to face challenges that lay
5 ahead. Thanks

6 COMMITTEE COUNSEL: Thank you for your testimony.
7 Commissioner Brann, you may begin your testimony when
8 you are ready.

9 CYNTHIA BRANN: Good morning Chair Powers, Chair
10 Rivera and Members of the Committee on Criminal
11 Justice and Committee on Hospitals. I am glad to see
12 that you are all healthy and well. I am pleased to
13 be joined today by the dedicated members of my
14 leadership team and our valued partners from across
15 our city's criminal justice agencies.

16 Since we last testified before your Committee,
17 the Department has continued to work around the clock
18 to keep those living and working in our facilities
19 safe. In the past three months, as Correctional
20 institutions across the country have reported record
21 numbers of COVID cases, the Department has had no new
22 jail based transmissions among those in custody and
23 only approximately 12 new staff cases.

24 Our success is evidence by the health of our
25 staff and our population and we have been proud to
share our COVID-19 mitigation strategies with

3 correctional institutions across the country. I
4 thank you for the opportunity to discuss how the
5 Departments efforts to manage COVID-19 within our
6 facilities and our plans to continue achieving this
7 success in the event of a second wave. First
8 however, I would like to recognize the dedicated and
9 hard working employees at the Department of
10 Correction and Correctional Health Services for their
11 incredible efforts throughout this pandemic.

12 Since day one, they have remained committed to
13 protecting the safety and wellbeing of those
14 entrusted to their care and at a great personal
15 sacrifice. As Commissioner, I am proud of their
16 heroic efforts and remain honored to work beside
17 them.

18 COVID-19 continues to be an unprecedented crisis.
19 The likes of which this city has never seen. Since
20 the first days of the pandemic and every day
21 thereafter, the Department has taken swift and
22 decisive action to keep everyone living and working
23 in our facilities safe. Following an initial spiking
24 cases in March and April, the total number of active
25 cases among people in custody quickly declined.
While other correctional jurisdictions are continuing

3 to see the infections spread rapidly across their
4 facilities, with positivity rates among those in
5 custody, spiking as high as 17 and 18 percent in
6 prisons across Carter and Texas. The Department has
7 seen no new jail transmission in over three months.

8 We have achieved the success through strict
9 adherence to several mitigation measures which I will
10 recap for you briefly. First, the Department has
11 implemented policies focusing on preventing the virus
12 from coming into our facilities in the first place.
13 This includes screening all staff upon entry to the
14 facilities and testing all new admissions for the
15 virus upon intake. Asymptomatic individuals newly
16 admitted to custody are cohorted separately from the
17 general population until they receive a negative
18 COVID test or satisfy a quarantine period.

19 Any new admissions testing positive are
20 quarantined for a period of at least 14 days or until
21 symptoms subside. All staff with a temperature above
22 100.4 or experiencing any symptoms are not allowed to
23 be at work and are directed to stay home and contact
24 our health management division.

25 Second, the Department took critical steps to
contain the spread of the virus. We leverage and

1
2 expanded our existing robust sanitation practices,
3 activated protocols to provide personal protective
4 equipment to both staff and individuals in custody
5 and established a tier housing structure that
6 separates individuals who are symptomatic, positive,
7 or exposed to COVID-19 from the general population.

8 Individuals in custody continue to be made aware
9 of vital public health guidance surrounding mask use
10 and social distancing via posters, informational
11 flyers, and conversations with DOC and CHS staff.

12 Third, with its citywide partners, the Department
13 thoughtfully examined its population with the goal of
14 identifying who is most vulnerable to the disease and
15 would be better served in the community. As a
16 result, the Department released over 2,000
17 individuals over the past six months with the affect
18 of reducing housing capacity and increasing the
19 feasibility for effective social distancing.

20 While these procedures I have described were put
21 in place in mere days, the Department has internally
22 reexamined in reevaluating them addressing any
23 challenges or gaps. We will continue to build upon
24 these measures and make changes as necessary to
25

3 ensure everyone living or working in the jails are
4 being safe.

5 Thankfully, the curve remains flat in New York
6 City and in the jails and we are preparing to begin
7 reopening certain services that have been paused to
8 prevent COVID spread. The Department has worked
9 closely with DOHMH, CHS, and the Law Department to
10 develop a safe plan to reinstate these services in a
11 manner that protects the spread of COVID-19.

12 In order to do so, we plan to reopen services in
13 a deliberate and staggered manner beginning with
14 those required by the Board of Standards. The first
15 service the Department will reinstate are barbershop
16 services. Taking into consideration the guidelines
17 governing these services in the community, the
18 Department will resume these services in a manner
19 that affords effective social distancing, includes
20 necessary personal protective equipment for all
21 parties involved and involves robust sanitation
22 processes and practices between each haircut.

23 To reduce movement around these facilities, the
24 Department will provide socially distance barber
25 services in each housing unit, rather than have all
individuals be transported to a centralized location.

3 Barbers will perform one haircut at a time, utilizing
4 appropriate sanitation practices between each cut.

5 Next, the Department will resume congregate
6 religious services for all denominations. Consistent
7 with New York States reopening guidelines, services
8 will initially be kept at ten individuals. To
9 accommodate this reduced capacity, more services will
10 be hosted daily in all facilities. All participants
11 will be required to wear masks and will be asked to
12 bring their own religious text to reduce sharing.
13 Appropriate sanitation will be performed in between
14 services.

15 Finally, the Department will look to reinstate
16 in-person family visits. As we prepare, the
17 Department is considering cautions like
18 preregistration, reduction of visit floor capacity to
19 ensure social distancing and screening. Tele visits
20 will continue to be available as in-person visitation
21 resumes. As these plans develop and services are
22 reinstated, we will continue to communicate closely
23 with our partners in health and labor to assure that
24 we are returning these services in a manner that
25 takes into account the health, safety, security, and

3 wellbeing of those who are in our custody and who
4 work in our facilities.

5 While the Department is optimistic about its
6 reopening plans and the continuation of its
7 successful mitigation efforts, we are prepared to
8 address second wave if it arrives. This preparation
9 includes continuing our close collaboration and
10 relationship with CHS to monitor COVID-19 cases in
11 the facilities. Securing enough supplies to be ready
12 for a resurgence and reinforcing the COVID-19
13 specific policies and practices through additional
14 training, posters, and teletext. Additionally, the
15 Department has no plans to halt or interrupt the
16 practices that have been successful for mitigation.
17 Such as enhanced sanitation, new admission work flow
18 and tiered housing structure.

19 We will continue efforts that have been
20 beneficial to the wellbeing of individuals in custody
21 such as tele visits, hotlines, social service
22 requests and attorney video conferences.

23 We recognize that jails as a closed congregate
24 setting are especially vulnerable during this time
25 and we will continue to build upon the lessons we
learn this spring to keep everyone safe.

3 Throughout this unprecedented crisis and its many
4 challenges, the Department has and will remain
5 committed to protecting all those living and working
6 within our facility stay. We will continue to
7 collaborate with our partners to develop creative
8 practices and policies to effectively manage this
9 public health emergency and we will come out stronger
10 and bolder as a result.

11 I thank the Council for their continued support
12 during this time. I am happy to answer questions
13 that you have at this point.

14 COMMITTEE COUNSEL: Thank you for your testimony.
15 I will now turn it over to questions from Chair
16 Rivera followed by Chair Powers. Panelists, please
17 stay unmuted if possible during the question and
18 answer period. Thank you. Chair Rivera, please
19 begin.

20 CHAIRPERSON RIVERA: Thank you so much for your
21 testimony and for your time today. We really
22 appreciate the leadership team that you brought with
23 your organizations. I just want to hear about your
24 plan for a second wave. What data metrics are being
25 studied to monitor facilities for the possibility of
a second wave and for whatever plan that you do have,

1
2 whether you would be willing to share that plan with
3 the Council in writing and with the public.

4 CYNTHIA BRANN: Who are you directing that
5 question to me or Patsy Yang?

6 CHAIRPERSON RIVERA: It should be for both of
7 you. I figure you are working collaboratively in
8 case of a second wave because of the impacts on both
9 CHS and DOC staff but we can start with CHS.

10 PATSY YANG: Yeah, it's Patsy Yang, thanks
11 Commissioner. As noted, we are focusing our efforts
12 on people who are newly admitted to the system from
13 the community.

14 The testing that we are doing, the quarantining
15 that we are doing is meant to minimize or prevent as
16 much as possible the introduction of the virus back
17 into the jails and certainly the spread of it within
18 the jail. We've monitor this daily. We are looking
19 at our testing and the testing results and stay in
20 touch with DOC in case we start seeing things going
21 the other way.

22 CHAIRPERSON RIVERA: Would you be willing to
23 share your preparation, your plan and what you would
24 do in case of a second wave with the public and with
25 the Council, specifically if you plan to open like

3 another facility like EMTC just in case, details like
4 that.

5 PATSY YANG: If I hand it over to the
6 Commissioner. We still have our communicable disease
7 unit. You know the west facility that remains
8 available for quarantine, isolation as needed. We
9 can easily stand up with DOC, the specialized
10 housing. We have done that in the past where we
11 needed to, when we needed to isolate any new
12 admissions with testing positive and everybody else
13 was with them.

14 We did not take down or dismantle EMTC for
15 example. Both CHS and certainly DOC have – we took
16 some high valued stuff like medications away but
17 that's easily brought back in. The infrastructure is
18 still there.

19 CHAIRPERSON RIVERA: Commissioner, do you have
20 anything to add?

21 CYNTHIA BRANN: Yes, I would just say that we
22 have not dismantled any of our practices. Our
23 enhanced sanitation, our housing strategies. We test
24 staff every single day and anyone who is not well is
25 sent home. We continue that. We testified at the
Board of Correction last week and to provide public

3 information not only at the Board of Correction
4 meetings but also we are posting all of that
5 information on our website and if I could just point
6 to an external objective opinion. There is a letter
7 that was submitted to the federal court, to the judge
8 which the monitor states that DOC was managing the
9 pandemic very well and in fact, the Departments
10 efforts to address these challenges under
11 extraordinary and incredibly stressful conditions
12 must be acknowledged.

13 So, I would say that what we have put in place
14 and continues to this day is how we would deal with a
15 potential second wave. We are constantly looking for
16 red flags and would respond appropriately.

17 CHAIRPERSON RIVERA: Thank you. Local Law 59
18 requires CHS to report the number of individuals
19 tested for infection but many of the results are
20 listed as pending. Why is that? You have the
21 ultimate result of those tests.

22 PATSY YANG: Yes, as mentioned earlier or in my
23 testimony, we recognize that we like the rest of the
24 city, like the rest of this country have experienced
25 variable turnaround times on test results. That's
hardly a function of how many tests are being done

3 nationwide. Again, as of this morning at 8 a.m., we
4 moved over from our commercial vendor to the new city
5 lab, which was constructed and built specifically for
6 New York City. We expect that we will get turn
7 around times that are much more timely and then we
8 can, you know, we like everybody else, don't want
9 test pending. We want to know what those results
10 are.

11 CHAIRPERSON RIVERA: And if there are variable
12 times, that should be built into the reporting.
13 We're just looking for some data and some answers, so
14 that way we are just better informed to support you
15 and the needs of your agencies.

16 You mentioned the communicable disease unit and
17 if CDU is at capacity - well, what's the current
18 capacity of CDU? How many beds?

19 PATSY YANG: It's 98 five unit.

20 CHAIRPERSON RIVERA: What's the current census of
21 CDU?

22 PATSY YANG: 38 or 36 this morning.

23 CHAIRPERSON RIVERA: Sorry, did you say 38?

24 PATSY YANG: 36 this morning.

25 CHAIRPERSON RIVERA: Okay, thank you. If CDU is
at capacity in the future due to a rise in case or

3 refusals requiring quarantine, where will you house
4 people who are quarantined after refusing a COVID
5 test at intake?

6 BRENDA COOKE: This is Brenda Cooke, the Chief of
7 Staff at Department of Correction. As the
8 Commissioner testified and as Patsy Yang also
9 testified, we had activated and reopened the EMTC
10 jail when we saw a surge and a need for additional
11 capacity back in March. We no longer needed that
12 space as of late June, so we are not using that jail
13 but we have the capacity and as was discussed to
14 reopen that facility if we need additional space on a
15 moments notice.

16 CHAIRPERSON RIVERA: I want to ask about just
17 testing and tracing. You give us some numbers on who
18 has tested positive, who hasn't. You are very, very
19 low, actually zero was the number that you gave. I
20 think it was no deaths since April, 12 new staff
21 cases only with the Department of corrections and
22 your last confirmed case, you said was May 19th. But
23 can you let us talk a little bit about how you are
24 going about daily testing exactly for those that are
25 refusing testing, for those that have to quarantine,
where are they housed and on average, what is

3 capacity like in that regard, in terms of screening
4 every patient and then I want to talk a little bit
5 about the people that you have recommended for
6 release. But if you could just talk a little bit
7 about testing and then how you are working with H&H,
8 well, with DOC and CHS for your plan for contact
9 tracing.

10 ROSS MACDONALD: Sure. So, our testing strategy
11 as Patsy mentioned is asymptomatic. Universal
12 testing for all new admissions. We continue to have
13 an extremely low threshold for symptomatic testing as
14 well and we use various types of population
15 surveillance to look at indicators of symptoms that
16 might be associated with COVID-19. So, one of the
17 most important tools is lifting of all fevers that
18 come out of the system. So, any fever is examined
19 very carefully and unless there is a very clear
20 explanation for that fever, that person will be
21 isolated and tested.

22 So, there is a great deal of testing that's going
23 on for symptoms and if patients have any concerns,
24 then they will be offered those tests. Those tests
25 as we've discussed have been negative for quite some
time. So, all of the tests that we're performing on

3 a symptomatic basis for many months now are
4 completely negative which was another important and
5 good sign and this helps us say with confidence that
6 there is not transmission ongoing within the jails.

7 As far as contact tracing, you know Correctional
8 Health Services has a long history of contact tracing
9 and it is part of the expertise of our clinical
10 staff. We have performed contact tracing beyond what
11 a normal healthcare delivery system would do for many
12 years because it's really part of correctional
13 health.

14 So, we do contact tracing for tuberculosis for
15 example or for varicella and we would incorporate the
16 principles from those types of broad experience for
17 contact tracing those types of illnesses along with
18 the understanding and the latest guidance from the
19 public health community about COVID specifically.

20 So, essentially we would have a similar process to
21 what happens in the community except that we take a
22 little bit of a broader scope and have some
23 precautions that are broader than what you might see
24 because of the congregate settings.

25 CHAIRPERSON RIVERA: So, what are the best
practices around contact tracing if a person is

3 suspected of having COVID? If you recommend
4 notification, testing for all the staff that work
5 with that person, the people in custody housed in
6 that area, people in custody who have worked on work
7 details who have been in contact with the persons
8 housing unit?

9 ROSS MACDONALD: So, it depends on all of the
10 factors on the nature of the exposure, the duration
11 of the exposure, the proximity of individuals to that
12 person during the contagious phase. So, we would
13 take all those things into consideration in
14 performing contact tracing. In addition, we make a
15 broad assumption that anyone housed with the person
16 could be a potential exposure. In which again, you
17 know, broader than the recommendations because many
18 people who are housed with a person wouldn't have met
19 the strict criteria for exposure because they may not
20 have been in close proximity to that person even if
21 they lived in the same house.

22 So, it's a combination of the same types of
23 strategies that one would use in the community along
24 with a broader definition of potential exposure.

25 CHAIRPERSON RIVERA: And so, for those who have
refused testing, you mandate that they quarantine,

3 they are in isolation. Can you just give a few more
4 details on that? Because we just received some
5 concerns from some of the advocates on what happens
6 when someone refuses a test. What are those actual
7 numbers? I don't think we've heard them yet and just
8 making sure that social distancing is something that
9 is commonly practiced.

10 ROSS MACDONALD: Sure, so refusal of testing
11 would result in isolation housing and that goes for
12 contact investigations or for new admission testing.
13 So, you know, that CD capacity is there for that
14 purpose at this time. and we would expand it as
15 needed if that became necessary.

16 Initially, we have higher rates of refusal with
17 our new admission testing process but more recently
18 those have come down such that refusal is really not
19 a major issue.

20 CHAIRPERSON RIVERA: I want to ask about releases
21 and then turn it over to Chair Powers. Specifically,
22 for CHS, how many people have you recommended release
23 letters for medical purposes? You mentioned 1,559
24 requests for compassionate release that you said, I
25 believe to the District Attorney but if you can talk
a little bit about that and DOC, how many of

1 individuals have been released based on CHS's
2 recommendation.

3
4 PATSY YANG: Yeah, so, the 1,559 is a cumulative
5 number from March 13th through September 6th and we
6 continue our efforts. As I noted, our Compassionate
7 Release program proceeded the appearance of COVID and
8 continues through to this day.

9 CHAIRPERSON RIVERA: And Commissioner, do you
10 know how many of those individuals have been released
11 based on CHS's recommendation? Are you still
12 releasing people in custody through the six day
13 release program?

14 CYNTHIA BRANN: So, in collaboration with our
15 partners at CHS, under my authority under the 6 day
16 program, 296 people were released. We have 31 left
17 on that program and we do a risk assessment on every
18 individual who receives a city sentence and we look
19 at their history and whether or not they could be
20 better served in the community or in custody with us.

21 Until those conversations are held in concert
22 with DHS -

23 CHAIRPERSON RIVERA: The 296 is since March 13th,
24 how many have been released in the last two months?

3 CYNTHIA BRANN: I don't have that number for you
4 within the last eight weeks, but I will get that for
5 you.

6 CHAIRPERSON RIVERA: Okay, because I'm just you
7 know a little concerned that there were 1,559 in the
8 number that we're discussing in this moment is 296
9 and I can see an amazing potential there for a much
10 larger number based on CHS recommendations. So, if
11 you can give me just the numbers for the last two
12 months and then I guess Commissioner, any plan to
13 release more people in custody if there is a second
14 wave?

15 CYNTHIA BRANN: So, I'm concerned about your
16 large number of over 1,000. The Department doesn't
17 have the authority to release anyone who is put here
18 by the court under bail conditions or by detainer.
19 We only have the authority to release someone who has
20 already been sentenced.

21 So, out of the people who have been sentenced,
22 296 were released to appropriate to be released.

23 We only have 104 individuals currently in custody
24 who have a city sentence and we look at each
25 individual and determine whether or not they are
appropriate to be released under the six day program.

3 CHAIRPERSON RIVERA: Understood and we know that
4 you are also though working with a number of people
5 on different levels of government in order to
6 hopefully do the right thing and continue what we saw
7 was possible, which was releasing individuals that
8 don't necessarily have to be in custody.

9 So, I guess with that, I want to just -

10 PATSY YANG: It's Patsy, I just wanted to clarify
11 again that the 1,559 number that I am referencing are
12 individuals whose clinical conditions were such that
13 CHS identified them as being highly vulnerable to a
14 severe course of disease and we initiated those
15 attempts to provide prosecution and defense with the
16 information that would help support their release
17 from jail. That's different from other programs and
18 other pathways for people to be released including
19 what the Commissioner just described.

20 CHAIRPERSON RIVERA: If I could just ask you then
21 a question about aid. If you could specify the
22 extent to which any COVID-19 related federal aid
23 received by H&H has been allocated for or directed to
24 CHS. And if applicable, how are those resources
25 being utilized to facilitate adequate protection for
CHS staff and incarcerated individuals?

3 PATSY YANG: CHS has not received directly any
4 federal aid related to COVID. However, being part of
5 the nations largest municipal healthcare system, has
6 given us additional muscle to leverage to ensure that
7 we have the appropriate and adequate supplies
8 including PPE, medications, and you know, as we just
9 described this morning going to a laboratory that
10 Health & Hospitals would key in in establishing
11 specifically for the City of New York.

12 CHAIRPERSON RIVERA: Understood. I am going to
13 turn it over to Chair Powers and I know we have at
14 least one or two of our colleagues who have questions
15 as well and then we could always return and continue
16 the discussion. Thank you so much. Chair Powers?

17 CHAIRPERSON POWERS: Thank you. I'm just going
18 to follow up on the last round of questions just on
19 the releases for a second and I want to appreciate
20 the data. I just want to clarify, 1,559 was the
21 recommended release number based on CHS's
22 recommendation. Is that correct? That was CHS
23 recommendations?

24 PATSY YANG: Yes.

25 CHAIRPERSON POWERS: Okay and how many people
were released based on the various different

3 opportunities to release, whether it is a 6 day
4 program, DA's, the Governor, or the Mayor. Like,
5 what was the total number of releases?

6 HAZEL JENNINGS: So, good morning, this is Chief
7 Jennings. So, between January and August 20th, we
8 released 11,678 persons. 1,940 were warrant lists,
9 2,721 were released for bail and then we had 2,231
10 persons released from their own apartments.

11 CHAIRPERSON POWERS: Alright, but some of those
12 are standard not COVID related.

13 HAZEL JENNINGS: Right.

14 CHAIRPERSON POWERS: Do we have a number of how
15 many would have been related to COVID?

16 TIMOTHY FARRELL: So, yes, this is Timothy
17 Farrell. During the height of the epidemic beginning
18 in March, we worked with the state docs and there
19 were 1,251 parole violators that those warrants were
20 lifted and those individuals were released and that's
21 during a period between March and the end of May.

22 In addition to that, there were 411 individuals
23 released due to court ordered risks after the cases
24 were reviewed and then there were the 296 individuals
25 released under the 6 day program but were city
sentenced.

3 So, those were directly related to the COVID
4 epidemic during that height between March and May.

5 CHAIRPERSON POWERS: Okay so about 1,900 or
6 something like that by my quick math. Okay and we
7 had passed a piece of legislation, I think it was in
8 May that allowed for the city to establish under
9 state law, the state allowed it, we established it, a
10 local commission to be able to evaluate releases
11 which is particularly helpful I think if there is a
12 second wave or a surge.

13 Has anybody been appointed to that commission
14 today?

15 BRENDA COOKE: This is Brenda Cooke. Chair
16 Powers, I understand that to be under the authority
17 of Department of Probation. So, we don't have
18 information on that.

