



Testimony of VOCAL-NY

Presented before the
New York State Assembly and Senate

Presented by:
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My name is Jawanza Williams. I am the Director of Organizing at VOCAL-NY. VOCAL-NY is a grassroots organization, working to end AIDS, mass incarceration, the drug war, and homelessness. On behalf of VOCAL-NY, I want to thank the Committee Chairs and members of the New York State Senate and New York State Assembly involved in today's hearing for the opportunity to provide testimony.

Before I begin, it would be remiss not to mention that several committees are not a part of this hearing. The Senate and Assembly's Housing, Social Services, and Alcohol, Substance Use Committees should be present in a conversation about racial disparities and COVID-19. Additionally it is unbelievable that the commissioner of DOCCS has not been required to testify, given the historically racist outcomes advanced by that agency and the racial disproportionalities among deaths due to COVID-19 in the prisons. The issues I will be talking about today fall largely within the responsibility of these committees.

VOCAL-NY is an advocacy group dedicated to ending AIDS, Homelessness, Mass Incarceration and the Drug War by building the political power of low-income people across New York State and providing public health services for people who use drugs in Brooklyn.

We cannot begin to talk about the impacts of COVID-19 on Black and Latinx communities across our state, without acknowledging the structural violence our communities faced long before the pandemic. Jails and prisons have long been used as a catchall to manage our most pressing crises: record homelessness, unmet mental and behavioral health needs, substance use), joblessness, and poverty. On any given night before COVID-19, over 92,000 people slept in shelters or on the streets. And, our state's historic overdose crisis that has claimed over 23,000 people under Governor Cuomo. 43,000 people are caged in NYS prisons.

Whether or not New York State will use the COVID-19 public health crisis to take action towards truly transformational change, remains very much in doubt. In fact, what we've witnessed so far is further harm to Black and Latinx New Yorkers. Without a significant shift in the State's approach to criminal justice, drug use and the overdose crisis, and homelessness -- one centered on addressing structural social issues -- we will never get there.

Homelessness disproportionately impacts Black and Latinx New Yorkers

In New York City, Coalition for the Homeless reports: "86 percent of all homeless single adults identify as Black or Hispanic, while just 10 percent identify as White... Homelessness is unequivocally a racial justice issue, and is one manifestation of historic and persistent housing discrimination, biased economic and housing policies, extreme income inequality, and

disproportionately high levels of poverty among people of color, as well as biased policing and incarceration in communities of color.”¹

Homeless New Yorkers are among the most vulnerable people in our state to COVID-19. Homeless New Yorkers can't stay home and therefore face incredible risks to contracting and spreading COVID-19. In April, over 500 health care professionals from hospitals across New York City wrote to Governor Cuomo and Mayor de Blasio to express their concerns and recommendations specific to homelessness during the pandemic. They wrote, “Not enough has been done proactively to protect people who are homeless and who do not yet have COVID-19. Congregate settings such as homeless shelters are potential hotbeds of infection. People who are homeless are particularly vulnerable to infection.”²

Yet, nearly two months after the Governor declared a state of emergency and ordered New Yorkers to stay home, homeless people are still stuck in crowded shelters and are living on the streets. This is not unique to any particular city -- people across the state are facing the same reality. In New York City, COVID-19 has taken the lives of 75 homeless people and nearly 1,000 people have tested positive for COVID-19.³ Over 170 shelters have been impacted by the virus.⁴

For two months homeless New Yorkers, advocates, healthcare professionals, and local elected officials have demanded 30,000 of the City's 100,000 vacant hotel rooms, be offered to homeless New Yorkers living in crowded shelters or those on the streets. FEMA confirmed it would pay for hotel rooms on April 3rd.⁵ The City's own Department of Health Commissioner ordered it to happen on March 25th.⁶ Governor Cuomo and Mayor de Blasio have refused.

