

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON CRIMINAL JUSTICE

JOINTLY WITH THE

COMMITTEE ON WOMEN AND GENDER EQUITY

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APRIL 27, 2021  
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B E F O R E: CHAIR KEITH POWERS  
CHAIR DARMA DIAZ

COUNCIL MEMBERS: KEITH POWERS  
DARMA DIAZ  
HELEN ROSENTHAL  
ROBERT HOLDEN  
BEN KALLOS  
BRAD LANDER  
JIMMY VAN BRAMER  
KEVIN RILEY  
ALICKA AMPRY-SAMUELS  
JAMES F. GENNARO  
FARAH N. LOUIS

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

PUBLIC ADVOCATE JUMAANE WILLIAMS

MAJORITY LEADER LAURIE CUMBO

ANNE PENSON

JUDY BEALE

SARENA TOWNSEND

DEB RIVERA

DANIELLE BLACKS

DR. COLLEEN VASSELL

DR. ZACH ROSNER

JANETTE MERRILL

DANA TAPLIN

DANY GREENE

SIMONE SPIRIG

LYNDSAY LEWIS

JANE SAMPEUR

KELLY GRACE PRICE

MICHELE EVENS

DONNA HILTON

DALIA DEEN

KRISTEN EDWARDS

ELISE BENUSA

EILEEN MAHER

RITA ZIMMER

HELEN SKIPPER

JORDYN ROSENTHAL

SHARON WHITE-HARRIGAN

DEBRA RIGANO

DANIELLE MINELLI-PAGNOTTA  
ALISON WILKEY  
NOA WATFORD  
MINISTER DR. VICTORIA PHILLIPS  
SISTER ELI  
ZOEY THILL  
CECILY MCMILLAN  
SUSAN SHAH

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3 SGT. KOTOWSKY: Recording started.

4 SGT. BRADLEY: Cloud Recording is up.

5 SGT. PEREZ: Backup is rolling.

6 SGT. LEONARDO: Sergeant, will you go  
7 with the opening, please?

8 SGT. LUGO: Good morning, everyone.

9 Welcome to today's remote New York City Council  
10 hearing on the Committees on Criminal Justice jointly  
11 with Women and Gender Equity. At this time, would  
12 all panelists please turn your videos. To minimize  
13 disruption, please place electronic devices to  
14 vibrate or silent. If you wish to submit testimony,  
15 you may do so at [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov). Again,  
16 that's [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov). Thank you for your  
17 cooperation. Chairs, we are running to begin.

18 CHAIR POWERS: Good morning, everyone.

19 Nice to see you. Thank you to all the staff here for  
20 getting us started and welcome to our hearing. I'm  
21 City Council Member Keith Powers, Chair of the  
22 Committee on Criminal Justice. I am joined today by  
23 Council Member Darma Diaz, Chair of the Committee on  
24 Women and Gender Equity for today's joint oversight  
25 hearing on Women's experiences in (inaudible) and

1 deeply engage in these issues (inaudible) and I'll  
2 recognize other colleagues here momentarily. The  
3 number of women involved in the criminal justice  
4 system nationwide has grown since 1970. The vast  
5 majority of the women of color and their pathways  
6 into jails are different from those of men and so are  
7 their experiences navigating life inside of our jail  
8 system. The overwhelming majority of incarcerated  
9 women are in jail because of poverty, sexual and  
10 physical abuse, employment, and substance abuse and  
11 mental health issues. In New York City jails, about  
12 85% of incarcerated women have been identified as  
13 having substance abuse issues and two-thirds who are  
14 suffering with mental health problems. The trauma of  
15 abuse, violence, and poverty that so many  
16 incarcerated women experience outside of jail is  
17 often relived while spending time inside of our jail  
18 system. Women in jail are more likely than men to  
19 experience sexual victimization while in custody. A  
20 2012 Federal study found that the Rose M. Singer  
21 Center on Riker's Island had some of the highest  
22 rates of sexual victimization. About 9% at Rose  
23 reported that a staff or another incarcerated person  
24 sexually abused them, that's 9% compared to 3.2%

2 nationally. Women in jail are also often mothers.  
3 About 80% of women at Rose have children. Just a  
4 short stay behind bars can significantly impair that  
5 mother and child relationship, and while visitation  
6 programs help those women stay in connection with  
7 their children, many still face challenges staying in  
8 touch and reuniting with their children upon release,  
9 and that is especially true right now when in-person  
10 visitation and in-person programming that support  
11 reunification had been suspended due to COVID-19.  
12 That's certainly something we're going to be asked  
13 about today. Today, I look forward from hearing from  
14 the Department of Correction about ways in which the  
15 policies, practices, and programs support the needs  
16 of women in custody and how the Council can be a  
17 partner in supporting advocacy advancing that work.  
18 We're going to hear several bills by Council Member  
19 Rosenthal, Intro 1646 would require the Department of  
20 Corrections to use an electronic case management  
21 system to track investigations of sexual abuse; Intro  
22 1491 would require the Department of Correction to  
23 develop a comprehensive training program for  
24 investigating sexual crimes, an area that we believe  
25 is in need of significant reform; and finally Intro

2 1209 would permit pregnant women in the Department of  
3 Correction custody to use Doula or midwife services  
4 while in the delivery room. With that said, I want  
5 to thank the Committee staff here for putting  
6 together this hearing. I also want to thank all the  
7 Council Members here who are in attendance. Let me  
8 see if I can get to them. I see Council Member  
9 Holden, Council Member Kallos, the Public Advocate  
10 Jumaane Williams, and I see Council Member Rosenthal,  
11 Council Member Lander, Council Member Van Bramer,  
12 Council Member Riley, and Council Member Ampry-  
13 Samuels, Majority Leader Cumbo, and I'm sure I missed  
14 somebody, but I apologize and I will make sure I get  
15 to you if I missed you. With that being said, I'm  
16 going to hand it over to my co-chair today, Co-Chair  
17 Darma Diaz.

18 CHAIR DIAZ: Good morning. I tried to  
19 hold back tears. I'm just getting over COVID, and  
20 I'm thinking about the women that are incarcerated  
21 and are a much more difficult place than I am today,  
22 so as I move forward in my testimony, if I stop for  
23 water or just a breath of fresh air, be patient with  
24 me because it was due to me to take part in today's  
25 hearing, my staff worked really hard on this and I

2 don't want to let them down, but again, please be  
3 patient with me because definitely my heart is in it,  
4 and women and incarceration is dear to us all. Good  
5 morning. Thank you, Council Members Powers for the  
6 conversation today and for allowing me to partnership  
7 with you. As I said, I am Councilwoman, Darma Diaz.  
8 I chair the Committee of Women and Gender. I'd like  
9 to also thank everyone who is participating here  
10 today. As my colleague noted in his opening  
11 statement, incarcerated women face many distinct  
12 issues from male counterparts. Over the past several  
13 decades, there has been a significant shift in  
14 women's involvement with the new criminal system  
15 nationally. This is the implementation of more  
16 extensive law enforcement efforts as stricter  
17 (inaudible) laws as well as a close conviction varies  
18 to re-entry that uniquely effect women. It is an  
19 important part of the conversations of our community  
20 and country, and especially around policing and how  
21 we deal with conflict, equity and equality in our  
22 system. Issues around women in jail, in particular,  
23 have not commented enough to popular topics, and as  
24 my colleague, Keith pointed out, the vast majority of  
25 women involved in the criminal justice system are



2 women like me, women of color. I am proud to be co-  
3 chairing today's hearing to reopen the conversation  
4 to work to shift the conversations and to consider  
5 how we better serve incarcerated women in city jails,  
6 locally, nationally, in our communities. We know  
7 that women make up about 7% of the population in our  
8 city jails, but they are some of the most vulnerable  
9 of the incarcerated population. Thank you, Karen,  
10 who is sitting next to me, coaching me on. As was  
11 discussed at the last hearing on this topic in 2015,  
12 nearly twice as many incarcerated women, as men, fall  
13 into the categories of seriously and persistently  
14 mental ill. Mental illness is huge for me, as a  
15 human service provider, I'm going to share with you  
16 that mental illness is a bigger issue than we  
17 understand. According to the Incarceration  
18 Association of New York, an estimated 90% of women in  
19 New York's prisons have experienced sexual, physical  
20 violence in their lifetimes. Studies have shown that  
21 incarcerated women faced poverty, poor nutrition, and  
22 limited access to preventative medical care.

23 (Inaudible) sexual victimization and how that place  
24 has better protected women. Population is a  
25 priority, but the issue we'll be hearing about today

2 effect men and women. As more approaches and policy  
3 efforts, both men and women, and improvements will  
4 not only help the vulnerable population, but the  
5 system at large. Additionally, as a mother and a  
6 grandmother, I feel the need to echo again the large  
7 number of women in prison are mothers, and many are  
8 the primary caregivers of their children. Prior to  
9 incarceration, incarcerating women in particular  
10 often faces immense burdens on their children,  
11 families, and communities. While state law requires  
12 that children born by the mothers who are in jail be  
13 housed within mother's jury the first year, with some  
14 expectations. At a priority hearing, how and when  
15 expectations apply and how we are supporting  
16 families, particular when in prison. Visitations at  
17 Rose remain suspended (inaudible). I have a 16-  
18 month-old grandson at home, and just to think of if  
19 my daughter would not have been able to be with him  
20 is devastating to me. We know that support like  
21 family contact and visitation rights have a  
22 significant effect of reducing (inaudible). This  
23 also matters for children and communities, especially  
24 during COVID-19 pandemic. Before turning back to  
25 Chair Powers, I want to mention that we are speaking

2 to incarcerated today. I look forward to continued  
3 conversations about gender and equity in the criminal  
4 justice, specifically to the Committee on Women and  
5 Gender Equity. If interested in a potential follow  
6 up hearing related to now, overdue TGNCBNBI task  
7 force report and once the report is released by the  
8 Board of Corrections to both focus on issues related  
9 to TGNCNBI people in custody and reports  
10 recommendations including related to how they've been  
11 implemented, and finally, I would like thank my staff  
12 and Committee staff for preparing today's hearing,  
13 especially (inaudible) my Chief of Staff, Richard  
14 (inaudible) my Deputy Chief of Staff, (inaudible)  
15 Committee Resident Counsel, Carolina Rivera the  
16 Committee Senior Policy Analyst, and (inaudible) our  
17 Financial Analyst. Again, thank you all for your  
18 patience with me this morning. I turn it back to  
19 Chair Powers.

20 CHAIR POWERS: Thank you. I think we're  
21 going to turn it over now to Council Member Rosenthal  
22 for an opening statement followed by our Public  
23 Advocate Jumaane Williams.

24 CM ROSENTHAL: Great. Thank you so much  
25 Chair Powers. Good morning. I'm Council Member

2 Helen Rosenthal. My pronouns are she and her, and I  
3 do want to begin by thanking Chair Powers and Chair  
4 Diaz for this much needed hearing and for including  
5 three of my Bills. Chair Diaz, you always bring your  
6 heart to these hearings and that's what we need to  
7 hear. I really appreciate you, and I too am really  
8 (inaudible) all together dismantle aspects of our  
9 correctional system. My Bills under discussion today  
10 seek to address two urgent issues, sexual abuse while  
11 in DOC custody and the shameful state of giving birth  
12 while in custody. Two of my Bills address sexual  
13 abuse while in custody. The first, Intro 1491  
14 mandates that DOC's Commissioner develop a  
15 comprehensive training program to investigate sexual  
16 crimes. Similarly, 1646 requires the creation of an  
17 electronic case management system to track  
18 investigations of sexual abuse. While I know that  
19 the Department of Corrections has been working on  
20 this case management system for a number of years,  
21 it's time to shine light on what the hurdles are, and  
22 to implement something responsible now. As been  
23 shown repeatedly, trainings and DOC officers were  
24 reporting on themselves, will do little to improve  
25 conditions if they're not paired with independent

2 oversight, and disciplinary action. These are the  
3 kinds of important steps in addition to the  
4 legislation that we hope public testimony will touch  
5 on today. Finally, Intro 1209 will bring Doula and  
6 midwives to the aide of pregnant people who are in  
7 DOC custody. People in DOC custody, regardless of  
8 the rules, still give birth in shackles, a well-  
9 documented reality that should give everyone in this  
10 room pause. Insuring the availability of Doulas and  
11 midwives to pregnant people in custody is urgently  
12 needed and should be common practice both inside and  
13 outside of jails. The presence of these healthcare  
14 providers is clearly shown to improve maternal health  
15 outcomes, especially for black and brown women. I'm  
16 proud that we're hearing this Bill today. Thank you  
17 for joining us and again, thank you Chairs Powers and  
18 Diaz.

19 CHAIR POWERS: Thank you, and I think  
20 we're going to hear now from our Public Advocate  
21 Jumaane Williams.

22 PUBLIC ADVOCATE JUMAANE WILLIAMS: Good  
23 morning. Can everyone hear me? Thank you so much.  
24 As you mentioned, my name is Jumaane Williams, Public  
25 Advocate for the City of New York. I just want to

2 thank Chair Powers, Chair Diaz, and Council Member  
3 Rosenthal for the passion around this issue and  
4 leadership. Many, if not all, structured  
5 institutions have been built with the needs and  
6 experiences of cis-gendered men in mind. Jails are  
7 no different. As the population of incarcerated  
8 women, including trans women continues to grow, we,  
9 as a city, must challenge ourselves to ensure that  
10 humanity, safety, and particular needs are met. The  
11 last quarter of fiscal year 2020, the number of women  
12 detained at DOC facilities was 155. That rose to 253  
13 by the end of December that year. I'm deeply  
14 concerned about this increase, particularly during a  
15 pandemic and I urge the Administration to ensure  
16 every resource available is due to limit the number  
17 of people that are being incarcerated in the first  
18 place. The Bills being heard today, all sponsored by  
19 Council Member Rosenthal, seek to address the  
20 experiences of incarcerated women. Intro number 1656  
21 will require a comprehensive training program for sex  
22 crime investigations, and Intro number 1491 will  
23 tract the investigation of sexual abuse. In the last  
24 six months of 2020, seven trans women reported sexual  
25 abuse and harassment. Each of those stories reflect

2 an experience trapped within jail walls. These  
3 experiences show how the power of dynamics in jails  
4 can be uneven. Of course, no one should abuse this  
5 power, but statistics show otherwise. Jails are  
6 unique in that staff and those incarcerated are the  
7 only witnesses. We know that under reporting of  
8 sexual assault and abuse is common due to fear and  
9 intimidation survivors may feel. We must create  
10 trusted processes, comprehensive training, and proper  
11 investigations in order to encourage women to come  
12 forward. I support these Bills and suggest that the  
13 investigation training program incorporate social  
14 workers and trauma informed counselors. The last  
15 Bill, Intro number 1209 will provide Doula and mid-  
16 wife services for pregnant individuals in DOC  
17 custody. Support from Doulas help reduce cesarean  
18 sections which are often used for black mothers, even  
19 when unnecessary and anesthesia use. Women assisted  
20 by Doulas also report lower pre-term births. Being  
21 pregnant in the DOC facility is a hallowing  
22 experience as seen with the latest settlement for  
23 black women who are shackled during pregnancy by  
24 police. These individuals are treated as prisoners  
25 first, meanwhile these individuals are expected to

2 negotiate with DOC for accommodations. I support  
3 Intro number 1209 as the burden should not fall upon  
4 these individuals; rather DOC should offer these  
5 services that recognize humanity without hesitation.  
6 We must also focus identified as trans, non-binary,  
7 and/or gender non-conforming in jail. Entering into  
8 the cycle of incarceration is dangerous, and it is  
9 difficult to escape from. In the second quarter of  
10 the fiscal year, the number of people who identified  
11 as trans, intersex, or non-binary were 39. The  
12 fourth quarter fiscal year of 2020 only reported for  
13 people who identified as trans which was 21. The  
14 increase make stem from a change in definition.  
15 Anyone who was incarcerated can enter into the cycle  
16 of incarceration even after leaving jail which is  
17 especially impactful for transgender, non-conforming,  
18 and non-binary people. This is particular alarming  
19 during a time when we are seeing so many anti-trans  
20 Bills introduced across the country at a rate never  
21 seen before. It's during a time when at least 10  
22 trans people have been killed so far this year. We  
23 must make sure in the face of oppression and violence  
24 that there are resources available for those in  
25 TGNCNB community. Take homotherapy for example.



2 Correction health services offer homotherapy for  
3 anyone who requests it; however, this policy is  
4 unclear. Is there probate access to it? Are  
5 individuals given information related to its access  
6 and availability when detained? How many individuals  
7 undergo homotherapy? How many requests are there per  
8 quarter? These are some of the questions that should  
9 be answered and clarified. Moreover, DOC's special  
10 considerations unit raises concerns. In the second  
11 half of 2020, 18 applicants requested to be  
12 transferred into this area designated for TGNCNB  
13 people were rejected. The agency must offer an  
14 explanation for rejection which is not always given.  
15 Rejection can mean a higher likelihood of sexual  
16 assault or physical violence for individuals. DOC  
17 must clarify why these applications are rejected  
18 because the danger of not being appropriately housed.  
19 Finally, we must make sure of a plan to eliminate  
20 solitary confinement. Earlier this month, governor  
21 signed the Halt Solitary Bill. It is the city's turn  
22 to end solitary confinement. The proposed rules from  
23 DOC do not appear to go far enough. There are  
24 serious issues that my office has raised at a recent  
25 DOC public hearing. Instead, we need to pass

2 Legislation to eliminate the practice and introduce  
3 plans to separate individuals without depending on  
4 isolation. It is a right option, especially two  
5 years after the death of Lady Polanco (SP?). I  
6 appreciate today's discussion as it is difficult to  
7 escape from the cycle of incarceration. Women and  
8 people in the TGNCB community should have resources  
9 and opportunities to avoid incarceration. It is up  
10 to use to make sure that. I really thank the Chairs  
11 and the Council Member for their work, allowing me to  
12 speak today. I look forward to hearing today's  
13 testimony.

14 CHAIR POWERS: Thank you, Mr. Public  
15 Advocate. Thank you for joining us today, and thank  
16 you, of course, Council Member Rosenthal as well.  
17 I'm going to now turn it over to Committee Counsel to  
18 go through just some procedural items before we  
19 start, and then we will hear from our first panel.

20 COMMITTEE COUNSEL AGATHA MAVROPOULOS:  
21 Thank you. I'm Agatha Mavropoulos, Counsel to the  
22 City Council's Committee on Criminal Justice. Before  
23 we begin, I want to remind everyone that you will be  
24 on mute until you are called on to testify. When it  
25 is your turn to testify, you will receive a prompt to

2 unmute. Please listen for your name to be called as  
3 I will periodically announce who the next panelist  
4 will be. We will first hear testimony from the  
5 Department of Corrections, followed by a period of  
6 questions and answers from the Committee Members to  
7 the Administration. We will then hear testimony from  
8 members of the public. During the hearing, if  
9 Council Members would like to ask a question, please  
10 use the Zoom raise hand function, and I will call on  
11 you in order. Committee Members will be limited to  
12 five minutes, including responses. I will now  
13 administer the oath to all Members of the  
14 Administration. After I say the oath, please wait  
15 for me to call your name and respond one-by-one.  
16 Please raise your right hand. Do you affirm to tell  
17 the truth, the whole truth, and nothing but the truth  
18 before these committees and to respond honestly to  
19 Council Members? Anne Penson.

20 ANNE PENSON: I do.

21 COMMITTEE COUNSEL AGATHA MAVROPOULOS:  
22 Judy Beale.

23 JUDY BEALE: I do.

24 COMMITTEE COUNSEL AGATHA MAVROPOULOS:  
25 Sarena Townsend.

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2 SARENA TOWNSEND: I do.

3 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

4 DEB Rivera.

5 DEB RIVERA: Yeah.

6 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

7 Danielle Blacks.

8 DANIELLE BLACKS: I do.

9 COMMITTEE COUNSEL AGATHA MAVROPOULOS: Dr  
10 Colleen Vessell. Is Dr. Colleen Vessell here? Okay,  
11 Dr. Zach Rosner. I think we don't hear anything  
12 coming from that room. One second. Dana Taplin.

13 DANA TAPLIN: I do.

14 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

15 Sorry, we're just waiting to hear from the CHS room.

16 Jeanette Merrill.

17 JEANETTE MERRILL: We are here.

18 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

19 Okay, I can hear you now. Sorry, just to repeat.

20 Dr. Colleen Vessell.

21 DR. COLLEEN VESSELL: Hello, I do.

22 DR. ZACH ROSNER: I do.

23 COMMITTEE COUNSEL AGATHA MAVROPOULOS: And

24 Jeanette Merrill.

25 JEANETTE MERRILL: I do.

2 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

3 Thank you. We will now proceed with testimony from  
4 Anne Penson, Executive Director of Women's Initiative  
5 at the Department of Corrections. Director Penson,  
6 you may begin when running.

7 CHAIR POWERS: Just before we start, I  
8 just want to recognize we've been joined also by  
9 Council Member Gennaro, and I believe Council Member  
10 Farah as well. Sorry about that. Go ahead.

11 ANNE PENSON: Thank you. Good morning,  
12 Chair Powers, Chair Diaz and Members of the Criminal  
13 Justice Committee and Committee on Women and Gender  
14 Equity. My name is Anne Penson, and I'm the  
15 Executive Director of Women's Initiatives at the  
16 Department of Correction. I'm joined today by Deputy  
17 Commissioner of Programming and Community  
18 Partnerships, Dr. Judy Beale; Deputy Commissioner of  
19 Investigation and Trial, Sarena Townsend; and Deputy  
20 Warden in Charge, DEB Rivera who oversees operations  
21 at the Rose M. Singer Center, the Department's female  
22 facility. I am also pleased to be joined by  
23 colleagues at NYC H&H Correctional Health Services  
24 and the Mayor's Office for Criminal Justice, both of  
25 whom are important partners in the care of women in

2 custody. The Department recognizes that women  
3 involved in the justice system are often victims of  
4 trauma and have high rates of substance use and  
5 mental illness; therefore, the Department provides  
6 gender responsive care and programming to support the  
7 mothers, sisters, and daughters placed in our  
8 custody. I thank you for the opportunity to update  
9 the Council on the Department's efforts to support  
10 its female population and to comment on the three  
11 bills being considered at today's hearing. The  
12 number of women in custody has significantly declined  
13 in recent years. Whereas the population was almost  
14 700 in April of 2016, today there are approximately  
15 250 women in the Department's care. Regardless of the  
16 number of women in custody, the Department maintains  
17 a facility that provides a variety of programming,  
18 reentry, and healthcare services that are responsive  
19 to women's unique needs. Department Counselors meet  
20 with each woman who comes into custody to assess her  
21 individualized needs and challenges and create a  
22 targeted plan that includes both jail-based and  
23 community-based services and will support a  
24 successful reentry into the community. Programming  
25 and reentry services are tailored to women and

2 incorporate gender-responsive, trauma-informed  
3 practices, and also focus on strengthening family  
4 connections through visit assistance for women with  
5 children. In addition, the Rose M. Singer Center  
6 operates a clinic that provides a broad spectrum of  
7 women's health services, houses women in need of  
8 additional support in mental health and substance use  
9 in dedicated units and provides an array of life and  
10 vocational skill development. In an effort to  
11 further improve programmatic services, in 2020, the  
12 Department redesigned its program delivery model to  
13 take an individualized, case management approach to  
14 the provision of programs and services for all  
15 persons in custody. As part of this process,  
16 incarcerated individuals meet one-on-one with a  
17 Counselor and are referred to programming based on  
18 their unique needs, including services designed to  
19 support family relationships and address trauma.  
20 This new service delivery model will better connect  
21 individuals in custody with services that support  
22 their specific needs and better support them in  
23 successfully reentering the community. In recent  
24 years, the Department has implemented a series of  
25 initiatives to address the unique needs of women in

2 DOC custody. These initiatives are designed to  
3 strengthen mother-child relationships, empower women,  
4 connect them with resources in the community, improve  
5 their visit experience, train staff on gender-  
6 responsive practices, and ensure that DOC's policies  
7 are gender-responsive. Notably, the Department  
8 created a nationally recognized off-island visitation  
9 program that enabled mothers to visit their children  
10 at the Children's Museum of Manhattan, strengthening  
11 the mother-child bond and lessening the impact of  
12 incarceration on the family. Over the course of the  
13 pandemic, the Department has afforded televisits for  
14 persons in custody and worked with the Osborne  
15 Association and Hour Children to continue to  
16 facilitate supportive family visitation. We are  
17 continuing to work with these partners to develop  
18 more interactive televisiting opportunities between  
19 mother and children and to further support family  
20 connections during this unprecedented time. While  
21 some of these initiatives have been borne out of the  
22 challenges presented by the pandemic, we will  
23 continue to find ways to improve programming and  
24 services for women in custody and carry the lessons  
25 learned during the past year into future programming



2 plans. During the pandemic, the Department has  
3 continued to work with its community partners to  
4 provide modified services, including dedicated  
5 discharge planning hotlines. These hotlines connect  
6 incarcerated women to discharge planning caseworkers,  
7 ensuring women maintain connection to services that  
8 will be available to them upon release. In the  
9 coming months, the Department will also be  
10 collaborating with MOCJ to further assist women in  
11 custody with post-release planning and services.  
12 Although we have not yet been able to welcome our  
13 community providers back into our facilities, DOC  
14 programming staff have been providing direct  
15 programming services to people in custody since  
16 October 2020, including individualized assessments  
17 and case management, and counseling and on-unit  
18 programming in a socially distanced manner. In  
19 addition, as part of our commitment to address the  
20 unique needs of women in our care, we are working  
21 with a national expert to develop a staff training on  
22 gender-responsive practices and trauma-informed care.  
23 We are also working with the expert to review  
24 existing policies and develop new ones to ensure that  
25 gender-responsive approaches are reflected in our

2 daily operations. Finally, the Department takes the  
3 safety and welfare of women in custody seriously.  
4 Violent incidents and uses of force involving women  
5 in custody remains low and the Department works to  
6 provide staff with trauma informed training to help  
7 staff maintain a supportive environment for the women  
8 in our care. In 2019, the Rose M. Singer Center  
9 passed a PREA compliance audit. The Department's  
10 Investigation Division exceeded standards in that  
11 same audit and continues to receive ratings of  
12 substantial compliance from the Nunez monitor for its  
13 investigations into allegations of sexual harassment  
14 and abuse. With respect to the proposed legislation,  
15 Introduction 1209, the Department recognizes the  
16 support doulas bring to mothers during the birthing  
17 process. As such, the Department supports this  
18 legislation, but for the safety of all involved would  
19 advise the doula needs to be subject to and clear a  
20 standard security review prior to the mother's due  
21 date. We look forward to working with the Council in  
22 further discussing this legislation. Introduction  
23 1491, with regard to Intro 1491, the Department  
24 enthusiastically supports the provision of trauma-  
25 informed training and interview techniques for

2 investigators who review sexual abuse and harassment  
3 allegations. The Department currently mandates such  
4 training and agrees with the Council that its  
5 provision is critical to investigators' success in  
6 investigating sensitive matters. Introduction 1646,  
7 with regard to Intro 1646, the Department agrees with  
8 the Council that a centralized case management system  
9 for sexual abuse cases would support the overall work  
10 of the investigations division. The Department  
11 previously agreed to build such a system through a  
12 corrective action agreement with the Board of  
13 Correction. Since that time, the Department has  
14 issued an RFP and is in the final phases of  
15 establishing a vendor to build and implement such a  
16 system. The Department of Correction is committed to  
17 meeting the needs of women in its care and  
18 appreciates the Council's interest and attention to  
19 this often-overlooked group. My colleagues and I are  
20 happy to answer your questions.