19 CHAIRPERSON POWERS: Okay, are you aware of any
20 appointments to that? Let me ask you that way.

21 BRENDA COOKE: I'm not aware, no.

22 CHAIRPERSON POWERS: Okay.

23 BRENDA COOKE: No one here in this room is aware.

24 CHAIRPERSON POWERS: Okay and - okay, just a
25 surge that could happen in the next few months
particularly as the weather lowers and the

3 temperature lowers here, can you talk about what
4 policies you will put in. Like, what other policy
5 could you be doing differently if there is a surge in
6 the next few months and we start to see numbers tick
7 up, different than what you are doing today inside
8 the jails?

9 CYNTHIA BRANN: So, I don't believe that what we
10 have in place right now is anything that we would
11 change. We may enhance our process but as you've
12 seen with the low numbers and our flattened curve,
13 what we have put in place and with the partnership
14 with CHS, we have been successful. We continuously
15 review our practices. We have conversations with
16 correctional agencies around the country to learn
17 practices that they are using that help mitigate the
18 spread and we are always open to enhancing our
19 practices to make sure that we are doing the best
20 possible job at keeping everybody healthy and safe.

21 CHAIRPERSON POWERS: Okay, but I assume like as
22 Rivera had mentioned, like, you would probably open
23 the MTC or you would probably do something else here
24 to help deal with housing inside the city jails. I
25 mean, there is an enhanced strategy here, so I'm just
trying to wonder what is included in that. I have to

3 imagine utilizing space that's not being utilized
4 right now as part of that. So, are there other items
5 that you might see as being part of the strategy or
6 was part of the strategy that you are not utilizing
7 now that would be part of a surge or second wave
8 strategy?

9 CYNTHIA BRANN: You are correct, we would reopen
10 EMTC if we saw a surge in cases because that was
11 highly effective with keeping the same staff in that
12 facility, keeping everybody in quarantine units,
13 there was no cross contamination and it was extremely
14 effective. And so, that would be one of our first
15 operational practices that would go into effect.

16 CHAIRPERSON POWERS: Okay, and what triggers
17 that? What numbers are you looking at where you see
18 a surge or a change in the amount of cases per day?
19 Like, what is the - if you see one or two cases, you
20 are not rushing to open up yet. Maybe you are, maybe
21 you should be but what is the trigger here when you
22 are looking at. This is both CHS and DOC, when is
23 that decision made to start doing enhanced protocols
24 for opening up the MTC, what is the numbers that you
25 are looking at to make that decision?

1
2 BRENDA COOKE: Sure, so this is Brenda Cooke
3 again. So, the bed space at CDU is 98 and so,
4 obviously that is something that the capacity and
5 nearing capacity there would obviously be an
6 indication but even before you know, that
7 determination, we work in close partnership every
8 single day with respects to housing decisions for
9 those who either require placement in CDU is at the
10 direction of our partners in Correctional Health.
11 And so, they are advising us every single day with
12 respect to the bed needs there. They are also
13 advising us every single day with respect to housing
14 designations that were used robustly during the
15 height of our pandemic in our [inaudible 1:01:29] but
16 are now nonexistent or they might have one house in
17 an asymptomatic exposed status, which is what Dr.
18 MacDonald referred to earlier, which is the very
19 overly broad assumption in ones who had contact with
20 the person who tested positive in our custody. Their
21 health in which they live, gets an asymptomatic
22 exposed designation and that is again directed to the
23 Department of Correction in partnership by CHS and
24 then when that house is finished with their
25 asymptomatic exposed period is often determined by

1
2 CHS. And so, it's a close partnership back and forth
3 with respect to both housing decisions, the beds
4 needed at CDU, the anticipated additional surge
5 capacity that maybe needed and so, it will be and
6 will continue to be an ongoing conversation which our
7 partners at CHS who have done a remarkable job and
8 have taken the reins in many respects with respect to
9 housing decisions that is certainly unaccustomed to a
10 correction setting but with the trust of the
11 Department of Correction and our partnership, we have
12 full faith that we have been successful and we will
13 continue to be successful.

14 PATSY YANG: It's Patsy Yang, I just wanted to
15 give you an example, which is we do work on a daily
16 basis constantly with DOC and as I noted earlier, we
17 have had no in jail transmissions since May 19th and
18 we have no active cases in the jails. Where we have
19 found positive results for a new admissions. The
20 fact that we have been able to move quickly, identify
21 people who are newly admitted to the system and keep
22 the virus from spreading within the jails is a
23 testament to what our three you know, basic
24 strategies have been, which is decarceration and
25

3 containment which includes testing in housing and
4 maintenance of healthcare access.

5 As an example of the housing, the nimbleness with
6 which we and rapidity with which we need to act in
7 concert with DOC where we have had new admissions in
8 a cohorted quarantine setting come back positive.
9 That house has been turned into an asymptomatic
10 exposed house. Where DOC and we make sure that the
11 people who have cohorted there, stay cohorted and
12 that movement is limited until either somebody,
13 everybody else who was with that person could turn
14 out to be positive. Turns out either to be negative
15 or ones through the 14 days of quarantine.

16 That has been a key strategy and the minute that
17 has been done, that house goes back to being a
18 regular house, not a designated asymptomatic exposed.
19 So, it's a constant and continual process.

20 CHAIRPERSON POWERS: I appreciate it. Thank you
21 for that. The MDC is still being used as new
22 facility or has that changed?

23 BRENDA COOKE: No, that's correct. MDC and AMKC
24 and Rosie's for females are in remission locations.

25 CHAIRPERSON POWERS: How many tests are you doing
per day at this point?

3 PATSY YANG: It's running you know, the
4 admissions. I think the admissions at DOC is about
5 40 or 50 and we're offering it universally to
6 everybody who comes in new.

7 CHAIRPERSON POWERS: So, any new admission is
8 getting tested. There is obviously some refusals.
9 If you are inside, if you are not a new admission,
10 you are not getting tested ever?

11 ROSS MACDONALD: No that's not true. So, we're
12 still testing at a very low threshold for any kind of
13 symptoms that might be consistent with COVID-19 and
14 doing surveillance as I mentioned for things like
15 fevers.

16 CHAIRPERSON POWERS: Okay, okay, and how is staff
17 being? Testing is available for staff? What happens
18 when they walk in the door? Are they getting tested?
19 When I was there, I think they had a symptoms check.
20 Is that happening? Can you tell us what the
21 protocols for staff and also the accessibility,
22 availability for testing for that?

23 CYNTHIA BRANN: So, we have screened close to
24 750,000 individual testing, excuse me, screening
25 since March 25th. So, we test or we screen by taking
temperatures. Everyone has to fill out a

3 questionnaire, myself included and we do that about
4 4,368 times per day. Out of all of those testing's
5 only 274 staff since March 25th were not cleared to
6 enter a facility. All of our staff members if they
7 are feeling ill, they have a fever, if they have any
8 signs or symptoms of COVID, they have to stay home,
9 not come to work. Call HMD for directions and free
10 testing is available to all of our staff and they are
11 not allowed to return to work until they have an all
12 clear from their physician.

13 CHAIRPERSON POWERS: And who tests them? They go
14 to CHS to test or they do it off site?

15 CYNTHIA BRANN: No, they do it off site.

16 CHAIRPERSON POWERS: It's like a Northwell
17 partnership, is that still happening?

18 CYNTHIA BRANN: That is correct, yes.

19 CHAIRPERSON POWERS: Okay, so they have sites for
20 at the city and I think the region where they go to
21 get staff to get tested.

22 Okay but when a staff member or an officer or a
23 staff member walks in the door, getting symptoms
24 checked and there are getting their temperature
25 taken?

CYNTHIA BRANN: Correct.

3 CHAIRPERSON POWERS: Okay, I was there, I just
4 want to be clear. I did see the symptoms being
5 checked. I am not saying I didn't see somebody walk
6 in and not get a temperature taken. I didn't see a
7 place where the temperature might be taken.

8 CYNTHIA BRANN: We have info red cameras, you
9 probably don't see it as you walk through it but if
10 you register a temperature over 100.4, you are
11 stopped right there.

12 CHAIRPERSON POWERS: Okay and it's mandated for a
13 staff member?

14 CYNTHIA BRANN: Correct.

15 CHAIRPERSON POWERS: Okay. I just want to talk
16 about visitation policies. When do you envision that
17 in person visitation will resume and what will be the
18 guidelines that will determine that?

19 BRENDA COOKE: So, at this time, in-person
20 visitation will resume when we have the direction
21 about the guidelines to do so. We've been working in
22 close partnership with DOHMH and CHS and our neighbor
23 organizations and the city's administration to make
24 those determinations. In particular, the thresholds
25 with respect to the infection are the last remaining
items to be finalized. Whether or not that is both

1 the infection rate within our jails has been
2 mentioned here today and stands at a zero percent but
3 also a community infection threshold, a dual
4 threshold much like what we are seeing has been the
5 threshold for reopening of schools.
6

7 And so, we are working to identify the capacity
8 obviously of our visit floors. Those will be reduced
9 in order to maintain health and safety. We have
10 identified an approach to visit preregistration as an
11 available possibility which has not been used
12 previously for in-person visits but we have been
13 using that to schedule the video visits throughout
14 the pandemic. So, there will be an opportunity to
15 both anticipate and manage the flow of incoming
16 visitors.

17 There obviously will also be visit screening to
18 help screening as you were just describing that
19 applies for staff. We had commenced that at the
20 beginning of the pandemic before in-person visits had
21 stopped. We had been doing that same health
22 screening with temperature taking and inquiries of
23 symptoms. And so, we will resume that with respect
24 to visitors for in-person visits. Obviously, also
25 then sanitation of the space between the visits from

3 you know, one visit group to another will be critical
4 and so, those enhanced sanitation protocols are being
5 identified and finalized.

6 Also, partnership with our labor; the staff who
7 are working in those areas to make sure that we have
8 communicated both with respect to the physical
9 conditions in those spaces plus in hand sanitation
10 and the health screening, so that we make sure that
11 we are all moving forward with confidence with
12 respect to the procedures and the metrics and the
13 safety that we will ensure in order to reopen those
14 services.

15 CHAIRPERSON POWERS: Okay, and do you have a
16 general timeline when you think that might happen?

17 BRENDA COOKE: We are waiting for like I
18 mentioned the last pieces of information and
19 direction from the health authorities. And so, it is
20 unknown to me but it is the last piece of many, many,
21 now months of conversation. We've been preparing for
22 this even before we were ready to return to it
23 because we recognize the value and its importance.

24 I would add that you know we have had nearly
25 19,000 family video visits take place between mid-
March and last week and those video visits as the

3 Commissioner mentioned in her testimony, we don't
4 intend to end those. Those were something that we
5 newly stood up in significant capacity in a matter of
6 days. We see great value and people who have family
7 who are out of state for the first time have been
8 able to visit via video with people in custody and
9 that is an invaluable opportunity of connection and
10 for those both locally who might be vulnerable and
11 feel more comfortable visiting that way or who are
12 not local.

13 So, we will continue to support that robustly
14 regardless of the return in-person visits.

15 CHAIRPERSON POWERS: Okay, thank you. Just want
16 to talk attorney visit for a second and I'm just you
17 know, share some things public defenders have raised
18 concerned about being unable, inappropriately
19 accommodated for video conferences. For example,
20 video conferences scheduled for attorney's to speak
21 to their clients being cancelled the morning of.
22 There is often a seven day waiting period to speak to
23 clients and attorney's have been told they have a 30-
24 minute slot, if they go over this time, they lose
25 their privilege. Which 30-minutes seems to me, not

3 like enough time to be able to all the work they need
4 to do.

5 As I understand it, these issues have been raised
6 as early as April. Can you tell us what you are
7 doing to address those issues that have been raised
8 to you or what has been done or what is planned to be
9 done to address those concerns or those comments.

10 HAZEL JENNINGS: Yeah, so this is Chief Jennings.
11 I want to say that we have expanded our SKYPE
12 capacity where we now have approximately 65 units to
13 do so. One of the things where it became a problem
14 is that we are available from 8 a.m. to 8 p.m.
15 however, when we talk about the 30-minute slots, we
16 have the capacity to perform 1,040 30-minute slots.
17 We also, or we could do 520 60-minute slots and this
18 is per day or 260 120-minute sessions per day.

19 And so, one of the things, the 8 to 12 a.m. is
20 the preferred time for everyone that people - so,
21 it's very challenging because everybody wants the
22 same time periods. One of the things that happened,
23 we had started doing this transition for technical
24 solutions for about three years now. And so, when
25 the SKYPE came about, we were trying to get everyone

3 to get SKYPE accounts so that we could handle more
4 things and move further prior to even COVID hitting.

5 So, what we've been doing is, as we close housing
6 areas, we're now starting to begin taking off one or
7 two cells to put one unit in the housing areas for
8 court capabilities and also one for visiting
9 capabilities. So, we're starting to do that and then
10 OCA, they no longer control what was previously
11 called the bridge so that people could go. And so,
12 we offered this SKYPE and we urged people to move
13 towards this because we have the capability for the
14 attorney's working out of secured locations of their
15 office to be able to reach their clients and some of
16 them did not take advantage of it.

17 So, we have since worked with our partners in OCA
18 and we got staff trained and so now we actually
19 manage all of the SKYPE capabilities to a different
20 agency.

21 CYNTHIA BRANN: I would also like to add that
22 attorney's are able to come to an in-person visit as
23 well with their clients.

24 CHAIRPERSON POWERS: Yeah, but I mean I
25 understand why some would be hesitant to do that
based on you know, continuing pandemic but I think

3 that - are you still hearing, have you been hearing
4 ongoing concerns even with expanded capacity and
5 Chief, I should mention, I think we did talk about
6 this when I was there and you showed me I think some
7 of the repurposed space, so this is familiar to me.
8 But are you still hearing concerns or issues raised
9 around the 30-minutes and whether there is more time
10 -

11 HAZEL JENNINGS: It has been abated and I think
12 it had a lot to do with the OCA timeframe. So, they
13 no longer actually do the bridge at all. It is being
14 controlled entirely by DOC. So, we are making people
15 fully aware that if they want additional time, they
16 can they just have to register for it because the
17 time starts when the person actually gets into the
18 booth. And so, we do have my executive director of
19 CJB who has been working in close collaboration with
20 the courts and the administrative judges and the
21 public defenders as well as parole.

22 CHAIRPERSON POWERS: Okay, thank you. I'm going
23 to leave it at that because I know other folks have
24 questions as well. Thank you everybody and I said in
25 the beginning which is that I know this has been
extremely difficult months for everybody whether you

3 are a staff at DOC or CHS and we do recognize how
4 difficult it was to go in-person to work every day
5 but we do thank all of you for doing that work and
6 you know, where we stand today at zero percent is
7 great and it's great progress particularly at a time
8 where other facilities around this country are not
9 doing nearly as well and we recognize that it's both
10 the efforts of the staff and the leadership there but
11 also, I think the release is more tremendously
12 important to making sure that we didn't have these
13 congregate settings and we were able to be
14 compassionate at a time where we really needed to.
15 We will be looking for you know those similar efforts
16 if we see a surge and a second wave to talk about
17 releases, talk about ways to utilize housing
18 strategies and ensure there is you know, enough PPE
19 and things like that. But I appreciate everybody's
20 work there and for the folks that are not here today
21 that were doing the work on the frontlines, we are
22 deeply appreciative of all your work.

23 So, thank you and I will hand it back over to
24 Chair Rivera.
25

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2 COMMITTEE ON HOSPITALS 68

3 CHAIRPERSON RIVERA: Thank you so much. I want
4 to get to our Council Member colleagues questions. I
5 think we have Council Member Holden.

6 COUNCIL MEMBER HOLDEN: Thank you. Thank you
7 Chairs.

8 SERGEANT AT ARMS: Starting time.

9 COUNCIL MEMBER HOLDEN: Thank you all for your
10 testimony and thank you Chairs for organizing this
11 hearing. We heard from Correction Health,
12 Correctional Health Services, and the Department of
13 Corrections about the you know, the outstanding job
14 that was done in our jails but let's talk about
15 lessons learned.

16 I guess there were the total detainees in our
17 jails that contracted COVID-19 was about 400, is that
18 correct? Anybody?

19 PATSY YANG: 576 to date.

20 COUNCIL MEMBER HOLDEN: 576 and Correction
21 Officers that contracted COVID was?

22 BRENDA COOKE: The total number of department
23 staff is 1,430, there have been 110 nonuniform and
24 the balance 1300 youth.

25 COUNCIL MEMBER HOLDEN: So, how do you explain so
many more correction officers contracted the COVID-

3 19? They are in the same space right? I mean, and
4 do we have any lessons learned there? Why so many
5 correction officers contracted the COVID-19?

6 CYNTHIA BRANN: So, Council Member Holden, thank
7 you for your question. Our correction officers go
8 home after their tours and so, they are out in the
9 community and we don't know the origin of their
10 contracting the disease but they are out in the
11 community after their shift is over and on their past
12 days.

13 So, their exposure is much greater because they
14 have freedom of movement and I would not want to
15 venture a guess as to why there were so many who
16 contracted the disease.

17 COUNCIL MEMBER HOLDEN: So, let's talk about
18 lessons learned from that. That we know that when
19 they go home, we knew that when the pandemic hit that
20 you can catch it by various ways. We knew that I
21 mean kind of early on that masks were involved here
22 were important. We were told two different things.

23 But it took a while, I mean I think there was an
24 August, sorry April 18th memo from the Chief of
25 Department about requiring PPE's for the staff. Why
did it take so long?

3 HAZEL JENNINGS: So, from the first case of
4 COVID, first positive case, which occurred in GRBC,
5 have a person in custody, we have begun giving out
6 masks at that first case. And so, there were tons of
7 teletypes that were put out. Thousands of posters
8 that we did. We've actually walked Commissioner
9 Feeney and myself and my Borough Chief of Facility
10 Operations to go out to talk to people, to educate
11 people. We had the management staff and the
12 facilities talking about it. And so, I just want to
13 speak to the fact that yes, there was a lawsuit that
14 came out to talk about our failure to provide
15 personal protection equipment however, that was not
16 true. I had given out well over 60,000 pieces of
17 personal protection equipment. This is about our
18 fourth or fifth pandemic. There were things that we
19 purchased and began purchasing during the first
20 pandemic that we had. Of this year, the new thing
21 that we began purchasing were the surgical masks.

22 We had previously had a supply of the N95 masks.
23 We have never ran out of personal protection
24 equipment. I thank the fact that we were able to get
25 donations from different organizations, ones that
were made, sort of like the ones I have on, which we

3 gave out to people in custody and staff. We've
4 received donations from -

5 COUNCIL MEMBER HOLDEN: Yeah, could I just
6 interrupt? My time is running out, I just want to
7 get a few more questions in, I'm sorry.

8 Didn't the correction officers have to sue for
9 free testing? Because that seems to be if a lot of
10 officers are getting or contracting the disease, you
11 know the COVID-19, then testing should have been done
12 in a rigorous way early on. And one of the
13 questions, because - what notification did DOC give
14 to staff who replace posts where a correction officer
15 would test positive?

16 SERGEANT AT ARMS: Time expired.

17 COUNCIL MEMBER HOLDEN: Were they given any -
18 what kind of notification did DOC give?

19 HAZEL JENNINGS: So, any time that there is a
20 person that's tested positive, our health management
21 division in collaboration with our environmental
22 health unit makes notification to the individuals
23 there that someone has tested positive. The housing
24 area becomes asymptomatic and the person could
25 actually go for testing. So, we did partner with
Northwell Hospital, however, at any of the urgent

3 cares, we all have health coverage, we could go to an
4 urgent care to get tested as well as I did.

5 COUNCIL MEMBER HOLDEN: I just have one more,
6 Chairs, can I get one more question in quickly?

7 CHAIRPERSON RIVERA: No problem.

8 CHAIRPERSON POWERS: Yeah.

9 COUNCIL MEMBER HOLDEN: This is for Correctional
10 Health Services. You mentioned the incarceration and
11 we had the numbers of how many were released. Does
12 any consideration come into play here in releasing
13 detainees into the public. Like, if they have a safe
14 place to stay. In other words, I was really
15 concerned about detainees being released into the
16 shelter system, the congregate shelters with their
17 dormitory style rooms. So, they were going from one
18 location which was a hazard to an even more hazardous
19 situation if they were going into the shelters. Do
20 you take that into consideration?

21 PATSY YANG: Hi, it's Patsy Yang. Yes, we, I
22 mentioned this before, that for people who are being
23 discharged from jails, DOC would bring them for
24 screening by CHS. We would screen for COVID like
25 symptoms and/or if we knew somebody with a confirmed
case, was a confirmed positive case, but who is

3 getting released anyway. We educate them and talk to
4 them about how to self-monitor, how to take care of
5 themselves. We ask specifically if they have a place
6 where they can self-isolate and if they don't, we
7 worked with the city, with DHS, and MOCJ to get them
8 a place, a room where they could stay until they are
9 better.

10 COUNCIL MEMBER HOLDEN: So, let's say they had no
11 symptoms. Were they released? So, they are going
12 from let's say Riker's, would they be released if
13 they had no symptoms into a shelter system, a
14 congregate shelter?

15 PATSY YANG: CHS's role here has been about
16 people who have symptoms or positive. I am afraid I
17 can't speak to people who are asymptomatic.

18 COUNCIL MEMBER HOLDEN: No, but you said people
19 who are at risk, let's say. You were releasing
20 people who are at risk and they didn't have COVID.

21 PATSY YANG: But they didn't have symptoms.

22 COUNCIL MEMBER HOLDEN: But they were
23 compromised. Their health was compromised. So, were
24 they released into the shelter system?

25 PATSY YANG: The people who CHS was concerned
about and advocated for and connected to a hotel

1 room. If they had no place to live or people who had
2 health issues, COVID related health issues.

3
4 COUNCIL MEMBER HOLDEN: They went to hotel rooms,
5 not into congregate shelters?

6 PATSY YANG: Yes, correct.

7 COUNCIL MEMBER HOLDEN: Okay, that was my
8 question. Thank you.

9 CHAIRPERSON RIVERA: Thank you, thank you Council
10 Member Holden. I want to recognize that we have been
11 joined by Council Members Moya and Council Member
12 Eugene.