Instead, the Governor and Mayor shut down subway stations and law enforcement has been ordered to force homeless New Yorkers off trains in the middle of the night, and sometimes in freezing temperatures. Last week, horrifying pictures of homeless New Yorkers sleeping inches apart from each other on shelter floors were published by the NY Post and The City.⁷ Homeless New Yorkers are being transported to shelters, dropped off outside, and refuse to go in because they feel safer staying on the streets. In her Daily News op-ed, Rosetta Johnson, a homeless New Yorker who has been living out of her car said, “I refuse to go to shelter, because I refuse to lose my life. I will not die because I am homeless.”⁸

¹ <https://www.coalitionforthehomeless.org/state-of-the-homeless-2020/>

² <https://healthandhousingconsortium.org/wp-content/uploads/2020/04/A-Letter-from-Hospital-Providers-Regarding-COVID-19-and-Homelessness-in-New-York-City-4.15.2020.pdf>

³ <https://thecity.nyc/2020/05/homeless-sent-from-nyc-subway-to-social-distancing-nightmare.html>

⁴ <https://nypost.com/2020/05/12/de-blasio-touts-plan-to-remove-homeless-from-the-subway/>

⁵ <https://www.politico.com/states/new-york/city-hall/story/2020/05/05/unearthed-fema-letters-raise-question-s-over-city-stance-on-hotels-for-homeless-1282050>

⁶ <https://www.nydailynews.com/coronavirus/ny-coronavirus-health-department-homeless-shelters-jails-acs-20200505-hwad6iolzfd4zcyvs4w3zpkeri-story.html>

⁷ <https://nypost.com/2020/05/14/homeless-seen-sleeping-inches-from-each-other-on-shelter-stairs/>

⁸ <https://www.nydailynews.com/opinion/ny-oped-where-are-the-homeless-supposed-to-go-20200502-dczn3tftzbnzanom3xzvzvdpsy-story.html>

All levels of government are implicated in the inhumane, cruel, and utterly horrifying circumstances that homeless -- majority Black and Latinx -- New Yorkers are facing. A refusal to open up hotel rooms or house homeless New Yorkers in permanent housing is an acceptance that Black and Latinx homeless lives don't matter.

Policing, jails, and prisons disproportionately target and impact Black and Latinx New Yorkers

In a completely predictable way, the NYPD has responded to social distance enforcement responsibilities by using every opportunity to harass, arrest and otherwise engage in a negative way with communities of color. Over the past several weeks we have watched viral video after viral video of brutality, as mobs of police officers tackle and man-handle our community members over supposed violations of rules that are broken without a second thought throughout affluent areas of the City. Some reports have suggested that 92% of so-called social distancing arrests were of Black and Latinx New Yorkers. We should be appalled, but not surprised by these statistics, which mirror the enforcement outcomes of all NYPD activities. If the police are involved, we must expect violence and racial disparities, there is no way around that. Despite this reality, the state, and New York City, continue to prioritize funding for police while cutting essential services.

Jails across New York State have long been seen as a catchall to manage our most pressing crises: record homelessness, unmet mental and behavioral health needs, substance use disorders (SUD), joblessness, and poverty. The jail population is a symptom of *failed social policies and the politics of mass incarceration*. According to reports, in New York City, 16% of the daily jail population has been diagnosed with a [serious](#)⁹ mental illness, and 75% have a [substance](#)¹⁰ use disorder. These numbers are similar to incarcerated populations across the [country](#)¹¹. People are in jails and prisons because social safety nets and local governments have ignored or failed them. New York State's budget priorities currently all but guarantee that our social safety net will continue to fail our neighbors, in particular people of color. The releases required by bail reform and COVID19 spread inside jail facilities have made these failings even more acute. We see across the state people released from jails to no supports at all.

It's no secret that COVID-19 has infected jails and prisons across the state and that testing and response there is woefully lacking. According to DOCCS, 450 incarcerated people have tested positive for COVID-19, and 16 people have died from the virus. This is surely an undercount.

⁹ <http://nymag.com/intelligencer/2019/03/nyc-seeks-to-move-mentally-ill-inmates-to-hospitals.html>

¹⁰ <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/05/23/at-rikers-island-a-legacy-of-medication-assisted-opioid-treatment>

¹¹ <https://www.prisonpolicy.org/reports/jailexpansion.html#substanceuserereforms>

Although Black and Latinx people make up [37% of the state's total population, respectively, they make up 70%](#) of the state's incarcerated population. Although there is no death penalty in New York State, since just January, 47 people have died in New York State prisons, the vast majority people of color. Data published last week in the [Daily News](#) exposed that people of color account for the vast majority of those who have died in custody since the outbreak of COVID-19 over the past several weeks. Since March 30th 80% of all people who have died in DOCCS custody were people of color. Black people make up roughly 14% of the state's overall population by nearly 60% of the deaths in DOCCS custody during this period. The situation is even more dire for the Black transgender community. Recent surveys have found that Black trans women are incarcerated at ten times the rate of the general population, have [higher rates of preconditions](#) and are more likely to be [denied access to adequate healthcare](#). This is incredibly disturbing and raises again the incomprehensible failure of the legislature to include DOCCS in this hearing. We hear the message loud and clear that our incarcerated community members, no matter the race, do not matter to this panel. We have joined our colleagues in calling for the Governor to use his clemency power to release people during this crisis, and he deserves and owns the majority of our frustrations in this respect. But the legislature has been similarly MIA. Where is the legislation to force the Governor's hand? Why does this body refuse to pass the HALT Solitary Confinement Act or common sense parole reforms. Again, message received.