21 CHAIR POWERS: Thank you. CHS, you're  
22 here to answer questions, but not testify, is that  
23 correct?

24 JEANETTE MERRILL: Correct. We're  
25 available for questioning.

2 CHAIR POWERS: Okay. Thank you. I will  
3 (inaudible) be able to hand over to Council Member  
4 Rosenthal to answer and ask questions about her Bills  
5 here today. So, I'm just going to go through a few  
6 topics here, and then see Council Member Diaz as  
7 well. I guess my kind of starting point question is  
8 just to ask the Department of Correction what they  
9 believe is the biggest challenge facing women inside  
10 of our New York City jails at this moment?

11 ANNE PENSON: That's a great question. I  
12 believe that one of the biggest challenges at this  
13 time would be for women in custody who have children  
14 and being able to stay connected to their children.

15 CHAIR POWERS: Okay, so, staying  
16 connected to the children, is that...

17 ANNE PENSON: Yes.

18 CHAIR POWERS: Got it. So, on this,  
19 like, where is the Department now, Am I fair to say  
20 you're using that as the sort of jumping off point  
21 about the visitations, what is the, right now, as I  
22 understand it; I was just there last week, there's  
23 still no visitations for individuals on Riker's  
24 Island, as we talked about women, we talk about  
25 mothers and as I noted, the high percentage of women

2 are mothers. Well, on Riker's Islands, you've noted  
3 that's your top priority, so what is the plan for the  
4 Department right now to resume visitations, you know,  
5 for everyone I supposed, but particularly for women  
6 at Rose?

7 ANNE PENSON: So, that's a great  
8 question. Thank you, Council Member, so we know how  
9 important children are to mother's lives, and to  
10 continue to foster mother-child bonds while women are  
11 in incarceration, we're working on several different  
12 initiatives including the visiting and family  
13 assistance program. In conjunction with MOCJ, the  
14 Osborne Association, and Our Children, we offer the  
15 visiting and family assistance program where women in  
16 custody, their children and family members receive  
17 support before, during, and after their visits, and  
18 so, we are also planning to launch in May interactive  
19 visits for mothers and their children, televists.  
20 So, during these visits, they will have an  
21 opportunity to do homework together, do Arts and  
22 Crafts activities together, read books together, and  
23 have a more engaging televisit experience. In  
24 addition, we also developed with the National  
25 Institute of Correction, a family engagement form to

2 identify women who are mother and identify what  
3 challenges they're having and how we can support  
4 those needs.

5 CHAIR POWERS: Let me clarify. You don't  
6 have televisits right now for mothers and children?

7 ANNE PENSON: We have televisits right  
8 now for everyone, including mothers and children,  
9 yes.

10 CHAIR POWERS: So, what is the  
11 announcement that you're saying right now, that  
12 you're ... (crosstalk).

13 ANNE PENSON: Yeah, so, we've been  
14 working with MOCJ, the Osborne Association, Our  
15 Children, we're going to be developing a more  
16 interactive televisit experience for mothers and  
17 their children.

18 CHAIR POWERS: When do children get to go  
19 see their mothers in person at Rose?

20 ANNE PENSON: So, we would love to be  
21 able to offer in-person visits. We're working very  
22 closely with DOHMH at this time so that we will be  
23 able to bring back in-person visits when it's safe to  
24 do so.

2 CHAIR POWERS: Okay, and then beyond the  
3 issue, which is the important issue of you know,  
4 keeping families connected, what do you identify as  
5 the other top issues facing women inside of the  
6 correctional facilities in New York City right now?

7 ANNE PENSON: We know that many women, in  
8 general, who come into the criminal justice system  
9 have very different pathways than men do. They deal  
10 with substance abuse, they deal with trauma, they  
11 deal with mental health, and they are also mothers,  
12 and so, to be able to support them around their  
13 trauma and other challenges, and in October, our DOC  
14 counselors began conducting individualized  
15 assessments and program plans so that we could access  
16 what their needs are and begin making referrals,  
17 working with them one-on-one and making sure that  
18 their needs are being met. In addition, as contacted  
19 providers resume in-person services, we'll be  
20 implementing a core program menu that's going to  
21 include trauma focused groups that address topic such  
22 as trauma, substance abuse, parenting, and whatever  
23 other challenges they may be facing. We are also  
24 collaborating with a national expert and DOC Academy  
25 to develop a training of gender-responsive offices

2 which all staff assigned to Rose M. Singer Center  
3 will be required to take, and also to help  
4 incarcerated mothers overcome the potential trauma,  
5 like I mentioned, we offer the visiting and  
6 assistance program for mothers and their children.  
7 Also, knowing that LGBTQ individuals in custody  
8 experience trauma related to their identity, the DOC  
9 Director of LGBTQ Initiatives has implemented a  
10 series of programs to enable this population to seek  
11 support to address their needs, including a dedicated  
12 hotline, an LGBTQ community resource guide, prepaid  
13 cell phones upon release, and weekly community  
14 meetings in the Special Considerations Unit.

15 CHAIR POWERS: (Inaudible) I so thank you  
16 for that. It's important for us to hear what  
17 (inaudible) in August of last year had resumed in-  
18 person visitation. Is there a reason the city jail  
19 and the Department of Correction didn't pursue the  
20 same timeline?

21 JUDY BEALE: Good morning, Council  
22 Member. (Inaudible) did temporarily reopen  
23 visitation. The reality is that the State system and  
24 the city system have different advantages and  
25 disadvantages. The State system has a different



2 official layout than the city does, and the city  
3 certainly has more congestion than many of our city  
4 partners area do. The Department itself thought it  
5 was important to get the in-person visitation plan  
6 right, but it's important to reopen when we were sure  
7 that all people and all staff who work in the  
8 Department of Custody could be safe. So, we're  
9 really confident in the plan that we've been  
10 developing over this part year, includes coordination  
11 with our partners across the city, and look forward  
12 to returning in-person visitation as soon as it's  
13 safe to do so.

14 CHAIR POWERS: Okay, it would be helpful  
15 to know kind of what the; we'll follow up with you on  
16 this to kind of know what the criteria you're looking  
17 at in terms of being able to resume that because the  
18 connection with the family, I think, is really  
19 important, especially at Rose and especially with the  
20 women who are incarcerated here to, for the children  
21 and for their families as well. You know, I want to  
22 go to an issue which I think is deserving of our  
23 attention here today, and I don't think was really  
24 mentioned which is, of course, PREA and sexual abuse,  
25 something we have done a hearing on in the past. You

2 know, maybe the agency could start by giving us an  
3 overview of what they believe is there, (inaudible)  
4 in progress when it comes to eliminating or  
5 addressing PREA and sexual abuse (inaudible) in our  
6 city jails. We can look at the numbers and see, you  
7 know, we have seen some dips in the middle of the  
8 pandemic, but I think we have seen an incline back to  
9 higher numbers than in the past. Can you give us a  
10 status today for this Committee on what the agency is  
11 doing to address PREA in light of where the numbers  
12 are today and the ongoing concerns that have been  
13 stated about progress with the agency?

14 SARENA TOWNSEND: Sure. Good morning. I  
15 can answer that question for you. Thank you for  
16 giving us the opportunity to give you an update on  
17 our PREA investigations. The last time we spoke was  
18 probably in 2018 when we had somewhat of a backlog in  
19 our investigations for PREA allegations, and I'm  
20 happy to report that since October 2019, we actually  
21 do not have that backlog anymore, and we take every  
22 sexual abuse and sexual misconduct allegation  
23 extremely seriously in the Department of Correction.  
24 Any time that there is an allegation of sexual abuse,  
25 we take immediate action. What's that look like? We

2 refer immediately to the Department of Investigations  
3 to see if they want to investigate criminally. We  
4 make sure to interview the alleged victim and  
5 separate the alleged victim from the alleged  
6 perpetrator immediately. We afford the alleged  
7 victim mental health and victim services and conduct  
8 a preliminary investigation. All of that happens  
9 within the first 72 hours of the actual allegation  
10 itself, and so we've been able to maintain that level  
11 of compliance for years at this point. We do refer  
12 cases that we substantiate if they are criminal in  
13 nature to the District Attorney's offices for  
14 criminal prosecution. We also hold people  
15 accountable rather it's a criminal act or a non-  
16 criminal act of sexual harassment. We hold them  
17 accountable as well and any case we substantiate with  
18 our investigation with PREA investigators, we make  
19 sure to discipline. We have a zero-tolerance policy  
20 here. If we do have substantiation of sexual abuse,  
21 we seek first that individual's termination if it is  
22 a staff member, and we seek that incarcerated  
23 individual's prosecution if it is an incarcerated  
24 individual who is the alleged perpetrator. All of  
25 our, yes ... (crosstalk).

2 CHAIR POWERS: (Inaudible).

3 SARENA TOWNSEND: Sure, all of our  
4 investigators are trained, highly trained. They not  
5 only go through our regular four-week training that  
6 we provide in our investigation division, but they  
7 also receive specialized training. They receive  
8 National Institute of Corrections Trainings  
9 specifically called conducting confidential  
10 investigation in an (inaudible). We have also  
11 received external trainings that are specifically  
12 focused on trauma informing interviewing techniques.  
13 As of 2019, we have made sure that all of our PREA  
14 investigators were so trained. We had 72  
15 investigators, including all of our PREA  
16 investigators trained in trauma informed training at  
17 that time. This training was bedded by DCJS in  
18 response to the Sex Crimes Victims Bill of Rights  
19 Legislation, so it was approved and used by all New  
20 York City agencies as a training, and so, the  
21 investigators themselves who investigate these  
22 allegations are well-trained and we are able to, at  
23 this point, and for the last couple of years,  
24 maintain our PREA compliance with the timeliness and  
25 the quality of our investigations.

2 CHAIR POWERS: Sure, the investigations  
3 are one component of this, not letting them happen is  
4 the major, the real component to that, but I will  
5 talk about investigations just for a second since you  
6 brought it up. So, how many investigators do you  
7 have right now on staff at the Department of  
8 Corrections to investigate PREA complaints?

9 SARENA TOWNSEND: So, our PREA unit is  
10 comprised of one Director, one Deputy Director, nine  
11 Supervisor Investigators and Captains, and 25  
12 Investigator. We also have a PREA division within  
13 our Trials Unit that handles the disciplinary portion  
14 and that is comprised of one Director and one  
15 attorney, and of course, that's overseen by myself.

16 CHAIR POWERS: Okay, and when we spoke in  
17 2018, we did a hearing on this in, I believe, about  
18 2018, there was a massive backlog of cases that  
19 needed to be investigated which I think you had said,  
20 has been cleared and you had said that in 2018, you  
21 were, you know, staffing and working to clear those,  
22 but if I recall, and my memory, I'm doing this off  
23 memory, but I think if recall, step one was clearing  
24 a backlog that existed and then up to that point in  
25 time, and then playing catch-up with the cases, or

2 addressing the casing that were coming in at that  
3 time. Are you saying when you say clear backlog, are  
4 you saying that you have no past cases right now  
5 under investigation?

6 SARENA TOWNSEND: Your correct, and very  
7 good memory. We did have a two-step plan. The  
8 original backlog was approximate 1200 cases and that  
9 was in June of 2018. We cleared all of those cases  
10 by February of 2019 which was our corrective action  
11 plan due date. There had been a secondary backlog as  
12 you mentioned that had accumulated while we were  
13 focusing on those 1200 cases. That secondary backlog  
14 was 266 cases, and those have been cleared as of  
15 October 2019... (Crosstalk).

16 CHAIR POWERS: Okay... (Crosstalk).

17 SARENA TOWNSEND: Yes.

18 CHAIR POWERS: Can you give us the  
19 outcome of those 1200 and 260 cases? Can you tell us  
20 the breakdown of outcomes for those cases because  
21 doing that is certainly important, and I have more  
22 questions about it, but you know, knowing sort of how  
23 these cases were resolved would be helpful.

24 SARENA TOWNSEND: Absolutely, so, I don't  
25 have exact numbers. I can get that to you of these

2 particular cases. I do want to mention that we were  
3 audited, and those cases were involved in looking at,  
4 that the auditor looked at when they audited our  
5 investigations, and we had exceeded standards with  
6 respect to the quality of our investigations, so I do  
7 appreciate that there is concern that you know, the  
8 backlog needed to be addressed, but it shouldn't just  
9 be addressed by numbers. It needs to be quality  
10 investigations and we maintain that level of quality.  
11 We have been audited by an external auditor. We also  
12 have the Federal Monitor who looks over some of our  
13 PREA investigations, and we have been in substantial  
14 compliance from the Federal Monitor on our PREA  
15 investigations that they have overseen, so there is a  
16 lot of oversight that occurs externally in an  
17 unbiased fashion to check and see if our  
18 investigators are doing a good job frankly, and we  
19 have routinely and for years been deemed as exceeding  
20 standards or in substantial compliance, but I can get  
21 you those exact numbers offline, that's no problem.

22 CHAIR POWERS: And what is the average;  
23 thank you for getting us the data, what is the  
24 average duration of an investigation?

2 SARENA TOWNSEND: Pre-investigations do  
3 not exceed 90 days.

4 CHAIR POWERS: Okay, although you had  
5 been in the past?

6 SARENA TOWNSEND: In the past, but we  
7 have fixed the problem.

8 CHAIR POWERS: And you are saying that  
9 100% of cases today are being investigated within 90  
10 days?

11 SARENA TOWNSEND: So, I have a caveat to  
12 that because if the investigation is being looked at  
13 externally for criminal charges either by the  
14 Department of Investigation or by a District  
15 Attorney's office, then that sometimes does take a  
16 little bit longer understandably, so those cases do  
17 linger. What I can tell you is, our current open  
18 case load is only 101 cases, and the cases that we  
19 have are, we have 61 cases that are open from 2021,  
20 we have 27 cases that are open from 2020, and we have  
21 a smothering of 2019 cases that are open, that are  
22 just opened because they are being criminally  
23 investigated and/or prosecuted.

24

25



2 CHAIR POWERS: All right, so 2019 cases  
3 are being criminally investigated, 2020, just 27  
4 cases you said?

5 SARENA TOWNSEND: That is correct.

6 CHAIR POWERS: Those are all being  
7 criminally investigated?

8 SARENA TOWNSEND: I would say that about  
9 half of them are being criminally prosecuted and the  
10 other half are only open currently because we had to  
11 do a little bit more of an extensive investigation on  
12 them that required further interviewing, but the vast  
13 majority of the open 104 are under 90 days.

14 CHAIR POWERS: But (inaudible) so 2020,  
15 you would agree with me, right, that it would be  
16 impossible to do a 90-day review and have a case  
17 still open from 2020, right? That's impossible, it's  
18 April 27th. So, how do you say you're in full  
19 compliance when you now are telling us you have 2020  
20 cases that are still opened, and they are all not  
21 criminally investigated?

22 SARENA TOWNSEND: I did not say full  
23 compliance. I said pre-investigations have to be  
24 investigated within 90 days. We are in substantial  
25 compliance... (crosstalk).

2 CHAIR POWERS: Well, you did say there is  
3 no backlog, right? So, that would consist of being a  
4 backlog?

5 SARENA TOWNSEND: If there's about 10 or  
6 so cases that are still open, somewhat past 90 days,  
7 then we can deem that a backlog, we can deem that a  
8 backlog, but those are cases that in a traditional  
9 sense of the word backlog is cases that have not been  
10 attended to, and that's just not accurate. We have  
11 investigated them, they require a little bit more  
12 work because they might be a little bit more  
13 offensive and require some more interviews, but they  
14 have all been investigated within 90 days. They have  
15 to be closed expeditiously, which they will be aside  
16 from the ones that are being investigated externally.

17 CHAIR POWERS: I'm not, you know, picking  
18 on you for trying to represent the decay. I'm just  
19 saying that I think in my experience here now, that  
20 it takes (inaudible) sometimes to really get the full  
21 picture of, you know, we can decide all independently  
22 success or not success, (inaudible). We're happy the  
23 backlog is cleared, you know, the 1200 cases and so  
24 forth. I'm just trying to get an accurate picture of  
25 where we are in investigation and resources. What

2 percentage of cases have been referred out to the DA,  
3 I mean, I just, really quick, I feel this is the most  
4 pressing issue facing women, yeah, as you can tell,  
5 I'm asking a lot of questions on it, but we'll get to  
6 others as well, but what percentage of cases are  
7 getting referred out to the DA or the DOI?

8 SARENA TOWNSEND: Every single case that  
9 comes through that is a sexual assault or sexual  
10 abuse allegation gets referred to the Department of  
11 Investigation immediately.

12 CHAIR POWERS: But they send it back to  
13 you ... (crosstalk).

14 SARENA TOWNSEND: (Inaudible)...  
15 (crosstalk).

16 CHAIR POWERS: How many are staying with  
17 the DOI to be investigated and how many have been  
18 referred out to the DA for criminal investigation.

19 SARENA TOWNSEND: Okay, in 2019, there  
20 were 22 cases referred to the District Attorney's  
21 office. In 2020, there were 13 cases referred to the  
22 District Attorney's office, and so far in 2021, there  
23 have been 2 cases referred to a District Attorney's  
24 office.

2 CHAIR POWERS: Okay. Thank you. You are  
3 working extensively in this area, you are viewing  
4 these cases, these investigations, as I said earlier,  
5 the investigations are an important way to have  
6 accountability and provide clarity into what's  
7 happening, but the number is still concerning to us.  
8 Having been somebody who is investigating these and  
9 working with a team of investigators every day, what  
10 recommendations do you have for the Department of  
11 Corrections yourself, to help address what are, I  
12 think, or what recommendations, or what steps, I  
13 guess, is the DOC taking here to address PREA, not  
14 from a closing of investigations standpoint, but from  
15 prevention and preventing it from happening? I think  
16 that investigation is according to that, but it's  
17 certainly should not be the only prime component to  
18 that, so I think what we would like to hear are the  
19 steps that the department is taking right now to  
20 address another increase here when it comes to PREA  
21 allegations.

22 SARENA TOWNSEND: I think it's a fair  
23 question that maybe even (inaudible) person could  
24 answer to be honest. I think that a focus on inmate  
25 services or incarcerated person services is

2 important, making sure that we; sometimes it's just  
3 about going back to the basics care for the  
4 incarcerated person, making sure that they receive  
5 their mandated services and cooperation essentially  
6 with the investigation, which we have seen. We have  
7 seen cooperation, making sure that if there is an  
8 alleged perpetrator that they are separated  
9 immediately from the alleged victim, which is what we  
10 make sure happens. We also make sure to hold staff  
11 accountable. Like I said, we have a zero tolerance  
12 policy with respect to substantiated cases of this  
13 nature, and there's nothing more in my mind, I guess,  
14 influential that if somebody does something wrong and  
15 is then held accountable because then their  
16 colleagues can see that they are being held  
17 accountable and their colleagues will take a beat  
18 before doing something similar in the future, and so,  
19 you know, I think accountability is obviously  
20 important. I think that making sure that mandated  
21 services are given, is important, and just paying  
22 attention to what's going on, just having your eyes  
23 on what's going on in the jails, it's important,  
24 because what we do see is more often than not, the  
25 substantiations are coming from allegations between

2 incarcerated persons rather than a staff member  
3 committing the act of misconduct, most of our  
4 substantiated cases involved incarcerated persons  
5 doing the misconduct, and so, that is something that  
6 I think is important, just making sure that  
7 incarcerated individuals are treating each other the  
8 right way because like I said, that's where most of  
9 our cases are coming.

10 CHAIR POWERS: And ... (crosstalk), yeah go  
11 ahead.

12 JUDY BEALE: (Inaudible) regarding basic  
13 things being critically important to the sexual  
14 safety conversation. Sexual safety really does begin  
15 at intake. Upon intake of the person to enter  
16 custody are (inaudible) prosecution concerns  
17 including rather or not they were previously a victim  
18 of sexual victimization including rather or not they  
19 were previously convicted of a sexual abuse  
20 allegation. We further work to insure that people  
21 who are previous and known sexual victims or known  
22 sexual abusers are housed in separate areas of the  
23 housing unit or housed in separate housing units and  
24 are serving known to the department. I'm sure that  
25 Rivera also tell a little more information about PREA

2 rounding that happens and as well as the prosecution  
3 role.

4           DEB RIVERA: Yes, so, good morning. So,  
5 as far as what was mentioned with the, if an  
6 individual has identified or has informed staff that  
7 they were a victim of sexual abuse or if they were  
8 convicted for a sexual offense, we would not house an  
9 individual, an SA with an SV, a sexual abuser with  
10 somebody who is a victim of sexual assault. Those  
11 individuals would be separated. In addition,  
12 supervisors are tasked with conducting PREA announced  
13 tours and documenting those tours in the log book.  
14 Staff is also reminded to conduct their tours of the  
15 housing area, make a tour and to ensure that nothing  
16 inappropriate is occurring, and if they are informed  
17 of any sexual assault or allegation, they are to  
18 immediately inform their supervisor and those  
19 individuals are separated and afforded medical and  
20 mental health services and PREA is immediately  
21 notified.

22           CHAIR POWERS: Okay, I want to ask CHS a  
23 question just for a second. CHS, can you talk to use  
24 about your role whenever an allegation of sexual

2 abuse or harassment is made at a city jail, what that  
3 process is?

4 DR. COLLEEN VESSELL: Hi, good morning.  
5 I'm Dr. Colleen Vessell. I'm the Site Medical  
6 Director of the Rose M. Singer Center. Thanks so  
7 much for having me come here today. Getting into  
8 this work is a matter of self-equity and social  
9 justice for me and many people at CHS, so, I'm very  
10 happy to speak today about the work we are able to do  
11 on behalf of our patients. When we do have patients  
12 that, that we learn have made a sexual allegation, or  
13 a PREA complaint, our usual, well, our clinicians, we  
14 are a mandated reporter, so, our first role is to see  
15 the patient, you know, get more information, you  
16 know, from them, you know, what occurred, and from  
17 there, we report the issue to the Operations  
18 Department, who keeps track of the complaints. We  
19 also see the patient clinically to determine if they  
20 need to be connected to further medical services in  
21 the ER, for example, they have a forensic exam if  
22 that's appropriate. We also then connect them to  
23 mental health services and to our sexual abuse and  
24 advocacy program which follows up with the patients  
25 afterwards to meet their needs.