13 Just to follow up on Council Member Holden's
14 questions on testing. Aside from those who are
15 symptomatic and upon entry, who else is tested? I'm
16 just trying to fully understand, can someone in
17 custody request a test? Are there requirements? Is
18 it based on symptoms? Is it readily available like
19 it is to us in the community?

20 ROSS MACDONALD: Yeah, so as you know we have
21 also stood up a sick call triage lines and we have
22 clinics that operate in each facility on a daily
23 basis. So, patients can come to request testing.
24 There is a challenge in a correctional setting that
25 testing comes along with isolation. So, that's you

3 know, does require that while the pendency of that
4 test, that somebody is separated in some way, so, but
5 yes, it can be based on request.

6 Right now, we know that because of the
7 asymptomatic testing on intake that we have and as
8 we've described, the very stable situation in the
9 housed jail population. So, people who have been
10 there stably and are not in a new admission area, we
11 know that the risk is very low for those folks.

12 So, they may not choose to be isolated to get a
13 test result and we wouldn't necessarily recommend it
14 in all cases but any kind of symptomatology changes
15 that situation and we are very aggressive at testing
16 in those cases.

17 Also, you know, I think as we think about a
18 potential second wave, you know, our testing
19 strategies need to be responsive to what is actually
20 happening. So, if there were a cluster in a certain
21 area, we would very aggressively expand testing in
22 that area in response to what we are seeing on the
23 ground. And the same goes for changing rates of
24 infection in our new admission testing.

25 So, we have — it's an important strategy to test
all the patients coming into the jail, but it's also

3 an indicator of how much activity there is in the
4 community and particularly specifically in our
5 population.

6 So, we're watching those things very closely and
7 what we've learned tells us that our strategies need
8 to be responsive to the local epidemiology. Like,
9 what's happening in real time in the jails.

10 CHAIRPERSON RIVERA: So, how long would they
11 typically wait to get that test and then once they
12 get the test, how long will they typically wait for
13 results?

14 ROSS MACDONALD: So, as Dr. Yang mentioned, the
15 turnaround time has improved dramatically. So, at
16 various times throughout the course of this, like
17 others, we've struggled with turnaround times. Right
18 now, that is not an issue, so most of the tests are
19 coming back in a day or so and that's what we would
20 tell a patient.

21 CHAIRPERSON RIVERA: So, I just want to confirm,
22 if an asymptomatic incarcerated person asks for a
23 test, it will be given to them. They will receive
24 the diagnostic. I haven't asked about antibody; I
25 just want to know about diagnostic right now. They
are going to receive that test in a day maybe. The

3 response to their request and then ultimately the
4 results will turn around in how many days, three,
5 seven?

6 ROSS MACDONALD: Generally, around one.

7 CHAIRPERSON RIVERA: They are going to get the
8 test in one day and they will receive the results in
9 about 24 hours?

10 ROSS MACDONALD: Roughly, we're seeing one to two
11 days most recently.

12 CHAIRPERSON RIVERA: Okay, and so, that was the
13 turn around town. If you put them in isolation, does
14 that ever mean that they are going into solitary and
15 what is happening with solitary confinement?

16 HAZEL JENNINGS: So, I just want to answer that.
17 When we quarantine and house and we have them in
18 isolation that they are cohorted together with other
19 persons in their housing area for 14 or more days and
20 so, that has really been our success is that we have
21 not moved people around. We've kept them together.
22 One of the things that we hear when we go out and we
23 speak to people, is they have reasons why they don't
24 want to wear the mask because that is a challenge to
25 get them to wear masks, is that they feel that they
have been living with people, the same people for

3 long periods of time and no one has gotten sick. And
4 so, that has helped us tremendously.

5 CHAIRPERSON RIVERA: Okay, I think some people
6 would disagree with that description. I understand
7 what you are saying and I realize the kind of analogy
8 that was offered to me as when I am home, as I am
9 right now. I am not wearing a mask but I do think
10 that there is a real concern considering what
11 happened especially with the spike in the population
12 you know, as recently as August and we haven't really
13 spoken, really discussed why your current Census, the
14 population right now has gone up but I just want to
15 ask two more questions about testing. And is contact
16 tracing part of discharge planning?

17 PATSY YANG: If it is indicated it is and we
18 would coordinate with DOHMH and Health & Hospitals to
19 test and trace in the community.

20 CHAIRPERSON RIVERA: Right, and so, I want to
21 just make sure you are working with H&H and the T2
22 program to make sure that contact tracing is you know
23 done particularly effectively. I know that Council
24 Member Holden asked this. You do test people who are
25 being released from custody, is that correct?

3 PATSY YANG: We don't test on discharge but we do
4 know whether they are positive or not and that's
5 where we would certainly work with the test and trace
6 program, to make sure that they are appropriately
7 self-isolated and getting selfcare and getting
8 support in the community as they need.

9 CHAIRPERSON RIVERA: Right, I know the total
10 number of people tested daily can fluctuate
11 significantly. It spiked to 7 percent of the total
12 population in August in custody. So, how do you
13 decide who will be administered a test on any given
14 day is left much to kind of the discretion of CHS
15 which is to determine whether they are symptomatic or
16 they have been exposed, is that correct?

17 ROSS MACDONALD: Well, most of our testing on
18 given day is universal testing at new admissions.

19 PATSY YANG: You will see on Local Law -

20 CHAIRPERSON RIVERA: Why don't you test -

21 PATSY YANG: Sorry.

22 CHAIRPERSON RIVERA: I was just going to ask, why
23 don't you test on discharge? I just want to know
24 what's the reason for that?

25 PATSY YANG: The reason -

CHAIRPERSON RIVERA: Only because of -

3 PATSY YANG: Sorry.

4 CHAIRPERSON RIVERA: Not bringing up you know,
5 jail turn and the idea of people being released into
6 their communities and potentially getting some very,
7 very vulnerable people sick and I know particularly
8 in my district, sometimes when people are coming
9 home, you know, they are already in apartments where
10 there are multiple generations. Where there are
11 senior citizens and we have seen such a
12 disproportionate impact in some of our low income
13 housing and you know, those are the people who are
14 caught up in this very broken system.

15 So, I'm just wondering why aren't we testing that
16 to make sure that we are keeping all our community
17 safe?

18 PATSY YANG: So, there is a couple of things and
19 then I will ask Dr. MacDonald to weigh in on this.
20 You know, testing is a moment in time. It will only
21 tell you your status at that point and time when we
22 swabbed you. The best way and the most effective way
23 is physical distancing, face covering and good hand
24 hygiene. That's what we drill into everybody at all
25 times.

3 We tell people that when they are living. We
4 tell them that when we see them in clinic all the
5 time, reinforcing everybody and everything. That's
6 really the key. Right now, we have zero active
7 cases. We have zero rate prevalence and incidents in
8 the jails. It's really the city in the community
9 that is more of a concern to us currently. Every
10 positive that we've had since May 19th has been people
11 who are coming in from the community. It has not
12 been from the jails out to the community that's been
13 the biggest worry. Dr. MacDonald?

14 ROSS MACDONALD: Yeah, I don't have anything to
15 add.

16 CHAIRPERSON RIVERA: Alright, I would just - I
17 know that we talked a little bit about those
18 individuals receiving services who have chronic
19 conditions, underlying health conditions and I think
20 a lot of that goes back to just PPE and social
21 distancing and you know, making sure that everyone
22 realizes how important it is for DOC and CHS staff to
23 wear masks when on Rikers Island and in the
24 facilities. And we saw some troubling information
25 around that but I want to just ask if you know, we
are all worried internally what can happen to the

3 people on Rikers Island and of course we are worried
4 about a second wave. You know, if there is a mask
5 compliance and PPE if we aren't testing asymptomatic
6 people or people who are being released, it is
7 certainly concerning.

8 So, that's just why I wanted to ask those
9 questions repeatedly to figure out how we can prevent
10 the tragedy we saw in the first few months. I just
11 want to thank you for answering my questions. I want
12 to see if Council Member Chair Powers, any follow up?

13 CHAIRPERSON POWERS: I just have one more
14 question here and I appreciate the second opportunity
15 here. Just generally on the releases, I think is a
16 strategy wherever you fall and where the line should
17 be drawn on them. I think it is a strategy for
18 ensuring that we don't have a second wave. That it
19 is widespread through the facilities and to keep
20 people safe and also to be, you know, just to be
21 compassionate here.

22 What was the first release this year based on
23 COVID as a factor here and when was the most recent,
24 what we are calling here I think compassionate
25 releases?

3 PATSY YANG: I don't know when the first one was,
4 I'd have to go back, that was back in the spring. I
5 mean again, we were doing compassionate release
6 before COVID and what COVID really did was accelerate
7 the success of our applications because suddenly,
8 everybody who actually makes those decisions, the
9 courts, prosecutors, and with defense, understood the
10 health risks of remaining in jails and they were able
11 to more consciously weigh the risk and benefits.

12 So, we have continued to do compassionate release
13 requests and we are about 40 a week or so. We are
14 still doing them and -

15 CHAIRPERSON POWERS: And 40 a week based on a
16 criteria that would make somebody vulnerable for
17 COVID?

18 PATSY YANG: It's not so much a COVID issue
19 anymore that we are doing these releases, it's our
20 regular compassionate release request. I would have
21 to go back and get back to you on when we first did
22 something COVID related and then the last one.

23 CHAIRPERSON POWERS: Well, I guess here is my
24 question. So, you know, you have now, we dropped
25 down I'd say about 30, just a tick below I think

3 3,900 folks. We are at 42, I think maybe the Census
4 if 42 or something like that.

5 PATSY YANG: 45.

6 CHAIRPERSON POWERS: Okay, okay. So, I was
7 taking numbers from two weeks ago. So, those numbers
8 have gone back up. Are we continuing while the
9 pandemic remains, while the second wave at large, are
10 we still looking at folks based on their age, their
11 health criteria, other factors here to potentially
12 release people to prevent the transmission of COVID
13 and particularly with the potential likelihood or
14 whatever you want to call it of this surging again?
15 And because as those numbers go up, there are new
16 folks coming in.

17 I guess the question is, are we continuing to
18 take the criteria we utilized earlier in the year and
19 make recommendations for release based on being
20 vulnerable to COVID and also trying to keep the
21 population low, so that we are minimizing the amount
22 of folks that can transmit or are exposed to the
23 virus?

24 PATSY YANG: We continue to support alternatives
25 to incarceration and to make arguments for the people
who decide, the courts and the DA's to release people

3 because of underlying medical conditions that make
4 them more vulnerable to bad outcomes in jails. COVID
5 was an accelerant but the basic risks and harms of
6 being in jail when you are frail remain.

7 CHAIRPERSON POWERS: Yeah, I understand that but
8 I'm talking more particularly COVID based on the fact
9 that we did more releases at COVID. So, just go
10 back, let me go back to the six day program for a
11 second and I think there is a risk assessment here
12 related to six day. This is for DOC; can you share
13 with us the elements that go into the risk assessment
14 for the six day program or how are those decisions
15 made?

16 JUDY BEALE: Yes, good morning, this is Judy
17 Beale. The risk assessment we are utilizing is
18 called a public safety assessment, the PSA, and that
19 scores individuals in three areas. One area is the
20 risk of reoffending. Another is their risk of
21 committing a violent crime and the other is failure
22 to appear.

23 So, we conduct those assessments on everybody who
24 is city sentenced and determine if they fall into a
25 low risk category, if they are a candidate for the
six day program.

3 CHAIRPERSON POWERS: Sorry, can you just do this
4 one more time? Failure to appear and risk to others.

5 JUDY BEALE: Propensity to commit a new violent
6 crime and new criminal conduct, failure to appear,
7 and hold on. Failure to appear, new criminal conduct
8 and new time.

9 CHAIRPERSON POWERS: Okay and obviously I would
10 be interested in seeing more on that but then how
11 does vulnerable condition or health factor into this
12 when we are talking about you know, folks who might
13 be at risk based on their age, based on their health
14 status in that particular and I'm talking about six
15 day in particular. There is no category there for
16 somebody who might be vulnerable to die because of
17 the virus and based on any condition here.

18 So, how is that - well, why is that not factored
19 in?

20 JUDY BEALE: Well, the PSA is a nationally
21 recognized tool that was in existence prior to COVID,
22 so it just didn't have that measure in it. But I
23 think that we have to weigh out somebody's health
24 concerns along with their risk to public safety.

25 CHAIRPERSON POWERS: It doesn't sound like you
are doing that. That's my recommendation and I'm

3 saying I don't think it sounds like you guys are
4 doing that.

5 CYNTHIA BRANN: So, we are doing that. We have
6 constant communication with CHS and when these folks
7 are in our jails, they are assessed by CHS in the
8 clinic not only upon admission but throughout their
9 stay with us when they are regularly seen in the
10 clinic. If they have a condition that would make
11 them more vulnerable to stay with us, we are aware of
12 that through our conversations with CHS. And so, we
13 would take that into account.

14 CHAIRPERSON POWERS: Okay, we will follow up. I
15 know there is a lot of folks waiting for testifying.
16 I will hand it back to the Chair and we will get more
17 information on that.

18 CHAIRPERSON RIVERA: I just wanted to ask because
19 we are expecting our colleagues from the Board of
20 Corrections to come up but on the six day, I know
21 that New York City is executing its responsibility of
22 the six day program. We just feel like it is being
23 done under the proception that COVID has moved you
24 all to do this but this movement should not be the
25 exception to implementation and its results. This is
actually a program that should always be in motion

3 and we should call for this momentum to be continued
4 at the very least but my question is on just really
5 quick on grievances because again, I know we are
6 expecting our colleagues from the Board of
7 Corrections to come up just in a minute. And
8 according to a BOC report, medical and mental health
9 complaints were the most frequent kind of grievances
10 OCGS received.

11 The boards findings show that for the COVID-19
12 grievances in the medical H&H, 30 percent were about
13 access to medical care, which were filed by people in
14 custody. 23 percent were from people concerned about
15 exposure to COVID and 12 percent were about the lack
16 of preventative measures in the facilities including
17 the lack of testing. I covered some of this in my
18 opening remarks. What were the results of grievances
19 that fell to CHS. What did CHS do with these
20 grievances and how are they addressed?

21 PATSY YANG: We look at every single complaint
22 that we get or request. The COVID related ones were
23 not upheld, were not confirmed. We understood what
24 they were. Complaints that were about access or
25 quality were really about in general about the
medical service was really anxiety and concern and

3 confusion and questions that we all had, right. How
4 do I get it? How do I keep myself from getting it?
5 What happens if I get it? How will I know? What
6 will happen? I'm anxious, I don't want to get it.
7 How do I protect myself?

8 Those are really the questions and the complaints
9 that came to us. We did a number of things; I think
10 in May I noted in my testimony back then CHS not only
11 maintained access to healthcare but we actually stood
12 up additional resources. We opened a specific mental
13 health line from the housing units in areas where we
14 were housing people who were symptomatic or confirmed
15 cases, expecting that they might have more concerns
16 and more anxiety about their own healthcare and their
17 status and their outcomes. We opened up a phonenumber
18 also in all the asymptomatic exposed housing units in
19 which there were thousands of beds. Where people who
20 remained asymptomatic but had a known exposure to a
21 subsequently COVID positive case could talk to us
22 directly, CHS directly. And also report symptoms to
23 us in addition to our monitoring them daily.

24 This is on top of our ongoing access for in-
25 person care as well as the sick call triage line that
CHS stood up before COVID, where our patients could

3 directly call us and talk to us. Ask us questions,
4 express their needs and without needing to ask DOC to
5 bring them to clinic.

6 CHAIRPERSON RIVERA: That I thank you for your
7 answer. I know, I mean, DOC doesn't have access to
8 grievances that go to CHS and so, we don't know how
9 they have been resolved or how they haven't been
10 resolved. That was the point of my question and it
11 also ties into access to care in success of the sick
12 call lines that you mention and we don't really know
13 how the voicemails are being handled, which I also
14 covered in my opening remarks.

15 You know, if they truly are about anxiety and
16 stress, I could totally understand that. We're just
17 you know, always trying to encourage transparency and
18 with the Board of Corrections they are there for you
19 know, accountability purposes. So, if we can just
20 you know get some of the data that we requested, we
21 would really appreciate it and we thank you very,
22 very much for your time and for staying with us for
23 these couple hours and answering all of our
24 questions.

25 PATSY YANG: Yeah, so, Councilwoman Rivera. Sick
call triage is not part of COVID. Again, Sick Call

3 triage is something that we stood up in general to
4 increase access for our patients to talk to us. You
5 know this rolled out this year and was really helpful
6 during the pandemic. 83 percent of those calls
7 during those hours are answered live. 17 percent
8 went to voicemail but we follow up on every single
9 one of those voicemails.

10 CHAIRPERSON RIVERA: Alright, so you have 100
11 percent you are answering the call.

12 PATSY YANG: Yeah, yeah.

13 CHAIRPERSON RIVERA: Well, thank you very much
14 again. I just want to thank you for your time and
15 for answering our questions and for all the work that
16 you've done this far and continuing to work with you
17 to make sure we are improving the lives of the people
18 working on Rikers Island and those who are detained
19 and incarcerated.

20 I encourage you to stay and listen to some of the
21 testimony from some of the advocates that have been
22 working on this issue for a very, very long time.

23 PATSY YANG: Thank you.

24 COMMITTEE COUNSEL: Thank you. We will now turn
25 to our next panel with representatives from the Board

3 of Correction, including Executive Director Margaret
4 Egan and Board Member Bobby Cohen.

5 Additionally, Emily Turner will be available for
6 questions. Before we begin, I will administer the
7 oath. Margaret Egan, Bobby Cohen, and Emily Turner,
8 I will call on you each individually for a response.
9 Please raise your right hands.

10 Do you affirm to tell the truth, the whole truth,
11 and nothing but the truth in your testimony before
12 this committee and to respond honestly to Council
13 Member questions? Margaret Egan?

14 MARGARET EGAN: Yes, I do.

15 COMMITTEE COUNSEL: Thank you. Bobbie Cohen?

16 BOBBIE COHEN: Yes.

17 COMMITTEE COUNSEL: Thank you. Emily Turner?

18 EMILY TURNER: Yes.

19 COMMITTEE COUNSEL: Thank you. I would like to
20 now welcome Executive Director Margaret Egan to
21 testify. You may begin when you are ready.

22 MARGARET EGAN: Thank you. Good morning Chair's
23 Rivera or almost afternoon. Chair's Rivera and
24 Powers and Members of the Committee's on Hospitals
25 and Criminal Justice. Thank you for holding this

3 important hearing today. I hope you and your
4 families are safe and healthy.

5 My name is Margaret Egan, I am the Executive
6 Director of the New York City Board of Correction. I
7 am joined today by Board Member Robert Cohen and
8 Deputy Executive Director Emily Turner. For Chair
9 Jennifer Jones Austin, I am sorry, she could not be
10 with us today and sends her regards.

11 Like all others, as we reported to you at the May
12 Council hearing, the Board has been forced to quickly
13 adapt to this new normal in response to COVID-19.
14 Board staff have done amazing work in new areas as we
15 have redirected our oversight priorities to monitor
16 both the department and CHS's evolving COVID-19
17 response including facility compliance with agency
18 plans, as well as DOC and CHS's general operations in
19 compliance with Board minimum standards and this
20 public health crisis.

21 Our work seeks to independently and publicly
22 document the scope of the public health crisis in the
23 jails and the broader criminal justice systems
24 response to understand successes and challenges and
25 ultimately ensure that lessons can be learned
quickly.

3 The Board published daily reports on COVID-19 in
4 the New York City jails from April 1st to June 5th and
5 we continue to publish weekly updates. In addition,
6 we've published two reports analyzing observational
7 data our staff have collected via jail surveillance
8 cameras including observations on social distancing,
9 use of PPE among staff, use of masks among people in
10 custody, phone access and cleaning and DOC rounding
11 practices in cell units.

12 These reports can be found on our website. The
13 Board also continues to hold monthly public meetings
14 which address COVID-19 in the jails and we expect the
15 pandemic will be a standing item in the months to
16 come.

17 The DOC and CHS collaboration and hard work in
18 dangerous conditions with the height of the pandemic
19 was heroic and that work continues. The effort to
20 identify, separate, monitor, and treat sick people,
21 vulnerable people and people who may have been
22 exposed is and was effective in providing care and
23 eliminating spread.

24 People in custody who work in the jails were also
25 essential in ensuring the jails were cleaned and
continued its basic functions. This work in the

3 jails has happened a long side a sharp decrease in
4 the jail population. At the beginning of the crisis,
5 the Board called on all criminal justice system
6 stakeholders to reduce the population of the jail.

7 From our work monitoring, the jails over the last
8 60 years, the Board understood that DOC and CHS's
9 best efforts would not be enough to prevent
10 transmission in the jails.

11 The jail population decreased 31 percent from
12 March 16th to April 29th to a low of 3,832 from 5,557
13 on March 16th. The outbreak and its human impact
14 would have been much worse if not for this decrease
15 in the jail population. The decreased population
16 meant that many fewer vulnerable people were in jail
17 and DOC and CHS were able to commit more resources to
18 the people who remained.

19 Unfortunately, and potentially dangerously, the
20 jail population is currently increasing. On
21 September 11, 2020, the population was 4,294, an
22 increase of 462 people or 12 percent since April
23 29th. The population increase is due to an 18
24 percent increase of people detained pretrial from
25 3,304 on April 29th to 3,884 people detained pre-
trial on September 11th. There are 100 people held

3 on city sentences of one year or less and 175 held
4 solely on technical parole violations.

5 The jail population on September 11th includes
6 607 people who are 50 years or older, a population
7 particularly vulnerable to COVID-19. This is an
8 increase of 130 people or 27 percent since April 29th
9 when there were 477 older people in jail.

10 We repeat our calls to criminal justice leaders
11 that especially during an ongoing pandemic, we
12 identify and release people with underlying
13 conditions and older people in order to protect their
14 health. Additionally, we call on the city to
15 continue to release people held on short sentences
16 and the state to release people detained solely on
17 technical parole violations.