The failed drug war disproportionately impact communities of color and poor New Yorkers and has exacerbated New York State's devastating overdose crisis

New York State has two deadly public health crises crashing into each other--COVID-19 and overdose. Many of the neighborhoods in New York City hardest hit by COVID are simultaneously the hardest by preventable overdose deaths. For example, the Bronx has been devastated by the virus, and if the Bronx was its own state, it would rank second in the country for the highest overdose deaths. Nationally, from 2014 to 2016 overdose deaths increased by [45.8% for whites but 83.9% for Blacks](#), and the last two years, Black and Latinx communities had the highest rate of increase of overdose deaths in New York City.

Our state has continually failed to implement evidence-based solutions to end the overdose crisis, and when COVID hit, the state had no tactical response to address substance use and overdose leading to adverse public health outcomes that all but mitigated risk. COVID has created unique challenges for people who use drugs, and many of us fear that the progress we have made on HIV, hepatitis C, and overdose will be undone by the pandemic. We need people to have safe places to use where they are not alone, and universal access to harm reduction tools and medication-assisted treatment.

While syringe exchange programs are considered essential services, they did not receive Personal Protective Equipment (PPE) which led to the closure of some, and the dialed back community outreach of many. Across the state we are hearing harrowing reports of increased [sharing of syringes and reusing](#) (often resulting in abscesses) because of a lack of access to sterile syringes. Possession of syringe arrests were common throughout the state before the virus, and they have continued during the virus. People need to be able to carry new or used syringes on them right now--especially because there is lack of access. We have also heard that even when people are buying syringes from pharmacies, they are still being stopped and arrested for syringe possession, and police are asking for purchase receipts. In order to continue to avoid new transmissions of hepatitis C, HIV, and continue to flatten the curve in COVID-19, we need to expand access to sterile syringes by immediately passing [S875/A1634](#) which removes the purchasing limit of 10 syringes at pharmacies and decriminalizes this critical public health tool.

While some walls have fallen to access the lifesaving medication of methadone and buprenorphine (the gold standard of treatment for opioid use disorder), there still remains major inequities and barriers. Early in the crisis, the federal government loosened regulations to allow 14-28 take home doses of methadone, and telemedicine options for buprenorphine induction and continuation as an attempt to mitigate risk of COVID while ensuring access to these medications remains for clients. However, methadone clinics across the state are still refusing to provide adequate take homes, and many clients of color and those with low/no income are still having to return daily to their clinics to receive their methadone doses.

Given that COVID has made it difficult for people to make money and drug supply is unstable, many people are going through intermittent withdrawal--which is not only excruciating, but drastically increases the risk of overdose. Numerous studies have shown that before COVID Black communities have less access to buprenorphine than white communities. Telemedicine should increase access to buprenorphine for communities, but access information on virtual clinics and telephones remains an issue for some. Because of barriers, many turn to the illicit market to buy buprenorphine. And, study after study illustrate that diverted buprenorphine is used therapeutically; to prevent withdrawal (79%), maintain abstinence (67%), or self-wean off drugs (53%). Yet, even in COVID, arrests for buying/selling buprenorphine. If we are really trying to increase access to lifesaving medications and reduce overdose deaths, New York State must decriminalize buprenorphine--especially in this climate--and solidify and strengthen the infrastructure and reimbursement rates of telemedicine induction and continuation for medication-assisted treatment.

As our state has been in grief for years from the mass death that has been caused by the overdose crisis. Now, with COVID, our state is grieving two crises. We demand the lives of people who use drugs are not forgotten by our elected officials or their policies to address the virus.

We urge you to take a hard look at the issues of homelessness, drug use, incarceration and policing. Especially in this moment, we need a vision and plan of action for addressing these interconnected issues that does not include the police or jails and instead focuses on getting resources into Black and Latinx communities that desperately need housing and vital public health services.

Thank you for your time and consideration,

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