2 CHAIR POWERS: You know, I (inaudible)  
3 but I know there's a bunch of people behind me, so,  
4 I'm going to come back. I have some more PREA  
5 questions and some things about Rose I want to get  
6 to, but I do want to actually give other an  
7 opportunity. Thank you for that. I'm going to come  
8 back. I want to make sure I get to Chair Diaz,  
9 Council Rosenthal and others as well, and then I'm  
10 going to come back with some questions from there,  
11 but I want to be respectful of this time here. So,  
12 we'll go to Chair Diaz, and then I think we're go to  
13 Members as well.

14 CHAIR DIAZ: Thank you. I'd like to  
15 begin with asking how they do their reporting, to be  
16 real sensitive, when you speak to numbers. As  
17 someone that has been a victim of domestic violence  
18 and has spanned my career in advocating for  
19 individuals, it's somewhat offensive to me when we  
20 describe data as under ten or ten or so. At the end  
21 of the day, as social service providers, and it's our  
22 business to assure that each case is solved  
23 favorably. You know, I'm here looking at Victoria  
24 Phillips (SP?) reports, and I'm sadden, I'm pissed,  
25 and I'm annoyed that we have someone who probably has

2 more affluent data that what's being reported to us.  
3 One case too many, is too many. Let's not forget  
4 that lives are being impacted, and that's the bottom  
5 line. Being incarcerated has to be amongst the most  
6 difficult challenges an individual can face.  
7 Separate and apart from being a woman who is not as  
8 strong, I would say, physically, and to think that  
9 women or anyone is being sexually abused and we have  
10 a system that is callus that says it's numbers, we  
11 have issues with data? To me, data means the world.  
12 If it's an issue of your understaffed and that's why  
13 you cannot get the data done, talk to us as a  
14 Council. That is how you help us help you, but we're  
15 looking for answers for 2019, I'm looking at messages  
16 here from 2015, that's not okay. Not everyone is  
17 incarcerated is a bad person and it also doesn't mean  
18 that because you've been incarcerated you cannot make  
19 it out and be productive. So, for those of you that  
20 are in the comfort of this beautiful desk that I'm  
21 looking at, go think of that. If you do it to serve  
22 our people; I have two dear friends. One spent 17  
23 years incarcerated and the other one 16 years, and  
24 you would never believe the transformation that these  
25 two women did with their lives. One of them had a

2 child while incarcerated. Unfortunately, I was not  
3 able to get her to come in today and testify, but  
4 today, she is running a non-profit and serving women  
5 in need. My other good friend works with people  
6 coming out of incarceration that have suffered  
7 injustices and addicted. Turning these individuals  
8 into mentors and leaders of tomorrow, that's what  
9 it's about. No one should be shackled. This is  
10 2021. Let's get it right and get it real, and anyone  
11 that's incarcerated and dealing with COVID or the  
12 after effects of COVID, it's real. Those of us that  
13 have survived it have to fight hard, so again, those  
14 of you that are overseeing and monitoring individuals  
15 with special conditions, let's keep it real. Let's  
16 keep it sanitized and understand that when you're  
17 reporting to us, one life is one too many. I'm going  
18 to go on to ask you cause I know that my colleague  
19 asked wonderful questions, some that I would have  
20 asked myself, and I didn't get a total satisfaction  
21 with the answers, so if I'm repeating his question,  
22 it's only because what you delivered to me did not  
23 meet my needs. I'd like to go back into the process  
24 of when you identify that a staffer has indeed  
25 violated someone that's incarcerated's rights. Is

2 there after 90 days, what's your true process when  
3 someone, there's an allegation against someone, and  
4 if this allegation does not lead to termination, what  
5 is done? Is there such training? What are we doing  
6 to ensure that this individual had a sliver of  
7 possible negative behavior that we're addressing it?  
8 Can someone answer that first question for me?

9 SARENA TOWNSEND: I will handle that  
10 question. First, I would like to say that I have  
11 actually dedicated my entire life to seeking justice  
12 for people who have been victimized. You may not  
13 know that about me, but that is who I am. I spent 10  
14 years... (crosstalk) District Attorney's office,  
15 prosecuting crime, and with a specialization on sex  
16 crimes prosecutions. So, I have spent my life in the  
17 courtroom advocating for victims. So, thank you for  
18 allowing me to address that first.

19 CHAIR DIAZ: Thank you.

20 SARENA TOWNSEND: You're welcome. Thank  
21 you, and so, speaking of the allegations, I want to  
22 make something very clear because when we get an  
23 allegation, it doesn't mean that somebody has indeed  
24 done what has been alleged, and so we have to look at  
25 that. However, the simple fact of the allegation

2 causes us to respond immediately, even if it doesn't  
3 end up substantiated, and so what we do immediately  
4 is separate the alleged victim from the alleged  
5 perpetrator immediately, and that separation order  
6 stays in effect. We also immediately send the  
7 allegation, if it is one alleging the criminal act to  
8 the Department of Investigations to see if they want  
9 to go over to invest it for a criminal prosecution.  
10 If they decide not to, they refer it back to us for  
11 administrative handling. That's an allegation  
12 against a staff member. If there's an allegation  
13 involving an incarcerated person against another  
14 incarcerated person, those two people are also  
15 separated immediately, and if there is any  
16 inclination whatsoever from us in those early hours,  
17 that this will be a substantiated case, we refer back  
18 to a District Attorney immediately because that is  
19 the body that has to handle the criminal prosecution  
20 if it does amount to that, and so all these steps are  
21 taken very, very quickly, and so I don't want any,  
22 you know, and it could be my fault you misunderstood,  
23 I don't want there to be any misconception out there  
24 that we're taking 90 days or that we wait 90 days or  
25 anything of that nature, because you're right, it is

2 a very sensitive issue, and if something did happen,  
3 it needs to be addressed immediately, and I want to  
4 assure and everybody that if we do substantiate  
5 something like that, we have a zero tolerance policy  
6 and even if it doesn't rise to the level of  
7 criminality, we will take it all the way. We cannot,  
8 unfortunately because of, you know due process laws,  
9 we can't terminate somebody unilaterally if it's a  
10 staff member, for example. We have to go through the  
11 process. The process involves going to the Office of  
12 Administrative Trials and Hearings seeking that  
13 termination. I want to say we actually did, you  
14 know, we don't have that many cases to be fair, where  
15 things are substantiated to that level, but when we  
16 do, we go all the way, and I'll give you an example.  
17 Back in 2018, we did have a case of that nature and  
18 we took that person to trial because we wanted to  
19 terminate that person. Throughout the whole waiting  
20 period that person was without any inmate contact, of  
21 course. We took it to trial and won. However, in  
22 their recommendation did not terminate. They wanted  
23 to removed days from that person. We did not think  
24 that was enough of a penalty, and there is an option  
25 for our commissioner to override that recommendation

2 which she did, and we terminated that person, and so,  
3 I use that as an example of how seriously we take  
4 this. We absolutely do, and so I don't want to leave  
5 this hearing with any sort of misconception on that  
6 front. So, thank you for allowing me to address  
7 that.

8 CHAIR DIAZ: I thank you for your detail.

9 SARENA TOWNSEND: Sure.

10 CHAIR DIAZ: I would still like to know  
11 that you (inaudible) it.

12 SARENA TOWNSEND: Sure, thank you.

13 CHAIR DIAZ: I'd like to ask some  
14 questions in reference to visitors and your process.  
15 My understand is that there's been some issues with  
16 technology. How are we, are we dealing with that?  
17 Can you give me a report on how you've been able to  
18 improve the conditions within the last 30 days if not  
19 60 days?

20 JUDY BEALE: Sure, Council Member, so I  
21 also have concerns about technology. I do want to  
22 say that the Board of Correction did an audit of  
23 grievances submitted related to technology, and in  
24 looking at the total number of visits which, at this  
25 point, are televisists which is over 40,000 since we

2 started, but (inaudible) April of last year and I  
3 also want to stress that we did not have a televisit  
4 process report coded hit. This Department created a  
5 televisit process in two weeks and began trying new  
6 ways to connect people with their loved ones during  
7 this difficult time. So, of the approximately 40,000  
8 visits that have occurred, I believe that there were  
9 under 450 complaints related to technology. Now, I  
10 understand that every single one of those people, you  
11 know, certainly experienced an issue and it may have  
12 kept them from their visit. I also understand that  
13 the number of grievances received is not necessarily  
14 the number of obligations experienced, but it is  
15 roughly 1% or 2% of visitors, even accounting for the  
16 fact that that is not the full number of people who  
17 experienced technologic issue. In order to better  
18 support visits, in the last 30 to 60 days, were  
19 working on this issue. We have revamped our form.  
20 So, in fact when you hit submit to submit your  
21 visitor request form, it more clearly explains to you  
22 how you will be contacted by the Department and when  
23 you will hear about your visit. I also, I'm not sure  
24 if you are aware of this, but our visit staff  
25 actually call all people who have scheduled



2 televisits and makes sure to walk them through the  
3 process so they understand, they should check their  
4 camera, they should check, you know, their phone, so  
5 that they can have a successful visit.

6 CHAIR DIAZ: Thank you for going the  
7 extra mile on that, thank you.

8 JUDY BEALE: You're welcome.

9 CHAIR DIAZ: I'd like to go on to ask  
10 more question about children, and you know, priority;  
11 two questions in reference to visiting. One is  
12 children, when a child wants to visit, does that go  
13 to a priority list? That's one questions, and how  
14 are we dealing with individuals that are wheelchair  
15 bound?

16 JUDY BEALE: Sure.

17 CHAIR DIAZ: Are there also some  
18 challenges for wheelchair bound individuals?

19 JUDY BEALE: So, in pre-COVID times, I  
20 believe, and we'll be able to provide additional  
21 information on this, I believe that there were  
22 specific days or times where we would plan our visits  
23 for children. With the televisiting process that is  
24 more difficult because it is also based on our  
25 internal scheduling system, the days that the family

2 is available and the days that they're requesting for  
3 a visit, so it's a little more complicated, but I  
4 also believe that families can schedule through the  
5 Family Visitor Assistance Program.

6 ANN PENSON: (Inaudible) supportive while  
7 scheduling their visits with the Visiting Family  
8 Assistance Program if they're having challenges  
9 scheduling their televists, yes.

10 JUDY BEALE: And regarding in-person  
11 visitation and wheelchair bound individuals, we do  
12 make every effort to make sure that people of kind of  
13 disability are equal to access the facilities. I  
14 believe we have visitor houses that are wheelchair  
15 accessible or if one of those houses is not  
16 immediately available, we'll work to ensure that one  
17 of our fleet vehicles that is wheelchair accessible  
18 can support the person and bring them from the visit  
19 house to the specific facility. I also talk  
20 (inaudible) I don't have more information on how we  
21 support people who are in a wheelchair, but I can  
22 absolutely get back to you after the hearing.

23 CHAIR DIAZ: Thank you, and I just have  
24 two more questions. I'd like to go back to victims  
25 and how do we deal with the after care once they've

2 gone through the process and you've validated that  
3 what they reported has been legitimate?

4           SARENA TOWNSEND: So, you know, I can  
5 leave that to my colleagues, but I will tell you at  
6 least for our purposes in the Investigation Division,  
7 if and when something like that does happen, we are  
8 with them the entire way. So, for example, I  
9 mentioned that we had two cases that we substantiated  
10 that we sent over to the District Attorney's office  
11 for prosecution. So, what we do is we do everything  
12 that we can to make these individuals comfortable  
13 throughout that process. I know as a former  
14 prosecutor that it is very difficult to come forward  
15 and especially to speak with prosecutors with the  
16 intention of potentially getting on a stand and  
17 testifying, and so what we do on our end, is our  
18 investigator will help even with transporting, we  
19 won't do the transport, but we will help facilitate  
20 and make sure that the individual, if they do need to  
21 go to, let's see, see a prosecutor to tell them what  
22 happened, that they are in the right hands and that  
23 they are held through that process, and I'm sure, I  
24 can't speak for my colleagues at the District  
25 Attorney's office, but I know that they always have

2 advocates present over there as well, and so, we do  
3 everything that we can throughout that process to  
4 give support to the alleged victim.

5 JUDY BEALE: The Department also has  
6 special support, sexual assault support helplines.  
7 We partner with Safe Horizon with a dedicated  
8 hotline. I believe there is also a sexual assault  
9 support hotline through CHS and perhaps CHS can speak  
10 to their... (crosstalk).

11 CHAIR DIAZ: How does one access the  
12 support hotline, meaning, I, Darma Diaz, it's 2:00 in  
13 the afternoon and I feel a need to reach out to my  
14 counselor. Is that something that I can just have  
15 conversation and request it?

16 JUDY BEALE: So, during all teletime,  
17 which internal population is working on today, people  
18 have access to teleconference during that entire  
19 time. The sexual assault hotline is posted  
20 throughout the facility, and I believe coordinators  
21 will also provide pamphlets to individuals in meeting  
22 with them so that they have the information on how to  
23 access both the Safe Horizon hotline and the CHS  
24 hotline.

2 CHAIR DIAZ: Thank you. I'm going to  
3 turn it over to my colleagues, and I'll go for a  
4 second round of questions once my colleagues have  
5 presented their questions. Thank you.

6 COMMITTEE COUNSEL AGATHA MAVROPOULOS: I  
7 will... (crosstalk).

8 CHAIR POWERS: Thank you... (crosstalk).  
9 Go ahead.

10 COMMITTEE COUNSEL AGATHA MAVROPOULOS: I  
11 will now call on Council Members in the order they  
12 have used this Zoom raise hand function. If you  
13 would like to ask a question and you've not yet used  
14 the Zoom raise hand function, please do so now.  
15 Council Members, please keep your questions to five  
16 minutes. The Sergeant at Arms will keep a timer and  
17 will let you know when your time is up. You should  
18 begin once I have called on you and the Sergeant has  
19 announced that you may begin. First, we'll hear from  
20 Council Member Holden, followed by Council Member  
21 Rosenthal.

22 SGT. MARTINEZ: Time begins.

23 CM HOLDEN: Thank you everyone. I'm  
24 sorry I had to jump off to another hearing, but what  
25 percentage of detainees have been vaccinated?

2 DR. COLLEEN VESSELL: Hi, good morning.  
3 So, as of right now, we're just under 50% of women  
4 have been vaccinated.

5 CM HOLDEN: So, just under 50%.

6 DR. COLLEEN VESSELL: Of women, yes.

7 CM HOLDEN: Now, why only 50%? Is that  
8 because it wasn't available, the vaccines?

9 DR. COLLEEN VESSELL: Well, actually, I  
10 mean, I would.. (crosstalk). I'm sorry, sir, go  
11 ahead.

12 CM HOLDEN: Or was it just that the  
13 detainee just refused to take it, to get it?

14 DR. COLLEEN VESSELL: Well, I'd say,  
15 actually compared to the community, I think we're  
16 doing pretty well, even above, you know, the  
17 community vaccination rate. We actually, CHS pretty  
18 early, advocated with the State to be able to  
19 vaccinate patient who otherwise meet State criteria.  
20 As I'm sure you're aware, initially, people in  
21 custody were left out of the high-risk group, but  
22 being able to vaccinate people in accordance to State  
23 guidelines, we were able to start pretty early, so we  
24 started in January vaccinating our highest risk  
25 patients, and as the State criteria opened up, we

2 continued to vaccinate from there. So, at this  
3 point, we've actually, as I mentioned, reached about  
4 half of women. We have done a lot of outreach  
5 efforts like this includes (inaudible) to getting  
6 vaccinated, so we've gone to the housing areas,  
7 provided education, additionally even vaccinating in  
8 the housing areas. We've opened up a call line where  
9 people can call and say that they would like to get  
10 vaccination, and we'll put them on the schedule.  
11 We've set up kind of like a pseudo-mass vaccination  
12 site once a week where we can call people down as  
13 they want them to come to get vaccinated, and for  
14 every person that was in custody, we've actually  
15 scheduled a one-on-one appointment to be able to  
16 discuss the pros and cons of vaccination with a  
17 provider, and so all those things together have led  
18 to actually the highest vaccination rate of any  
19 building on the island.

20 CM HOLDEN: Alright, when was the last  
21 time family members, especially children were allowed  
22 to visit their mothers?

23 JUDY BEALE: So, visitation has been  
24 paused since mid-March 2020, but we stood up, as I  
25 mentioned, the televisit system by early April 2020,

2 so family members have continued to visit their  
3 incarcerated loved ones through that system.

4 CM HOLDEN: I'm sorry, I missed that. I  
5 couldn't hear.

6 JUDY BEALE: Sure, in-person visitation  
7 was paused in mid-March 2020 in line with, you know,  
8 the height of the COVID-19 pandemic.

9 CM HOLDEN: Yeah, I got that part. I  
10 just missed that little second part you said.

11 JUDY BEALE: So, as mentioned, within  
12 about two weeks, we stood up a televisit system, as I  
13 described and so, family members and children have  
14 continued to be able to visit their incarcerated  
15 loved ones through the televists.

16 CM HOLDEN: So, what's the plan now to  
17 have in-person visits? When is that going to happen?

18 JUDY BEALE: I don't have a definitive  
19 date to share with you today, but we have been  
20 working very closely with our health partners and  
21 city partners across the city over the past year,  
22 setting up and getting running for return to in-  
23 person visitation, but you know, we are  
24 unfortunately, still in the pandemic, but are  
25 carefully looking at citywide markers and look



2 forward to bringing back in-person visitation as soon  
3 as it's safe to do so, which we anticipate, which we  
4 hope will be, you know, in the near future.

5 CM HOLDEN: You know, I think there's got  
6 to be some more urgency to that because nursing homes  
7 have opened up, and that's even a higher risk  
8 population, yet our jails haven't? There seems to  
9 be, you know, if you haven't seen your mother or held  
10 your child's hand for over a year, that's, and  
11 there's no plan to reopen yet, I mean, you should  
12 have opened up a month ago, especially if the  
13 person's been vaccinated. That's a way to get more  
14 detainees vaccinated, by saying if you get  
15 vaccinated, we can start family visits, so that's a  
16 way to urge some of the detainees, possibly, I'm not  
17 saying you have to, but I think that's one way, but I  
18 think that at this point, if you have almost 50% of  
19 detainees vaccinated, allow them to see their  
20 families, and do it right now. No, yes?

21 JUDY BEALE: I really do appreciate your  
22 thoughts on this, and we agree that it is important  
23 to bring back family visitation as soon as it's safe  
24 to do so. As I stated ... (crosstalk).

2 CM HOLDEN: Would you say that nursing  
3 homes are a higher risk for infection of the virus  
4 than jails?

5 JUDY BEALE: So, I am not a public health  
6 expert, so I can't ... (crosstalk).

7 CM HOLDEN: I would that, I would say  
8 with the stats it is, and yet, the State allowed the  
9 nursing homes to have visits. I visited my mom over  
10 a month ago, who I haven't seen, held her hand in  
11 over a year, but they allowed me a month ago to  
12 visit, and I think the children whose mothers are  
13 incarcerated should have, you know, the same right to  
14 do that and be allowed to do that, so I wouldn't  
15 hesitate any longer. What's holding things up? The  
16 pandemic? Yes, the pandemic, but other institutions  
17 have opened up, the jail should open up, and it could  
18 even be, you know, I mean, if you have to, especially  
19 if they were vaccinated ... (crosstalk).

20 SGT. MARTINEZ: Time expired.

21 CM HOLDEN: But alright, thank you, thank  
22 you Chairs.

23 COMMITTEE COUNSEL AGATHA MAVROPOULOS:  
24 Next, we will hear from Council Member Rosenthal.

2 CM ROSENTHAL: Thank you so much. I  
3 really appreciate it. I really appreciate the  
4 questions from my colleagues. I have a number of  
5 questions, but I just want to say to people, I am  
6 watching the erase board that Dr. Victoria Phillips  
7 is putting up in the scene and it's incredibly  
8 helpful. If she would like to reach out to be  
9 directly now, my email address is  
10 [helen@helenrosenthal.com](mailto:helen@helenrosenthal.com). I'd like very much to be  
11 talking to her, so I'd appreciate that, if she could  
12 include her cell number. So, we've been talking a  
13 lot, and I've heard the, I've heard you talk about  
14 the very serious policy around sexual abuse, and you  
15 know, zero tolerance policy, and you know, the proof  
16 is always in the pudding on that. So, I'm just  
17 wondering in the last number of years, you can pick  
18 the number, one year, two years, five years, how many  
19 cases against the DOC officer for sexual abuse,  
20 assault, have been substantiated?

21 SARENA TOWNSEND: So, thank you for your  
22 question. Most of our substantiations are against  
23 incarcerated persons who have sexually assaulted or  
24 abused other incarcerated persons. We have had a  
25 couple of sex abuse or actually sexual misconduct

2 cases against staff member. I will tell you that  
3 even when we substantiate a case against an  
4 incarcerated person, if there was staff misconduct  
5 involved, we take that seriously too, meaning was the  
6 staff not paying enough attention, and that's what  
7 allowed this to happen. So, I'll give you an  
8 example. We actually just, as I mentioned, in order  
9 to terminate somebody, we have a lengthy process that  
10 we have to go ... (crosstalk).

11 CM ROSENTHAL: With all due respect, I  
12 really heard of this. I really did, and I'm on a  
13 clock, so if you could just start, and I appreciate  
14 the color, I really do, the details, but let's start  
15 with the first question. Just a number. How many  
16 DOC officers have had substantiated cases for abuse,  
17 misconduct, assault, you tell me the categories, but  
18 just numbers. Let's start with that, and then we'll  
19 get into the color of it.

20 SARENA TOWNSEND: Sure, I don't want to  
21 miss speak. I want to get you the accurate number  
22 that you're looking for you ... (crosstalk).

23 CM ROSENTHAL: In this hearing, it's an ...  
24 (crosstalk). So, I would imagine you either have the  
25 answers in your hands right now, but given that this

2 is the topic of the hearing, I'm happy to circle back  
3 in 10 minutes and perhaps someone on your staff can  
4 get the answers to these questions, so, let's just  
5 start with number, and then I promise you ...

6 SARENA TOWNSEND: Sure.

7 CM ROSENTHAL: We're going to get into  
8 detail.

9 SARENA TOWNSEND: Okay, I can tell you  
10 that in 2019, we substantiated two cases against  
11 staff for sexual misconduct. That was, meaning not  
12 sexual harassment cause I think you're asking about  
13 sexual abuse at this point. In 2020, we had zero,  
14 and in 2021, thus far, we have zero.

15 CM ROSENTHAL: And what happened in the  
16 two cases against the officers?

17 SARENA TOWNSEND: Unfortunately, because  
18 it's still pending, I cannot speak to the details.

19 CM ROSENTHAL: So, in 2019, I guess, two  
20 years ago, and I guess I don't know when the case  
21 happened, it was substantiated in 2019, so I don't  
22 know when the alleged abuse happened, within the  
23 prior year, within the prior two years, do you know?

24 SARENA TOWNSEND: This is referring to  
25 incidents that occurred in 2019.

2 CM ROSENTHAL: Okay, they were  
3 substantiated, and now two years later, we don't know  
4 what's happening with those officers. Since the  
5 cases were substantiated, have they been put on  
6 modified duty?

7 SARENA TOWNSEND: Yes, ma'am.

8 CM ROSENTHAL: And ... (crosstalk) that  
9 duty.

10 SARENA TOWNSEND: It is a no-inmate  
11 contact post that they would be put on, yes.

12 CM ROSENTHAL: So, those two individuals  
13 have been put on no-inmate contact posts?

14 SARENA TOWNSEND: Yes.

15 CM ROSENTHAL: Okay, and how many cases  
16 during that same period of time were unsubstantiated,  
17 not unfounded, but unsubstantiated?

18 SARENA TOWNSEND: Just one moment, I  
19 should have that. You know what? I don' have it in  
20 front of me at this time. I can get you that  
21 information. I know we're on the clock. I can get  
22 it to you. The vast majority are unsubstantiated  
23 and/or unfounded.

24 CM ROSENTHAL: Yeah, I noticed that, and  
25 that's exactly what I want to ask about. What do you

2 think is going on there? I mean, look, I know I'm  
3 sitting and asking from privileged position, I don't  
4 go into Riker's every day. I don't work there. I'm  
5 not an inmate, so I appreciate that, and I'm asking  
6 this question without seriously all due respect, but  
7 what do you think about the fact that, I mean, the  
8 number is around 500 or more, are unsubstantiated or  
9 unfounded, what are your thoughts about that?