18 Unfortunately, the jail reductions and the
19 incredible work of the agencies and people in custody
20 could not eliminate the threat. At its peak, there
21 were 259 people in custody housing COVID confirmed or
22 symptomatic units. There were another 2,715 people
23 housed in likely exposed but asymptomatic housing.

24 Sadly, three people have died in custody from
25 COVID-19 and a number of DOC and CHS staff members
have also died. In addition, a total of 1,430 DOC

1 staff and 208 CHS staff have been diagnosed with
2 COVID-19. As of September 15th, CHS reports that
3 there were zero active COVID cases of people in
4 custody and there were 252 people in custody who had
5 recovered but were no longer contagious. In order to
6 minimize the risk of transmission in the jails and
7 prevent a second outbreak, the city at large must
8 remain vigilant and maintain its mask wearing and
9 social distancing practices.
10

11 Through both in person and observation and
12 monitoring the surveillance cameras this summer, the
13 Board documented DOC staff and people in custody
14 regularly not wearing masks in the jails. While DOC
15 has printed and posted many flyers in the jails, it
16 appears a new creative approach is now necessary.

17 As we recommended since May, the Board calls on
18 DOC and CHS to work with DOHMH on a new public health
19 campaign to communicate health risks and why it is so
20 important, particularly in the jail to wear a mask.

21 This campaign should employ and empower both pure
22 educators and trusted health officials. In addition
23 to producing weekly data reports, the board staff
24 continued to conduct targeted onsite inspections in
25 the jails and have been closely monitoring the Census

3 in the CDU's at west facility where confirmed and
4 symptomatic patients are isolated and new admissions
5 who refuse testing are quarantined.

6 As of September 11th, there were a total of 40
7 people in the CDU. Board staff have also been
8 closely monitoring placements in and out of the new
9 admission unit currently designated as asymptomatic
10 but exposed or on quarantine.

11 Board staff identified several placements into
12 and movements of individuals out of asymptomatic
13 exposed units which did not appear to comply with the
14 policy. The Department reports that the facility is
15 taking the corrective action and will issue security
16 memoranda that will be read on roll calls on each
17 occasion that a housing unit receives a medical
18 isolation designation.

19 Board staff also continue to receive complaints
20 from people in custody, their families and advocates
21 and jail staff from June 1st to August 31st of 2020,
22 the Board of Correction logged 543 complaints. While
23 not all of the complaints were specifically COVID
24 related, COVID-19 has impacted how DOC and CHS manage
25 the jails generally. The top complaint categories
were health, medical at 63 complaints.

3 Correspondence and mail have 31 complaints,
4 classification and housing had 30 complaints and
5 physical plant had 22 complaints.

6 The 63 health medical complaints were generally
7 people in custody and their families were reporting
8 that they needed some type of medical treatment that
9 had not received care and location complaints, COVID
10 related complaints or other issues.

11 Mail complaints were largely about incoming and
12 outgoing mail delays. Classification and housing
13 complaints were related to a person in custody's fear
14 for safety or concerns about a persons restraint
15 status, classification status, or enhanced
16 supervision housing placement.

17 Most physical complaints were about high heat
18 conditions in the jail. In addition, Board staff
19 continued to monitor grievances received by DOC's
20 Office of constituent and grievance services or OCGS
21 from June 1 to August 30, OCGS received 7,275
22 grievances and requests from people in custody,
23 staff, family, attorneys, and advocates. The top
24 three grievance categories were staff, medical, H&H
25 and other requests.

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3 Staff complaints are generally complaints about
4 DOC staff from people in custody. Medical H&H
5 complaints are generally about access to care or
6 medication and the other requests category includes
7 request for information about people in custody and
8 other jurisdiction, legal issues request that lack
9 any identifying information, information about
volunteering, and more.

10 DOC has been closely monitoring COVID related
11 grievances from June 1 to August 31. OCGS received
12 about 213 COVID related concerns which represents 3
13 percent of all grievances received by OCGS during
14 that period.

15 The top three categories were concerns about
16 social distancing, concerns about exposure to COVID-
17 19 and concerns about COVID-19 testing. While the
18 jails must continue to structure operations to
19 mitigate the risk from COVID-19, the Board
20 increasingly receives questions from people in
21 custody, families, and advocates about the city's
22 plan for a phased reopening of the jails. This
23 includes questions about how the department will
24 decide when to begin some form of in-person family
25 visiting. School for young adults, congregate

3 religious services, law library and more. Obviously,
4 any resumption of congregate services must be done
5 safely and smartly. The Board hopes to learn more
6 about what the Departments considerations are here
7 including the metrics that inform the departments
8 decisions. The state prison system began in-person
9 visiting at the beginning of August with visitors
10 coming from the city and across the state. The
11 federal prison system will begin in-person visiting
12 on October 3rd. The City should learn from these
13 efforts and those in other states and work with
14 staff, people in custody, community stakeholders to
15 begin a safe and careful phased reopening of the
16 jails.

17 Finally, I will close by addressing the Boards
18 current budget situation. This year the Board of
19 Correction budget has been subjected to a 16 percent
20 reduction in funding and a 31 percent reduction in
21 staffing to a headcount of 27. The Board recognizes
22 that the city faces a very deep and real fiscal
23 crisis. However, with these cuts, it will be a
24 challenge to meet our charter mandate. A council
25 legislative requirements, our public expectations, a

3 little struggle to perform the effective oversight
4 role that will be necessary for the city's jails.

5 Today, on Rikers Island and tomorrow in new
6 borough based jails to meet the goals that we all
7 share of smaller, safer, fairer, and more humane
8 jails. We call on the Mayor and the City Council to
9 adequately fund the Board of Correction to allow for
10 this critical work to continue.

11 Thank you and I am happy to take your questions.

12 COMMITTEE COUNSEL: Thank you for your testimony.
13 I would like to now welcome Board Member Bobby Cohen
14 to testify. You may begin when you are ready.

15 BOBBY COHEN: Thank you very much. Thank you
16 Commissioners Rivera and Powers and all the other
17 City Council Members who are present. You know, my
18 name is Bobby Cohen, I am a physician and a member of
19 the New York City Board for the past eleven years as
20 one of your representatives. I'm not speaking on
21 behalf of the board today, although I completely
22 endorse everything that Meg Egan just stated.

23 I am speaking based on my 40 years of experience
24 and the failed field of prison and healthcare and I
25 have worked as physician in county jail, did research
on epidemiology, epilepsy in the Illinois Department

3 of Correction. I was the associate medical director
4 of Rikers Island Health Services in 81 and from 82 to
5 86 was the Director of the Rikers Island Health
6 Services. I served as the Vice President for medical
7 and professional of the New York Health & Hospitals
8 Corporation and then became the Director of the Aids
9 Center at St. Vincent's Hospital. And I have been
10 appointed by federal courts to oversee the
11 implementation of consent agreements to remedy
12 unconstitutional medical care in Florida, Michigan,
13 Ohio, Connecticut, and in New York State at Green
14 Haven.

15 I come to speak to you today about actions that
16 should be taken to minimize the morbidity and
17 mortality the coronavirus infection in the city's
18 jails. First, of course is the discharges met
19 incarcerated people as possible. The population has
20 been increasing when it should be decreasing.

21 On September 19th, this was noted two days ago,
22 the population was 4,299, four months ago on May
23 25th, it was 3,981. The Department, MOCJ, the Police
24 Department, CHS, the District Attorney's, the judges
25 and the Governor must resume the process which saved
so many lives last spring. The rate of infection in

3 the jails among staff and incarcerated persons was
4 extremely high. The death rate was low thank
5 goodness because the persons most at risk were those
6 with chronic diseases and those older than 50 were
7 released and allowed to protect themselves. That
8 process must be continued and intensified.

9 In preparation for a second wave, the Department
10 through its six day program, CHS, and MOCJ, should be
11 working with relevant agencies to decrease the
12 population by releasing people over 50 years of age
13 and those with increased risk of serious
14 complications that they become infected and those who
15 shouldn't be in jail anyway. Instead the population
16 in the jails is increasing.

17 The basic policies of distancing, wearing masks
18 and maintaining necessary environmental standards,
19 need to be reviewed and reestablished. When I
20 visited Rikers Island last month, social distancing
21 was not being practiced. Mask wearing was not being
22 supported and persons inside housing areas were not
23 being provided masks. Incarcerated persons lined up
24 without distance between them for their lunch and sat
25 together at small tables.

3 If there were no pandemic, this would be fine but
4 there is a pandemic. The Department is fully aware
5 of the practices I have described. They have set
6 them up and they are aware because they work there.
7 I ask that the Department conduct a full review of
8 this program. Masking, distancing, and environmental
9 protection in light of the current breakdown of these
10 programs. We must all recognize how difficult this
11 is. We have all been living in a strange,
12 frightening, and life threatening world for more than
13 six months. There are few normals anymore and our
14 expectations of each other are and must be extremely
15 high.

16 I speak today not at all to shame the Department
17 which has done an extraordinary job but to urge you
18 to work harder to meet the standards it has set.
19 When there are no cases of COVID-19 in the jails,
20 these failures will not have consequences. If cases
21 were return, they will rapidly spread disease
22 throughout the jails.

23 The city, under the leadership of the Department
24 of Health must end the mayoral suspension of the
25 Board of Corrections standards regarding visiting
barbershop, congregate religious services, and law

3 library. We certainly can address these things
4 through variances.

5 These are essential services, essential
6 standards. Under Board pressure, DOC has stated that
7 safe congregate religious services will hopefully
8 resume shortly as will access to barbers. The state
9 has begun to resume business in its prison as have
10 jails in the county's that join ours, Nassau, and
11 Suffolk county.

12 Under DOH guidance, DOC should develop and as
13 published its plan for resuming these essential
14 services and the mayor should resentence his
15 executive order.

16 Finally, I would like to offer suggestions to
17 prevent the second wave of infections from
18 establishing itself in the jails. What is needed is
19 a comprehensive program to prevent coronavirus from
20 again establishing itself in the jails and again
21 infecting thousands of persons as happened last
22 spring.

23 I will discuss components of this project. I
24 know that the Department and CHS are thinking about
25 this every day and respect the work that they are
doing but I still offer some additional suggestions.

3 Of course, before anything else, reestablishing the
4 program to release as many incarcerated people as
5 possible is critical to the success of this project,
6 as it was so successfully in the spring.

7 There should be a function of intake viral
8 screening for all new admissions with testing of
9 appropriate type and frequency, rapid turnaround, and
10 14 days of quarantine before admission to the general
11 population of the jails. CHS and the Department have
12 established ineffective approach here and I fully
13 support it. With further guidance from the
14 Department of Health, the Department needs to review
15 and publish its plans for vehicular transfer of
16 incarcerated persons to and from the jails. Thinking
17 now about how can the virus be kept out and what ways
18 will it come in?

19 When incarcerated persons go to court, is there
20 adequate distancing, ventilation, and sanitation on
21 those buses? Are the courts maintaining sufficient
22 distancing ventilation, mask wearing and sanitation
23 to prevent DOC staff and incarcerated persons from
24 becoming infected and bringing the virus back into
25 the jails?

3 Similarly, when transporting patients outside of
4 the jails for specialty care in health plus
5 hospitals, are appropriate standards being met to
6 maintain safety and not allow patients to become
7 infected and bring the virus back to the jails.

8 Finally, and this is complicated but I really
9 think it should be part of the planning and
10 discussions going on today. We must recognize that
11 an infective intake screening and quarantine along
12 with safe transfer from and to the jails for
13 necessary court and clinical appearance will not
14 engage the primary mechanism through which virus will
15 enter the jails should a second wave occur.

16 This has been discussed by the Council and the
17 Commissioner today. That mechanism will be through
18 the ten thousand civilian and security staff who
19 enter the facility daily with adequate screening.

20 Screening for temperature and screening by
21 questions is not sufficient and we know that. We all
22 recognize now, even the CDC, that substantial spread
23 of the pandemic occurs through transmission from
24 asymptomatic and pre-symptomatic persons. Asking a
25 few questions and checking temperatures are not
sufficient.

3 Nursing homes require intake screening, testing
4 and quarantine of new patients and screening and
5 testing for coronavirus multiple times each week of
6 the nursing home staff. And I've in my testimony I
7 submitted, I've given references for this.

8 The CDC recently published the discussion of mass
9 testing of staff and incarcerated individuals in the
10 MMWR entitled, Mass Testing of SARS-CoV-2 in 16
11 prisons and jails. That was on August 21st.
12 Appropriate strict intake screening and quarantine is
13 not sufficient when the pandemic is advancing and
14 prevalence is high.

15 The CDC has recommended that because of the
16 similarities to nursing homes, jails and prisons
17 should consider testing of their staff and the
18 Department of Health should work with CHS and DOC to
19 develop a plan to enact screening of staff in the
20 event of a second wave.

21 Contact tracing by CHS must include civilian and
22 correctional staff. Of course, enhanced testing of
23 persons symptomatic and asymptomatic within the jails
24 must take place if the second wave breaks into the
25 jails and CHS mentioned that they intend of course to
do testing -

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3 Thank you for the opportunity to speak today. I
4 am proud to be associated with the Board of
5 Correction which has provided support and leadership
6 locally and nationally in its advocacy and reporting
7 around this pandemic. The Council's leadership
8 throughout this epidemic has been extraordinary and I
9 am proud to serve as your representative on the
10 board.

11 I do wish to echo Executive Director Egan's
12 remarks that the substantial cut in the BOC budget
13 should be reconsidered and urge you to do that.
14 Thank you very much and I am available for any
15 questions.

16 COMMITTEE COUNSEL: Thank you for your testimony.
17 I am now going to turn it over to Chair Rivera for
18 questions followed by Chair Powers. Panelists,
19 please stay unmuted if possible during this question
20 and answer period.

21 Thank you, Chair Rivera, you may begin.

22 CHAIRPERSON RIVERA: Thank you so much for your
23 testimony and for staying with us and listening to
24 the two hours of testimony given by DOC and CHS and I
25 know if DOC and CHS issue any additional or revised
policies or procedures to its COVID-19 action plan,

3 how does BOC intend to monitor the implementation of
4 these policies going forward?

5 MARGARET EGAN: Sure, so a couple things. We are
6 in pretty close contact with DOC and CHS,
7 communicating with them regularly and we will
8 continue to provide the oversight that we have. We
9 will continue to issue public reports based on the
10 data that we receive daily and weekly from both
11 agencies. We will continue with our targeted onsite
12 inspection. We will continue with our video
13 surveillance work and monitoring both the complaints
14 that come into the Board and the grievances that are
15 filed with DOC.

16 So, our goal is to continue to approach oversight
17 of the pandemic in the comprehensive way that we have
18 been to date.

19 CHAIRPERSON RIVERA: And some of the things that
20 we discuss with these agencies, there is just two
21 things I wanted to ask you about. One was about the
22 sick call and they use three tele help lines. Sick
23 call, a phone line available for people who are
24 asymptomatic and a mental health phone line for
25 people who are symptomatic or confirmed.

3 Are there concerns that there are people in
4 custody who are missing needed healthcare because of
5 unreturned phone calls. You might have heard their
6 answer on the voicemail, which is that 100 percent
7 are either answered live or that those voicemails are
8 returned. In your experience, do you have concerns?

9 MARGARET EGAN: Yeah, I mean I would say that
10 based on our review of grievances and the complaints
11 that we received directly, access to care, access to
12 healthcare, mental healthcare continue to be top
13 areas of concern for people in custody and
14 unfortunately, we don't have an easy way to monitor
15 whether voicemails are returned and whether or not
16 they are returned in a timely manner.

17 And so, so we continue to ask CHS for updates on
18 data for calls that are received and voicemails that
19 are returned. I will say that through recent
20 interviews with individuals during our onsite
21 inspections, we have received generally positive
22 feedback about the CHS sick call line and reports
23 that the process for accessing CHS through the phone
24 lines has improved.

25 And while the number of medical grievances
decreased substantially after March and April, it is

3 starting to tick back up. We are seeing grievances
4 of 55 percent from July to August. So, while it
5 seems to be getting better, I think that we still
6 have concerns.

7 CHAIRPERSON RIVERA: And you mentioned I mean,
8 you mentioned briefly the grievances, I mean what
9 more can we do to address the health grievances and
10 complaints of those incarcerated and I know when it
11 comes to how you can be effective, the budget is
12 certainly a concern.

13 So, my follow up question to that also is, how
14 are the budget cuts going to affect your ability to
15 monitor the jails during that potential second wave
16 of COVID-19 infection?

17 MARGARET EGAN: Yeah, so, Chair first question,
18 we continue to analyze the grievance data through the
19 grievance system. You know, we have access to the
20 OCGS system and continue to do that analysis.

21 And so, as we see issues arise through that data,
22 we raise them with DOC and CHS but also, you know, I
23 think these public forums are also important to make
24 sure that the concerns of people in custody, of their
25 families, of advocates, of attorneys, are raised and
addressed.

3 In terms of the budget and the very real concern
4 that we have about capacity. We're going to continue
5 doing the work as best we can. You know, this will
6 remain a very high priority and you know, the reality
7 of a budget crunch is you have to prioritize but this
8 will remain a high priority. The highest priority as
9 long as the pandemic continues.

10 CHAIRPERSON RIVERA: I know there are some people
11 here with time constraints, so I want to just ask my
12 colleagues whether, well, I'll go to Chair Powers
13 first of course. Chair Powers?

14 CHAIRPERSON POWERS: I got to unmute myself.
15 There we go. Well, thank you guys. Thank you for
16 all your work during the pandemic and we had an
17 opportunity to visit together during some of the
18 hottest days, so heat conditions. I want to say
19 thank you to staff and thanks for your kind of
20 ongoing work here.

21 You guys have issued reports and recommendations
22 to DOC about improving compliance with its protocols.
23 Can you just speak to us a little bit about what your
24 recommendations are? How the compliance has been
25 with those recommendations and then finally, any
intention promulgated rules or standards to regulate

3 conditions based on what you've seen in the last few
4 months or with the anticipation of a surge ahead when
5 it comes to COVID?

6 MARGARET EGAN: Yeah, so in terms of rules,
7 updating rules and lags, I think that's probably a
8 longer term question. You know, we're going to have
9 to figure out, we're going to have to figure out ways
10 to evaluate what should be updated and turn to that
11 but as probably frankly a longer term, priority in
12 the short term, we want to make sure that we are
13 providing the oversight to the ongoing crisis and
14 raising issues where we see them.

15 In terms of the recommendations that we have made
16 and I will ask Emily Turner to jump in if I miss
17 anything. So, one of the critical areas of concern
18 from both our in-person observation and through the
19 Genentech system has been you know, mask use and the
20 use of PPE among staff and people in custody.

21 You know, as I mentioned, DOC has printed and
22 posted flyers in jails but we feel like something new
23 and creative needs to happen and again, as I said,
24 we've been recommending for the last several months
25 that DOC and CHS work with DOHMH on a public health
campaign.

3 I think the other area of recommendation is
4 around communication. You know, developing and
5 sharing written protocols for the management and
6 housing of confirmed patients, symptomatic
7 individuals and those who are exposed and
8 asymptomatic. Housing, including both the admission
9 criteria and the removal criteria of those housing
10 types clarifying to the public, to the board, to DOC
11 staff, what social distancing strategies are being
12 implemented.

13 I think what will help, making sure that people
14 understand what is happening and as changes are
15 implemented, what those changes are. And I think you
16 know; I think there are always going to be ways to
17 implement more social distancing practices. It's
18 certainly a challenge in a congregate setting like a
19 jail but it is so critically important.

20 So, I think you know, those are I think the main
21 recommendations. Emily, have I forgotten anything?

22 EMILY TURNER: I do just want to add that the
23 Council's Local Law 59 has been really important in
24 pushing the Department and CHS to think about their
25 communication strategies and on a weekly basis, they
26 have been issuing flyers to across all housing areas

3 to people in custody which is part of you know, which
4 is related to our recommendation about a public
5 health campaign and I think that has been an
6 important step in sharing information about changes
7 to jail operations during COVID.

8 So, we are encouraged by that, seeing that happen
9 in the jails. I think another piece of this will be
10 working with other credible messengers to reinforce
11 this message but also seeing it reinforced with staff
12 who can set an example for people in custody.

13 One more addition on the importance of social
14 distancing, so in our weekly reports we regularly
15 analyze how many dorms are above or below 50 percent
16 capacity. That's an important metric because if a
17 dorm is above 50 percent capacity, alternate bed
18 spacing and other strategies that could help minimize
19 the potential for spread are not able to be
20 implemented and that is a concern that we have heard
21 and we've seen an increase in concern about the
22 number of people who have been housed in dorm areas.

23 So, that's when we look at the complaints, we see
24 concerns about social distancing. They are related
25 to the housing area capacity.

1
2 And so, we will continue to publish the
3 statistics on what the housing area capacity looks
4 like in our weekly reports and encourage the
5 department to use some of the additional space it has
6 due to the low population to continue to promote
7 social distancing.

8 As of September 10th, 61 percent of all open
9 dorms were above 50 percent capacity meaning
10 alternate bed spacing was impossible there. And
11 recent CDC research suggests that the prevalence of
12 COVID in jail settings has been higher in dorm based
13 housing. So, that's something that we are keeping an
14 eye on.

15 CHAIRPERSON POWERS: Okay, thank you. Just out
16 of respect of time, I will end it there and follow up
17 with any other questions I have. Thank you.

18 COMMITTEE COUNSEL: Thank you. We will now turn
19 it over to questions from Council Members. As a
20 reminder, if Council Members have questions, you may
21 use the Zoom raise hand function and I will call on
22 you in order. To start, we will begin with Council
23 Member Holden.

24 COUNCIL MEMBER HOLDEN: Thank you.

25 SERGEANT AT ARMS: Starting time.

3 COUNCIL MEMBER HOLDEN: Thank you Executive
4 Director Egan and Board Member Bobby Cohen for all
5 your great work. Bobby, you mentioned that you
6 visited was it Rikers?

7 BOBBY COHEN: Yeah, it was AMKC through the last
8 week of July.

9 COUNCIL MEMBER HOLDEN: So, did you visit before
10 that during the height of the pandemic. Were you
11 able to get there?