10 SARENA TOWNSEND: Well, the cases that  
11 are unfounded are cases that we are able to actually  
12 prove but with concrete evidence that they did not  
13 happen. Cases that are unsubstantiated technically  
14 that means that there's not enough evidence to prove  
15 that it did happen by preponderance of evidence.  
16 There are situations where we have reporting concerns  
17 with individuals. We have, for example, just in the  
18 last period that we collected data on, the last six  
19 months of 2020, just five inmates were responsible  
20 for reporting 36% of the Department staff on  
21 incarcerated person allegations, and a total of 10  
22 inmates if you take the next five, and including the  
23 10 who are responsible for recording 45% of the  
24 allegations, and so we do have sometimes situations  
25 where individuals may be reporting and reporting over

2 and over and over and over again, and we of course,  
3 we have to take every single one of those allegations  
4 seriously, which we do, and we respond to every  
5 single one of those allegations like I had described  
6 earlier, immediately, separating ... (crosstalk).

7 CM ROSENTHAL: Do you think for those  
8 allegations, would it be possible for those  
9 individuals to be connected with someone at Safe  
10 Horizon? Yeah, an advocate who can help them think  
11 through what's going on?

12 SARENA TOWNSEND: Yes, yes.

13 CM ROSENTHAL: And are they?

14 SARENA TOWNSEND: So, when we go down to  
15 do our investigation initially, we make sure that we  
16 do give them the Hope for Healing pamphlet, mental  
17 health, ministerial services, things of that nature.  
18 That does include the phone number to Safe Horizon.

19 CM ROSENTHAL: And are they given any  
20 privacy when they make those calls?

21 SARENA TOWNSEND: I would have to defer  
22 to my colleagues on that. I will tell you that they  
23 are given privacy when we interview them, we make  
24 sure to do so in a confidential setting ...  
25 (crosstalk).



2 CM ROSENTHAL: No, no, I mean privacy  
3 when they reach out to Safe Horizons or another  
4 advocate?

5 SARENA TOWNSEND: So, would have to, we  
6 have to look into that, and we'll get back to you  
7 Council Member. The phones are generally in a more  
8 open area of the housing unit, but I can't speak to  
9 any sort of individual case where somebody may  
10 request an opportunity to have a little more privacy,  
11 but we do certainly speak and talk to some of the  
12 program counselors and get back to you.

13 CM ROSENTHAL: So, someone's make an  
14 allegation that is an incredibly intense, traumatic  
15 allegation. I mean, you've heard the passion in  
16 Chair Diaz's voice, and you're saying that in order  
17 for that person to handle that trauma, they're not  
18 given any privacy to talk to a therapist or they're  
19 not given any space to figure out how to handle it  
20 with an advocate? I mean, this is some pretty basic  
21 stuff that we talk about all the time with the DV or  
22 sexual assault, sexual abuse with the NYPD, just the  
23 absolute critical importance of putting folks in  
24 touch with somebody who knows how to, you know, speak  
25 with someone in a meaningful way. I mean, let's just

2 set the stage, there is no opportunity for that, and  
3 that's okay, that's the answer, then maybe we need to  
4 make that happen, but I just want to know what the  
5 answer is.

6 DEB RIVERA: If I may, good morning, and  
7 if I'm understand your question correctly, if an  
8 individual, a woman is asking to speak to someone in  
9 a private manner in regards to this serious type of  
10 allegation, we do afford them the opportunity to  
11 speak to somebody in social services in order for  
12 them to speak to a counselor and give them an  
13 opportunity in a safe, private space ... (crosstalk).

14 CM ROSENTHAL: I'm asking about an  
15 advocate at Safe Horizons, right, so this is a  
16 thoroughly bedded non-profit that you all have  
17 contracts with.

18 SARENA TOWNSEND: Yes.

19 CM ROSENTHAL: I'm wondering so somebody  
20 could speak with them?

21 DEB RIVERA: Even if the request was made  
22 to speak with somebody at Safe Horizon, we would make  
23 sure that the individual is given the opportunity to  
24 do so in a private area.

2 CM ROSENTHAL: Oh, so, you're saying that  
3 everyone who makes an allegation, they get the  
4 material from you, and then they can say, "I would  
5 like to speak with an advocate"?

6 DEB RIVERA: They do have the opportunity  
7 ... (crosstalk).

8 CM ROSENTHAL: I'm curious, how many  
9 people who make allegations take you up on that  
10 offer?

11 DEB RIVERA: I don't have those numbers.

12 CM ROSENTHAL: Does anyone?

13 DEB RIVERA: I don't have the numbers.

14 CM ROSENTHAL: No, does anyone take up on  
15 the offer?

16 DEB RIVERA: Oh.

17 CM ROSENTHAL: Has anyone seen anyone  
18 have a private conversation if given the  
19 opportunity to have a private conversation with an  
20 advocate?

21 DR. COLLEEN VESSELL: Oh, excuse me, this  
22 is Dr. Vessell, may I step in a for a moment?

23 CM ROSENTHAL: Please.

24 DR. COLLEEN VESSELL: Hi, sorry, I can't  
25 speak to Safe Horizon, but I can say that we do get a

2 fair amount of referrals for mental health, so  
3 patients might not call on the phone or speak with  
4 new people at an outside agency, but I would say it's  
5 fairly common for a patient to speak with their  
6 mental health provider and dispose it to them, and  
7 then they'll share it with us.

8 CM ROSENTHAL: Yeah, I'm not talking  
9 about a mental health provider. I'm talking about an  
10 advocate at Safe Horizons ... (crosstalk).

11 DR. ZACH ROSNER: And I'm sorry, this is,  
12 I'm sorry, it's Dr. Rosner.

13 CM ROSENTHAL: Okay.

14 DR. ZACH ROSNER: Correctional services  
15 also has a sexual assault and abuse advocacy program,  
16 SAA which has counselors who meet with anyone who  
17 reports through the health services and also helps  
18 connect with resources in the community.

19 CM ROSENTHAL: Private practice?

20 DR. ZACH ROSNER: I mean, the SAA team  
21 are a group of advocates who work with correctional  
22 health and then they have community partners as well  
23 ... (crosstalk).

24 CM ROSENTHAL: And do they meet privately  
25 with the ... (crosstalk).

2 DR. ZACH ROSNER: Yes.

3 CM ROSENTHAL: Uh-huh.

4 DR. ZACH ROSNER: Yes.

5 CM ROSENTHAL: How many meetings, can you  
6 help correlate the number of those meetings to the  
7 number of assault allegations?

8 DR. ZACH ROSNER: We can get the numbers  
9 for the sexual assault advocacy program and provide  
10 the number of visits to you, yeah.

11 DR. COLLEEN VESSELL: But I will say we  
12 also, when we see patients in clinic after making an  
13 allegation, we refer all patients to SAA,  
14 additionally, they're proactive, so they look through  
15 the medical chart for anyone that's reported anything  
16 to us, they'll actually schedule a time to meet with  
17 them privately.

18 CM ROSENTHAL: So, I'm hearing from  
19 people in the system or who are very familiar with  
20 people in the system, as I said, I'm not there,  
21 you're there every day, so, I'm counting on others  
22 for facts that in fact, the calls are not private.  
23 They have to talk on the phones in their unit, but  
24 they're not taken to a social service area when  
25

2 requested, and that mental health on average, is on a  
3 28-day schedule?

4 ANNE PENSON: Council Member, if I may.

5 CM ROSENTHAL: And so even after an  
6 assault, they might not see someone for 28 days.

7 ANNE PENSON: Council Member Rosenthal,  
8 if I may, if in fact, someone does want to see a DOC  
9 counselor, they can request to do so, and a DOC  
10 counselor can assist with making a phone call in a  
11 private setting, if that is needed, if that is  
12 requested.

13 DR. ZACH ROSNER: And just on the mental  
14 health side of things, whenever an allegation is  
15 brought to the health services, patients are seen as  
16 a staff (inaudible) mental health service offers  
17 counseling immediately.

18 CM ROSENTHAL: Yeah, I know what STAT  
19 means. I'm looking at a 28-day schedule.

20 DR. ZACH ROSNER: Yeah, the 28-day  
21 number, I think, probably comes from some of the  
22 routine mental health services, but that's very  
23 different than counseling after an allegation, that's  
24 very different, yeah.

2 CM ROSENTHAL: So, I'm seeing, and I know  
3 it's true, and I think, I'm hoping the public can  
4 hear this that there's a real disconnect between, you  
5 know, I feel like the answers, you're trying to  
6 answer my question with a rosy picture, but you're  
7 sort of interchanging well, if they're with the DOC,  
8 they can talk to a DOC officer that's not a mental  
9 health professional. They can talk to a mental  
10 health professional whenever and may or may not be in  
11 private situations. Here's the point, and you should  
12 really, if this were happening correctly, because  
13 I've been at hearings or I've been in situations  
14 where it's happening sort of correctly, then you know  
15 these many people have reached out, these many people  
16 were connected to a private conversation with a  
17 advocate at Safe Horizons, somebody who is not in any  
18 way affiliated with the system that is, you know,  
19 truly not wanting to be exposed for any problem,  
20 right, and that would be that, but I'm not hearing  
21 that answer. There's no way that, I mean really just  
22 common sense, and again, I'm not in the system, but  
23 there's no way, and we've talked about this at  
24 hearings before that the health provider is of  
25 paramount importance compared to the mission of

2 corrections which is to keep people in corrections,  
3 so you know, the, you know, just in the scale of  
4 things, health is here, corrections is here, and I'm  
5 just describing, I'm not making a statement or  
6 anything, I'm just describing reality, so given that,  
7 and now you have an inmate down here who has had a  
8 traumatic experience and is trying to report it,  
9 anything within that system is not safe. The only  
10 thing that is safe is calling somebody outside the  
11 system on a private line or talking to someone from  
12 an advocate. It sounds like you have a contract with  
13 Safe Horizon, so you could have a room that is  
14 private where the person could talk with the Safe  
15 Horizon's advocate, then we know that we're getting  
16 an unbiased answer about what's happening, I mean,  
17 just by definition, no, anything within the system.

18 JUDY BEALE: So, Council Member, if I  
19 may, I just want to, I really do appreciate what  
20 you're saying. I want to clarify what Director  
21 Penson was speaking about and then sort of come back  
22 to your point, I don't think that anybody here is  
23 saying that speaking to a DOC counselor is the same  
24 as a trained advocate. What I understood her to be  
25 saying is that if somebody came to a DOC program



2 counselor that I want to speak in a private space,  
3 that the program counselor would help bring them to  
4 that space, but I ... (crosstalk).

5 CM ROSENTHAL: How many people have done  
6 that?

7 JUDY BEALE: Well, I think you're  
8 pointing to is perhaps the need for the Department to  
9 more clearly make that availability known to people ...  
10 (crosstalk).

11 CM ROSENTHAL: Because the answer is no  
12 one has done or very few people (crosstalk), I mean,  
13 I'm insinuating if your answer is Oh, we have to do  
14 that more clearly, that means very few people are  
15 doing it now (crosstalk), and going forward, more  
16 people will get that service.

17 SARENA TOWNSEND: If I could just add, I  
18 just wanted to also mention because I also appreciate  
19 your concern, I absolutely do. I do want to make it  
20 clear that if there is an incarcerated person who  
21 does make an allegation of sexual assault and that  
22 incarcerated person does go to medical, then Health  
23 and Hospitals has a sexual assault advocate that we  
24 contact in order to line that person up to provide  
25 that service, so I do want to put that out there as

2 well, and I also want to say that I think tracking  
3 purposes for people who take advantage, people in  
4 custody who take advantage of Safe Horizon, I think  
5 it might be beneficial because we don't necessarily  
6 know, since it's confidential, if they do avail  
7 themselves to Safe Horizons ... (crosstalk).

8 CM ROSENTHAL: Time out (crosstalk),  
9 again, you're painting a very rosy picture that is  
10 really not collaborated by those in the system. So,  
11 I want to make that clear to the public, that I'm  
12 being flooded with text saying this is just flat out  
13 not true, and I mean, saying that you could never  
14 know the number because of privacy, of course you can  
15 know the aggregate number. I mean, let's not, you  
16 know ... (crosstalk).

17 SARENA TOWNSEND: No, they're not  
18 required to tell us that, so Safe Horizons ...  
19 (crosstalk).

20 CM ROSENTHAL: You could know. Over the  
21 past year, we've gotten ten private conversations.  
22 Anyway, let me ask, what languages, if people, when  
23 you start this new service of giving people an  
24 opportunity to talk with a Safe Horizons counselor,  
25 what languages would you put that information in?

2 DANELLE BLACKS: We have a language  
3 access plan and policy that we're developing and so,  
4 at this time, I believe it's MOYA requires that any  
5 important, regular announcements be printed in 10  
6 different languages, and I would have to provide the  
7 list to you later of what those 10, I can't remember  
8 them all, so, we adhere to the language access plan.

9 CM ROSENTHAL: If someone were to claim  
10 they had been raped within the last 24 hours, how  
11 quickly do they get to a hospital for a rape kit?

12 DR. COLLEEN VESSELL: Hi, this is Dr.  
13 Vessell. They would be evaluated by our medical  
14 service, and they would go immediately.

15 CM ROSENTHAL: How many times has that  
16 happened in each calendar year?

17 DR. COLLEEN VESSELL: I'd have to get  
18 exact numbers for you ... (crosstalk).

19 CM ROSENTHAL: And that could include,  
20 obviously, both, you know, whoever the perpetrator  
21 is.

22 DR. COLLEEN VESSELL: Yeah, I will get  
23 those numbers for you ... (crosstalk).

24 CM ROSENTHAL: (Inaudible). That's okay,  
25 rounding is fine by me.

2 DR. COLLEEN VESSELL: Okay, so just off  
3 the top of my head ... (crosstalk).

4 CM ROSENTHAL: (Inaudible) ... (crosstalk).

5 DR. COLLEEN VESSELL: I would say off the  
6 top of my head that it probably happens, let say,  
7 once a year.

8 CM ROSENTHAL: Once a year.

9 DR. COLLEEN VESSELL: Yeah.

10 CM ROSENTHAL: Somebody comes forward,  
11 says they've been raped, and you send them off for a  
12 rape kit?

13 DR. ZACH ROSNER: Just to clarify that  
14 specifically, within the women's facility, the  
15 numbers for the system is a whole, or are certainly  
16 different.

17 DR. COLLEEN VESSELL: Yeah.

18 CM ROSENTHAL: How often does anybody in  
19 the system go to get a rape kit?

20 DR. COLLEEN VESSELL: Each person who  
21 makes an allegation is seen by the medical service  
22 and so we, you know, ask them the nature of what  
23 occurred and if there was any, if it is appropriate,  
24 such as there was any physical penetration, then the

2 person would go to the emergency room to get a rape  
3 kit.

4 CM ROSENTHAL: And about how many have  
5 done so?

6 DR. ZACH ROSENTHAL: In the whole system,  
7 we'll have to get you that number and follow up.

8 DR. COLLEEN VESSELL: But like I said,  
9 regarding for Rose M. Singer, it's on the order of  
10 one to two, you know, a year.

11 CM ROSENTHAL: One to two a year ...  
12 (crosstalk).

13 DR. COLLEEN VESSELL: (Inaudible).

14 CM ROSENTHAL: And for those cases that  
15 go to get a rape kit, how many come back positive  
16 that they've been raped?

17 DR. ZACH ROSNER: The process at the  
18 hospital is the same as it would be in any emergency  
19 room where there are, you know, safe and sane trained  
20 emergency room staff who perform the kit. Once any  
21 forensic examination is undertaken at a hospital, it,  
22 it, it is totally out of the hands of Correctional  
23 Health Services. It goes through the same chain of  
24 custody and sending referrals for forensic  
25 investigation and to police if indicated that any

2 hospital process would undertake. So, we don't, we ...  
3 (crosstalk).

4 CM ROSENTHAL: So, got it. So, DOC and  
5 DOC Health as a system is, is flying blind when it  
6 comes to knowing how many people have documented rape  
7 cases in the system.

8 DR. ZACH ROSNER: But I'm just speaking  
9 to Correctional Health Services because we are an  
10 independent clinical service.

11 CM ROSENTHAL: Sure, sure.

12 DR. ZACH ROSNER: So, we don't, we don't,  
13 I was unable to answer you question about how many  
14 come back positive because that's ultimately a  
15 determination by police and a security agency, so I  
16 was just explaining that we are a clinical service,  
17 and we make sure we get people to the right place to  
18 be able to have those forensic kits.

19 CM ROSENTHAL: Anyone at DOC know how  
20 many of those forensic kits come back positive a  
21 year?

22 SARENA TOWNSEND: I'll tell that in this  
23 year, we had two cases where we referred to the  
24 District Attorney's office that are sexual assault  
25 cases, an incarcerated person was the alleged victim

2 and the alleged perpetrator was also an incarcerated  
3 person and I believe that both of those alleged  
4 victims did go to get a sexual assault kit done and  
5 those cases have now been referred to the District  
6 Attorney's office immediately, and I believe that  
7 they, I don't want to speak for them, but I believe  
8 that there is a criminal prosecution moving forward  
9 on both cases.

10 CM ROSENTHAL: And so, what have you done  
11 to protect those who are raped?

12 SARENA TOWNSEND: So, the alleged  
13 incarcerated person who was the alleged perpetrator  
14 has been separated from the other individual and we,  
15 of course, rely on our partners in the facility to  
16 manage the separation. We, of course, after that,  
17 have to look, at least the Investigation Division,  
18 where we just oversee staff misconduct, we have to  
19 also make sure that if there was any staff  
20 involvement in those incident, meaning any negligence  
21 on their part, that they are also held accountable,  
22 and so we have to manage that situation as well, but  
23 for these two cases that I'm referring to, both of  
24 those cases were an incarcerated person as the  
25 alleged perpetrator in that situation.

2 CM ROSENTHAL: With no staff involvement?

3 SARENA TOWNSEND: No, there was staff  
4 involvement to the extent that we believe that there  
5 could have been better oversight in the jail, yes,  
6 there is going to be administrative charges filed  
7 against those staff members, yes.

8 CM ROSENTHAL: How long is the process  
9 taking from when it happened to now?

10 SARENA TOWNSEND: So, we expedite that  
11 kind of case, obviously, the criminal portion to an  
12 external agency to prosecute criminally and then  
13 internally, we take as many measures as possible to  
14 expedite charges and move forward with the oath  
15 trial. There is a process, a due process rights  
16 given to staff where, like I have mentioned before,  
17 we can't unilaterally terminate any individual. What  
18 we can do is separate them from other inmates and  
19 serve them with their charges and go through this due  
20 process which involved discovery sharing and trial  
21 dates that are set, and then prosecuting them  
22 internally for administrative charges at trial, and  
23 so that's what we do in these kinds of situations.

24 CM ROSENTHAL: In the past five years,  
25 have any staff been terminated regarding this issue?



2 SARENA TOWNSEND: Yes. In fact, there  
3 was a recent situation where, in lieu of going to  
4 trial, there is a staff member that we had charged  
5 decided to resign.

6 CM ROSENTHAL: So, that, I mean, just so  
7 you know, people are apoplectic hearing that answer.  
8 I remember hearing that answer at our last hearing as  
9 well, that somebody be allowed to resign when they've  
10 been charged with and found guilty of a serious  
11 crime, but let's see, is there anyone besides that  
12 person?

13 SARENA TOWNSEND: Well, just to clarify,  
14 this person was not charged with a crime. If  
15 somebody's charged and convicted of a crime, that is  
16 the only way that we are allowed to unilaterally  
17 terminate ... (crosstalk).

18 CM ROSENTHAL: Has anyone been charged  
19 and convicted of a crime?

20 SARENA TOWNSEND: No. Not in the past,  
21 not a staff member, not in the past few years ...  
22 (crossalk).

23 CM ROSENTHAL: Do you personally feel  
24 that that's an accurate reflection of reality. I  
25 guess that question is also for the health services

2 folks. That's alright, you don't, I know this is all  
3 legal stuff. I'm wondering about specialized  
4 training for DOC staff at Rose, particularly for the  
5 incoming class. Have you made any changes to the  
6 training in the sense that maybe advocates,  
7 informally incarcerated women are consulted and the  
8 training, or the definition of the job description  
9 itself ... (crosstalk).

10 ANNE PENSON: Well ... (crosstalk).

11 CM ROSENTHAL: Yep.

12 ANNE PENSON: We are currently working  
13 with the MOSS Group to develop a gender-responsive  
14 training that all staff will ... (crosstalk).

15 CM ROSENTHAL: What's it called?

16 ANNE PENSON: We're working with the MOSS  
17 Group on ... (crosstalk).

18 CM ROSENTHAL: M-O-S-S?

19 ANNE PENSON: Yes, the MOSS Group.

20 CM ROSENTHAL: Okay.

21 ANNE PENSON: A gender-responsive  
22 training that all staff will be required to take to  
23 help give them an understanding of the unique needs  
24 of women and how we can best support them.

2 CM ROSENTHAL: Okay, and so you're not  
3 taking into account anyone whose been through the  
4 system or New York City advocates?

5 ANNE PENSON: I'm sorry.

6 CM ROSENTHAL: I'm just looking at the  
7 MOSS Group online, just doing a quick search, and  
8 what I'm asking is have you considered, or will there  
9 be any New York City advocates or people who have  
10 been incarcerated at Rose to be part of that  
11 training?

12 JUDY BEALE: I think the training is  
13 still in development. As I understand it, we have  
14 not finalized any curriculum, we have not finalized  
15 the training, the contracts of the training, and so I  
16 think those are all things that we can consider as we  
17 move forward.

18 CM ROSENTHAL: So, just for public  
19 clarification, I training that I sat in on at  
20 Riker's, it was a PREA, I'm sure Council Member  
21 Powers can correct me, but I'm sure, I'm pretty sure  
22 it was a PREA training by an outside group, that I  
23 don't know if you're working with anymore, I have to  
24 say the training was less than good, and could have  
25 really benefited from somebody with experience in the

2 New York City jail system. So, what criteria did you  
3 use to choose this group?

4 JUDY BEALE: So, the MOSS Group was  
5 actually influential in the creation of the PREA  
6 standards themselves.

7 CM ROSENTHAL: Do they know anything  
8 about the New York City jail system?

9 JUDY BEALE: They do. They work closely  
10 with the Department, and they ... (crosstalk).

11 CM ROSENTHAL: So, you've hired them  
12 before?

13 JUDY BEALE: We've worked with them  
14 before and they, as I had mentioned, were influential  
15 in the creation of the Federal PREA standard.

16 CM ROSENTHAL: And so, how long have you  
17 worked with them? So, this isn't a new contact.  
18 This is the usual contract you have?

19 JUDY BEALE: So, I certainly cannot speak  
20 to that. We can follow up with more information  
21 about the duration of this contract or the specific ...  
22 (crosstalk).

23 CM ROSENTHAL: Have they ever given the  
24 PREA training at any DOC facility before?

25 JUDY BEALE: I'm sorry?

2 ANNE PENSON: Have they ever given a PREA  
3 training in any Riker's facility?

4 JUDY BEALE: Well, our trainers provide  
5 the training.

6 CM ROSENTHAL: I'm sorry, I don't know if  
7 anyone else is having trouble following the answers.  
8 I feel like they're very fluid. I'm just asking you,  
9 I don't know how to say this more clearly. Have you  
10 hired this consultant before or no?

11 JUDY BEALE: We've worked with the  
12 consultant over; I believe several years on a variety  
13 of products.

14 CM ROSENTHAL: Have there been projects  
15 other than PREA?

16 JUDY BEALE: Again, I am not able to  
17 speak to that, but I'm happy to, we can follow up  
18 with additional information offline.

19 CM ROSENTHAL: Have these trainers ever  
20 met with people formally incarcerated people at DOC?  
21 Yes or no.

22 JUDY BEALE: Well again, I, they have,  
23 they are national experts in PREA. They have been to  
24 this facility, they have spoken ... (crosstalk).

2 CM ROSENTHAL: So, the answer is no. So,  
3 they've never met privately, let's just be clear. I  
4 hear the rosy answer you're giving, but just to be  
5 clear, and I'll say it to the public, and you can  
6 tell me it's true or not true that the group that DOC  
7 has hired to do the PREA training has never met  
8 privately with any advocates or people who have been  
9 through the DOC system?

10 JUDY BEALE: No, they have absolutely  
11 spoken to people in custody, and they speak to people  
12 in custody all the time prior to ... (crosstalk).

13 CM ROSENTHAL: Privately?

14 JUDY BEALE: I, I can't speak to ...  
15 (crosstalk).

16 CM ROSENTHAL: Do you understand the  
17 importance of the difference between privately and  
18 just sort of when everyone else is around?

19 JUDY BEALE: So, they speak, so they  
20 speak to people in custody when they do audits. They  
21 speak to people in custody, they speak to our staff,  
22 they have trained our staff, they have met with  
23 advocates.

24 ANNE PENSON: And they are nationally  
25 known.

2 JUDY BEALE: And they are nationally known  
3 for their work and being experts in this particular  
4 area.

5 CM ROSENTHAL: Have they ever been,  
6 have those individuals ever been directly impacted by  
7 a DOC experience?

8 JUDY BEALE: They speak to people who are  
9 currently in our custody, so, I would say the answer  
10 to that is yes.

11 CM ROSENTHAL: Have they ever spoken to  
12 them privately?

13 JUDY BEALE: I don't know their method of  
14 meeting with people in custody.

15 CM ROSENTHAL: Would they be allowed to?

16 ANNE PENSON: Yes.

17 JUDY BEALE: Yes.

18 CM ROSENTHAL: Have you ever offered them  
19 that opportunity?

20 ANNE PENSON: Say yes, they have...

21 (crosstalk).

22 JUDY BEALE: They have done that, yes.

23 CM ROSENTHAL: Now, they've done it,  
24 okay, so they have met privately, or they have, okay,  
25 so, I other people shaking their head too, I'm not

2 the only one confused. I think, yeah, I think, yeah,  
3 you have to document that in some way. Is MOSS group  
4 here to answer questions given that their the PREA  
5 consultants and they're the, that's the topic of the  
6 hearing?

7 JUDY BEALE: So, we don't generally have  
8 consultants speak.

9 ANNE PENSON: (Inaudible).

10 JUDY BEALE: Okay, we don't, we ...  
11 (crosstalk).

12 CM ROSENTHAL: So, you don't ...  
13 (crosstalk).

14 JUDY BEALE: We ... (crosstalk).

15 CM ROSENTHAL: You don't.

16 JUDY BEALE: We, the Department of  
17 Corrections is here to speak, and I do want to  
18 clarify again, that they do meet with people in  
19 custody privately. They have met with advocates, and  
20 they meet with our staff and train our staff. I just  
21 want to be very clear at this point.

22 CM ROSENTHAL: Right, and I want to be  
23 very clear that that's a very different answer than I  
24 got five minutes ago, and ...



2 JUDY BEALE: And that is true because I  
3 am not the expert. I personally am not an expert in  
4 the work with the MOSS Group, but as we were talking  
5 I'm getting additional information from people who  
6 are, and so I don't want to mis-speak or mis-  
7 represent the work of, especially an external partner  
8 on behalf of the agency in a public meeting, but I  
9 have received additional information and can confirm  
10 to you that they meet with people in custody in  
11 private settings, they meet with our staff ...  
12 (crosstalk).

13 CM ROSENTHAL: And by private settings,  
14 you mean with no camera or microphone in the room?

15 JUDY BEALE: So, we are, we don't have  
16 microphones in our facilities. I don't think that it  
17 would, and again I would refer to DOC, but I don't  
18 think it would advisable to have people in custody in  
19 space with no camera.

20 CM ROSENTHAL: That's okay. I'm getting  
21 texts saying that the meetings take place in a room  
22 with cameras.

23 JUDY BEALE: And that is, you know,  
24 certainly, for the safety of people in custody as  
25 well. So, I again want to be very clear about the

2 work of the MOSS Group includes specific meetings  
3 with people in custody with our staff and without the  
4 kits.

5 CM ROSENTHAL: I'm seeing here that  
6 clergy are allowed to do follow up, but clergy are  
7 not, they don't for people who say they've been  
8 sexually assaulted or harassed. Do you have a sense  
9 of how often clergy meet with people are they allowed  
10 to do so in private?

11 JUDY BEALE: So, we actually have  
12 chaplain hotline that we created during the course of  
13 the pandemic so people in custody have access to  
14 clergy through that hotline at any time during out-  
15 of-cell time. So, any of those 14 hours. People  
16 have the opportunity to follow up with their clergy  
17 member at their discretion.

18 CM ROSENTHAL: So, just starting this  
19 year, never before, but during COVID?

20 JUDY BEALE: Previously clergy would have  
21 the opportunity to round. They would have the  
22 opportunity to, people had more direct access that  
23 would be ... (crosstalk).

24 CM ROSENTHAL: Got it.

2 JUDY BEALE: And that is something that  
3 will, that I'm continuing because it's been useful.

4 CM ROSENTHAL: Got it, and so, how many  
5 of those calls can be made in private to a hotline?

6 JUDY BEALE: So, those calls are made  
7 through the telephones that are available in the day  
8 room or available to people in custody in their  
9 housing unit.

10 CM ROSENTHAL: So, none.

11 JUDY BEALE: Unless there's a specific  
12 question like that, they can call in a private area.

13 CM ROSENTHAL: So, that would already  
14 draw attention to that person if they were to say I  
15 want to make a call in private. How many people make  
16 calls in private?

17 JUDY BEALE: I don't think that's a  
18 number we would have right now. I'm not sure that's  
19 something that we track.

20 ANNE PENSON: It's not.

21 CM ROSENTHAL: Mm-hmm. Do any?

22 JUDY BEALE: It's not something that we  
23 track.

24 CM ROSENTHAL: Can you think of one?

25 JUDY BEALE: (Crosstalk).

2 CM ROSENTHAL: It's okay.

3 JUDY BEALE: Has anybody asked you,  
4 (inaudible) in a private setting.

5 CM ROSENTHAL: That's okay. I'm just,  
6 I'm ... (crosstalk).

7 ANNE PENSON: But they're afforded the  
8 opportunity to make a call in private.

9 CM ROSENTHAL: Hm-mmm, okay. I'm getting  
10 a note here that in 2019, the Bronx DA said 60% of  
11 all of the 2018 cases were made against officers,  
12 these are PREA cases, and so, that's in Bronx, but  
13 the Manhattan DA says for 2018, there were none. Do  
14 you think there are differences in how DAs take the  
15 information that they're given when you look at  
16 boroughs, when you look at the system borough by  
17 borough?

18 SARENA TOWNSEND: That's an interesting  
19 question. I do think that part of it is, I do think  
20 that part of it is just the level of population  
21 because there's a jail in Manhattan versus Riker's  
22 Island which the Bronx DA handles all criminal  
23 activity that is involved on Riker's Island. I that  
24 might explain the difference.

25

2 CM ROSENTHAL: Can I see, yeah, got it,  
3 that's fair. Can I ask you now and to Council Member  
4 Holden's point about folks being vaccinated? Are you  
5 comfortable now letting clergy back into the  
6 facilities?

7 JUDY BEALE: So, our clergy never left  
8 the facilities. DOC has clergy who work for the  
9 Department, and they have continued to work. Some of  
10 them have worked in the facilities, some of them have  
11 worked remoted. DOC staff has been back.

12 CM ROSENTHAL: DOC clergy staff, you  
13 mean?

14 JUDY BEALE: That is correct.

15 CM ROSENTHAL: So, all clergy are back in  
16 the facilities?

17 JUDY BEALE: So, many of our clergy have  
18 been in the facilities. Some individuals may have,  
19 you know, some sort of additional medical needs that  
20 has prevented them from coming back, but our clergy  
21 are working in the facilities.

22 CM ROSENTHAL: Okay, just as an FYI, and  
23 I'm getting a lot of text about the importance of  
24 clergy, and that actually access to them is quite  
25 limited, so if you could take that back and sort of

2 think about it, and get back. All right, I'm going  
3 to ... (crosstalk).

4 DEB RIVERA: I'm sorry, this is Deb  
5 Rivera.

6 CM ROSENTHAL: Okay.

7 DEB RIVERA: In reference to the clergy,  
8 the clergy, they do make tours within the facility.  
9 Being with the COVID, we can't hold congregative  
10 services, but they do conduct tours within the  
11 housing areas to offer the women support and to  
12 inquire if they need any type of services. Even now  
13 during the time of Ramadan, which we recognize, we  
14 are holding Ramadan services in the Eman, is  
15 reporting to the facility. So, we are offering  
16 clergy services in that aspect. We just can't hold  
17 congregative services at this time.

18 CM ROSENTHAL: Mm-hmm. So, just so you  
19 know, I'm hearing from people who are, you know, are  
20 affiliated with, you know, affiliated with people who  
21 are in the system that it's not as rosy as the  
22 picture you're painting, and that people would like  
23 more access to clergy. Listen, I'm going leave it  
24 here. I think the biggest take away for me was the  
25 importance for your folk who do training to have

2 private access to people affiliated with the DOC  
3 system, either as advocates or former incarcerated  
4 people for them to actually have private meeting  
5 because, you know, the general PREA training is not  
6 enough for folks who are in the DOC system, that they  
7 really need to understand the ins and outs of New  
8 York City system. So, that's the biggest take away  
9 from that, and I appreciate that you're open to  
10 working on all this Legislation and I look forward to  
11 doing so with you. Thank you.

12 JUDY BEALE: Thank you.

13 SARENA TOWNSEND: Thank you.

14 CM ROSENTHAL: And appreciation to the  
15 Chairs who extended time, I know it was ridiculous.  
16 So, thank you.

17 CHAIR POWERS: Thank you, Council  
18 Rosenthal.

19 COMMITTEE COUNSEL AGATHA MAVROPOULOS:  
20 Seeing no other Council Members with their hands up,  
21 we are returning to Chair Diaz for additional  
22 questions before proceeding to public testimony.  
23 Chair Diaz.

24 CHAIR DIAZ: Thank you. I want to first  
25 commend my Council Member, friend, and colleague

2 Rosenthal for the tough questions. They're mindful  
3 questions, and I admire that steadfast communication  
4 that you had with the public today. You're asking  
5 the questions that they're unable to ask. So again,  
6 I appreciate, you and your support in continuing to  
7 part of the gender equity conversation which  
8 definitely is a big one. I was informed, also via  
9 text, that within our transgender community that are  
10 incarcerated, when it comes to reporting rapes or  
11 assaults, they're not coming forward or there's  
12 conversation, but they're not reporting it. How are  
13 we providing services for them that are indeed  
14 sharing they're victims, but not comfortable in  
15 moving forward? What support systems do we have in  
16 place and is that true?

17 SARENA TOWNSEND: I will answer the part  
18 about the coming forward. I'll defer to my  
19 colleagues about the support systems. We have had  
20 individuals come forward and so, I don't know, that  
21 in my experience, I've seen reluctance, but of  
22 course, that's not necessarily a fair thing to say,  
23 right, because I only get it, I only get the  
24 information if I get the information. So, I will say  
25 that we have had individuals, transgender individuals



2 come forward in the past, but you're right, if you're  
3 thinking that it's possible that people are not  
4 coming forward, and I'm just not aware of it. So,  
5 I'll defer to my colleagues with respect to any kind  
6 of additional support that we have been able to give  
7 to our transgender incarcerated people.

8 DANIELLE BLACKS: So, the transgender  
9 populations falls into the LGBTQ spectrum, and as a  
10 result, our director of LGBTQ has worked really hard  
11 to establish a clear line of communication with  
12 people in custody who identify on that spectrum, ad  
13 provide supportive services through one-to-one  
14 individual discussion in private with them, as well  
15 as the hotline that I think we mentioned earlier. We  
16 also have started a new program where volunteers,  
17 uniformed and non-uniform staff will have an  
18 identifiable pin on their lapel as somebody who is  
19 willing and knowledgeable about their issues for them  
20 to come and speak to them. So, that broadens the  
21 access and availability for people to come forward  
22 and speak privately with somebody. Additionally, the  
23 PREA staff meet with the transgender population on a  
24 weekly basis in an effort to address any issues that

2 arise and decrease the conflicts in the housing  
3 areas.

4 DEB RIVERA: And also, if I may add to  
5 that, if an individual doesn't feel comfortable  
6 speaking to somebody in a public setting within the  
7 housing unit, they can also message their concerns  
8 via tablet and then that concern would be messaged  
9 out and readdressed.

10 CHAIR DIAZ: Okay, thank you. My next  
11 question is the suicide rate. Post-COVID, pre-COVID,  
12 what do your numbers look like, if there is any data,  
13 I'm interested in hearing about it.

14 DANIELLE BLACKS: Are you asking about  
15 people at Rose?

16 CHAIR DIAZ: Yes.

17 DANIELLE BLACKS: Committing suicide at  
18 Rose?

19 CHAIR DIAZ: Rose.

20 DEB RIVERA: No, ma'am. Since my  
21 assignment there and to my knowledge, I can say that  
22 we haven't had any individuals commit suicide.

23 CHAIR DIAZ: Any attempts at suicide?

24 DEB RIVERA: No.

25

2 CHAIR DIAZ: What programs are offered to  
3 women, you know, individuals that are at Rose to  
4 advance themselves while they're there?

5 ANNE PENSON: Sure, thank you for that  
6 question. So, I'll start off with our Rose Petal  
7 Boutique. In December 2019, we launched the Rose  
8 Petal Boutique at the Rose M. Singer Center. The  
9 Rose Petal Boutique was developed with people in  
10 custody, they helped to design the boutique. The  
11 boutique is staffed with business clothing. The Rose  
12 Petal Boutique is designed to prepare individuals for  
13 professional development opportunities upon release  
14 from custody. So, in addition to that, we also have  
15 our Workforce Development Unit. Our Workforce  
16 Development Unit provides pathways to employment for  
17 individuals in DOC custody and offers classes such as  
18 cosmetology, barbering, flagging, barista, and more.

19 CHAIR DIAZ: I need to know the more.

20 ANNE PENSON: We can get you that.

21 CHAIR DIAZ: You do cosmetology,  
22 flagging, and what was that? When you say flagging,  
23 I'm thinking that's construction work?

24 ANNE PENSON: Yes.

25

2 CHAIR DIAZ: And can you tell me what is  
3 the population, give me a percentage that actually  
4 participates, that begins your programs and actually,  
5 successfully completes?

6 ANNE PENSON: We can get you that  
7 information.

8 CHAIR DIAZ: Then I'd like to go back to  
9 mental health services. Thrive NYC has a program  
10 where one can be a first responder for mental health  
11 which I used a couple of months ago, you know, in a  
12 drinking and driving incident, I parked in the middle  
13 of three lanes and assisted someone who was  
14 intoxicated and the friend who was trying to get him  
15 from driving, you know, the fear of killing people.  
16 You know, as I dealt with the situation, and was able  
17 to calm the friend down that was trying to help his  
18 friend, and the one that was drunk in the back seat,  
19 and I pulled away, I realized that because of the  
20 interaction that I had in the training, I was able to  
21 meet the person that was A. drunk, where he was. I  
22 asked if he wanted to dance, we did the Cha Cha  
23 Slide, we did some salsa, he laughed, it teaches us  
24 to figure out a way to connect with individuals and  
25 I'm wondering is this a program that you've shared

2 with the women, you know, mental health to me, again,  
3 it serves to respect many of us, and we just don't  
4 know how people are at a moment, and sometimes just  
5 having that basic conversation with someone up here,  
6 can get one from a negative thought to a positive  
7 with just a time of reflection of it's going to be  
8 better tomorrow. So, do you know Thrive NYC and  
9 their first aid certification program, it's a simple  
10 8-hour program and I'd like to know, A. if you have,  
11 and B. if you haven't, what are your thoughts of  
12 trying to implement it as a program that you provide?

13 DANIELLE BLACKS: That first aid program  
14 has been part of the academy training.

15 CHAIR DIAZ: Can you give me an average  
16 of folks that are participating?

17 DANNIELLE BLACKS: Everybody who goes  
18 through the academy participates.

19 CHAIR DIAZ: So, if there's 100 people,  
20 we now have 100 people that are empowered?

21 JUDY BEALE: So, the Department, if you  
22 don't mind ... (crosstalk).

23 DANIELLE BLACKS: No.

24 JUDY BEALE: Actually, reports this  
25 information through its annual trauma informed care

2 report. One was published on April 10 of this year.  
3 It's on our website, and it appears that, looking at  
4 this report right now, that almost 9000 staff members  
5 were trained since 2014, it's like 8700, 8800. In  
6 addition, approximately 1188 incarcerated individuals  
7 were also trained in the medical health first aid  
8 program.

9 CHAIR DIAZ: Okay, can you share with me  
10 how many CBOs you're working with currently?

11 JUDY BEALE: CBO? Sorry, what's a CBO?

12 CHAIR DIAZ: Community-based  
13 organizations that provide services. How many  
14 contacts do you have with outside resources that come  
15 in to work with your clients? You mentioned you  
16 provide employment opportunities. I'd like to know  
17 what organizations are coming in to provide  
18 opportunity? Is it in-house? Is it outsourced?

19 ANNE PENSON: So, our Rose Boutique is  
20 in-house, but we do work with several community-based  
21 organizations for both individuals while they are  
22 incarcerated and once they've returned to the  
23 community. We're working with providers such as  
24 Green Hope, Choices for Women, The Osborne

2 Association, Fortune Society to provide both services  
3 in-house and once they've returned to the community.

4 CHAIR DIAZ: Okay, my next question will  
5 be in the line of housing and unifying families.  
6 What's your process?

7 DANIELLE BLACKS: The process ...  
8 (crosstalk).

9 CHAIR DIAZ: Do you increase visits via  
10 the teleconversations, do you invite ACS to the  
11 conversation, is there a mental health component when  
12 you're trying to reunite families as a predominant  
13 care provider, is going to be reunited with their  
14 families and their children?

15 DANIELLE BLACKS: I think, do you want me  
16 to answer that?

17 ANNE PENSON: Yes, go ahead.

18 DANIELLE BLACKS: Yeah, we're moving an  
19 individualized approach to individual needs, so you  
20 know, not to make blanket statements because you  
21 know, one size does not fit all with regard to  
22 programing (inaudible). So, we complete an  
23 individualized assessment upon intake so we  
24 understand the individual's needs and risks and if  
25 family is involved, that is absolutely going to be

2 something that is discussed, and now that that we are  
3 working towards the new ROP coming into play as soon  
4 as we're allow to have providers back on the island,  
5 we have identified very specific providers to be able  
6 to help us address the needs of women both inside the  
7 institution as well as a handoff to our community  
8 partners through the (inaudible) contracts once they  
9 re-enter the community so families can certainly be  
10 re-engaged with each other.

11 CHAIR DIAZ: Okay, so, I, Darma Diaz,  
12 have been incarcerated for a year, we're getting  
13 ready for my release, my mom has had my daughter and  
14 mom cannot take me in. What do we do to secure  
15 housing as you're trying to unify the family and  
16 exiting into a private, a positive, meaningful  
17 environment, and most likely will not need  
18 (inaudible) for any fear of unnecessary stress?

19 ANNE PENSON: Sure, so we work with our  
20 partners in MOCJ. If someone identifies as not  
21 having a place to live upon return to the community,  
22 we work with MOCJ who will find them emergency  
23 residence while they work with them to find a  
24 permanent setting.



2 CHAIR DIAZ: Does that mean to me though,  
3 (inaudible) member as December 1 was my last day  
4 after 13 years, (inaudible) system, and my  
5 understanding that release means is a nice, pretty,  
6 glorified letter which (inaudible). That's not,  
7 doesn't do much. It means that you're in the system,  
8 the system meaning the sheltered, the DHS sheltered  
9 system, anywhere between 365 days to three years. Do  
10 you have a housing component that can help  
11 individuals that now they're going to face this  
12 challenge of exiting shelter? Now, we have Housing  
13 Connect, that's a way out. We have housing  
14 advocates. What conversation are we truly having  
15 facing someone who has been confined into the shelter  
16 environment, brings up displacement and hardship, not  
17 just for the adult, but for the child. What are your  
18 thoughts (crosstalk) as you bring in providers?

19 DANIELLE BLACKS: Council Member Diaz,  
20 just to clarify a couple of things. We're in the  
21 midst of a transition that you may or may not be  
22 aware of ... (crosstalk).

23 CHAIR DIAZ: I'm not aware.

24 DANIELLE BLACKS: Okay. We're  
25 transitioning the way we do business with regard to

2 release planning. It used to be that DOC had all of  
3 that contract provider work on our end, the  
4 institutional side, but what happened in the last  
5 year or more now, it is that that contract got split  
6 in half. So, now the DOC is going to be responsible  
7 for any facility programing and providing a hand-off,  
8 if you will, to our community partners so they have  
9 the other half of the equation on the community side  
10 and I'm sure Dana Taplin can speak to that piece of  
11 it, and so, what we're talking about, we have  
12 conversations with MOCJ regularly and we're having  
13 conversations about having MOCJ staff, if you will,  
14 come into the jails and be that re-entry discharge  
15 planner in partnership with our DOC staff. So, if  
16 I'm a counselor working in one of the housing units,  
17 and I identify you as being homeless and having a  
18 child that's in somebody else's custody, that  
19 information would then be shared with one of the MOCJ  
20 re-entry specialist who then knows that they need to  
21 pick that up and carry it through into the community  
22 with regard to housing placements, and I'll defer  
23 that to Dana Taplin to speak to how they find  
24 housing.

2           DANA TAPLIN: Sure, so, good afternoon  
3 Members of the Council and thank you, Council Member  
4 Diaz for that question. So, a little bit, I think,  
5 one of the things that I wanted to highlight is  
6 actually, I don't want to call anything about this  
7 pandemic a silver lining, but one of the models that  
8 we have been able to do during COVID is something  
9 that I think has some really positive implications  
10 longer term which is emergency re-entry hotels. So,  
11 essentially since March of last year, rather than  
12 going into the DHS system, what we have been able to  
13 provide is a warm handoff for anyone in DOC custody,  
14 obviously women, but this not specific just to women,  
15 who do not have a place to go to go to one of four  
16 hotels that are throughout the city where we have  
17 non-profit providers on-site doing case management  
18 services. Unfortunately, right now, we have just hit  
19 capacity in those hotels, so obviously this is one of  
20 the challenges. We're placing people from both the  
21 local jails as well as people from State facilities,  
22 and so, I do want to acknowledge that although we  
23 keep on adding sites, we are at capacity at the  
24 moment, and so that is definitely a challenge. So,  
25 we have had, I think we have right now, close to

2 approximately 500 individuals throughout these four  
3 sites, and have also been able to, with the non-  
4 profit providers and this is exodus transitional  
5 services that is providing the case management  
6 services at each site. They're doing a fantastic  
7 job. They stood up this program within days, so  
8 their case management services have been able to  
9 place hundreds, I don't have the exact number, but  
10 about a month ago, the numbers were about 300  
11 individuals. Again, this is both the, you know, the  
12 entire population, not just specific to women, into  
13 longer term housing. There is dedicated floors  
14 within the hotels that are specific to the female  
15 population, and so there are, you know, people on  
16 staff that are onsite working specifically with women  
17 in the hotels. Now obviously the other question is  
18 what are longer term transitional housing options,  
19 and so, we do currently have a contract with a number  
20 of transitional housing providers including women's  
21 community justice association who I see, there are  
22 some folks who are here at the hearing from that  
23 organization and non-profit and do great services,  
24 and so they have some of those beds right now.  
25 Obviously, we need to continue to expand those

2 housing opportunities and so there is an RFP for  
3 additional transitional housing beds that is  
4 forthcoming shortly. It's been forthcoming shortly  
5 for longer than I would like to be quite honest, but  
6 it is something that will going out soon and what  
7 that will do is go from the current \$5 million  
8 dollars in funding to \$12.5 million dollars and then  
9 up to \$25 million in funding for transitional housing  
10 beds and including beds for specialized populations.  
11 As the Department of Correction said, we are working  
12 closely right now with DOC on this new re-entry  
13 system in which DOC is holding the contracts for  
14 providers that are in the facilities, but MOCJ has  
15 taken over the contracts for the in-custody re-entry  
16 services, and really with the intention to ensure  
17 that we have very, very community based services  
18 citywide and particularly services that relevant for  
19 the female population, and so, Women's Prison  
20 Association has been award the contract at the  
21 community side to provide those services, but what  
22 we're also working on is making sure there is a  
23 number of other subcontractors as well so that we can  
24 have a real neighborhood based component to this, and  
25 so, we are working right now on how to best have an

2 integrated system so that there can be that warm hot  
3 handoff and effective discharge planning at the point  
4 of, you know, women's experience in custody to their  
5 ultimate release, and you know, placement in the  
6 program including access to housing. So, it is a  
7 system in progress, and I think we all can  
8 acknowledge, you know, where we know there's rooms  
9 for improvement and a continued need for better  
10 housing options at a broader scale, but it's  
11 something we're very focused on right now.