12 BOBBY COHEN: That was the first visit that I had
13 made since the pandemic.

14 COUNCIL MEMBER HOLDEN: Was that visit announced?
15 Did they know you were coming?

16 BOBBY COHEN: No.

17 COUNCIL MEMBER HOLDEN: They didn't. So, does
18 any other DOC members pop in like that and could give
19 reports on whether there was social distancing, mask
20 wearing and so forth?

21 BOBBY COHEN: The staff pop in. They have done
22 that on multiple occasions and we have Genentech
23 observation, so we can see.

24 COUNCIL MEMBER HOLDEN: So, the report said you
25 generated. Were they consistent? Like everybody

1
2 observed the same thing on their visits or was it
3 they are in improvement?

4 BOBBY COHEN: As I recall and Emily can speak
5 better than this. The second report that we issued
6 showed some improvement in mask wearing relative to
7 the first. When my visit, I don't know how to
8 compare that in terms of a metric. Masks were being
9 worn when people left their facilities. You know, if
10 they were in a housing area and they left with a
11 correction officer, they never got into wearing the
12 mask but just walking through the facilities and then
13 the housing areas, there was probably most people
14 were not wearing masks and we had documented that.
15 I'm not sure the publication of that, perhaps Emily
16 could add to that.

17 EMILY TURNER: So, when we conduct the targeted
18 jail inspections, we produce a report internally and
19 then we escalate concerns directly with the
20 department.

21 So, as a follow up to our visit with Dr. Cohen,
22 we shared our concerns that we observed a lack of
23 mask usage with the department after that visit. So,
24 since May 9th, we have been conducting targeted on
25

3 site inspections and reporting back in escalating
4 concerns as we encounter them.

5 COUNCIL MEMBER HOLDEN: Oh, it was by detainees
6 not wearing masks or staff? Could you break that
7 down?

8 EMILY TURNER: Both.

9 COUNCIL MEMBER HOLDEN: Oh, staff not wearing
10 masks. Now, so, this is alarming then if in a
11 confined space. You know, just what we talked about
12 as a second wave, we could be in for a problem if
13 this is continuing.

14 Is anybody aware and I wanted to ask and I forgot
15 to ask this question but are you observing any
16 technology being used, like to filter the air in the
17 jails at all or upgrades? Other than just social
18 distancing or masks. I mean it seems to be that we
19 know we do have technology available and as the
20 Technology Chair in City Council, I've met with a
21 number of companies that have proposals on cleaning
22 the air and so forth in confined spaces. Have you
23 made any recommendations in that area or observed
24 anything about cleaning air or measures that were
25 taken?

3 BOBBY COHEN: I certainly haven't but I share
4 your concern. One of the problems of course with
5 Rikers Island is its age and the quality of the HVAC
6 systems going on.

7 I know within the courts right now and I raise
8 that because the detainees will be going back and
9 forth into the courts. Some of them have adequate
10 HVAC, some of them do not. There have been some
11 attempts at evaluating what level of air exchange is
12 going on in those facilities. I'm not aware that,
13 Margaret would know if they have done that kind of
14 important work.

15 COUNCIL MEMBER HOLDEN: Yeah, because just in
16 reviewing a lot of the technology, there is slower
17 units that are \$250 that would do a small room and
18 there is ionization filters that could be put on HVAC
19 for under \$1.00 a square foot.

20 So, there are you know, measures we could be
21 investing in and it's not expensive. Just to
22 safeguard, because as you know with the COVID, we
23 have heard it that somebody sneezes, it could stay in
24 the air and it could be transferred very quickly and
25 again, if we go through a second wave, we might be in
for it especially in a confined space like the jails.

1 COMMITTEE ON CRIMINAL JUSTICE JOINTLY WITH
2 COMMITTEE ON HOSPITALS

123

2 Alright, thank you. Thank you Chair.

3 COMMITTEE COUNSEL: Thank you Council Member, I
4 will turn it back to Chair Rivera for questions.

5 CHAIRPERSON RIVERA: Thank you Council Member
6 Holden. I just wanted to ask about visitation, I
7 know it was mentioned somewhat in your testimony and
8 you certainly have recommendations and I just want to
9 thank you. I know you mentioned testing everyone
10 rapidly with quarantining the education campaign,
11 stepping up communication and of course social
12 distancing strategies especially in the housing unit.
13 Making sure that we are really looking at the 50
14 percent threshold. But what is the extent of your
15 involvement in DOC's plans to reinstate in person
16 family visitations, congregate religious services? I
17 know they mentioned in their testimony, they
18 certainly wanted to start with the barbershop. If
19 there is no direct I guess involvement, will you have
20 an opportunity to provide input before the plans are
21 implemented?

22 Yeah, I think it goes back to you know, our
23 regular communication with DOC and CHS and we will
24 continue to do that. I mean, I think visitation is
25 incredibly important. It's an incredibly important

3 tool and connection to family and others and we want
4 to see it restored as soon as possible, but we also
5 want to make sure that whatever steps are taken to
6 resume visitation is done safely and smartly. We
7 don't want it to become a vector for transmission and
8 so, we'll continue to talk to DOC and CHS and make
9 sure that we have updated plans and then continue
10 providing oversight on those plans and making sure
11 that whatever policies and procedures they produce,
12 they are adhering to.

13 You know video visitation, has been hugely
14 important but the sooner that in-person visiting can
15 again resume safely and smartly I think the better
16 off we are. So, we will continue to talk to them and
17 monitor.

18 CHAIRPERSON RIVERA: Well thank you. Thank you
19 so much for being a great partner and being so dogged
20 about getting the data. It's been hard for me as the
21 Chair of Hospitals sometimes in requesting data from
22 H&H and for all of your work and especially making
23 sure that our transgender nonconforming nonbinary
24 detainees and incarcerated individuals are really
25 being counted and receiving the services that they
need as well. I just wanted to thank you for that.

3 With that, I have no further questions and just
4 want to thank you for your testimony.

5 MARGARET EGAN: Thank you.

6 EMILY TURNER: Thank you.

7 BOBBY COHEN: Thank you.

8 COMMITTEE COUNSEL: Thank you. I'd like to ask
9 if Council Member Powers or any other additional
10 Council Members have questions at this time?

11 Okay, thank you. With that, we've concluded
12 Administration testimony and we will now turn to
13 public testimony. I would like to remind everyone
14 that we will be calling on individuals one by one to
15 testify. Each panelist will be given three minutes
16 to speak. Council Members who have questions for a
17 particular panelist should use the raise hand
18 function in Zoom and I will call on you after the
19 panelists have completed their testimony.

20 For panelists, once your name is called, a member
21 of our staff will unmute you and you can begin
22 delivering your testimony. Please wait for the
23 Sergeant to announce that you may begin before
24 delivering your testimony.

25 I would now like to welcome Benny Boscio to
testify. You may begin when you are ready.

3 SERGEANT AT ARMS: Starting time.

4 BENNY BOSCIO: Good morning Chairman Powers,
5 Chairwoman Rivera, and the distinguished members of
6 your Committee's. My name is Benny Boscio Jr. and I
7 am the President of the Correction Officers
8 Benevolent Association. The second largest law
9 enforcement union in the City of New York. Our
10 members as you know, provide care, custody, and
11 control of over 4,000 inmates daily in the nations
12 second largest municipal jail system. We are here
13 today to discuss the Department of Correction and
14 Correctional Health Services management of COVID-19
15 in the city's jail system.

16 Before I begin, I want to read the names of eight
17 of my members who lost their lives due to COVID-19
18 and ask that we pause for a moment of silence after I
19 read their names. Michelle Sumpter, Maurice Lacey,
20 Jr., Ely Galan, Elvester McKoy, Connie Jones Hawkins,
21 Quinsey Simpson, David Williams and Richard Closs.

22 Thank you. These brave officers lost their
23 lives during the unprecedented public health
24 crisis. Another 1,400 correction officers tested
25 positive for COVID-19 and at the height of the

1
2 pandemic in March, 3,000 of our members were out
3 sick.

4 According to data collected by the New York
5 Times, the virus has taken more correction officers
6 in New York working in the epi center of the epi
7 center than in most other large American cities,
8 including Chicago, Houston, Miami, and Los Angeles
9 combined. The reality is that the City of New York
10 failed to do everything possible to keep my members
11 from dying and from getting sick. From the onset
12 of this crisis, we sounded the alarm about the
13 deadly threats our members were facing. Rather
14 than hearing our cries for help and collaborating
15 with the boots on the ground, the Department of
16 Corrections fought us every step of the way.

17 Let me outline the biggest areas of contention.
18 First, COBA had to fight tooth and nail to convince
19 the DOC to shut down inmate visits. This process
20 took two weeks and the visits only shut down after
21 the state prisons shut down inmate visits. So, the
22 question I pose to you is why did we have to wait.

23 Second, as the pandemic worsened and other
24 agencies began to adopt protocols for protecting
25 the health and wellbeing of other essential

1
2 workers, we met with silence from the senior
3 managers of our agency. Recognizing that the
4 agency was not actively and systematically
5 distributing PPE, correction officers began
6 bringing their own masks to wear. When this
7 happened, they were told that bringing their own
8 mask wasn't permitted and they should go home. The
9 failure to allow officers to wear masks early on,
10 coupled with the failure to provide PPE dragged
11 down for weeks throughout the month of March and
12 into April.

13 Finally, after realizing help was never on the
14 way, COBA purchased over 40,000 N95 masks and
15 hundreds of gallons of sanitizer for our members to
16 help keep them safe. In short, we do what the DOC
17 and the City of New York failed to do. We also
18 called for correction officers -

19 SERGEANT AT ARMS: Time expired.

20 BENNY BOSCIO: COVID-19 testing on Rikers
21 Island. That too fell on deaf ears. Our union
22 then filed a lawsuit in late March demanding that
23 the City of New York be compelled to provide our
24 members with PPE, COVID testing, and to increase
25 the sanitization of the jails. It was our lawsuit

3 that produced a settlement with the city to not
4 only provide our members with adequate levels of
5 PPE but to also provide free COVID testing. Over
6 50 Northwell Health Urgent Care locations. The
7 Chief of the Department of Corrections waited until
8 April 18th to finally release a teletype calling
9 for the commanding officers of each facility to
10 ensure that the adequate amount of personal
11 protection equipment is available for all uniform
12 and non-uniform members of service.

13 So, just to be clear, it took numerous officers
14 getting sick and calling out sick and a lawsuit to
15 finally make PPE distribution mandatory some six to
16 eight weeks into the pandemic. That is inexcusable
17 and at best borderline criminal at worse. To make
18 matters worse, the Department response to the
19 staffing shortage was to force dozens of officers
20 to work triple tours of duty, which required us to
21 file yet another lawsuit on April 23rd, arguing
22 that forcing officers to work for 24 hours straight
23 during the public health crisis is a direct
24 invitation to infection and disease because sleep
25 deprivation negatively impacts physical and mental
health. Even Mayor de Blasio publicly called this

3 a dumb managerial mistake. Another dumb managerial
4 mistake was when the DOC gave 30,000 N95 masks to
5 the FDNY from our stockpile. After weeks after the
6 Mayor said the FDNY already had sufficient supply
7 of PPE -

8 CHAIRPERSON RIVERA: I just to make sure you
9 wrap up sir. Thank you so much. Did you finish
10 your last thought? You cut out there.

11 BENNY BOSCIO: So, if we are really going to
12 sit here today to examine the impact of COVID-19 in
13 the jails, we first need to face the facts that I
14 have just outlined. The fact is the record shows a
15 series of gross mismanagement failures, negligence,
16 and leadership voids that led to the unnecessary
17 and preventable deaths of eight of my members and
18 the suffering of my 1,400 members who tested
19 positive.

20 While all of this is going on, my members still
21 want to work and have to grapple with inmates
22 assaulting them and deliberately coughing and
23 spitting in their faces. Correction Officers have
24 always been the unsung heroes of law enforcement
25 and their bravery in the face of adversity
throughout the pandemic clearly illustrates that.

3 So, let's fast forward today. Fall literally
4 begins tomorrow and for months the health experts
5 of the CDC have been sounding the alarm about
6 second wave of COVID-19 returning. I have not as
7 of today seen a written action plan from the DOC to
8 ensure that the litany of mistakes made the first
9 time around never happens again. To ensure the DOC
10 is better prepared, I ask for you to join me in
11 holding the City of New York fully accountable for
12 protecting the thousands of lives in our jail
13 facilities including my members.

14 To start, the DOC can immediately prepare for
15 the next wave of COVID-19 by taking advantage of
16 the low inmate population which currently hovers
17 around 4,000 inmates. Instead of consolidating the
18 jails and piling inmates on top of inmates, where
19 we are already out numbered 50 to 1 in most housing
20 areas. The DOC can spread the inmates out
21 throughout the jails lowering the officer to inmate
22 ratio to 15 to 1.

23 This would allow the practice to better social
24 distancing, allowing also increasing the safety of
25 our officer and inmates alike. As part of this
redistribution of housing areas, the DOC should

3 break up the gangs in our facilities and are housed
4 according to their gang affiliation.

5 This practice has created little army's within
6 the jails where inmates who weren't part of a gang
7 initially are now forced to join gangs just to be
8 safe. Breaking up the gangs would immediately help
9 us mitigate the potential second wave of COVID-19
10 and making our facilities safer for everyone.

11 Secondly, we have attempted to compel the city
12 to mandate all correction officers test negative
13 before returning to work if they have tested
14 positive for COVID-19.

15 While the city has refused this request thus
16 far, I ask that you support us in this critical
17 effort to keep our members safe and to keep the
18 inmates safe as well.

19 CHAIRPERSON RIVERA: Just wrap up.

20 BENNY BOSCIO: To meet and speak with me on a
21 regular basis so you can see first hand how
22 correction officers are navigating the challenges
23 posed to use by COVID-19 and to address any
24 deficiencies in the agencies response. We cannot
25 afford the repeat of the mistakes of the past. We
cannot waste a single day as soon as the first

3 COVID-19 emerges. Thousands of lives are on the
4 line and the actions you take now will play a vital
5 role in protecting each and every one of us, with
6 those lives.

7 With that said, I am happy to answer questions
8 you have. Sorry for going over my time.

9 CHAIRPERSON RIVERA: That's okay. Thank you
10 very much for being here for testifying but I just
11 want to ask because you mentioned a few things
12 right away that needs to be stepped up to ensure
13 that everyone is safe. I wanted to ask
14 specifically, cause you mentioned tests. Clearly
15 COVID tests need to occur more frequently. I feel
16 like that is what I pulled from your testimony.
17 You can correct me if I am wrong.

18 What more can be done to protect those
19 including testing? Is it happening on a daily
20 basis? Do people have to request them? If you can
21 just give me a little bit of insight as to because
22 testing doesn't seem to be at an adequate rate, how
23 does it work right now for your members?

24 BENNY BOSCIO: Well, right now, you fill out a
25 questionnaire and you walk into the facility and
they have like an infrared camera that tests your

3 temperature but the reality is that the department
4 has an opportunity to be proactive this time
5 around, instead of reactive like the last time.
6 They can spread out the MA population to allow
7 social distancing properly. We currently have the
8 cell space to do so and we have the amount of staff
9 able to accommodate that.

10 CHAIRPERSON RIVERA: Understood and right now,
11 you are saying is PPE sufficient? I realize that
12 at the height of the pandemic you had to buy
13 thousands of masks and hundreds of gallons of hand
14 sanitizer. Do you feel like you are now in a place
15 where there is adequate PPE?

16 BENNY BOSCIO: Well, now officers are allowed
17 to bring in their masks and I haven't heard an
18 issue on PPE's being an issue now. But that could
19 change, so we need to make sure that they are
20 prepared.

21 CHAIRPERSON RIVERA: Alright, I want to turn it
22 over. I see Council Member Holden, actually I
23 think Council Member Powers just stepped away for a
24 second but he will be back. So, I will go to
25 Council Member Holden who has a question.

SERGEANT AT ARMS: Starting time.

3 COUNCIL MEMBER HOLDEN: Thank you Chair. Thank
4 you President Boscio for your testimony. You know,
5 it's not a coincidence, we saw the MTA workers that
6 got hit hard. They are in a confined space. We
7 also see the correction officers hit hard,
8 particularly hard with the COVID because you are in
9 a confined space.

10 So, I just want to talk about procedure and you
11 heard Department of Corrections saying, no, they
12 gave you masks, they didn't have to sue. You
13 didn't have to sue. So, obviously, there are two
14 trains of thought here. DOC is saying they gave
15 you masks and you guys had to sue for masks and
16 testing. Something doesn't jive here. Can you
17 elaborate on that a bit and were officers penalized
18 for bringing their own masks?

19 BENNY BOSCIO: Yes, the officer that brought in
20 their own mask and was questioned at roll call as
21 to why she had a mask on and she ended up having to
22 be sent home after the fact for bringing in her own
23 mask. They wanted her to take the mask off. She
24 was concerned, she didn't want to take the mask
25 off, she ended up being sent home.

3 COUNCIL MEMBER HOLDEN: Now, because of the
4 splashing, are your officers given face shields on
5 a regular basis?

6 BENNY BOSICO: No, we don't have face shields
7 on a regular basis. We are getting splashed with
8 urine and feces. We are getting spit on. We had
9 inmates literally say, I'm going to give you COVID
10 and cough in officers face on purpose at times.

11 COUNCIL MEMBER HOLDEN: So, you were not
12 provided face shields at all or at least enough for
13 every officer?

14 BENNY BOSICIO: Not enough for every officer.
15 Maybe in certain areas, maybe in the CDU, but I am
16 not 100 percent sure if that even happened. I know
17 there was many complaints early on from my member
18 about not being able to get masks.

19 They would send an officer to a location to
20 pick up boxes of masks and bring them back, so it
21 was a really, really tough situation in the
22 beginning.

23 COUNCIL MEMBER HOLDEN: So, let's say your
24 officers or a supervisor tests positive for COVID
25 and they go out you know and let's say they get

3 well. Does DOC or CHS require a negative test to
4 come back to work?

5 BENNY BOSCIO: No, no, they do not. They were
6 rushing officers back to work. They were still
7 sick. The Health management division -

8 COUNCIL MEMBER HOLDEN: That needs to be
9 investigated because that doesn't sound right.
10 Because I know there is a lot of procedures and you
11 heard DOC and CHS patting themselves on the back
12 for a great job they did and I don't think the
13 numbers tell us that and I remember how slow they
14 were in the beginning, the lawsuits that had to be
15 filed. So, you know, yeah, they are taking credit
16 now because the COVID in New York City is really at
17 a low point but again, I'm worried about the second
18 wave. If they learned a lesson and I'm not sure
19 they did. In fact, that the face shields are in
20 short supply.

21 My office is given face shields. I'm getting
22 hundreds of face shields to my office on a regular
23 basis yet it's all alarming that correction
24 officers are not given enough.

25 Thank you Chair.

3 CHAIRPERSON RIVERA: Thank you so much. That's
4 news to me Council Member, I haven't received any
5 face shields but I'm going to call you about that.

6 So, I just want to thank you for your
7 testimony. I realize you know, based on the
8 insufficient PPE and everything that your
9 organization in terms of the losses, I am so sorry
10 and thank you for reading their names and I realize
11 this is about the safety of all people on the
12 island.

13 So, thank you for your testimony. I have no
14 further questions. If there is anyone else. Okay,
15 seeing none, I thank you again.

16 BENNY BOSCIO: Thank you.

17 COMMITTEE COUNSEL: Thank you for your
18 testimony. We will now turn to our next panel. I
19 would like to first call on Anna Berger Carlsen to
20 testify. After Ms. Carlsen, we will hear from
21 Kayla Simpson followed by Orayne Williams followed
22 by Stan Germaine. Anna Berger Carlsen, you may
23 begin when you are ready.

24 SERGEANT AT ARMS: Starting time.

25 ANNA BERGER CARLSEN: Hi, good afternoon
everyone. My name is Anna Carlsen, I am a Lawyer

3 with the Legal Aid Society in the Criminal Defense
4 Practice and I am testifying today on behalf of the
5 Association of Legal Aid Attorney's and UAW2325.

6 I want to tell you today what I have
7 experienced as a criminal defense attorney
8 representing incarcerated individuals during this
9 pandemic and what I have seen of their experience
10 in the areas of the court house that are controlled
11 by Department of Corrections. My incarcerated
12 clients are now produced in person to the court
13 houses when they are scheduled to testify before a
14 grand jury because the grand juries are now
15 convening in person and the grand jury is an
16 incredibly crucial stage in their case. The
17 decision whether to testify is unique and personal
18 to each client. It really needs to be a
19 conversation that is held in confidence and it is
20 fully informed and therefore it is a long
21 conversation. And I want to point out, there has
22 been conversation in this hearing earlier on about
23 scheduling video conferences, it would be my desire
24 to have sensitive conversations about the grand
25 jury via video conference while my client is
incarcerated. The grand jury proceeding takes

3 place roughly five business days after the initial
4 arraignment, so it is time sensitive. And I want
5 to point out that I have failures all summer to set
6 up timely video conferences.

7 In fact, just this morning, I arraigned a
8 gentleman yesterday in court who has a grand jury
9 proceeding scheduled for Friday. Just this
10 morning, I tried to set up a video conference and I
11 was told the soonest available time slot will be
12 September 29th, four days after his grand jury
13 proceeding.

14 So, I have no choice but to meet with him in
15 person. I want to tell you what it's like to go
16 into the area that we call the pins, where my
17 clients are produced, where I speak to them and the
18 dangers that I perceive in the physical layout of
19 the pins.

20 In Brooklyn Supreme Court where I practiced,
21 the pins are a small, low ceiling, windowless room
22 on the third floor. They always smell awful, which
23 really raises the question of ventilation. You
24 could cut the smell with a knife. It smells like
25 sweat, toilets, spoiled milk from the milk cartons
that the inmates are given to drink. Corrections

3 officers regularly have candles or incents burning
4 but even during COVID, that smell is ever present.
5 Whatever enters the air in the pins is still
6 hanging there.