12 CHAIR DIAZ: Alright, I want to thank you  
13 for your efforts. I'm hoping that my colleagues in  
14 the City Council are listening to this. They're  
15 looking to expand. My District probably has the most  
16 amount of shelters in the district. We can only take  
17 so much. My colleagues that are turning down  
18 opportunities for shelters, let's be honest. They're  
19 people. Not everyone that goes into the shelter  
20 system is coming out of incarceration, is not working  
21 or being in your neighborhoods. They don't belong in  
22 just minority communities. We need to responsibly  
23 share the wealth. So, Ms. Taplin, my blessings to  
24 you. You're fighting a hard fight. Now, through the  
25 rezoning in my District, the Mayor committed to 350

2 units and because of COVID and funding issues, the  
3 developer is looking to take 75%, that what was  
4 supposed to be a former community unit and  
5 transitioning them into temporary shelter or  
6 (inaudible), is not the only District. So, please  
7 listen to this conversation. Housing is a human  
8 right, and we need to share the responsibility. I  
9 can't speak for my other colleagues, but I can speak  
10 for myself, but (inaudible) needs your help. Open  
11 your doors, open your minds, and (inaudible) the  
12 population you're comfortable with, but please share  
13 the burden with me, because I can only do so much.  
14 Moving on to that, and thank you for thinking outside  
15 of box, and putting individuals in hotels. It's  
16 great to have a place that you can call your own.  
17 What's disheartening is that the hotels do not allow  
18 for hot plate, they do not allow for a coffee maker,  
19 they do not allow for a microwave. When I was first  
20 diagnosed with COVID, I spent 10 days in a hotel  
21 through city program. I called downstairs after  
22 receiving cold French toast and I love French toast.  
23 My breakfast was French toast sticks, a frittata, and  
24 something else, and when I said it's cold, I called  
25 downstairs and I said, how do I warm it up? Is there

2 a microwave? I wanted to have some soup that day,  
3 and I had some with me that my daughter had brought  
4 to me, and they told me that once it goes into your  
5 room, you cannot, we cannot help you with it. So, I  
6 said I need a microwave, so I was told that corporate  
7 says no. So, our families in shelter, when you sign  
8 in, the microwave is taken away. How does a mom take  
9 care of her babies? They're coming out from being  
10 incarcerated, that beautiful, amazing opportunity,  
11 you know, we eat, right? We eat, in my household,  
12 rather it's a snack, that intimate conversation that  
13 you have about food in that setting is taken away  
14 from families. Something simple as a microwave goes a  
15 long way. So, what's part of what's happening is  
16 when you're not able to warm up your meals, or  
17 whatever it is, science is so creative now that we  
18 can make muffin, we can make an egg in the microwave.  
19 Our families, our individuals in the hotels don't  
20 have an opportunity. So, I thank you for being  
21 creative. The system needs to know, and it continues  
22 to be broken. I needed to take antibiotics, and it  
23 was quite difficult when I was served cold breakfast,  
24 and yet, I was told, you can call Door Dash. Well,  
25 that's great, and thankfully, I was in a financial



2 position to order, but our families can't do that.  
3 Our families are taking their food stamps and going  
4 to the local grocery store. If a mom or head of  
5 household leaves their child in the hotel room and  
6 goes to get something for their child, now, it's ACS  
7 case cause now, you've abandoned your child, and if  
8 security doesn't understand the battle that's going  
9 on, it makes it even worse. So, then I thank you for  
10 trying, but we need to figure out, as a government  
11 body how we're going to deal with the fact that our  
12 families cannot have warm meals. Think about it.  
13 All of the people that have mental issues that cannot  
14 take their medication. It's sad. You know, I'm told  
15 that, you know, (inaudible) that we're trying to make  
16 a difference, yet, you're welcome, (inaudible) you're  
17 welcome, you know, this is real talk. Our people  
18 need us, and they need us bad, so if we're going to  
19 get a contract where the hotel is saying, we'll take  
20 your money, that's great, but you need to provide  
21 services that make sense. It makes no sense to me.  
22 I was not allowed, you know what, can you imagine,  
23 I'm in a room, I can't leave for 10 days, behind this  
24 door, my TV is here and there's a computer station,  
25 and I look and I notice that there is a microwave

2 behind there, it's closed, and then I'm a (, and then  
3 I'm a (inaudible), so I'm trying to figure out how do  
4 I take the screw, the drywall screw that was used?  
5 Chair Powers, I don't know if you're visualizing it,  
6 but the closest thing I had was my brand-new socks,  
7 so I'm sitting on the floor, and I'm trying to figure  
8 out, how do I unscrew the drywall screw, and then I  
9 couldn't ask my family or my staff to bring me and  
10 electric drill. So, this is Darma Diaz, the  
11 Councilwoman telling you of my struggles, can you  
12 imagine the person who is coming out of  
13 incarceration, knowing the limitations, the fear of  
14 government and institution? I could have easily  
15 kicked over that door. I could have, what am I going  
16 to do? They (inaudible), I would have my soup, I  
17 would have my tea when I wanted and needed it, and at  
18 this point, I'm being redundant, but I want you to  
19 understand that contracts have to be looked at and  
20 service conversation needs to happen. Transitioning  
21 from incarceration to temporary housing is a band-aid  
22 and really have to take a look at it. Again, our  
23 families are not going in there for a couple of days,  
24 they're in there for months and sometimes years, and  
25 that's not okay. I also wanted to share with you, I

2 don't know if moving forward or if it is a thought in  
3 process, under family unification, when you have an  
4 ACS case, they start, when you're doing the  
5 transition process, they link you up with New York  
6 City Housing Authority and start that exit process.  
7 So, the moment the mom is reunited with (crosstalk),  
8 their application is already in the system, so if  
9 they have to go into a shelter, cases that after 15  
10 days, my families are out of shelter and into  
11 permanent housing. That's success. That's what we  
12 have to push for, that if families have to go into  
13 transitional housing, it's really short-lived, and we  
14 can monitor that. You want success? Housing is a  
15 human right. I have some more to take, there's  
16 another question in reference to, also back, you  
17 know, to housing, I'd like to know, what are we doing  
18 with, with moms that are confined, and the little  
19 people? Little people to me, you know, is there  
20 children. How do the children interact with moms  
21 that are sanctioned for a certain amount of hours a  
22 day?

23 DANIELLE BLACKS: (Inaudible).

24 CHAIR DIAZ: In restricted housing.

2 DEB RIVERA: I have to say, I currently  
3 don't have any women in restrictive housing, in my  
4 restrictive housing unit.

5 CHAIR DIAZ: Amazing, and when was the  
6 last time you did have someone?

7 DEB RIVERA: March 26.

8 CHAIR DIAZ: Of 2019, or 2021?

9 DEB RIVERA: Of 2021.

10 CHAIR DIAZ: Thank you.

11 DEB RIVERA: Welcome.

12 CHAIR DIAZ: Again, I'm reading my text  
13 messages. I guess I'm becoming popular. Thank you,  
14 Chair Rosenthal.

15 CHAIR POWERS: All right, I think we have  
16 to get moving, cause we're, kind of, I want to talk  
17 to you, so, I'm going to forego my second round of  
18 questions here and we'll have folks that will testify  
19 as well, so thank you to the CHS and Department of  
20 Corrections for your testimony and answers. We'll  
21 follow up with you as needed on information and we'll  
22 move on. Let's call up the first round of testimony.

23 CHAIR DIAZ: Thank you.

24 COMMITTEE COUNSEL AGATHA MAVROPOULOS:  
25 Thanks. We will now turn to testimony from members

2 of the public. Please listen for your name as I will  
3 be calling individuals one-by-one, and we'll also  
4 announce the person who is next. Once your name is  
5 called, please accept the prompt to unmute yourself  
6 and the Sergeant at Arms will set the timer and  
7 announce that you may begin. Your testimony will be  
8 limited to two minutes. The panel are defenders.  
9 I'd like to now welcome Dany Greene to testify,  
10 followed by Simone Spirig, then Lyndsay Lewis, and  
11 Jane Sampeur.

12 SGT. MARTINEZ: Clock is running.

13 DANY GREENE: Hi, my name is Dany Greene.  
14 I'm from the Bronx Defenders. I want to thank you  
15 for the opportunity to testify today. I'm on the  
16 LGBTQ Defense Project at the Bronx Defenders. I  
17 represent transgender people who are facing criminal  
18 charges, many who have been recently incarcerated or  
19 are currently incarcerated. Over the past several  
20 years, much attention has been paid to the abuse of  
21 transgender women who are incarcerated within city  
22 jails, and many improvements have been made. With  
23 that being said, there are still a lot of room for  
24 improvement and DOC adopting policy that permit  
25 transgender to be housed in female facilities and in

2 the special consideration unit at Rose M. Singer.

3 The Bronx Defenders LGBTQ defense project as well as

4 other advocates have worked with many women who

5 continue to be unsafely housed in men's jails while

6 in custody at DOC. Cause of the significant

7 limitations on SCU's eligibility and the lack of

8 transparency in the acceptance process, many

9 transgenders are housed in men's jails still. Sadly,

10 but foreseeably, many of our clients are harassed and

11 abuse while in male facilities. I want to highlight

12 for the Committee one persistent issue that we're

13 seen repeatedly lately, and that's the removal of

14 transgender women from housing consistent with their

15 gender identity as a form of punishment. For

16 example, if a transgender woman may be housed

17 initially consistently with gender identity, but when

18 the transgender files a complaint against another

19 inmate, or if an inmate files a complaint against her

20 or if a transgender woman is subject to discipline,

21 she is regularly moved to a male facility. This

22 option occurs prior to the initiation of

23 investigation which is particularly problematic

24 considering many of the comments filed against

25 transgender are motivated by transphobia. We believe

2 this policy is discriminatory, it's dangerous, and  
3 its violation of New York City law ...

4 SGT. MARTINEZ: Time expired.

5 DANY GREENE: As well as State and  
6 Federal constitutions.

7 CHAIR POWERS: Okay, thank you. Thanks.

8 COMMITTEE COUNSEL AGATHA MAVROPOULOS:  
9 Next, we'll hear from Simone Spirig followed by  
10 Lyndsay Lewis, then Jane Sampeur.

11 SGT. MARTINEZ: Clock is running.

12 SIMONE SPIRIG: Hi, good afternoon. My  
13 name is Simone Sprig, and I'm the Jail Services  
14 Social Worker at Brooklyn Defender Services. Thank  
15 you to Chair Powers and Chair Diaz for holding  
16 today's hearings. One day is all it takes to cause  
17 harm and trauma, and yet the department historically  
18 fails to understand the urgency to protect  
19 transgender women in their custody, putting lives at  
20 risk. Due to time, I want to share a story that is  
21 very inspired by a transgender woman. This is one  
22 story, but it represents the many stories of how the  
23 department drags their feet to safely house  
24 transgender in their custody. When Ms. B entered  
25 custody, she immediately requested placement in the

2 woman's jail. Yet, despite her own advocacy and  
3 advocacy from our office, DOC left her in a men's  
4 jail for well over a month where she was repeatedly  
5 threatened and sexually harassed including by DOC  
6 staff. Eventually, PREA staff came to meet with Ms.  
7 B about her placement at Rose and it took at least  
8 another week for Ms. B to learn of her approval for  
9 the SCU, a decision that should have been made on day  
10 one of her incarceration. How, almost a month into  
11 Ms. B's incarceration and despite approval for the  
12 SCU, DOC kept her in the men's jail, sleeping in an  
13 open dorm where she continued to be verbally and  
14 sexually harassed by men in her housing unit. This  
15 included one man who had followed Ms. B into the  
16 bathroom to watch her shower. Ms. B felt extremely  
17 unsafe in her housing unit and reported this to her  
18 steady officer who discounted the harassment as  
19 harmless and refused to follow up. It was only after  
20 multiple 3-1-1 calls and efforts from our office that  
21 Ms. B was eventually moved with no explanation from  
22 DOC for the dangerous delay. Situations like this  
23 should never exist, yet they do and with regularity  
24 and no accountability. It's been our overwhelming  
25 experience that DOC staff consistently fails to



2 respond with the urgency that's needed to protect  
3 transgender women in their custody. These  
4 interactions and decisions are not only ethically  
5 problematic, but they are also extremely dangerous.  
6 I want to end on this. Lally Polanco (SP?), a  
7 transgender woman died in DOC custody while in a  
8 solitary unit. This Council must pass Legislation to  
9 truly end solitary confinement and by any other name  
10 in the New York City jails for all people. Thank  
11 you.

12 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

13 Next, we'll hear from Lyndsay Lewis followed by Jane  
14 Sampeur.

15 SGT. MARTINEZ: Clock is running.

16 LYNSDAY LEWIS: Hi, my name is Lyndsay  
17 Lewis, and I'm a Forensic Social Worker at NYCDS. We  
18 support all the Bills on today's agenda, but I want  
19 to provide more context for these bills. The number  
20 one need in Rose is higher quality and frequency of  
21 mental health and medical services for women while  
22 incarcerated. Medication without psychotherapeutic  
23 treatment will not solve the problem, nor will one  
24 visit with social workers after a complaint is made.  
25 I have been called by the Director of Mental Health

2 at Rose and told my client is not able to see mental  
3 health whenever they need or request it. In fact,  
4 the women get further traumatized by high rates of  
5 sexual assault in the jail, physical fights, coercion  
6 by guards, and being uprooted from their communities  
7 and children. The New York Times came out with an  
8 article last weekend stating that CO's consistently  
9 lie, protect their own, and DOC allows this behavior  
10 and these guards to remain employed. Ultimately,  
11 what we want by DOC and COs is accountability for  
12 their action with outside investigations and true  
13 change. You can train officers as much as you want,  
14 but that is not rehabilitation to those  
15 institutionalized. I'm privileged today to read the  
16 testimony of a MICBS client, Ms. Rona Love (SP?). In  
17 her testimony, she speaks to some of the trauma  
18 exposure of a woman incarcerated at Rose. She  
19 states, "The Department of Correction seems to punish  
20 the LGBTQ community more than anyone else. The  
21 medical system in jail is a failure for our specific  
22 needs. Even if we are behaving well, we are denied  
23 services. We can't get the mental health when we  
24 want to or need it. I had a death in my family and  
25 was denied additional mental health services. No one

2 ever told me my brother was seriously ill in the  
3 hospital and no one ever told me when he died. I was  
4 not able to see a chaplain or rabi as requested. You  
5 are in a hell by yourself here. This is why there is  
6 so much violence in my community. The Board of  
7 Corrections is far from understand the problems going  
8 on here. There are lots of good officers, but some  
9 bad ones, and the overall problem is that the  
10 officers have no control. In my community when  
11 people act out, they are shipped out. When other  
12 non-LGBTQ people act out, they're not transferred to  
13 a facility with a gender they can identify with this  
14 punishment. They just get written up. Officers will  
15 have other inmates ...

16 SGT. MARTINEZ: Time expired.

17 LYNSAY LEWIS: Call PREA people and RMSC  
18 to get them removed and transferred. The trans-  
19 community has tried to request investigations of  
20 officer's misconduct, but we are ignored", and I can  
21 stop there, but it is in my written testimony. Thank  
22 you.

23 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

24 Next, we will hear from Jane Sampeur, followed by our  
25

2 next panel of Kelly Grace Price, Michele Evans, and  
3 Donna Hilton.

4 SGT. MARTINEZ: Clock is running. Ms.  
5 Sampeur, you're not coming through.

6 COMMITTEE COUNSEL AGATHA MAVROPOULOS:  
7 Okay, we can come back ... (crosstalk).

8 SGT. MARTINEZ: Oh, there you go. We  
9 hear you now.

10 JANE SAMPEUR: Okay, sorry about that.  
11 My name is Jane Sampeur. I'm the Principal Attorney  
12 and Coordinator for the Legal Aid Society Women's  
13 Pretrial Release Initiative. In this capacity, I  
14 represent women who are detained in city jails and  
15 advocate for their release in connection to community  
16 based supportive services. To be clear, we believe  
17 the only way to protect from the compounding trauma  
18 of incarceration is to complete limit their exposure  
19 to New York City jails. Now, it's well documented  
20 that the vast majority of women who are incarcerated  
21 in city jails have experience significant trauma  
22 prior to their incarceration, and for survivor of  
23 sexual assault and domestic violence and other forms  
24 of trauma, the very nature of incarceration in  
25 routine procedures is often retraumatizing.

2 Certainly, DOC has an obligation to protect  
3 incarcerated people, not only from illicit assaults,  
4 both physical assaults and sexual assaults, as well  
5 as providing mental health and physical health care,  
6 but they also have an obligation to reframe from  
7 practices and behaviors that exacerbate trauma and  
8 violence, so that to end, we believe the city should  
9 hold a hearing to further explore and irradiate the  
10 many practices and policies that result in said  
11 compounding trauma. A few examples of these sort of  
12 practices that resulted in the compounding trauma are  
13 strip searches, gender segregation, and the way many  
14 lockdowns are implemented. Now, if those strip  
15 searches are intended to locate hidden contraband,  
16 the practice itself is very invasive, degrading, and  
17 traumatizing to anyone that is subjected to them, but  
18 especially to women who have a history of sexual  
19 abuse. Women have described this practice  
20 triggering, dehumanizing, and terrifying. Punitive  
21 segregation or placement in isolated confinement only  
22 serves to amplify the harm someone experiences in  
23 jails including problems maintaining dignity and  
24 obtaining basic hygiene supplies as well as access to  
25 mental health, and it also leads to the increased

2 vulnerability of incarcerated women to the abuse by  
3 staff and other forms of harassment as well as again,  
4 not having access to their community supports. As  
5 far as lockdowns are concerned, the actual practice  
6 of lockdown to prevent ... (crosstalk).

7 SGT. MARTINEZ: Time expired.

8 JANE SAMPEUR: Incidences is not itself  
9 objectionable, but there are many examples in which  
10 this policy is abused and results in compounding  
11 trauma. So, to that end, we're just requesting that  
12 this Committee convene a hearing to address the many  
13 different policies of DOC that results in additional  
14 harm and trauma to incarcerated women.

15 COMMITTEE COUNSEL AGATHA MAVROPOULOS:  
16 Thank you. Next, we'll hear from Kelly Grace Price,  
17 followed by Michele Evans and then Donna Hilton.

18 SGT. MARTINEZ: Clock is running.

19 KELLY GRACE PRICE: Hi, good afternoon.  
20 It's Kelly Grace Price from Close Rosies. Thank you  
21 so much for this hearing. I've already submitted a  
22 draft of testimony that I will amend, and I will  
23 submit to the Committee and Council. I really want  
24 to thank, especially Chair Diaz and Helen Rosenthal  
25 for their very thoughtful questions today regarding

2 data. It's still a giant hole on our ability to  
3 reign in the terrible horrors of rape and sexual  
4 assault on Rosies. I want to mention that as much as  
5 data is missing from this hearing, Commissioner Brown  
6 is missing from this hearing and her absence seems to  
7 be metaphor for the lack of transparency that we are  
8 not receiving from the Department of Corrections.  
9 Today is day 50 of her absence. It would be great if  
10 we could know what's going on with the Commissioner.  
11 I have a feeling that maybe perhaps some of the  
12 reason that we don't have complete data today is  
13 because of lack of leadership in the DOC. I do;  
14 however, I don't want too heavy-handed. I want to  
15 congratulate the DOC on one thing. They seemed to  
16 have cured the problem of sexual assault on visitors;  
17 although maybe that's because we haven't had visitors  
18 in over a year, but regardless, I want to give them  
19 credit where credit's due. I hope that the questions  
20 that I ask in my testimony will be gleamed out of the  
21 DOC. For years, they keep promising us in hearings  
22 to hand data, but we never see anything at the tail  
23 end. It would be great to have some accountability,  
24 especially regarding answers that they promise us  
25 under oath. Thank you so much for listening, and I

2 look forward ongoing honest and open exchange in the  
3 future; however, naïve that statement may seem.

4 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

5 Thank you. Next, we'll hear from Michele Evans  
6 following by Donna Hilton, and then Delia Deen.

7 SGT. MARTINEZ: Clock is running.

8 MICHELE EVANS: Let me unmute myself.

9 Can you hear me?

10 SGT. MARTINEZ: We hear you.

11 MICHELE EVANS: All right, I'm Michele

12 Evans and I was incarcerated in Riker's from the  
13 beginning of January 2019 until June of 2020. What I

14 experienced there won't leave me. It's not something  
15 that can leave a person. I want to start with the

16 simple little things because it makes no sense.

17 These aren't taken care of. There are cockroaches

18 all throughout the place. I worked in the mess hall

19 and my job was to kill cockroaches constantly.

20 That's just not acceptable. Rats, there are rats.

21 The place is filthy. I really want to bring up the

22 Supreme Court in Manhattan holding cells is extremely

23 small. They stuff about six of us in there with a

24 cell that's maybe the size for two, and have to lay

25 down on the floor, and I had to lay down on the floor



2 next to somebody who may be very uncomfortable, and  
3 you shouldn't have to have your body pushed up to  
4 somebody else's body unwillingly, and that's what  
5 happening in those cases. That's a big problem. The  
6 ACS won't allow women to have their children in the  
7 maternity ward. Like I said, I worked in the mess  
8 hall, so I delivered food and I know that in that  
9 year and a half that I was there, I can count on my  
10 one hand the number of times that I delivered a meal  
11 to that maternity ward. They are just not letting  
12 them bring their babies. There's a problem with  
13 reporting anything to the police. Once you are in  
14 Rikers, there is absolutely no way for you to file a  
15 police report. Many women are in there because of  
16 domestic abuse and their survival is criminalized and  
17 they are not given an opportunity to have both sides  
18 held responsible for what's going on.

19 SGT. MARTINEZ: Time expired.

20 MICHELE EVANS: That was appalling to me.  
21 It looks like I'm out of time, but I'm wearing a coat  
22 from the Boutique, and I would like to congratulate  
23 them for that program because the Boutique is nice,  
24 and there's a lot of room for us to improve there.

2 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

3 Thank you. Next, we'll hear from Donna Hilton,  
4 followed by Dalia Deen and then Kristen Edwards.

5 STG. MARTINEZ: Clock is running.

6 DONNA HILTON: Good afternoon everyone.

7 Thank you for hearing us today. I want to start by  
8 saying my name is Donna Hilton. I'm the founder and  
9 President of A Little Piece of Light. We're a 501C3  
10 women-led organization and we are all formerly  
11 incarcerated, directly impacted women. Our focus are  
12 women and girls, transwomen, and gender fluid  
13 individuals who have been impacted by abuse, trauma,  
14 violence, and incarceration, and not necessarily in  
15 that order. We focus on policy and Legislation,  
16 campaigns. We have some support services. One of  
17 the things that we're pushing hard and we will be  
18 starting soon is housing because it continues to be a  
19 very important necessity, unfortunately for women and  
20 especially transwomen, we do not have enough housing,  
21 so thankfully, my partners, WCJA, Providence House  
22 and stuff, but we still don't have enough, so I just  
23 want to put that clearly out there for Council  
24 because I've been beating it onto some of you all to  
25 get support as well with this issue because we can't

2 talk about alternatives and getting off of the island  
3 if we don't have the things that they needs as we  
4 have been hearing, and I just want say 36 years ago  
5 this month, I was detained on Riker's Island as an  
6 adolescent, and I was placed in protective custody  
7 commonly known as solitary confinement. While there,  
8 for six months, there was a female captive who, I  
9 guess was shown a lot of favoritism towards me and  
10 would visit me a lot and come and talk to me a lot,  
11 whatever, and one day, I went to court; my jail was  
12 an adolescent in protective custody, never been  
13 arrested, never had any involvement with the system,  
14 I went to court one day and I came back and I was  
15 told that I was in trouble. I didn't know what that  
16 trouble was, but what I found out was that someone,  
17 some how had put a shank under my bed or in my bed, I  
18 don't even know, I never saw it, and I was in trouble  
19 for it because it was mine.

20 SGT. MARTINEZ: Time expired.

21 DONNA HILTON: So, what I found out after  
22 going through this is that the female captive that  
23 was coming down to protective custody, solitary  
24 confinement to see me and talk me had a partner, a  
25 female captain who was just turning, she had just

2 been promoted to be a Deputy, so I found out that it  
3 was this Deputy who had my room searched, and all the  
4 sudden, and whoever else, there was a shank in my  
5 room. I never could never go anywhere or do  
6 anything. I was solitary confinement, but I got in  
7 trouble for something that was placed in my room, a  
8 weapon that I asked, that was smart enough to  
9 understand because people were talking and they were  
10 telling me what to do, to say, produce this so I can  
11 see it, and then I want it finger print tested  
12 because I know I've never, I didn't even have a book  
13 in that room, so there was no way I had something  
14 like that. I never saw anything like that, and I was  
15 an adolescent at this time. So, when I hear  
16 testimony from DOC today and others, what amazed me  
17 was nothing has changed. The only thing that has  
18 changed is how they acknowledge things and how they  
19 turn things. Yesterday, I said the same thing.  
20 Vocabulary is all that's changed. Absolutely nothing  
21 has changed. What I continue to hear are lies. We  
22 are not involved in any part of this, none of us that  
23 have been impacted, none of us that are doing this  
24 work, our friends, families of impacted people, I  
25 don't see us, where we are in this conversation doing

2 any of the work that's necessary. There was a PREA  
3 app that was created. I don't understand how the  
4 State has a better way of running it than DOC has a  
5 way of doing it. That doesn't make sense to me. It  
6 doesn't make sense to me how we don't ask people who  
7 have this lived experience or you know, their  
8 knowledge and their expertise, right. I don't  
9 understand that. We continue to look outside to  
10 others to do this work. We have some trained  
11 professionals here, we have WCJA, we have (inaudible)  
12 who focuses on mental health, we have Providence  
13 House, we have A Little Piece of Light, we have so  
14 many, so many, but we fail to utilize what we have  
15 and look at us, they look at us like we don't know  
16 what we are doing. We created organizations, we  
17 created work, we created Legislation to decarcerate  
18 and shut that island down. We can get them off and  
19 put them in the programs and the spaces that are  
20 necessary and that they need. We continue to hear  
21 this rhetoric. I've been doing this work since I've  
22 been out for nine years and I was doing inside, and  
23 I'm hearing the same thing over and over and over  
24 again. I don't know why we continue to have  
25 hearings. Nothing has changed and you're calling it

2 yourselves. Thank you. Thank you, Ms. Rosenthal for  
3 calling that out. Let's be clear while we're here.  
4 We know that it's not true. None of the 80% of what  
5 their saying is not true. We have transwomen on that  
6 island, we have women on that island, we have young  
7 women on that island, and we know what's going on.  
8 We know what's not going on. They're response to  
9 mental health is absurd, it's absurd and archaic. We  
10 should not be locking people up, detained or  
11 whatever, putting them in cages to respond to the  
12 needs that they have. Poverty is violence and that's  
13 why we have the vast majority of people in these  
14 places detained or incarcerated because of poverty.  
15 Let's me clear. Utilize the money. I keep hearing  
16 we want, they want money to fix up Riker's, to fix up  
17 Rose M. Singer, they need money so that they can  
18 create better mental health, that's nonsense. That's  
19 nonsense.

20 CHAIR POWERS: Thanks, Ms. Hilton. We  
21 want to make sure we can get to the other people.  
22 Thank you for that.

23 DONNA HILTON: Thank you.

24 CHAIR POWERS: Thanks.

2 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

3 Thank you. Next, we will hear from Daila Deen,  
4 followed by Kristen Edwards, followed Elise Benusa.

5 SGT. MARTINEZ: Clock is running.

6 DALIA DEEN: Hi. Yes, my name is Dalia  
7 Deen. I'm from the Osborne Association. Thank you  
8 for the opportunity to be able to present today. I  
9 am part of the program, the Visiting and Family  
10 Assistant program that DOC has mentioned that run the  
11 Visiting program (inaudible) women who are currently  
12 incarcerated, but for the thousands of women in the  
13 community that are affected by this though we know  
14 that many women are (inaudible).

15 SGT. MARTINEZ: An audio (crosstalk)  
16 video to be working any better.

17 DALIA DEEN: (Inaudible).

18 CHAIR POWERS: Sorry, Dalia (crosstalk).

19 DALIA DEEN: DOC has been able to open up  
20 state visiting (inaudible) not receiving that DOC.  
21 DOC is (inaudible). Sure, can I use my cell phone,  
22 cause I'm on my cell phone now. (inaudible).

23 CHAIR POWERS: You can just pause for a  
24 second. I think she wants to switch over iPhone  
25 (inaudible). Yeah, we can't hear you, so let's.

2 DALIA DEEN: (Inaudible). Okay.

3 CHAIR POWERS: Okay, so you have 40  
4 seconds left.

5  
6 DALIA DEEN: Okay, again, we're just  
7 looking for in-person visiting to begin again and for  
8 a plan around. We're running to get that started and  
9 families really need it. We'd like them to rethink  
10 how they open up visiting. 500 people a day, that  
11 was way too much, families are going through four or  
12 five different check points, and it's very difficult  
13 to be able to connect with your families. We give  
14 credit to DOC for starting televisiting. We  
15 appreciate that, but I've used the system myself, and  
16 it's extremely difficult to use. You do not get  
17 scheduled, you do not hear back, you get the wrong  
18 days and times, it doesn't work for anybody, and it's  
19 really hard for most families to be able to navigate  
20 the system online and it's just not working. So, we  
21 lastly also like to ask that video equipment and  
22 phones be used for proper discharge planning. Osborne  
23 and many other providers are running to do pre-  
24 release discharge planning and just need the ability  
25 to do so, and we're hoping that DOC will allow this.



2 SGT. MARTINEZ: Time expired.

3 CHAIR POWERS: Thank you. Thanks so  
4 much.

5  
6 COMMITTEE COUNSEL AGATHA MAVROPOULOS:  
7 Thank you. Next, we will hear from Kristen Edwards,  
8 followed Elise Benusa, and then Eileen Maher.

9 SGT. MARTINEZ: Clock is running.

10  
11 KRISTEN EDWARDS: Good afternoon. My  
12 name is Kristen Edwards, and I'm the Program Director  
13 of the Women's Community Justice Project. Thank you  
14 to Chairperson Diaz, Chairperson Powers, and both  
15 Committees for the opportunity to present testimony  
16 today, and for Council Member Rosenthal's important  
17 questions. WCJP provide supportive transitional  
18 housing to women and gender expanded people as an  
19 alternative to detention. The majority of the people  
20 we support are survivors of violence and trauma, they  
21 are mothers, they're women of color, they're low-  
22 income and homeless. Their incarceration not only  
23 replicates the abuse and violence they survived, it  
24 exacerbates their trauma. Our jails are not the  
25 place for the support and care needed to heal from  
pain. We have seen that WCJP and many other

community organizations can be. While addressing the poor conditions in jails is vitally important, this hearing fails to acknowledge that the Rose M. Singer Center can and should be closed much sooner, 2027. With the current population of 270 and community organizations running and willing to provide support right now, we have an opportunity to put an end to this misery. Since the fall of 2020, we have waiting for MOCJ to release an RFP for transitional housing to reduce the use of incarceration and costly stays in city jails. As the RFP release gets pushed back every two weeks, we grow increasingly frustrated learning how the city is spending to keep spending money to keep people incarcerated. Specifically, the \$107 million dollars allocated to renovate Rosies while occupancy in the buildings are about 33%, and the more than \$447,000.00 spent for each person in a city jail in fiscal year 20, a 30% increase over the previous year. We also urge the Council to consider a Bill like the one recently passed in Minnesota that permits the release of pregnant and post-partum people into community-based programing. WCJP has expertise in working with pregnant and post-partum

2 people coming from jail and we can easily scale up to  
3 meet ... (crosstalk).

4 SGT. MARTINEZ: Time expired.

5  
6 KRISTEN EDWARDS: If provided the proper  
7 resources. Thank you to the Committees for calling  
8 attention to troubling condition, but please look  
9 more closely by closing Rosies now. Please don't  
10 wait until 2027. Thanks for your time and  
11 consideration.

12 COMMITTEE COUNSEL AGATHA MAVROPOULOS:  
13 Thank you. Next, we will hear from Elise Benusa,  
14 followed by Eileen Maher and then Rita Zimmer.

15  
16 SGT. MARTINEZ: Clock is running.

17 ELISE BENUSA: Good afternoon. My name  
18 is Elise Benusa and I work at Planned Parenthood,  
19 Greater New York for the Government Relations Team.  
20 I would like to thank the Committee on Women and  
21 Gender Equity and Committee on Criminal Justice  
22 Reform for holding this important hearing to discuss  
23 the experiences of women while incarcerated. PPGNY  
24 is proud to submit testimony in support of  
25 Introduction 1209, Introduction 1491, and

2 Introduction 1646. PPGNY supports Introduction 1209  
3 which would allow incarcerated women access to doula  
4 services during delivery. Doula's give emotional and  
5 physical support to mothers during delivery and  
6 translate gynecological knowledge throughout their  
7 birthing journey. Every person has a right to give  
8 birth with dignity in a safe and supportive  
9 environment of their choosing. This Bill will  
10 support the already incredible work of ancient doula  
11 services who are giving prenatal care to incarcerated  
12 women. Currently, these services provide prenatal  
13 consultation, child birth education, nutritional  
14 support and pain management. This law would allow  
15 for doula support to carry into the delivery process  
16 which is important for continuity of care. Having an  
17 advocate during delivery is especially imperative for  
18 women who are in Department of Correction's custody  
19 to ensure the needs of mothers are being met and  
20 acknowledged. An acting more visibility into the  
21 delivery room would be beneficial for mothers who are  
22 experiencing childbirth under the traumatic and  
23 stressful conditions of incarceration. PPGNY fully  
24 supports this amendment to create a safer space for  
25 mothers to deliver their babies. PPGNY supports

2 Introduction 1491 which would require the  
3 Commissioner of Corrections to create a comprehensive  
4 training program to investigate sexual crimes. The  
5 training curriculum must be patient-centered,  
6 inclusive trauma-informed and culturally competent.  
7 The content should also include full information on  
8 organizations that can provide affordable, quality,  
9 medical, and social services. It is critical for  
10 investigators to build and sustain partnerships with  
11 these organizations in order to provide a holistic  
12 range of services for survivors. This program must  
13 be part of the comprehensive and coordinated  
14 community response to ensure that ... (crosstalk).

15 SGT. MARTINEZ: Time expired.

16  
17 ELISE BUNUSA: So, others are not further  
18 traumatized during the investigation and to reduce  
19 the risk of poor health outcomes that can potentially  
20 result from or worsened by violence. Lastly, I just  
21 want to say that PPGNY recognizes the significance  
22 and increasing visibility into the operations at DOC,  
23 an effort to shed to light on the safety and  
24 healthcare of those in custody. We are thankful for  
25 this opportunity to advocate for women's health and  
will continue to work with the community to protect

2 people's wellbeing within DOC. Thank you to the  
3 Committee for all these important measures being  
4 taken, taken to increase access to reproductive  
5 health.

6 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

7 Thank you. Next, we'll hear from Eileen Maher  
8 followed by Rita Zimmer, and then Helen Skipper.

9  
10 SGT. MARTINEZ: Clock is running.

11 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

12 Eileen, we can't hear you. Did you accept the prompt  
13 to unmute?

14  
15 EILEEN MAHER: Oh, sorry about that.

16 Good afternoon. Thank you for allowing me to speak.

17 I'm a member of the Justice for Women's task force  
18 and a survivor of Rosies where I spent a little over  
19 a year, and I'm here to tell you that New York City  
20 jails as it stands today can no longer be entrusted  
21 to care for and provide any services for the women  
22 who are detained. By the way, they are not inmates,  
23 they are detainees. While detained, I observed the  
24 DOC staff that is poorly trained, poorly educated,  
25 spiteful, and physically, sexually, and medically  
abusive. Their ability to lie and scheme well is

2 unmatched. Therefore, I urge the City Council to  
3 discount any statistic or planned policy (inaudible)  
4 changes. We have come forward today in ablate. At  
5 Rosies, I observed an established environment where  
6 officers and staff routinely abuse and assault,  
7 including sexually sisters. These traumas were  
8 compounded by an absence of the appropriate medical  
9 and mental health services. I had to routinely call  
10 and enlighten the Prisoner's Right Project at the  
11 Legal Aid Society to receive adequate mental and  
12 medical help services. This compounds the truamas  
13 experienced free incarceration such as long-term  
14 abuse, poverty, poor health, drug and alcohol abuse  
15 and as in my own situation, domestic violence. Then  
16 they have the audacity to act surprised at the reset  
17 of visit rates. Until all gender expansive women can  
18 be decarcerated, I believe that in order to remedy  
19 these inhumane conditions, New York City should adopt  
20 its own version of the Camden Experience. For DOC,  
21 yes, where all officer's and employee's employment is  
22 terminated and the responsibility of care in custody  
23 our mothers, daughters, and sisters is handed over to  
24 properly trained, educated, embedded group of  
25 individuals. In addition, the closure of Rosie's

2 must be expedited via an increase in alternative  
3 incarceration, a massive infusion of community-based  
4 programs ... (crosstalk).

5 SGT. MARTINEZ: Time expired.

6  
7 EILEEN MAHER: And for the few that would  
8 be left, but hopefully none, transferred to a solo  
9 free-standing location off of Riker's Island. Thank  
10 you.

11 COMMITTEE COUNSEL AGATHA MAVROPOULOS:  
12 Thank you. I just want to remind everyone that when  
13 it's your turn to speak, you will get a prompt to  
14 unmute, so make sure you accept it before you begin  
15 your testimony. Next, we're going to hear from Rita  
16 Zimmer, followed by Helen Skipper, and then Jordyn  
17 Rosenthal.

18  
19 SGT. MARTINEZ: Clock is running.

20 RITA ZIMMER: Okay, good afternoon and I  
21 want to say thank you to the women who have lived  
22 experiences that have been testifying. We are the  
23 ones who got the courage today. I'm always nervous  
24 when I speak because I think it's important, but I'm  
25 just so impressed by them, and we want to hear more



2 and more from them. My name is Rita Zimmer. I'm  
3 with the Women's Committee Justice Project which is  
4 part of Housing Plus. I'm also with the Women's  
5 Committee of Justice Association where we do  
6 something. We do something every day, and it is just  
7 as impressive that we're spending \$450,000.00 to keep  
8 someone at Riker's that's \$36,000 a month, for  
9 \$30,000 a year, we bring a woman out of Riker's, put  
10 her in transitional housing, help her find permanent  
11 housing and help her get the services she needs. 80%  
12 of the women at Riker's are there detained. They  
13 have not been convicted. They are detained. They  
14 have (inaudible) services and housing and dignity.  
15 Give us the money, I think is what the best thing I  
16 can say. Give us the money so we can close Rosies  
17 down and open up the kind of program women need. I  
18 just can't keep saying it anymore. \$450,000.00, the  
19 cost, that's \$30,000, show us the money, show us the  
20 money, we can close it down, we can do it this year,  
21 we can do it in 2021, 22, and let's hear more from  
22 the women with experience. Thank you so much. I'm  
23 so honored to be in the company of these women. They  
24 have taught me so much about dignity (inaudible)  
25 courage and survival and success. I'm touched all

2 the time by their dignity and their resilience and  
3 their courage. Thank you so much for letting me  
4 speak today.

5 COMMITTEE COUNSEL AGATHA MAVROPOULOS:  
6 Thank you. Next, we will hear from Helen Skipper,  
7 followed by Jordyn Rosenthal, and then Sharon White  
8 Harrigan.

9  
10 SGT. MARTINEZ: Clock is running.

11 HELEN SKIPPER: Thank you. I'm on.  
12 Hello, can you hear me? So, I'd like to say thank  
13 you for everyone who has shown up today and  
14 testified. I'm going to start off real short and  
15 sweet. I grew up on Riker's Island. I grew up in  
16 the Rose M. Singer Center. I had my son through the  
17 Rose M. Singer Center in 1988. While I appreciate  
18 your corrections you're trying to do now, guess what?  
19 I was pregnant on the island and gave birth in 1988.  
20 We are now in 2021. Your solutions are coming 20,  
21 30, 40 years too late. I also want to say I am  
22 affiliated with A Little Piece of Light. (inaudible)  
23 also came up and describe what A Little Piece of  
24 Light was. We need more support. We need more  
25 positive supports for women. In the time that I went

2 back and forth to Riker's Island in the early 80s  
3 until I left out for the last time in 2007, I  
4 repeatedly came in addicted to drugs, left out  
5 addicted to drug. I came in suffering in crisis from  
6 a mental health, left out the same way. I came in  
7 homeless, left out homeless. At the end of the day,  
8 we need to rebuild this system so that it is not  
9 punitive, and it is more rehabilitative. I was  
10 repeatedly criminalized because I was addicted to  
11 drugs, so yes, I might have went into a drug store  
12 and stole a bottle of lotion, but that was to feed my  
13 habit. Help me with the situation that is at hand.  
14 We criminalize mental illness, we criminalize  
15 substance abuse, we criminalize homelessness. Money  
16 that you are using to build up an infrastructure that  
17 is already broken and falling into the ground can  
18 better used to support services for housing and  
19 transitional services for women coming home, using a  
20 sequential intercept model. There are several places  
21 we can intercept someone going into the criminal  
22 justice system, that money can be used in all areas  
23 from community to courts to re-entry. Please do not  
24 spend any more of my money, my tax payer's money to

2 rebuild something that needs to be trashed. We need  
3 to go out this different. Thank you.

4 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

5 Thank you. Next, we will hear from Jordyn Rosenthal,  
6 followed by Sharon White Harrigan, and then Debra  
7 Rigano.

8  
9 SGT. MARTINEZ: Clock is running.

10 JORDYN ROSENTHAL: Hi. My name is Jordyn  
11 Rosenthal and I'm Director of Community Engagement at  
12 the Women's Community Justice Association. I wanted  
13 to first thank Chair Powers and Chair Diaz for  
14 holding this hearing and bringing attention to the  
15 horrendous conditions in which women and gender  
16 expansive people suffer in our city jails. First, I  
17 want to acknowledge the fact that the city's current  
18 plan to move women and gender expansive people off of  
19 Riker's means that they will be last. The current  
20 plan will move women to a borough-based facility in  
21 Queens, but most women, specifically 33% are charged  
22 in Manhattan, followed by Brooklyn with 19%, where  
23 Queens only represents 15%. If the city was actually  
24 committed to being guided by the principals of being  
25 centrally located near the courthouses and by public

2 transit, the new women's borough-based facility would  
3 be in Manhattan, not Queens and I strongly urge you  
4 to talk to your colleagues about that. Secondly, we  
5 need more data transparency as everyone has been  
6 saying before. Through the help of our partners, we  
7 have been able to receive a semi-public data set  
8 about every woman and gender expansive person on  
9 Riker's Island, and yet, we've still been unable to  
10 see things like the definitive number of pregnant  
11 women. How do you not know how many pregnant women  
12 are in your custody? It's not that hard of a  
13 question, but we do know things like that there were  
14 276 women in custody in mid-March and 19% were there  
15 for parole violations, 14% had misdemeanors, 15% had  
16 cash bail below \$10,000, 20% had cash bail below  
17 \$20,000, and 25% had cash bail below \$50,000, 24%,  
18 one-fourth, were charge were property crimes. We are  
19 valuing people's property over people's lives, and 7%  
20 were charged with drug crimes. We could decarcerate  
21 a majority of these women and gender expansive people  
22 today if the city made more publicly available data,  
23 so advocates in the community ...

24 SGT. MARTINEZ: Time expired.  
25

2 JORDYN ROSENTHAL: Could talk on people's  
3 behalf one-by-one. I urge the City Council to push  
4 MOCJ to enter into a data agreement with the Women's  
5 Community Justice Association so we can work together  
6 to decarcerate woman one-by-one. Thank you for your  
7 time and I look forward to working with you.

8 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

9 Thank you. Next, we will hear from Sharon White  
10 Harrigan, followed by Debra Rigano, and then Danielle  
11 Minelli Pagnotta.

12  
13 SGT. MARTINEZ: Clock is running.

14 SHARON WHITE HARRIGAN: All right, thank  
15 you to the Committee Chair Powers and Diaz and to all  
16 the Members of both Committees, and CM Rosenthal for  
17 bringing these very important issues to the  
18 forefront. My name is the Reverend Sharon White-  
19 Harrigan. I am the Executive Director of the Women's  
20 Community Justice Association, also known as WCJA. I  
21 am a member of the Faith Community for Just Re-Entry  
22 and a Leader of the Justice for Women Task Force  
23 under WCJA, and I am, most importantly, a survivor of  
24 Riker's Island and I am representing the 271 women  
25 currently on Riker's Island and all the other women

2 who are unable to make it here today. In 2019, the  
3 decision was made to close Riker's Island because of  
4 the brutality, horrendous conditions, torture, lack  
5 of adequate care, violence, rape, toxicity, zero  
6 respect, moralities, lack of regard, corruption; why  
7 are the women still there? There are over 80% that  
8 are mothers, over 89% black and Latinos, and 100%  
9 that are traumatized. If the city is paying  
10 \$445,000.00 a year for women to be detained,  
11 contained, and defamed, why are we not talking about  
12 a full decarceration plan to move the women out. Why  
13 are we not having a hearing to re-allocate the money  
14 into the community and scale up and build out more  
15 alternatives to detention and incarceration? Why are  
16 we not getting the women reunified with families,  
17 healings and wellness centers that address women's  
18 health, mental health, trauma, substance use issues,  
19 poverty, and homelessness. Why are still locking up  
20 pregnant women and not diverting them to specialized  
21 services for women and children when they can get  
22 birthing coaches and doulas? Why are we not using  
23 the \$45,000.00 to bail out every woman and provide  
24 them with a holistic plan to healing? Why are we not  
25 talking about ... (crosstalk).

2 SGT. MARTINEZ: Time expired.

3 SHARON WHITE-HARRIGAN: Accountability?

4 Why are we not talking about how the impoverished  
5 black and brown communities continue to be targeted,  
6 especially the women? Why is the city not  
7 acknowledging the part they continuously play in the  
8 perpetuating violence and trauma against women every  
9 day that the women remain at Riker's Island? Again,  
10 why are we here and why are the women still there?  
11 Release the women off of Riker's Island, bring them  
12 into the community.

13  
14 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

15 Thank you. Next, we will hear from Debra Rigano,  
16 followed by Danielle Minelli Pagnotta, and then  
17 Allison Wilkey.

18 SGT. MARTINEZ: Clock is running.

19  
20 DEBRA RIGANO: Hi, name is Debra Rigano.  
21 I'm here on behalf of Our Children. I'm the Director  
22 of Jails and Prisons for the Our Children Program,  
23 and just to say that we, (inaudible) correctional  
24 facilities, we run the family service program there,  
25 and we run the family assistance program at the Rose  
M. Singer Center on Riker's. In addition, we have



2 community-based programs that include transitional  
3 housing, a back-to-work program and supporting women  
4 on work-release from (inaudible) correction facility.

5 We also have had a weekly person in Riker's as  
6 advocates for over a decade. I'm going to focus on  
7 three different things, the doula information, and  
8 then the video visiting and in-person, and then  
9 Riker's itself. So, the doula information is that we  
10 have many, many years of experience in the nursing in  
11 Bedford Hills, so we have a doula program there and  
12 it's an especially useful supplement to the existing  
13 (inaudible) to the existing Riker's Nursery Program.

14 Those are associated with much higher rates of  
15 breastfeeding which is important to short- and long-  
16 term health of baby and mother. Rate of upper  
17 respiratory and other infections go way down the  
18 first year of life when breastfeeding is present.

19 When post-partum doulas are present, rates of post-  
20 partum physical and emotional complications go down  
21 because they are aware of and looking for signs of  
22 medical and emotional distress in the days and weeks  
23 that follow the birth. When a mother has the support  
24 of the doula post-partum, rates of post-partum mood  
25 disorders either go down or are address quickly.

2 Women have the choice to receive doula service that  
3 are incredibly important for the woman's wellbeing,  
4 and they are happier and calm when they have that  
5 necessary support. As far as the video visits,  
6 according to the Institute for Justice, research  
7 shows that prison visits are vital to the success of  
8 incarcerated people reducing reoffending,  
9 facilitating re-entry to the community, and promoting  
10 positive parent/child relationships. Video visits  
11 fill the gap and compliment in-person but will not  
12 replace them ... (crosstalk).

13 SGT. MARTINEZ: Time expired.

14  
15 DEBRA RIGANO: Okay, I'm done, no? And  
16 Our Children passionately believes there is no  
17 substitution for in-person visiting when it comes to  
18 children visiting their parents. In addition, video  
19 visits scheduling days were not conducive to many of  
20 the families with school-aged children or working  
21 guardians. There are certainly some things that need  
22 to be reconsidered as times and when most children  
23 are in school. Also, we heard that a lot of the  
24 people don't have WIFI, so just kind of getting the  
25 current system that we have that needs to be done or  
whatever, so that more people can see their children.

2 As (inaudible) Riker's, we agree much that is in the  
3 MOCJ plan and believe smaller jails, carefully  
4 designed and newly administrative will lead to  
5 correcting many of the ills of Riker's. If we are  
6 serious about the goal of helping women return to  
7 their families and communities, accessing better life  
8 skills than they exhibited before, we need a site  
9 where programs and policies are designed for women,  
10 and not simply a (inaudible) of a male facility.  
11 Thanks.

12 CHAIR POWERS: Thanks, thank you.

13  
14 COMMITTEE COUNSEL AGATHA MAVROPOULOS:  
15 Thank you. Next, we will hear from Danielle Minelli  
16 Pagnotta, followed by Alison Wilkey, and then Noa  
17 Watford.