7 The room is split into two halves by a wall of
8 reinforced plexiglass and along that central wall
9 with plexiglass are small interview booths that
10 have been built out. To have a confidential
11 conversation, my client goes into one half of a
12 booth on their side of the wall, shuts the door
13 behind them and I enter the booth from the other
14 side. The booth is sound proofed and therefore
15 sealed and unventilated. There is no way for me
16 and my client to socially distance from each other
17 while we are having this intensive detailed long
18 conversation.

19 The only way for me to hear what my client has
20 to say and my client to hear my advice is to speak
21 through a hole that's cut in the plexiglass between
22 us. It's about the size of the saucer that I am
23 holding up. It's about four and a half or five
24 inches across and my clients are desperate for me
25 to hear what they have to say. They are spitting

3 through the hole sometimes. They are holding their
4 mouth directly up to it.

5 I see I am at my time but if I could just
6 finish this thought?

7 SERGEANT AT ARMS: Time expired.

8 CHAIRPERSON RIVERA: Yes.

9 ANNA BERGER CARLSEN: With your permission.

10 CHAIRPERSON RIVERA: Please.

11 ANNA BERGER CARLSEN: I just want to let you
12 know that for example, on August 26th, I met with a
13 client to prepare him for grand jury testimony and
14 he was produced without a mask and the court
15 officer who brought him into the pins also was not
16 wearing a mask. I asked him whether he had been
17 given a mask and he said, oh yes, they gave me one
18 when I came into the facility, when I was brought
19 to NDC and he produced from his pocket a completely
20 flattened, filthy, tattered surgical mask that he
21 said he had been wearing for the last five days.

22 So, there is a real problem with the lack of
23 PPE. There is a real problem with the lack of
24 court officers wearing PPE and complying with those
25 protocols. So, as somebody who is coming from the
public into the court house and meeting with my

1 client in a way where I cannot possibly socially
2 distance from them, I want to ask DOC and DCAS to
3 have written safety plans that are public. I want
4 the same kind of written safety plan and
5 transparent protocol that the Department of
6 Education has to safeguard the public's health
7 because the communities that I represent are
8 communities that are already ravaged by COVID that
9 have had the worst. They are completely
10 marginalized and they need for this space, where
11 they have the least control over what happens to
12 them, they need this space to be safe.

14 So, I want to thank you Chair Rivera, Chair
15 Powers and everyone who is working to keep these
16 vulnerable communities safe. The courts in their
17 current state are a super spreader event within the
18 jails that is waiting to happen.

19 COMMITTEE COUNSEL: Thank you for your
20 testimony. I will now turn it to Kayla Simpson for
21 testimony. You may begin when you are ready.

22 SERGEANT AT ARMS: Starting time.

23 KAYLA SIMPSON: Good afternoon, my name is
24 Kayla Simpson, I am a Staff Attorney with the Legal
25 Aid Society Prisoners' Rights Project. Thank you

3 Chairs for this opportunity to speak and I want to
4 focus on masks for a second. I know we have been
5 talking about that a lot but I want to focus on
6 them and I will tell you why. Because they are
7 important but also, because I think it tells you
8 something about the agency that is at the heart of
9 this hearing and what the Council should do in
10 response to that knowledge of the agency.

11 So, they are important, masks are important.
12 Just last week, CDC Director Dr. Redfield told the
13 U.S. Senate that masks are the most important
14 powerful public health tool we have against the
15 pandemic, and they matter even more in our jails.
16 Staff come from all over the city and beyond, in
17 and out of facilities every day, working different
18 housing areas, different buildings. And so, DOC
19 rightfully has a policy that staff must wear masks
20 but they are not wearing masks and DOC leadership
21 cannot adequately explain why they are working for
22 city employees can flout the mask mandate with such
23 visibility and impunity and our attorneys, you have
24 heard it today from the Board of Correction but our
25 attorneys say the same thing. Anna just
reiterated, they visit clients in person and via

3 video conference and the see that DOC staff wearing
4 mask properly is an exception not a rule.

5 One attorney even described watching two
6 uniformed officers posting mask required signs
7 while they themselves were not wearing masks.

8 And when we raised this issue with DOC
9 leadership, there response was just to say, listen
10 it is a policy. We posted posters, we made masks
11 available and will continue to reiterate
12 expectation. Bureaucratic, what Commissioner Brann
13 did not say is that she is willing to enforce the
14 rule and this failure of leadership over a
15 municipal workforce endangers everyone in the jails
16 and in the communities. We should be outraged by
17 it.

18 When public schools reopen, we will require
19 kindergarteners to wear masks or be sent home, yet
20 this administration can't seem to ask the same of
21 its correction officers. Why should we expect more
22 of children than we expect of city employees? And
23 I raise this because the issue is representative of
24 the fundamental problem in this agency, which is
25 that policy just isn't reality. It's true with
masks, it's true with other COVID-19 responses.

3 Paperwork doesn't translate to practice and you can
4 see it I think in the social distancing question
5 that Benny Boscio raised. The recent BOC reporting
6 shows us that the housing area density is rising.
7 61 percent of particularly dangerous dorm units are
8 above 50 percent capacity which is a much higher
9 number of course than we will expect when we return
10 to indoor dining this month. Where we might only
11 sit in a place for two hours but the max capacity
12 allowed by city officials is 25 percent. And I
13 think that begs the question of how we can value
14 the lives of people in custody so little that we
15 protect our indoor dining experience more than we
16 protect them.

17 And I see I am at time again but I have one
18 more thought is I could share.

19 SERGEANT AT ARMS: Time expired.

20 KAYLA SIMPSON: so, I think when we're looking
21 at actual practices in the jails and not just the
22 promises, I think we see that the department is
23 creating conditions recklessly in the jails that
24 are right for a resurgence second wave, which
25 Council Member Holden was right to raise. And I
think the Council can and should legislate some of

1 those practices. Like the rubber meets the road
2 practices. To cap capacity of housing units during
3 infectious disease emergencies like the one we are
4 in, to mandate random mask testing of the staff and
5 people in custody in line with CDC guidance and to
6 adopt other modern outbreak prevention methods like
7 waste water testing. Like some prisons and
8 universities are using to identify outbreaks early.

9 The jails just aren't safe and they grow less
10 safe everyday as the population continues to rise.
11 We have to decarcerate and we can't take our eyes
12 off these conditions. It's not the time to relax.
13 People in custody are part of our community and
14 they require vigilance. Thank you so much.

15 COMMITTEE COUNSEL: Thank you for your
16 testimony. Next, we will hear from Orayne
17 Williams. You may begin when you are ready.

18 SERGEANT AT ARMS: Starting time.

19 ORAYNE WILLIAMS: Good afternoon Chairperson
20 Powers, Chairperson Rivera, and community member.
21 My name is Orayne Williams and I am Criminal
22 Defense Social Worker at the Bronx Defender.
23

24 Thank you for the opportunity to testify before
25 you today. As a social worker, we pay close

3 attention to issues regarding the health and the
4 wellness of our clients being held pretrial in the
5 city jails.

6 We emphasize the need for meaningful access to
7 mental health services and necessary changes in
8 environmental factors that are putting our clients
9 life at risk. Environmental factors such as
10 extreme heat, unclean water from pipe and isolation
11 throughout this pandemic have created an inhumane
12 environment.

13 In addition to the extreme risks caused by
14 COVID-19 in a crowded jail setting, there is a
15 disregard for human lives in those facilities.
16 These conditions not only affect our clients
17 physical health but also the emotional and mental
18 health. Throughout COVID-19 pandemic, we have seen
19 our clients struggle to access necessary mental
20 health support.

21 In many cases, clients who express ongoing
22 suicidal ideation, receive no attention despite
23 regular advocacy on their behalf.

24 Many of clients story reflects the danger of
25 neglectful correctional healthcare. Our asthmatic

3 client who became sick during the initial outbreak
4 in jails were at times denied access to inhaler.

5 In August, while checking in with one of our
6 clients, he explained it was extremely hot in his
7 cell. As a result of this heat, he experienced
8 difficult sleeping at night, nose bleeds and
9 dizziness with intense headache.

10 This month, while checking in with another
11 client, he explained that he had some rashes
12 appearing on his skin and a doctor informed him
13 that it could be a result of the water. Our client
14 confirmed that the water from the pipe is often
15 blackish or yellow with a bad odor. Additionally,
16 we want to highlight the lack of transparency
17 regarding DOC and CHS policy and procedures which
18 create barriers to decarceration. Defense
19 attorneys and advocate attempting to visit their
20 client in person at the jail facilities report many
21 officer without masks entirely or wearing them
22 below their chin while interacting with the public
23 and people in custody.

24 Additionally, limitation and access to Council
25 are ongoing and must be addressed. DOC struggle to
produce our clients by video for court appearance,

3 which result in case being adjourned and current
4 and unnecessary delay in the due process. As
5 remote work continues, it is critical that the city
6 takes the necessary measure to ensure our clients
7 are present for their court appearances. Also, our
8 clients are being denied access to Council and the
9 opportunity to participate in disciplinary
10 processes.

11 We ask the City Council to support our advocacy
12 effort with the Board to include access to Council
13 in disciplinary proceeding as a part of their
14 restrictive housing rule to be released.

15 SERGEANT AT ARMS: Time expired.

16 ORAYNE WILLIAMS: In closing, we urge the
17 Council to think creatively about other ways to
18 reduce barriers to decarceration. While finding
19 ways to release many people as possible and for
20 those who remain incarcerated, it is critical that
21 the condition be improved wherever possible. This
22 pandemic is not over. It has seized to ravage our
23 state for right now but there is a second wave
24 predicted for the fall.

25 City Council must act now learning from their
mistakes made these past six months and take real

3 tangible steps to protect New Yorkers in custody
4 before more lives are being taken. Thank you.

5 CHAIRPERSON POWERS: I just have a quick follow
6 up question. Thank you for your testimony and I
7 agree with you and I think we you know agree with
8 the recommendation around having legal council
9 disciplinary hearings and it is something that we
10 have talked to the Mayor's office about and DOC and
11 something that I would like to see included in any
12 rule making when it comes to any changes when it
13 comes to housing.

14 Just can you share any more information about
15 what you would like to see when it comes to
16 representation? I think that you know particularly
17 with COVID, there has been I think some you know,
18 challenges to get you know the public in there but
19 is there any other recommendations you have around
20 that. It is something I am in support of. We have
21 articulated I think in writing at the BOC and
22 others but I would like to hear if there is any
23 specific recommendations around that that you have.
24 This is the last individual who just testified.

25 ORAYNE WILLIAMS: Oh, for me, the
recommendation that we would have from our office

3 is just more transparency and real transparency
4 from DOC and CHS. We believe that if the court is
5 fully aware of how bad the conditions are in those
6 facilities, they will be more willing to release
7 our clients. Those who are in need of being
8 released, especially those who are at high risk
9 with health conditions but with the court not being
10 aware of the true condition of what is going on in
11 those facilities, it makes argument application and
12 other advocacy moments in the court difficult for
13 our clients who are in.

14 CHAIRPERSON POWERS: Alright, but you also, am
15 I correct saying you are recommending that you
16 should be able to have legal counsel if there is
17 like a hearing on punitive segregation or
18 restricted housing?

19 ORAYNE WILLIAMS: Yes.

20 CHAIRPERSON POWERS: Okay, I share your opinion
21 on that and I would like to see that happen. It is
22 something we are pushing for. Obviously, we would
23 like to see the entire sort of end of it and that
24 is something that both -

25 ORAYNE WILLIAMS: I'm sorry, in response to
that specifically, we would like to be notified

3 about the hearings happening especially at an
4 advanced notification of when those hearings are
5 going to be happening and also be allowed to be
6 there because that's not - in the moment, we are
7 not hearing about those procedures in advance which
8 you know, doesn't give us the opportunity to
9 advocate to be there.

10 CHAIRPERSON POWERS: Yeah, okay, great
11 appreciate that. Thank you for the testimony.

12 ORAYNE WILLIAMS: Thank you.

13 CHAIRPERSON POWERS: We just have one more on
14 the panel.

15 COMMITTEE COUNSEL: Thank you for your
16 testimony. We will now hear from Stan Germaine.
17 You may begin when you are ready.

18 SERGEANT AT ARMS: Starting time.

19 STAN GERMAINE: Good morning Committee Members
20 and thank you to Chairperson Powers and Rivera for
21 giving me this opportunity to testify.

22 My name is Stan Germaine, I am the Executive
23 Director of New York County Defender Services. One
24 of New York City's public defender offices that
25 represents clients exclusively in Manhattan.

3 As a preliminary matter, please note that I
4 have introduced substantive written testimony
5 including a report produced by my office based on a
6 survey of incarcerated clients in Rikers Island.
7 What I want to focus my overall remarks on is the
8 untenable situation at DOC facilities which is the
9 persistent and inexplicable lack of mask wearing by
10 corrections officers.

11 In sum, based on direct observation by my staff
12 at least half of New York City Correction Officers
13 are either not wearing masks or wearing them around
14 their chin with their nose and mouth exposed and
15 thus rendering them useless. It is unfathomable
16 that after what the city has gone through during
17 this pandemic that we have persons refusing to wear
18 masks in jail of all places.

19 While the infection rate is low throughout the
20 state and city, the virus is very much still here.
21 Last week, we had 5,537 new cases and 60 deaths in
22 New York State including 38 deaths in New York City
23 and 2,399 new COVID cases in our city. How is it
24 that supermarket employees, MTA employees, and
25 every day New Yorkers can wear masks when outside
their homes but DOC employees openly flout this

3 requirement, especially when eight members of their
4 union lost their lives with another 1,400 union
5 members testing positive. It is simply
6 inexplicable. Union President Boscio just spent a
7 lot of time talking about the inability to get
8 masks. However, now that his members have masks,
9 up to 50 percent of them are not wearing them. I
10 ask him why? My lawyers and our clients personally
11 made these observations of masks with the CEO's
12 every day.

13 My lawyers and staff need to be able to visit
14 incarcerated clients to provide the level of
15 advocacy that incarcerated persons deserve.
16 However, I will not ask my staff to place their
17 health at risk because correction officers are
18 choosing to ignore what the CDC Director, Surgeon
19 General, Dr. Fauci, Governor Cuomo and all elected
20 officials are asking all Americans to do. To help
21 combat COVID-19 which is wear a mask.

22 We ask that the City Council demand in written
23 policy from DOC leadership regarding mask wearing
24 in jails and that there be real consequences for
25 noncompliance.

3 I will leave you with this thought. When
4 schools reopen, if you as elected officials hear
5 that teachers are not wearing masks. That Board of
6 Education employees are walking around schools
7 without wearing masks –

8 SERGEANT AT ARMS: Time expired.

9 STAN GERMAINE: What would the level of outrage
10 be among elected officials, among parents, among
11 cities, among citizens? Incarcerated people
12 deserve the same level of outrage. Our public
13 defenders deserve the same level of outrage that
14 the maskless corrections officers are presenting a
15 clear and present danger to our staff and to our
16 clients. Thank you.

17 COMMITTEE COUNSEL: Thank you for your
18 testimony. I will now turn it to Chair Rivera for
19 questions.

20 CHAIRPERSON RIVERA: Thank you so much for
21 waiting for testifying for all the work that you
22 do. The service that you provide to the city and
23 I'm so sorry that you are faced with this reality
24 of even when there is PPE provided, it's
25 practically useless and that you also feel – well,
I'm going summarize that you are also putting

3 yourselves at risk having these meetings, going
4 back to your organizations where you work
5 tirelessly with your colleagues as public
6 defenders. So, are those in custody facing access
7 to care in addition to maybe the lack of PPE and
8 then my other question for anyone on the panel is,
9 do your clients mention that they get a test at
10 least or that they are asked that they want to be
11 tested. That there is some sort of protocol that
12 they go through to keep themselves and the people
13 around them, such as yourselves safe?

14 STAN GERMAINE: Chairman Rivera, I'm going to
15 read to you an exchange one of my lawyers had just
16 last Wednesday with an incarcerated client and this
17 is verbatim and this is coming from an incarcerated
18 client. "We are packed in a dorm. Every single
19 bed is full. There is no social distancing. It's
20 like they are running out of room to put people.
21 When I first got here, they had every other bed was
22 empty and the middle but now, there is no pretense
23 of social distancing. They are keeping the place
24 full. It's only when you have to go up front when
25 you are around the wording when you all of a sudden
get a mask."

3 Question, when was the last time you got a
4 mask? Answer, last mask was last Tuesday when I
5 worked up front. When I was near the brass like
6 the warden and lieutenant.

7 That's the reality of what's happening at the
8 Rikers Island jail from somebody who was there.
9 There apparently has been a clear shift from an
10 emphasis on social distancing and mask wearing, so
11 this kind of attitude that well, the infection rate
12 is at one percent and there is no big deal.

13 And as I pointed out in my remarks, the virus
14 is still very much here and this is very
15 concerning.

16 CHAIRPERSON RIVERA: Did somebody want to add
17 because my second question is about the attorney,
18 client privilege when you are having virtual
19 meetings but if anyone had anything to add to my
20 first question, please feel free.

21 ANNA BERGER CARLSEN: So, Chair Rivera, I just
22 mentioned that the client that I spoke about
23 previously who I met with on August 26th, he told
24 me that he was tested when he entered Department of
25 Corrections custody right after his first arrest
but he was not retested after meeting with me and

1 we were meeting in a non-socially distance manner
2 through a hole. When he was brought back again to
3 MDC, he was not retested after being in the pins,
4 after interacting with court officers who were not
5 masked and so, that seems to me like a gigantic and
6 obvious place where COVID could reenter the jail.
7 Is after these court appearance due to conditions
8 that are in the courthouses.
9

10 I'd also point out as far as attorney client
11 privilege conversations that you know my clients
12 will often try to call me because there is such a
13 long wait for video conferences and specifically
14 the line for the phones is another place where they
15 mention that they are having problems with social
16 distancing. That there is always a long line for
17 the phones. That people are not staying away from
18 each other in that line because they don't want to
19 miss their turn and that they are unmasked during
20 that waiting period.

21 CHAIRPERSON RIVERA: Thank you. The virtual
22 meetings was something I did try to ask about. I
23 realize that CHS and our legal system technically
24 might use different systems but that breach of
25 trust and confidentiality has certainly been a

3 cause of concern. I wanted to see if any of my
4 colleagues had any questions for this panel?

5 CHAIRPERSON POWERS: Just a quick statement. I
6 appreciate the comment and the suggestion around
7 after the visits and the contact with other folks.
8 I think it's something that, first of all I think
9 we all agree that the face mask wearing has to
10 happen and particularly if we start seeing a surge,
11 not only do we have to have PPE available for
12 folks, which was an issue early on but they have to
13 be willing and able to use it.

14 But I also, on those other areas where you
15 know, we may not be seeing testing happening or
16 there may be contact with folks from the outside, I
17 think it is a good area to focus on as further
18 compliance and get a strategy around testing, so
19 something I think both Council Member Rivera and I
20 can follow up with and figure out how to make the
21 Department sort of better adhere to. I think our
22 outside standards for what centers in other places
23 for testing and we will be happy to follow up on
24 that but I appreciate you raising those.

25 And we would be happy to hear anymore that
folks have either through email or testimony.

1 COMMITTEE ON CRIMINAL JUSTICE JOINTLY WITH
2 COMMITTEE ON HOSPITALS

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3 CHAIRPERSON RIVERA: And about some of your
4 clients you know, in terms of receiving meaningful
5 and adequate access to medical care. That is
6 something that I am very, very concerned about. I
7 do see Council Member Holden; your hand is up. You
8 want to ask a question of the panel?

9 COUNCIL MEMBER HOLDEN: Yeah, I just want to
10 echo both Chairs concern. There should be a set of
11 procedures and that's why I have asked BOC and
12 certainly we need it from DOC, to find out what's
13 the procedure when you are leaving, going to court.
14 When you are coming in contact with people from the
15 outside on a regular basis. We need - I mean, it's
16 easy to take credit now and say oh, we don't have,
17 we were under one percent, we are doing a better
18 job than any Department of Corrections in the
19 country in keeping down the COVID.

20 Yeah, because New York City is doing that. So,
21 taking credit when we are down to less than one
22 percent is disingenuous, I would say but it's
23 alarming to hear from the advocates of saying that
24 there is nothing set up. Nobody is getting
25 retested. They are coming in contact with the
outside. We need to hold everyone, the

3 administration accountable, because again, when the
4 second wave comes, it doesn't sound like we are
5 going to be ready.

6 So, I think we have to really make it an issue
7 certainly and I thank the Chairs for doing that.

8 KAYLA SIMPSON: Can I just ask the Council
9 Members, I know CHS represented today that people
10 in custody who request testing are able to get one
11 even if they are not symptomatic but I would really
12 encourage following up on how many of those tests
13 have actually been performed and what the results
14 of them have been because we regularly hear it from
15 people in custody that they want tests but are not
16 able to get them.

17 So, I would just be interested in some of the
18 data behind that and I think that sort of
19 underscores some of the things that Dr. Cohen has
20 recommended that certainly we have been asking for
21 which is a much broader testing strategy. Maybe
22 even random mass testing offered to people in
23 custody as sort of an outbreak prevention mechanism
24 because Council Member Holden you are quite right.
25 Like, where are the low prevalence in the
community, which is why we are in a low prevalence

3 in the jails and I think that that's the kind of
4 vigilance we need to be talking about and I feel
5 like often the agencies are far to reactive rather
6 than you know, doing some of these other strategies
7 that other places are using. Like, random mass
8 testing, like mandating staff regular testing.
9 Like even waste water testing, which I know I
10 mentioned briefly but I would just encourage follow
11 up on that. We would really appreciate it.

12 CHAIRPERSON RIVERA: Absolutely, I mean Local
13 Law 59 requires them to report the number of
14 individuals tested for infection but we mentioned
15 that some of those results are pending and then we
16 also got kind of a range of the daily tests and
17 then it was a bit unclear as to how long it takes
18 between your requests getting tested and then the
19 results.

20 So, we certainly have a large request in for
21 data, detailed data at that. So, I thank you. I
22 agree, it's certainly urgent and we really do
23 appreciate all of the comments from this panel and
24 what you have done.

25 STAN GERMAINE: Thank you Committee Members.

CHAIRPERSON RIVERA: Thank you so much.

3 COMMITTEE COUNSEL: Thank you. Thank you for
4 your testimony. Seeing no other Council Member
5 questions, we will move on to our next panel.

6 I would now like to welcome Tanya Krupat to
7 testify. After Tanya, we will hear from Andre
8 Board followed by Zachary Katz Nelson followed by
9 Sarita Daftary.

10 Ms. Tanya Krupat, you may begin when you are
11 ready.

12 SERGEANT AT ARMS: Starting time.

13 TANYA KRUPAT: Hi, can you hear me? Thank you
14 for the opportunity to speak with you today. My
15 name is Tanya Krupat, I am the Director of the
16 Osborne Center for Justice Across Generations. The
17 policy arm of the Osborne Association.

18 Osborne offers a wide range of diversion and
19 reentry programs in the Bronx, Brooklyn, Harlem,
20 Newburgh, and Buffalo as well as services at 30
21 state prisons and 7 New York City jails.

22 Over the past six months, our program staff who
23 work on Rikers or in borough jails have pivoted to
24 providing program materials to DOC for
25 distribution. Staffing a reentry hotline to assist
those preparing to leave or having just left.

3 Conducting expensive outreach to people upon
4 discharge from DOC facilities and providing reentry
5 services both in person and virtually.

6 Today, I will be focusing on visiting the lack
7 thereof and tele visiting. I am a member of the
8 DOC visiting work group, although I am not
9 testifying on behalf of the work group today. The
10 benefits of visiting are numerous and well
11 documented including benefits for correction such
12 as reduced violence and institutional adjustment,
13 as well as benefits for the incarcerated
14 individuals, their children, and families.

15 Sadly, visiting is often an aspect of
16 corrections that gets overlooked at best or deemed
17 inconvenient, a security threat or unimportant at
18 worst. Visiting at the city jails has been
19 suspended since March 18th. No plan has been
20 announced indicating when visiting might reopen or
21 what it might look like when it does. There has
22 been silence regarding the issue of visiting.
23 Although DOC processed 500 to 700 visitors per day,
24 five days a week until COVID halted all visits.

25 Visiting has resumed in state prisons with
social distancing and PPE in place. The revised

3 visit schedule and details made available to the
4 public on the docs website. Visiting can be
5 managed during this time and we ask that DOC work
6 with CHS, representatives of those who visit.
7 Visit room officers, the DOC visit work group, and
8 the DOC to develop a thoughtful informed plan for
9 reinstating visits.

10 I wanted to speak about tele visiting. While
11 we commend the Department for expediting an
12 expansion of tele visiting, we wanted to speak
13 about a few details in this. Between April 1st and
14 June 21st, the Department conducted 9,400 in tele
15 visits. While impressive, when analyzed across the
16 10 facilities and the 11 weeks that this
17 encompasses and the fact that no other visits are
18 happening, the numbers actually paint a different
19 picture.

20 To put this into perspective applying the
21 Census numbers from this past Friday, if only half
22 of all people incarcerated on Rikers received one
23 tele visit per week over 11 weeks, this would
24 amount to 23,584 tele visits. My testimony
25 includes a chart of the estimated percentage of the
population at each facility who might be having

3 weekly tele visits. While OBCC is an impressive 65
4 percent, all other facilities are under 29 percent
5 with Rose M. Singer Center at 23 and RNDC at 20
6 percent.

7 So, close to 80 percent of women and young
8 people and most others on Rikers are not having
9 tele visiting or visits.

10 SERGEANT AT ARMS: Time expired.

11 TANYA KRUPAT: Can I just say one thing in
12 closing? We ask that you also look into the
13 practice of strip searching individuals before and
14 after each tele visit. We've been told that DOC
15 will conduct strip searches upon reasonable
16 suspicion and we ask the Council and the Board look
17 into this further and require weekly reporting of
18 any strip search that is conducted. Thank you.

19 COMMITTEE COUNSEL: Thank you for your
20 testimony. We will now be hearing from Andre Ward.
21 You may begin when you are ready.

22 SERGEANT AT ARMS: Starting time.

23 ANDRE WARD: Yes, to Chairpersons Rivera and
24 Powers. Good afternoon. My name is Andre Ward, I
25 am the Associate Vice President of the David

3 Rothenberg Center for Public Policy at the Fortune
4 Society.

5 The Fortune Society is a 53 year old
6 organization that supports successful reentry from
7 incarceration and promotes alternatives to
8 incarceration. Thus, printing the fabric of our
9 communities. We do this by believing in the power
10 of people to change, building lives through service
11 programs shaped by the experiences of our
12 participants, and changing minds through education
13 and advocacy to promote the creation of a fair,
14 humane, and truly rehabilitative correctional
15 system.

16 In a March 30th article features in the Daily
17 News it was reported that at least 167 people that
18 were currently detained in New York City jails now
19 have COVID-19, an increase of more than 60 percent
20 since Friday according to a daily report from the
21 Department of Correction.

22 Another 114 jail staff members have also tested
23 positive for the illness according to DOCS. More
24 recently in an August 10, 2020 article featured in
25 the Daily News, it was reported that a total of 754
incarcerated people in all New York State prisons

3 have tested positive for coronavirus. Of those
4 cases, 608 have recovered. 17 incarcerated people
5 have died of the disease.

6 The Fortune Society is really grateful
7 obviously for the hard work of advocate and law
8 makers who amplify the need to release thousands of
9 people that were detained on Rikers to stem the
10 spread of the coronavirus and we thank both the
11 Board of Corrections for identifying over 2,000
12 detainees for released and Governor Cuomo for
13 taking some action to release some of those who
14 were detained. Yet that is not enough. In order
15 to address the much needed safety protocols that
16 need to be put in place to prevent the spread of
17 the coronavirus in jails and prisons.

18 There is also no evidence of measures being
19 taken to effectively engage people in jails and
20 prisons if some future pandemic occurred. What's
21 needed is more when it comes to scientific
22 medically effective and humanely centered
23 approaches to addressing a pandemic in jails and
24 prisons. This is especially applied to those who
25 have been put in position to public trust, such as
correction officers whose roles should be to

3 demonstrate the care all humans need to grow and
4 transform while they remain temporarily in custody
5 in other institutions responsible for supervision.

6 What is needed is an actual monitoring of how
7 people in jails and prisons are treated by
8 corrections officers during any pandemic or
9 national crisis. This monitoring could come in the
10 form of corrections officers being mandated to wear
11 body cameras to ensure that the detained and
12 incarcerated people are treated with humanity and
13 that the safety mechanisms that the department says
14 have been put in place are in fact being used on a
15 daily basis.

16 What is needed is mandated first aid training
17 for those detained and incarcerated, as well as
18 correction officers. Not only can this training be
19 used to save lives in jails and prisons, it can
20 also be used by a detained incarcerated person.

21 SERGEANT AT ARMS: Time is expired.

22 ANDRE WARD: As a transferable skill. As a
23 formerly incarcerated man of color, I experienced
24 medical neglect while in prison and witnessed
25 countless others experience the same thing. I can
only imagine what the women and men that are

3 detained and incarcerated are going through today,
4 which means immediate action must occur. Leaders
5 like yourselves Chairperson Rivera and Powers,
6 remain committed to making a difference to the way
7 the criminal justice system operates. And with
8 this pandemic or any other, we are looking to get
9 others in the assembly to join alongside you to
10 ensure that those who are detained and
11 incarcerated, especially during a pandemic are
12 treated humanely. Thank you.

13 COMMITTEE COUNSEL: Thank you for your
14 testimony. Next, we will be hearing from Zachary
15 Katznelson. You may begin when you are ready.

16 SERGEANT AT ARMS: Starting time.

17 ZACHARY KATZNELSON: Good afternoon. My name
18 is Zachary Katznelson, I am the Policy Director at
19 the Lippman Commission. Our formal name is the
20 Independent Commission on New York City Criminal
21 Justice and Incarceration Reform.

22 Thanks for the chance to testify today and
23 thank you for holding this hearing. You know, on
24 many levels COVID has brought home the lesson that
25 we must continue to move away from incarceration as
much as possible. CHS testified earlier, the best

3 way to prevent the spread of COVID in the jails is
4 to have as many people as safe as possible. To
5 have as few people locked up as possible. And of
6 course, it is important to recognize the steps that
7 the Administration and other actors in the system
8 took to release significant numbers of people
9 earlier in the pandemic. Clearly more could have
10 been done and it could have been done more quickly.

11 I'd like to focus today on people serving city
12 sentences. Commissioner Brann testified and she
13 stated that 296 people have been released by the
14 six day program. If you compare those stats with
15 the stats that the Mayor's Office of Criminal
16 Justice released for March and April, it seems that
17 no one or almost no one has been released under
18 that program since earliest days of the pandemic.
19 And we would strongly urge the Commissioner to
20 change that and for the Council to put pressure on
21 the Administration to change that. Because not
22 only did the six day releases undoubtedly save
23 lives by eliminating exposure to COVID, it brought
24 down the recidivism rate by providing people who
25 are being released with housing and wrap around
services as needed.

3 Many of the people in the six day program had
4 several previous convictions. As one service
5 provide described it to me, it's people who are
6 effectively serving a life sentence one misdemeanor
7 at a time and they are being cycled in and out of
8 jails subjected to trauma and violence and not
9 getting the services they need and just repeating
10 the cycle.

11 But the six day program has proven
12 significantly more effective in the rearrests rates
13 of the program are just about half of what the
14 people are – for people released generally.

15 So, these services matter and it cost vastly
16 less than it does at Rikers as housing wrap around
17 services costs between say 50 to 75,000 a year per
18 person depending on people's needs.

19 At Rikers today, we spend approximately 500,000
20 per person per year. So, the 100 people who are
21 serving city sentences right now, that's \$50
22 million a year just for those 100 people. That's
23 not a good use of our resources.

24 And one of the things that before COVID hit,
25 the administration promised that they would
permanently move people with serious mental and

1
2 physical health needs out of the jails and into
3 city hospital settings and even though that too
4 would obviously reduce the population and take the
5 most medically vulnerable people out of the jails,
6 that process has stalled.

7 And so, we would encourage the City Council to
8 really push the administration to start moving that
9 forward as quickly as possible. So, ultimately,
10 hopefully we can all take the lessons that COVID
11 has taught us and permanently revamp our reliance
12 on incarceration. Because not only will that help
13 save lives, it will help the lives of the people
14 who are incarcerated who are serving sentences or
15 facing charges and frankly, to help people in the
16 community so there will be fewer victims and the
17 low recidivism when people come out.

18 So, that's the real path forward we believe.
19 Thank you so much.

20 SERGEANT AT ARMS: Time expired.

21 COMMITTEE COUNSEL: Thank you for your
22 testimony. Next, we will be hearing from Sarita
23 Daftary. You may begin when you are ready.

24 SARITA DAFTARY: Hello, good afternoon. Thank
25 you Council Member Rivera, Council Member Powers

3 for holding this hearing. I am testifying today as
4 a Member of the Jails Action Coalition and the
5 Justice for Women Taskforce. I want to thank you
6 for your work in partnership, the formally
7 incarcerated leaders, and allies across New York
8 City to advocate for reducing the use of
9 incarceration in New York City overall and in
10 response to COVID-19. The urgency of
11 decarcerating, closing Rikers and addressing unsafe
12 conditions in all city jails is more clear than
13 ever. I want to echo all of what the advocates and
14 public defenders have raised in previous testimony
15 and add a few details.

16 The last few months have magnified both the
17 completely unacceptable physical environment in the
18 jails and also the disregard and disorganization
19 with which the Department of Corrections and its
20 staff operate. Again, we continue to hear great
21 discrepancy between what DOC says and what is
22 actually being done where people who are in the
23 jails are reporting to us.

24 Recently, loved ones of the people currently in
25 DOC custody reported the following. One mother
described to me that her son and others in his

3 housing unit at RNDC had not had access to barber
4 since March. She said he looks neglected and sad
5 in her weekly video calls with him. She said CEO's
6 are not consistently wearing masks.

7 A woman described that her partner who was
8 being held at the boat has watched DOC put up signs
9 saying that they will be giving masks and gloves
10 but they haven't. He said CEO's are not wearing
11 masks and gloves themselves.

12 A mother reporting back from her son, who was
13 also held on the boat, said that DOC only gives
14 small hotel size soap bars and only when they have
15 them. He said they also give masks only when they
16 have them and when people in custody ask. Often,
17 they must reuse masks repeatedly and he also noted
18 that CEO's are not wearing masks regularly at all.
19 People in custody are expected to clean their own
20 housing areas but they are not provided with
21 disinfectant regularly. He described a
22 particularly dehumanizing incident last week when a
23 person in his cell block who was not mentally well
24 overflowed his toilet. The people in custody were
25 forced to clean feces and urine the best they could
without proper cleaning supplies.

3 While the behavior of DOC indicates that they
4 feel no urgency to enforce the COVID-19 regulations
5 among their staff particularly wearing masks, they
6 continued with provisions that are convenient for
7 them prohibiting visiting and programming. The
8 reason is pretty transparent. DOC has always
9 viewed visiting and programming as a nuisance and
10 is using this opportunity to deny those rights to
11 people in custody.

12 There is a clear discrepancy between what DOC
13 says they are doing and what people in custody
14 report but that is not new. Actually, Council
15 Member Powers, you mentioned that it is the city's
16 duty and responsibility to keep people in custody
17 safe.

18 And what I want to say to close is that people
19 in DOC's custody were not safe before COVID and
20 they are aren't safe now. It's been well
21 documented by the federal independent monitor and
22 others that this is a department that consistently
23 violates minimum standards for responsible
24 treatment of people in their custody and
25 consistently fails to hold its staff accountable or

3 following the rules established to protect human
4 rights. Yet the Mayor has subjected the Board –

5 SERGEANT AT ARMS: Time expired.

6 SARITA DAFTARY: Just finish this sentence if
7 you don't mind. The Mayor has subjected the Board
8 of Corrections to budget cuts that will reduce
9 their staff and who provide critical oversight by
10 31 percent without planning any similar cuts to the
11 Department of Corrections which employs two
12 officers for every person in custody but still
13 cannot manage to distribute masks. The Council
14 simply cannot allow that to happen. Thank you.

15 COMMITTEE COUNSEL: Thank you. I will now ask
16 if any Council Members have questions.

17 CHAIRPERSON RIVERA: I just want to thank you
18 all. Clearly them bringing up the low infection
19 rate at was mentioned is reflective of what we are
20 all trying to do but I think we've been pretty
21 clear about the release program and releasing as
22 many individuals as possible. It happened very,
23 very quickly at the beginning and there is no
24 reason why that momentum should not continue.

25 So, I thank you all for your service and for
your testimony and we are absolutely committed to

3 following up on the PPE, on the testing, on
4 protecting the staff and the people that are there
5 and making sure that there are social distancing
6 protocols in place and that there is contact
7 tracing.

8 So, I just want to thank you all for your
9 testimony and really just unacceptable conditions
10 and experiences that the people that you know and
11 your loved ones are having.

12 COMMITTEE COUNSEL: Thank you Chair. We will
13 now be moving on to our next panel. I would like
14 to welcome Dr. Victoria A Phillips to testify.
15 After Dr. Phillips we will be hearing from Jordyn
16 Rosenthal followed by Kelsey De Avila followed by
17 Mrs. Sammie Werkheiser followed by Kelly Grace
18 Price. Dr. Phillips, you may begin when you are
19 ready.

20 SERGEANT AT ARMS: Starting time.

21 DR. VICTORIA A PHILLIPS: Good morning Chair
22 Rivera and Powers and all others or afternoon,
23 sorry. My name is Mrs. Dr. Victoria Phillips, you
24 all know me as Ms. V and I am member of the Jails
25 Action Coalition. The Community Health and Justice

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3 Organizer at the Mental Health Project Urban
4 Justice Center and founder of Visionary V.

5 For the past two decades I have worked in
6 nursing, mental health and criminal justice and
7 arrange of environments with almost every
8 demographic within our society. I speak from a
9 place of demanding justice and never to demean DOC
10 or CHS but to assist them in becoming better and
11 most productive while overlooking our New York City
12 community members. There has always been so much
13 to say within three minutes and I am always
14 fighting internally in who gets the truth. Whose
15 truth get highlighted in such a short time. I urge
16 this Council to figure out a way that those on the
17 inside can call into these hearings, so that you
18 can hear from them yourselves and I want to inform
19 you that most reports coming to me right now from
20 the inside are around the lack of access to PPE,
21 timely medical visits or mental health treatment,
22 access to law library and receiving back all that
23 they request and virtual visits.

24 Now, with a little bit of time left, please
25 allow me to answer one of your questions directly
on the record from someone on the inside.

1 [INAUDIBLE 3:35:40-3:36:22] Okay, and so you
2 are saying that in your personal experience with
3 mental health, I want to make it clear for the
4 record. So, you are saying in your personal
5 experience for mental health, you feel that once a
6 month is not good enough and when you've asked for
7 - requested additional time, mental health
8 downstairs have told you it is DOC that has to put
9 it in?
10

11 TAPE RECORDER MESSAGE: That is correct. That
12 is correct. [INAUDIBLE 3:36:47-3:36:57].

13 DR. VICTORIA A PHILLIPS: That's something that
14 I also have brought up to the Board of Corrections.
15 So, the fact that you are even mentioned right now,
16 can you just take a moment to fully explain to the
17 Board why it is so important in this situation to
18 have access to mental health more than once a
19 month. More than once every 28 days?

20 TAPE RECORDER MESSAGE: Sure. I believe that's
21 very effective in a negative way because [INAUDIBLE
22 3:37:22- 3:37:35] -

23 SERGEANT AT ARMS: Time expired.

24 [INAUDIBLE 3:37:38-3:38:05]
25

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3 DR. VICTORIA A PHILLIPS: Thank you for being
4 so honest and open. I have so much more that I
5 could play to answer all your questions. I have
6 hours of tape directly answering your questions
7 about PPE, going to court and this is how it is.
8 How they don't have privacy, why they are talking
9 to their attorney's. How people are being emailed
10 after a visit is supposed to have start to be
11 notified that they are supposed to be on a visit.
12 I have so many recorders but please, please City
13 Council, make it where people can call in and you
14 can hear from them before you even start
15 questioning DOC or anyone else that sits before
16 you, so that they can properly have to answer what
17 you are hearing directly from the inside. Please,
18 I beg you, make that happen. Make it happen now.

19 COMMITTEE COUNSEL: Thank you for your
20 testimony. Next, we will be hearing from Jordyn
21 Rosenthal. You may begin when you are ready.

22 SERGEANT AT ARMS: Starting time.

23 JORDYN ROSENTHAL: Hi, my name is Jordyn
24 Rosenthal and I am the Director of Community
25 Engagement for the Woman's Community Justice
Association and a member of the Justice for Women

3 Taskforce and I want to thank fellow sisters and
4 other advocates who are testifying on behalf of the
5 Justice for Women Taskforce.

6 The Women's Community Justice Association is a
7 gender specific trauma informed advocacy for
8 justice agency that uplifts and amplifies the
9 voices of all women who are experts through their
10 life experiences and efforts.

11 I want to begin by thanking Chair Powers and
12 Chair Rivera for holding this crucial oversight
13 hearing.

14 On Sunday, March 22nd, Governor Cuomo announced
15 the New York State on pause executive order and our
16 lives were drastically changed. The city and state
17 scrambled to implement policies and protocols that
18 assured uniform safety for everyone and
19 surprisingly, people detained in New York City
20 jails were not a priority during this effort. They
21 have remained an afterthought and as a result, our
22 city jails have been ravished by the novel
23 coronavirus.

24 When the Board of Corrections started to
25 release its daily report in April, it was clear the
fire was spreading like wildfire and more than half

3 of the women detained were exposed but
4 asymptomatic. By mid-May, 75 percent of women
5 detained at Rosie's were likely exposed but
6 asymptomatic.

7 The Rose M. Singer Center is not a particularly
8 sanitary or clean place to begin with. The lack of
9 personal protective equipment and access to hygiene
10 stations have exacerbated the problem. Even now
11 when the virus is somewhat contained, I am leery of
12 the efforts of DOC. For instance, if police
13 officers are supposed to be wearing - I'm sorry, if
14 police officers are supposed to be giving \$50
15 tickets to those on public transit without wearing
16 masks that are not wearing masks themselves, how is
17 the Department of Corrections operating behind
18 closed doors.

19 As we've heard from everyone else, they are not
20 wearing masks. They are not abiding by their own
21 rules. Which brings me to the next topic,
22 transparency. The Board of Corrections updates has
23 been an important tool for our organization and we
24 are grateful for the Boards commitment to
25 transparency.

3 However, the Board stopped reporting the number
4 of pregnant women in custody on May 20th. When I
5 reached out, they explained they stopped reporting
6 because they were receiving inconsistent
7 information from DOC and they were concerned about
8 reporting inaccurate data. It is baffling that the
9 city cannot record accurate information regarding
10 who was in their custody and even more specific for
11 a subpopulation that requires special care.

12 If an entity does not know who is in their
13 custody, how can they accurately care for them?
14 So, which brings me to recommendations. Before a
15 second wave of COVID hits, the city should book us
16 on decarcerating as many women and men as possible.
17 Over 75 percent of the women detained at Rosie's
18 are pretrial meaning they legally innocent. The
19 Woman's Community Justice Association has been
20 advocating for a single standalone site and there
21 were points of agreement in the ULURP process
22 saying that the city would help find the standalone
23 site.

24 The one in Queens is too far away and it is
25 going to take too long to build. We could close
the Rose M. Singer Center now and get the women off

3 of the island. I'm sorry, can I finish my sentence
4 or -

5 SERGEANT AT ARMS: Time expired.

6 JORDYN ROSENTHAL: We could actually get the
7 women off the island and use the Rose M. Singer
8 space which is larger to accommodate social
9 distancing by renovating a place like Lincoln
10 Correctional Facility, Bayview or even [inaudible
11 3:42:17]. It would just require work within the
12 city and state.