18 SGT. MARTINEZ: Clock is running.

19  
20 DANIELLE MINELLI PAGNOTTA: Good  
21 afternoon. Thanks to Chairs Diaz and Powers and the  
22 Members of the Committee for holding this hearing and  
23 inviting public testimony. Thanks also to Council  
24 Member Rosenthal for your questioning earlier today.  
25 I'm Danielle Minelli-Pagnotta, and I'm the Executive  
Director of Providence House, a non-profit founded in

2 Brooklyn over 40 years ago, now serving more than 400  
3 women in families impacted by homelessness, mental  
4 health issues, justice involvement at our nine  
5 transitional and permanent residences throughout the  
6 borough. We're proud to share this work with other  
7 organizations as a part of the Women's Community  
8 Justice Association and the Beyond Rosie's Campaign.  
9 I'm also speaking as a New York native and a resident  
10 of Queens, and in all of these capacities, I feel  
11 that closing Riker's Island, in particular Rosie's  
12 should remain among the city's and City Council's  
13 very top priorities until every person is off that  
14 island. There's no call that wastes two minutes for  
15 counting the well-known reasons for closing Riker's.  
16 The events of the past year have done more to only  
17 highlight the horrible conditions for New Yorkers  
18 held there and further shown the more imperative to  
19 immediately change the way justice is perceived and  
20 pursued. Simply, there is unnecessary suffering,  
21 lives ruined for no reasons, and outrageous injustice  
22 going on every day here in this city. Near the top  
23 of the articles of agreement that the city adopted in  
24 October 2019, was a resolve to increase ATI funding.  
25 I encourage you all to create and sustain as much

2 urgency around that priority as you can. Providence  
3 House along with other fine organizations represented  
4 here are currently operating residences that serve as  
5 alternative to the dehumanizing and unsafe  
6 confinement at Riker's. There are solutions that  
7 keep women in the community, connect them with  
8 services to address mental health issues and other  
9 needs, support them in developing healthy  
10 relationships and more productive patterns in their  
11 lives, and more importantly, avoid further trauma,  
12 isolation and alienation. This is especially  
13 important for programs like the one that we run at  
14 Providence House which reunites women with their  
15 children and prevents the trauma from rolling into  
16 other generations. These are excellent alternatives  
17 ... (crosstalk).

18 SGT. MARTINEZ: Time expired.

19  
20 DANIELLE MINELLI-PAGNOTTA: To Rikers, and  
21 I would urge the Committees to work with MOCJ to  
22 release the RFP that was previously referenced for  
23 transitional housing. We all stand together running  
24 to respond to the RFP and provide more transitional  
25 and permanent housing resources in the community that  
lead to more decarceration to closing Riker's, and

2 most importantly closing Rosie's right away. Thanks  
3 for all of you and for your time today.

4 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

5 Thank you. Next, we will hear from Alison Wilkey,  
6 followed by Noa Watford, and then Minister Dr.  
7 Victoria Phillips.

8  
9 SGT. MARTINEZ: Clock is running.

10 ALISON WILKEY: Good afternoon. My name  
11 is Alison Wilkey, and I'm the Director of Public  
12 Housing at the John Jay College Institute for Justice  
13 Law Opportunity. In 2017, we issued a report on  
14 women incarcerated in New York City. Unfortunately,  
15 many of the findings of that report are as relevant  
16 today as they were four years ago as others have  
17 testified. While the number of women has dropped  
18 since we issued that report, there remains much to  
19 do, but with the right policy changes and  
20 investments, it is absolutely feasible for New York  
21 City to come close to eliminating the incarceration  
22 of women. We heard the data from WCJA, it is  
23 absolutely possible for us to decarcerate to Rosies  
24 and end the incarceration and the harm that comes to  
25 women, but to do this, the city must address the

2 housing needs of those impacted by the criminal legal  
3 system. Upon admission to Riker's, 21% of women  
4 identified as being homeless or having unstable  
5 housing, and 32% identified as being homeless or  
6 having unstable housing upon release from Riker's.

7 Overall, formally incarcerated women are more likely  
8 to be homeless than formally incarcerated men, and  
9 this is a racial justice issue. Black women

10 experience the highest rates of shelter and  
11 homelessness, nearly four times the rate of white  
12 men, and twice as high as the rate for black men.

13 Lack of access to housing is relevant to reducing  
14 incarceration at Riker's in two ways. First, when  
15 people are released from jail, lack of stable housing  
16 makes it difficult for people to reconstruct their  
17 lives and achieve economic stability and care for  
18 their families and too often, this puts people in the  
19 precarious position of trying to meet basic survival

20 needs. Second, many alternatives to incarceration  
21 and treatment programs are difficult to access and

22 complete successfully without a stable home. As Dana  
23 Taplin from MOCJ said earlier, the hotels are at  
24 capacity and as Chair Diaz very personally talked  
25 about transitional housing isn't permanent housing;

2 although those programs are doing amazing work, but  
3 the City Council can take a tremendous step to  
4 addressing the needs of formally incarcerated people  
5 by passing Intro 2047, the Fair Chance for Housing  
6 Act. The Bill would eliminate the use of conviction  
7 records in housing and increase access for the  
8 117,000 New York ... (crosstalk).

9  
10 SGT. MARTINEZ: Time expired.

11 ALISON WILKEY: City Women who have a  
12 conviction. The passage of the Bill would increase  
13 access to housing, help women exiting Riker's, all  
14 without cost to the city, all without having to build  
15 new housing, and all without having to wait for RFPs.  
16 The City Administration supports Intro 2047 and the  
17 City Council needs to act now and vote on it at the  
18 next dated meeting so that we can continue to  
19 decarcerate Riker's and achieve justice for women.

20 COMMITTEE COUNSEL AGATHA MAVROPOULOS:  
21 Thank you. Next, we will hear from Noa Watford,  
22 followed by Minister Dr. Victoria Phillips, followed  
23 by Sister Eli.

24  
25 SGT. MARTINEZ: Clock is running.



2 NOA WATFORD: Hello. Can you hear me?

3 SGT. MARTINEZ: Yes.

4 NOA WATFORD: Hello?

5 CHAIR POWERS: We can hear you.

6  
7  
8 NOA WATFORD: All right. I have bad  
9 service. I apologize. So, on behalf of Youth  
10 Justice Network, formerly known as Friends of Island  
11 Academy, I thank the Committee on Criminal Justice  
12 and the Committee on Women and Gender Equity for the  
13 opportunity to address you. My name is Noa Watford.  
14 I'm a Senior Youth Advocate at Youth Justice Network  
15 serving young women, transpeople, and gender non-  
16 binary people at Rose M. Singer Center. I remember  
17 (inaudible) when she was around four months pregnant  
18 and incarcerated at Rosie's in the pregnancy ward.  
19 She was in good spirits and throughout her pregnancy,  
20 despite the stress of a trial and pending court  
21 dates, made an effort to engage with program, her  
22 advocate, and was planning for her child and her  
23 future. As her due date approached, my colleague and  
24 Director of the (inaudible) and I walked her through  
25 the process of childbirth, excuse me, driven to the  
hospital, only given a few moments with her baby and

2 then her baby will be taken away. Her due date  
3 approached and as expected, she was taken to the  
4 hospital for 24-hours to have her baby. When we next  
5 saw her, she was this trouble person we had last  
6 spoken to. The correctional officers on duty  
7 informed us that she had come back from the hospital  
8 and had been in her bunk for seven days without  
9 showering or eating. When we finally spoke to her,  
10 she told us, I held my baby for only a few minutes,  
11 then they took him away, gave me a pad and told me to  
12 get running to go back to Rosie's. Nobody asked if I  
13 was okay, nobody told me how I could see my baby  
14 again. Throughout my years of working inside of  
15 Rosie's, I've heard firsthand about the young women,  
16 about the trauma they face on a daily basis, cruelty  
17 at the hands of the correctional officers.

18 (inaudible) shown that the separation is incredibly  
19 hard for both mothers and children. For babies,  
20 separation from a mother at birth can lead to  
21 multiple, severe emotional and behavioral problems  
22 later on (inaudible) psychologically traumatizing and  
23 has been shown to increase the risk of (inaudible).  
24 Riker's actually has a nursery facility where women  
25 can nurse their babies for up to a year. Women must

2 apply for this privilege and according to DOC  
3 documentation, in the last five years, 26 women have  
4 applied for the nursery, 11 applications have been  
5 approved, and only 5 children have been admitted to  
6 the nursery. I personally haven't witnessed any  
7 young women using the nursery, none of my  
8 participants have reported to using the nursery as  
9 well.

10 SGT. MARTINEZ: Time expired.

11  
12 NOA WATFORD: Additionally, advocacy and  
13 support services lift up (inaudible).

14 COMMITTEE COUNSEL AGATHA MAVROPOULOS:  
15 Thank you. Next, we will hear from Minister Dr.  
16 Victoria Phillips, followed by Sister Eli, followed  
17 my Zoey L. Thill.

18  
19 SGT. MARTINEZ: Clock is running.

20 MIN. DR. VICTORIA PHILLIPS: Peace and  
21 blessings. Can you hear me?

22  
23 SGT. MARTINEZ: We hear you.

24 CHAIR POWERS: Yes.

2 MIN. DR. VICTORIA PHILLIPS: Okay, my  
3 name, peach and blessings, I'm Minister Dr. Victoria  
4 Phillips. Everyone calls me Ms. V. Excuse me if I  
5 talk fast, I had brain surgery, and I know you all  
6 don't give time for people with disabilities. I  
7 don't have a speech. I want to hit on some bullet  
8 points. First and foremost, I want to say this is  
9 2021. Why doesn't City Council still have a hotline  
10 for the incarcerated individuals to call in and to  
11 give you their own testimony? I've asked that  
12 several times on the record. Second, when City  
13 Council hears from the public, I think it's really  
14 important that you put us first so that you can ask  
15 DOC questions in real time and get real answers and  
16 responses. It's horrible that you make us go last.  
17 Third, I would like to say that you mentioned  
18 earlier, Commissioner (inaudible) I support all the  
19 Bills, but you mentioned Commissioner Brown supports  
20 developing a training or a plan; don't ask  
21 Commissioner Brown to develop anything. In her  
22 entire time here, she has shown no leadership. The  
23 Federal monitor report has given ten reports of lack  
24 of leadership and lack of accountability. This  
25 Council needs to take a stand against it and make it

2 change, right. So, I want to say she has also  
3 testified to this Council that her most dangerous  
4 population was the young adults. I sat in  
5 (inaudible) Department of Corrections Adolescence and  
6 Young Adults since its beginning, for six years. The  
7 entire time of COVID, they have not had us meet.  
8 Before COVID started, AC Torres (SP?) said that she  
9 wanted to discontinue, but she wouldn't discontinue  
10 the group because she knows I would run to City  
11 Council. So, hold them accountable. Fourth, I want  
12 to say, when we talk about the City Council, Human  
13 Rights should be here, Finance should be here, Women  
14 and Gender Healthcare, all of your committees are  
15 responsible for the people in DOC custody, and so  
16 often I see DOC lie to the Board of Corrections and  
17 the very next day they'll come and tell City Council  
18 something different. Enough of that. Have your  
19 staff attend these meeting. Even if I miss a  
20 meeting, I listen to the meeting while I'm cleaning  
21 my house. There is no excuse any longer ...  
22 (crosstalk).

23 SGT. MARTINEZ: Time expired.

24  
25 MIN. DR. VICTORIA PHILLIPS: Any longer  
for you not to be aware of the things that DOC is

2 saying in the capacity of your constitutes, and I  
3 also want to say investigations, I advocated for  
4 money for investigating youth to actually occur.  
5 Hold them accountable. They give you riddles with  
6 the data. The numbers don't match, and DOC does  
7 their own reports and it doesn't even match what  
8 investigators or CHS do. Hold them all accountable.  
9 There's no PPE still, no cleaning supplies, and 53%  
10 of people incarcerated have a mental health concern.  
11 Mental health should be coming around more than every  
12 28 days and should not have to be placed on a mental  
13 health or (inaudible) as well. You should not have  
14 to be a part of Brad H to be given mental health  
15 services. If you request it, it should be given  
16 because that's your human right, and I'll end there.  
17 Peace and blessings. Chair, please, I want to talk  
18 to you on the side. Council Member Rosenthal, I want  
19 to talk to you because I have so much wealth of  
20 information. Thank you, thank you, thank you for  
21 using my questions today cause for over 10 years,  
22 I've been coming to the City Council and a lot of you  
23 ignore the things I say on the record, and it does  
24 not make sense because lives are on the line and  
25 this, you all have an accountability that we all have

2 to do our part. Thank you so much. Peace and  
3 blessings.

4 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

5 Thank you. Next, we will hear from Sister Eli,  
6 followed by Zoey Thill and then Cecily McMillan.

7  
8 SGT. MARTINEZ: Clock is running.

9  
10 SISTER ELI: Good morning Kings and  
11 Queens. My name is Sister Eli. I'm a graduate of  
12 Women's Prison Association Leadership and Media  
13 Project and a Member of the Justice for Women COVID-  
14 19 Taskforce. Did you know that I had to seek these  
15 programs out for myself? No referrals were made by  
16 New York City probation to assist me and my child be  
17 successful in the community. Over 90% of women and  
18 gender expansive people are detained at Riker's or  
19 held at Rose M. Singer. In mid-March of 2021, 19%  
20 were for parole violation. In mid-November of 2020,  
21 23% had been diagnosed with a serious mental health  
22 illness like my mother who was suffering from grief  
23 and my father dying and a psychotic break. One night  
24 she was pushed by a Greek male, whom she pushed back.  
25 They began (inaudible) and when the police arrived,  
only she was arrested and charged with a felony. She

2 was always from her family, unable to pay rent,  
3 unable to participate in her defense, and unable to  
4 participate in community programs for several months.  
5 While detained, she refused to shower because another  
6 woman with mental illness often defecated in the  
7 showers. She witnessed correction staff being  
8 disrespectful and unprofessional in the way they  
9 spoke and had inappropriate relationships with people  
10 detained that they have power and control over. Yet,  
11 the women and gender expansive people are expected to  
12 respect each other and staff. In past reports, 60%  
13 of sexual assault were against officers. Why are we  
14 not complying to PREA? There is no such thing as  
15 consent when you are in DOC custody. With these and  
16 many other issues being reiterated today, it makes  
17 logical and physical sense for Rose M. Singer to be  
18 the next Riker's location to close. We don't need a  
19 smaller location in Queens County because the  
20 majority of open cases are in Manhattan. We need  
21 investments in our community and alternatives to  
22 incarceration because women are insnared in the  
23 system due to poverty, drug addiction, mental  
24 illness, sexual assault and criminalized for  
25 surviving ... (crosstalk).



2 SGT. MARTINEZ: Time expired.

3 SISTER ELI: We need programs to address  
4 these needs. We deserve stability. Thank you for  
5 your time.

6  
7 COMMITTEE COUNSEL AGATHA MAVROPOULOS:  
8 Thank you. Next, we will hear from Zoey Thill,  
9 followed by Cecily McMillan.

10 SGT. MARTINEZ: The clock is running.

11  
12 ZOEY THILL: Hi. Can everyone hear me?

13 CHAIR POWERS: We can hear you.

14  
15 ZOEY THILL: Thank you. Good afternoon.  
16 I'm Dr. Zoey Thill. I was, for a short time, a  
17 physician in the city jails, but before that, I was a  
18 primary care doctor in the Bronx. I took care of  
19 families with missing members and I saw how  
20 incarceration complicated decisions about childcare  
21 and schooling as many folks have already described.  
22 I took care of folks who had been incarcerated and  
23 saw how their struggles to get good jobs or housing  
24 afterwards impacted their families, community health.  
25 Jail is disruptive, and I always knew that, but once  
I became a jail doctor and saw it with my own eyes,

2 the inhumanity of the place, I became absolutely  
3 committed to ending the institution. I will comment  
4 and submit written testimony on the Intro 1209  
5 related to doulas and midwives but let me first  
6 underscore that taking better care of people inside  
7 cannot be our ultimate goal. As many have said, we  
8 need to get people home, back to our families and our  
9 communities, and we need to close Rosie's and all the  
10 jails. Doulas and midwives are essential advocates  
11 for pregnant birthing people. Having a doula is  
12 associated with improved birth outcomes including  
13 reductions in low-birth-weight babies and fewer  
14 maternal and infant complications. For people in  
15 custody, having a doula in the room during labor and  
16 delivery will mean having an additional advocate.  
17 I've heard from colleagues in labor and delivery  
18 rooms from across the city that patients continue to  
19 be shackled in labor, even despite policies  
20 prohibiting that practice. Patients don't always  
21 know their rights, but a trained doula will, and to  
22 that end, I believe that language in Intro 1209  
23 allowing DOC to override a patient's right to a doula  
24 or midwife should be removed from the Bill entirely.  
25 As someone who recently pushed a baby out of my

2 vagina and can therefore test to all consuming nature  
3 of the birthing experience, I assure you there is  
4 absolutely no birthing person that is a security  
5 risk. Thank you for holding this meeting and thank  
6 you for allowing me an opportunity to testify.

7 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

8 Thank you. Next, we will hear from Cecily McMillan.

9  
10 SGT. MARTINEZ: Clock is running.

11 CECILY MCMILLAN: Hi. I am Cecily

12 McMillan, and I am a survivor of Riker's, and I am  
13 appalled. It has been five years since I've attended  
14 one of these meetings. It has been nearly seven  
15 years since I was released from Riker's. I have read  
16 a book published by Hashet (SP?) through Nation Books  
17 and yet, everything we're talking about is covered in  
18 six different notebooks, and I can't believe that  
19 we're still talking about the things that I risked my  
20 life to talk about in the media, to talk, that I got  
21 kicked out of New York for because the correction  
22 officer said you can leave or see what happens. I  
23 can't believe that, I cannot, and I talked about this  
24 stillborn fetus that I watched get born in a waiting  
25 cell. I can't imagine I'm sitting here talking to

2 all about when the only time in the whole of my  
3 Riker's existence that women talked about responding  
4 violently ever was that a woman was being shackled  
5 and (inaudible) activists had to say, I'm not going  
6 to stand against the women of Riker's, I'm not going  
7 to stand for this. I can't believe that we're still  
8 taking about sexual misconduct after I came up and  
9 talked to some these members here. The woman who had  
10 to hold semen in her mouth as a sample in order to  
11 report on the two guards. I cannot believe that I  
12 lost my entire life there, that I am now at my first  
13 house, getting my first lease, seven years it took  
14 me. I had my PhD work completed. I have actually  
15 read all these books, but it took me seven years to  
16 get this lease and I have to move out because of mold  
17 poisoning and I'm going to back to being  
18 homeless, and I cannot believe that I risked all  
19 of these to sit here and have this conversation again  
20 seven years later. Please, for the love of God, make  
21 some changes. Get these women out of prison. Let  
22 these babies be born. My best friend ... (crosstalk).

23 SGT. MARTINEZ: Time expired.

24

25 CECILY MCMILLAN: Called Rosie's babies  
because all of the women who were born in Riker's and

2 continue to return. How is this Bill a thing?

3 Please.

4

CHAIR POWERS: Thank you.

5

6

COMMITTEE COUNSEL AGATHA MAVROPOULOS:

7

Thank you. This concludes the public testimony. If

8

we have inadvertently forgotten to call on someone to

9

testify, if that person could please raise your hand

10

using the Zoom raise hand function, we will hear from

11

you now. Seeing now hands, I will turn it over to

12

Chair Powers to close the hearing.

13

CHAIR POWERS: Thank you everyone for

14

sticking with us and testifying and sharing your own

15

personal stories as well as adding in a voice to

16

issues that I definitely needed. I want to thank

17

Chair Diaz and also Council Member Rosenthal for

18

their thoughtfulness and their of course, advocacy

19

here, and Council Member Rosenthal for her

20

Legislation as well. Before I close it out, I want

21

to just see if Chair Diaz, if you had any closing

22

comments.

23

24

CHAIR DIAZ: I just, I want to thank you

25

all that testified today. Again, what I bring to the

Council, my life experience, the last person that

2 spoke for me, to me being at St. Mary's Hospital, 19  
3 years old, I was ready to give birth, and they  
4 weren't listening to me. They thought I was just  
5 being over emotional and do not know what I was  
6 experiencing. I screamed until I got attention. A  
7 few minutes later, my daughter was born. So, again,  
8 I'm sorry for hardship. As a woman, I get it. I  
9 understand it. Giving birth is hard. It's hard as  
10 is, and being shackled, is human rights, and then  
11 (inaudible) my understand is that there's  
12 conversation about being able to choose whose  
13 touching your body, rather a male or a female. That  
14 should also be considered a human right, so I will be  
15 getting together with my colleagues in supporting  
16 that Bill. Thank you for the opportunity to have  
17 (inaudible) comments. Enough is enough. Thank you.

18 CHAIR POWERS: Yeah, thank you, thank you  
19 Chair Diaz.

20  
21 COMMITTEE COUNSEL AGATHA MAVROPOULOS:  
22 I'm sorry, we have one more person who is here to  
23 testify. Susan Shah.

24 CHAIR POWERS: Hi Susan, okay, go ahead.

25 SGT. MARTINEZ: Clock is running.

2           SUSAN SHAH: Hello. Sorry about that  
3 before. Good afternoon Chair Powers, Chair Diaz and  
4 members of the Committees of Criminal Justice and  
5 Women and Gender Equity. My name is Susan Shah, and  
6 I'm a Managing Director for Racial Justice at Trinity  
7 Church Wall Street. Trinity is an active episcopal  
8 church just down the street from City Hall with more  
9 than 1600 partitioners. In addition to our ministry,  
10 we have an established grants program that provides  
11 more than \$20 million in annual grant funding to New  
12 York City organizations that are working to end the  
13 cycles of incarceration and homelessness. We are  
14 proud to support a number of the New York City  
15 organizations that are proving the potential for  
16 combining housing with re-entry services for justice  
17 involved women and families. Last year, earlier in  
18 the pandemic, Trinity Church helped to form Faith  
19 Communities for Just Re-entry which is a coalition of  
20 over 40 faith leaders from across the city that seek  
21 to address the urgent needs of those being released  
22 from jail and ensure they are safe and set up to  
23 succeed in the community. As everyone has said,  
24 today, New York City's jails have failed women. The  
25 city must do more to protect the wellbeing of

2 incarcerated women in all of the city jails. Trinity  
3 recommends that the city implement the following five  
4 measure to protect the wellbeing of incarcerated  
5 women and other leaving city jails. I will just list  
6 these recommendations now and you can find additional  
7 detail in my written testimony. First, we must issue  
8 ID NYC cards to everyone upon release from city jails  
9 so they can access housing, healthcare, employment,  
10 and other vital services. Second, we need to ensure  
11 that individuals released from jail have immediate  
12 access to Medicaid coverage upon discharge. Third,  
13 we must ban housing discrimination on the basis of  
14 arrest or criminal record and increase the value of  
15 city financed housing vouchers. We ask that the City  
16 Council quickly pass both Intro 146 and 2047.  
17 Fourth, we ask that you provide everyone..

18 SGT. MARTINEZ: Time expired.

19  
20 SUSAN SHAH: In jail with access to the  
21 COVID-19 vaccine as well as COVID testing, and  
22 finally that you develop a coordinated re-entry  
23 system to guarantee the safety and success of  
24 everyone when they return to the community from jail.  
25 Thank you very much for providing me with this  
opportunity to testify.



2 CHAIR POWERS: Thank you, Susan. Very  
3 good closing argument there for all of us, but  
4 undoubtedly, we have work to do. The Fair Chance  
5 Housing Act which you mentioned, I'm a sponsor of,  
6 and Introduced with Council Levin. The Increasing  
7 the City's Vouchers, other things we talked about,  
8 re-entry, which is only one part of the equation, but  
9 certainly a big part of it, make sure we create  
10 stability here, and I want to thank Trinity for your  
11 work and our partnership in terms of focusing on the  
12 re-entry (inaudible) ID NYC aspect of that, which is  
13 just a simple measure we can push for, to make it a  
14 little bit easier for people to restart their lives,  
15 so, thank you for that and thank you for your  
16 testimony, and with that, we are going to close out.  
17 Thank you everybody, our staff, your testimony, this  
18 Legislation, taking feedback, and of course, going  
19 back to the Department of Corrections with or follow  
20 up the need for information and data. So, if you  
21 want to reach any of us, you can email us and reach  
22 out to us, thank you to Council Members who stuck  
23 with us and asked questions, thank you to everyone  
24 for your patience through a long hearing, but thanks  
25 everyone, and please get vaccinated and continue to

2 wear a mask and be safe and healthy. We'll see you

3 soon. Thanks so much. Bye everybody. Thanks.

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C E R T I F I C A T E

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



Date June 13, 2021