13 Please help us you know; make this a reality
14 and we are also submitting written testimony within
15 the 72 hours for further details of our plan.
16 Thank you so much and my apologies for going over
17 time.

18 COMMITTEE COUNSEL: Thank you for your
19 testimony. Next, we will be hearing from Kelsey De
20 Avila. You may begin when you are ready.

21 SERGEANT AT ARMS: Starting time.

22 KELSEY DE AVILA: Hi everyone. My name is
23 Kelsey De Avila, I am with Brooklyn Defender
24 Services.

25 Thank you Ms. V for sharing that recording and
I agree. I hope this Council can find ways for

3 people incarcerated to testify directly themselves
4 in all public hearings including Board of
5 Correction hearings.

6 I do want to spend the time to just respond to
7 what CHS and DOC said about testing and contact
8 tracing. When someone is arrested, likely by
9 police officers not wearing masks and bail is set,
10 they are transported from a DOC bus. They are
11 handcuffed to an individual. Eventually, they are
12 moved from intake to new admission housing and they
13 are not just with the people they enter the jail
14 with but with those who entered days before they
15 did.

16 Now, we have two people, person A and person B
17 who are both in the same new admission housing
18 unit. Person A was tested before person B arrived
19 in the unit and they will stay in the unit until
20 Person A gets their test results back. Person A
21 and Person B are now in the same unit. They are
22 sharing the same day room space, telephone,
23 showers, with little to no sanitation being
24 witnessed.
25

3 Now, person A, his tests results come back
4 negative and is moved to another unit, potentially
5 another facility.

6 Person B gets their tests results back days
7 later and they are positive. CHS says the new
8 admission unit is put on quarantine status and any
9 retesting is done on a case by case basis depending
10 on if I quote, if the person was using PPE. But is
11 person A notified and is the new unit that person
12 is in, are they being tested or are they notified.

13 Today, CHS had testing's available for everyone
14 but many people have reported that they will asks
15 for tests and their requests are ignored or told,
16 we will look into it.

17 People are entering housing units before or
18 without ever receiving their test results. It's
19 creating unnecessary stress and anxiety as it was
20 pointed out earlier. It is building up tensions in
21 the jails and people have been saying this since
22 March. Housing units are above 50 percent capacity
23 and DOC is moving people every day. My team worked
24 with someone who was moved to four different
25 facilities in one week.

3 When we asked CHS if they test every time
4 someone enters the facility, we were told and I
5 quote, "it's not practical because transfers within
6 custody happen frequently." Transfers are
7 happening at the guidance of DOC, not from the
8 guidance of CHS or public health officials. I
9 would ask for clarification on their contact
10 tracing efforts. We are told it is complicated, it
11 is complex.

12 We are heading into a second wave with little
13 information on how CHS and DOC are handling this
14 crisis. DOC said today that they are waiting DOHMH
15 guidance on family and social visit reopening yet
16 legal visits are happening with what seems like no
17 guidance at all. With DOC apathy towards
18 compliance and increasing jail population, Rikers
19 Island will once again be at the epi center of this
20 crisis and we will have the headlines to show it.

21 And lastly, I will say the city has not
22 publicly reported the number of people who
23 contracted COVID-19 in the jails but died post
24 release. And advocates and attorneys work
25 endlessly for their release and for many it was too
late. And I think to understand the true impact of

3 COVID-19 in the jails and the spread of COVID-19 in
4 the city, we must know this number. Thank you.

5 COMMITTEE COUNSEL: Thank you for your
6 testimony. Next, we will be hearing from Ms.
7 Sammie Werkheiser. You may begin when you are
8 ready.

9 SERGEANT AT ARMS: Starting time.

10 MRS. SAMMIE WERKHEISER: Hello. The following
11 is my testimony before you the New York City
12 Council on September 21, 2020. My name is Sammie
13 Werkheiser. I am 41-years-old and an advocate for
14 pregnant women who are incarcerated in New York
15 City. I speak today for the pregnant women on the
16 inside who have had to grow a human being inside of
17 their bodies while also serving jail time or a
18 prison sentence. I proudly advocate for women who
19 are justice impacted with our team at a little
20 piece of light in Donna Hill in Brooklyn New York.
21 I am a member of the Justice for Women Taskforce, a
22 speaker for the National Action Network for
23 Solitary and the National Religious Campaign
24 Against Torture. I advocate and bring them to New
25 York for incarcerated men and women with the
citizen action of New York's southern tier chapter.

3 I am calling for the immediate and to solitary
4 confinement being used for medical quarantine
5 during the COVID-19 pandemic. The practice of
6 solitary confinement itself is humane and unfair
7 and constitutes as cruel and unusual punishment. A
8 violation of our constitutional rights.

9 Three women that I am friends with Bedford
10 Health Correctional facility were diagnosed with
11 COVID-19. Darlene Benson also known as Lulu was
12 diagnosed with COVID-19. Lulu and I both entered
13 prison in 2013. It was the other women on 113 C
14 and D housing unit that got the officer's attention
15 to ensure that Lulu got to the hospital. Lulu
16 passed away while serving her sentence. She was a
17 woman of color and an elder. She was a friend,
18 mother, sister, daughter and grandmother and she
19 was my friend.

20 She applied for clemency last year but was
21 denied even after a heart operation. When I was in
22 solitary confinement while serving a 12 years to
23 life prison sentence, my water broke while I was
24 only 5 months pregnant with twins. My son Julius
25 Kingston survived and his twin sister

3 Dacenterine[SP?] was born alive but lived only 22
4 minutes on my chest.

5 The effects of solitary confinement are real.
6 Thousands of men and women incarcerated in New York
7 have been placed in solitary as a means for medical
8 quarantine. Other reasons for solitary can be
9 protected custody, temporary custody or for
10 disciplinary reasons. There is no good reason to
11 throw a woman or man and certainly not a pregnant
12 mother in the hole. If you are unsure if solitary
13 confinement should be eradicated or not, I propose
14 an experiment for you to do at home. You will need
15 a stranger. Have the stranger lock you in your
16 bathroom. Have them lock it from the outside and
17 open it when they feel like it about three times a
18 week.

19 Consider then what it is truly like to live
20 like us. Human beings like you think then of the
21 thousands of men and women, specifically pregnant
22 women in protective custody just like I was.

23 SERGEANT AT ARMS: Time expired.

24 SAMMIE WERKHEISER: Think of the unborn babies
25 swarming in utero dealing with their mothers daily
stressors from jail life and just surviving on the

3 inside. Darlene Benson Fay and Jesinta Rain
4 Werkheiser[SP?} who were not as lucky would want me
5 to plead with you to end solitary confinement for
6 all people of New York City and across the state of
7 New York. It is especially despicable and harmful
8 to human life as a needs for medical quarantine
9 during the COVID-19 pandemic.

10 This concludes my testimony today and a copy of
11 the aforementioned will be submitted to the New
12 York State Senate. Thank you for your compassion
13 and consideration for a radical change and human
14 decency. Respectfully submitted, Mrs. Sammie
15 Werkheiser. Thank you.

16 COMMITTEE COUNSEL: Thank you for your
17 testimony. We will now hear from Kelly Grace
18 Price. You may begin when you are ready.

19 SERGEANT AT ARMS: Starting time.

20 KELLY GRACE PRICE: Good afternoon. I am going
21 to keep my video off because of my bad internet
22 connection. I am Kelly Grace Price, the Founder of
23 Close Rosie's. I wanted to talk today about sexual
24 abuse in the jails during the time of COVID. I
25 will get to that in a second. I wanted Councilman
Powers just to ask, there was a hearing last May

3 about COVID in the jails and you and Councilman
4 Lancman were asking the Department specifically if
5 there was a special area for people to be housed
6 after they are tested at intake and before the
7 results come back.

8 We never heard if the DOC in fact have an
9 interim staging area like this or was going to set
10 one up. They promised to get back to you. I've
11 heard conversations about this since that, since
12 that time, since that discussion and it would be
13 great if we could get follow up about that specific
14 issue.

15 Specifically, about sexual abuse in the jails.
16 A report was just published by the Department, the
17 semiannual report, the pre-report in August and
18 rates of sexual violence in the jail have
19 skyrocketed despite the fact that the population
20 has added considerably. The population of the Rose
21 M. Singer at one point was down almost 80 percent
22 but yet the total number of staff on inmate
23 allegations of sexual [inaudible 3:51:44] has gone
24 up 185 percent.

25 Incidences of sexual abuse have gone up 111
percent and sexual harassment up 850 percent. I

3 want to bring this to your attention. Of course, I
4 will submit my very comprehensive data analysis in
5 writing but still, no one is talking about this
6 issue of sexual violence in the jails. The
7 reporting bill Councilman Powers that you promised
8 me when you were elected that was signed in early
9 2019, it is still not, the information still isn't
10 being released properly and especially at a time
11 when we shouldn't be touching each other. These
12 rates of staff on persons that are behind bars of
13 incidents of sexual abuse and harassment against
14 them skyrocketing raises some alarming red flags.

15 Like I said, I will submit my written
16 testimony. As far as Rose M. Singer Center,
17 allegedly rates of sexual violence have gone down
18 but you know, that's kind of splicing hairs. At
19 the same time, the population has gone down 80
20 percent.

21 So, just because we have two less incidences of
22 sexual violence in the jail reported in this half
23 of year semi annual assessment report, doesn't
24 necessarily mean that we are making any progress at
25 Rosie's if the population has gone down 80 percent.
I will email you directly the reports and my data

3 analysis, so you can look at them yourselves and I
4 would like to get a commitment from you Councilman
5 Powers.

6 SERGEANT AT ARMS: Time expired.

7 KELLY GRACE PRICE: From you Councilman Powers
8 to work hand and hand to improve this issue because
9 it really has been shoved to the side. Thank you
10 so much for letting me testify today.

11 CHAIRPERSON POWERS: We will follow up with you
12 on that. Thank you.

13 COMMITTEE COUNSEL: Thank you for your
14 testimony. I'd like to now welcome Edda Ness to
15 testify. You may begin when you are ready.

16 SERGEANT AT ARMS: Starting time.

17 COMMITTEE COUNSEL: Okay, I think there might
18 be some issues. I'd like to now welcome Donna
19 Hylton to testify. You may begin when you are
20 ready.

21 SERGEANT AT ARMS: Starting time.

22 DONNA HYLTON: Thank you. I'm sorry I missed
23 most of what was testified to but I just wanted to
24 jump back in and because of what I heard earlier.
25 So, it's kind of changed the direction of my
26 testimony. As a formerly incarcerated individual

3 who spent 27 years in the system, 13-months of that
4 are on Rikers Island. I just want to really
5 emphasize and reemphasize to you the lies that I
6 have heard today. There is absolutely no way for
7 people who are on the island to have any kind of
8 social distancing, any kind of real, real medical
9 attention and right now, let me emphasize that the
10 absolute lack of mental healthcare. The absolute
11 lack of mental healthcare. We are in a time of a
12 pandemic that no one is certain of anything and so,
13 the rate of mental health and within our system is
14 at an exorbitant level and no one is addressing
15 this.

16 No one is addressing, I'm pretty sure that my
17 sister and colleague Dr. Victoria Phillips has said
18 this already and will continue to say it, but I
19 need to highlight this and I am really, really
20 saddened that we continue to have panels, hearings
21 like this where we have to continue talking about
22 the same things. I join this fight. Many years
23 ago, and we are in 2020, almost at the end of 2020.
24 We are in a pandemic and the people that have been
25 released have been sent back to prison. Have been
sent back to be detained on Rikers Island during a

3 pandemic. We have the most vulnerable people who
4 are on the island right now that their issues are
5 not being addressed and we expect the system to
6 address it where we know the system is inadequate
7 at best. Inadequate and so far medical attention
8 and mental health attention.

9 And so, I'd just like to jump in and say that
10 from what I heard earlier and I'm one that often
11 times that I'm transparent and I speak my truth and
12 I have to call lies when I hear them, especially
13 knowing the system the way that I know the system.
14 There is absolutely no way that all those things
15 that we heard this morning are truthful. I'm
16 sorry, we continue to hear our people sending us
17 SOS messages because they are afraid. They are not
18 hearing the truth about how many are tested, how
19 many are tested positive, what they are doing to
20 address this. We are not hearing the truth and I
21 am telling you this from a person from the inside
22 as well as an activist and an advocate now on the
23 outside.

24 I can attest to this and I will stand on it.
25 Please do not believe what you are hearing and what
you have heard this morning and what we have heard

3 many times back. We should be at a point where we
4 shut down this island and address the needs, the
5 root causes of the issues that continue to send
6 people to that island for detention and for
7 whatever other causes and issues.

8 SERGEANT AT ARMS: Time.

9 DONNA HYLTON: We must relook at our
10 communities and invest in them and to stop this.
11 It is wrong, it is unjust, it is not equitable, it
12 is not fair and it is inhumane and cruel. I am
13 sick and tired of having to fight for people and
14 having to go through these hearings and like a dog
15 chasing our tails.

16 Nothing is getting done. We are in a pandemic
17 people, a pandemic. Regardless of guilt or
18 innocents, the color of a persons skin, their
19 religion, whatever their mental health status is.
20 They should be afforded the opportunity for care
21 period. It is time that we vote and I am telling
22 you we have a voting initiative running across this
23 nation and I am telling you now as Donna Hylton,
24 activist, advocate, formerly incarcerated woman,
25 mother, Black woman, the time to vote a lot of you
out happens now. This is too much. We are dealing

3 with human beings and human beings lives. It is
4 just too much and I say this with all respect. I
5 say this with love, I say this with care but I need
6 you to understand, the times that we are in.
7 Enough is enough. Thank you.

8 COMMITTEE COUNSEL: Thank you for your
9 testimony. We will now be turning to Edda Ness.
10 You may begin when you are ready.

11 SERGEANT AT ARMS: Starting time.

12 EDDA NESS: Hello, can you hear me. Hi, my
13 name is Edda Ness, I am a Defense Lawyer. You
14 know, I just wanted to say, reiterate what Ms.
15 Hylton just said so passionately but also my
16 experience you know, what's happening right now in
17 the jails is intertwined with the lack of safety in
18 the courts because what hasn't been addressed is
19 how the courts are treating our clients in terms of
20 how they are bringing them to the court house. Like
21 are the buses sanitized, handcuffs sanitized. It
22 may sound minor but all those kind of issues are
23 not minor issues because once a client is brought t
24 the court house, they are exposed to the lack of
25 safety inside the court house and then when they
are taken back to Rikers Island, they are exposed

3 to the lack of safety there. So, their exposure
4 rates especially if there is a second wave coming,
5 goes back and forth and it is being transmitted.

6 So, it is directly, it's very important to look
7 at the fact the courts have not been transparent at
8 all. That includes OCA, that includes DCAS. I
9 realize this hearing is about COVID in the jails in
10 terms of the Department of Corrections but
11 everything is intertwined and so, we do have to
12 demand, I would hope that the City Council demands
13 transparency in terms of accessing the written
14 reports from OCA, from DCAS and also from the
15 Department of Corrections. Because that's very
16 important to see what's actually happening there.
17 I don't believe our clients are being given the
18 respect that they should be. This is a pandemic
19 time. It is actually quite horrendous that clients
20 are treated with such disregard and lack of care in
21 terms of where they are coming from. In terms that
22 there are poor people from incarcerated at Rikers
23 Island. It's a lack of respect that's afforded to
24 them by the OCA system and by DCAS inside the court
25 building.

3 Everything is intertwined there and that total
4 lack of respect that has occurred for so many years
5 now and all this push for restorative justice,
6 everything is intertwined and I would hope that the
7 City Council keeps on pressing forward in terms of
8 looking at the [lost audio 4:01:20-4:01:26] on
9 them.

10 So, I thank the Council for the opportunity to
11 speak on this. Thank you.

12 COMMITTEE COUNSEL: Thank you for your
13 testimony. I'd like to now ask if any Council
14 Members have questions for these panelists.

15 CHAIRPERSON RIVERA: I did have a question
16 about you know some of the – clearly we are here in
17 mutual frustration because in order to solve a
18 problem which is very entrenched systemically in
19 terms of the racism. You know, we're just asking
20 for basic things like data, which we can't even get
21 and I will tell you as an elected official who has
22 been pretty much asked to foil data rather than
23 being presented with it, so that I can practice my
24 charter of mandated responsibility of oversight and
25 investigation. It's incredibly troubling.

3 So, I just wanted to ask I guess, if there was
4 at least one person, I know Kelly mentioned about
5 some of the data in terms of sexual assault and I
6 know there was a previous panel that also mentioned
7 strip searching and getting data on that. Where do
8 you get most of your data as you are compiling some
9 of this analysis?

10 I'm not sure if she is still, Kelly, are you
11 still there. Well, either way I mean, I wanted to
12 just mention to any of the people on the panel that
13 I realize and I would say to Donna as well, what
14 you said about just not getting any answers and
15 going around in circles.

16 You know, that's why we bring them here to get
17 them on the record. To have them let us know what
18 they have and what they don't have and I see about
19 the Manhattan DA or Bronx DA and CHS and holding
20 them accountable as well. I realize the legal
21 system is intertwined and Council Member Powers has
22 been a leader on that. Council Member Powers, I
23 don't know if you had any questions for this panel.

24 CHAIRPERSON POWERS: No, I appreciate it. I
25 am, I think both myself and Council Member Rivera
are deeply concerned about our preparedness for a

3 second wave and also that the agencies take this
4 very seriously when we talk about any reemergence
5 or surge of the virus and you know, not only did we
6 in May pass the legislation to require them to
7 actually report all this information that they were
8 reporting, we did give them more tools. I have a
9 bill that we passed that would allow us to create a
10 local release commission to actually release folks
11 or be mandated with being able to review and
12 release folks and now in a pandemic and we are
13 holding - you know, we are here to hold them
14 accountable for that and also to figure out the
15 steps that we need to take to be ready for whatever
16 a second wave. It is going to be undoubtedly
17 including getting folks out of these facilities
18 where there will a potential for widespread
19 transmission.

20 So, I do appreciate everybody being here and
21 being part of this and I know Council Member Rivera
22 and I are going to have to convene our folks after
23 this and talk about ways to ensure that these
24 agencies are meeting their mandates and meeting the
25 requirements but we appreciate you guys being part
of this and any information or reporting that you

3 are not receiving from the agency, we are here to
4 make sure you hear that information. Thank you.

5 COMMITTEE COUNSEL: Thank you Council Members.

6 At this time, this concludes our public panel
7 testimony. If we have inadvertently missed anyone
8 that has registered to testify today and has yet to
9 be called, please use the Zoom raise hand function
10 now and you will be called in the order that you have
11 raised your hand.

12 Seeing no hands, I am going to turn it over to
13 the Chairs for closing remarks. Chair Rivera.

14 CHAIRPERSON RIVERA: Thank you so much to
15 everyone who has been with us. Clearly we are
16 sharing your concerns and you know having witness
17 the condition there. Certainly, the court room,
18 the access to medical care. We are very, very
19 troubled and concerned and are certainly outraged
20 and thank you all for all of your work. I know
21 that the community spread created horrific
22 conditions before lockdown and asymptomatic people
23 added to that rampant spread because we just didn't
24 know how many people had it.

25 So, I am very, very concerned that even with
the dedicated medical staff that is a part of

3 Correctional Health Services, by the time that we
4 realize we need more masks and we behave strictly,
5 and that's all parties involved, it will be too
6 late. Asymptomatic spread is real and
7 unfortunately if we do see a spike, if we do see
8 the second wave, I think we are all very afraid
9 that it's likely it could already be in the jails
10 because of the lacks protocols.

11 So, that was one of the reasons we are having
12 this hearing today and again, I just want to thank
13 you all for testifying and for staying with us all
14 these hours later.

15 Chair Powers, do you want to add anything in
16 closing?

17 CHAIRPERSON POWERS: Well, first of all, thank
18 you to Chair Rivera for always ensuring that our
19 CHS and DOC are doing their jobs when it comes to
20 providing their you know, upholding their
21 responsibility here to keep folks safe during a
22 pandemic but I will say I do anticipate, I think we
23 all do, that the next few months will be you know,
24 filled with this sort of concern and fear of a new
25 surge in COVID, not to mention the regular flu and
other health issues that will come up during winter

3 and beyond this hearing, I think there is the work
4 that Council Member Rivera and I will do to make
5 sure that DOC and CHS are doing their jobs.

6 Including both of us have been there I think
7 recently being inside and making sure that they are
8 doing their jobs and seeing it ourselves. I will
9 say and just to end on this note, just a little bit
10 unrelated to this because this has come up in one
11 of the persons testimony, we are now on September
12 21st and the Mayor has promised all of us that he
13 would appoint and empower his taskforce to come
14 back to us with rule making related to housing.
15 Particularly when we talk about solitary
16 confinement and punitive segregation.

17 I know Council Member Rivera and I both
18 testified to Board of Corrections last year calling
19 for an end to it and we are waiting for those
20 results back and anticipating the Mayor to uphold
21 his promise here to end solitary confinement in our
22 city jails.

23 So, we are calling on him again I think to do
24 that and do it before we hit a second wave of
25 pandemic and to send us the results of that, so we

3 can begin doing our oversight function on that and
4 be ready to take action.

5 So, I want to just remind that because we had
6 the last speaker. So, I know some of the folks on
7 here had been calling for that and I want to echo
8 their calls for that once more. But again, thank
9 you for everybody for being here through this, to
10 the Chair for her work here to make sure that we
11 are providing critical oversight to these agencies
12 that have custody over New Yorkers and I think it
13 would make sense for us to do some follow up after
14 this with those agencies on the questions that
15 remain or the areas where there needs to be
16 continued attention.

17 So, thank you and thank you everybody for being
18 here.

19 CHAIRPERSON RIVERA: You are here, thank you
20 for your leadership, thank you. And with that, I
21 will adjourn this hearing Committee on Hospitals
22 and Committee on Criminal Justice. Thank you so
23 much everyone. [GAVEL]

24 CHAIRPERSON POWERS: Alright, good job
25 everybody. Goodbye.

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COMMITTEE ON CRIMINAL JUSTICE JOINTLY WITH
COMMITTEE ON HOSPITALS

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 September 30, 2020