

JOINT PUBLIC LEGISLATIVE HEARING

**Exploring Solutions to the Disproportionate Impact of
COVID-19 on Minority Communities**

New York State Senate: Standing Committee on Cities,
Standing Committee on Health, Standing Committee on Labor,
Standing Committee on Local Government, and Standing
Committee on Women's Issues

New York State Assembly: Standing Committee on Cities,
Standing Committee on Health, Standing Committee on Labor,
Standing Committee on Local Governments, Black, Puerto
Rican, Hispanic and Asian Legislative Caucus, Task Force
on Asian Pacific Americans, Task Force on Puerto
Rican/Hispanic Americans, Task Force on Women's Issues

**Monday, May 18, 2020
Virtual Hearing
10:00 a.m. - 9:20 p.m.**

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2 (The public hearing commenced at 10:00
3 a.m.)

4 SENATOR ROBERT JACKSON, CHAIR COMMITTEE
5 ON CITIES: Good morning, everyone and thank you
6 all for joining us and everyone who helped put
7 this hearing together, I want to welcome you to
8 exploring solutions to the disproportionate
9 impact of COVID-19 on minority communities. This
10 hearing is going to be a long, long hearing. And
11 some may say why even have a hearing about racial
12 disparities? We already know what happened, and
13 that's true. We all heard the rumors and many of
14 us legislators have experienced this disparate
15 impact in our community in both New York City,
16 New York State, black and Latino populations make
17 up a far greater percentage of our dead than they
18 represent in our overall population. In New York
19 State, for instance, only nine percent of the
20 population are black, but we represent 19 percent
21 of the COVID-19 deaths.

22 We've also seen inexcusable incidents of
23 anti-Asian racism that results from a climate of
24 fear and ignorance around the virus and its

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2 origins. These facts and narratives are in the
3 air right now. And hearings like this one, about
4 distilling action items from those numbers and
5 experiences.

6 This feels like too large a topic to
7 cover in one day, even in what may be a long,
8 long, long hearing, so I hope you brought your
9 breakfast, and lunch and dinner. We could and
10 should spend a week, two weeks, a month on the
11 disparate impact of COVID-19 in our communities
12 of color in health outcomes, economic impact,
13 policing and more. And there are topics we
14 haven't even begun to broach yet, for instance,
15 in New York City, we have the greatest number of
16 Native American tribes of any U.S. City, yet we
17 haven't had a city wide conversation about the
18 impact of COVID-19 on indigenous people.

19 And we will have to wait years to fully
20 understand the disparate impact of COVID-19 on
21 our school communities in black, and brown and
22 working class neighborhoods throughout New York
23 State. There is so much more to be unpacked and
24 while we are going to do as much of that work

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2 today as we can, we have to balance the need for
3 information with the need for action.

4 And this hearing, I hope, will put both
5 houses of our state legislature, the Assembly and
6 the Senate, on the same page about what has
7 happened so far, where things went wrong and what
8 we can do to support our minority communities and
9 their healing.

10 I look forward to hearing from all of
11 our distinguished guests today about the issues
12 and concerns you have with the disproportionate
13 impact of COVID-19 has had minority community. I
14 also want to encourage our constituents who are
15 out there viewing this on several platforms, who
16 are able to tune in right now, touch base with
17 our offices about what you hear.

18 All of this input will go into policy
19 making process and inform how we move forward. I
20 thank you for being part of the solution and in
21 unity, we go forward. And let me turn to my
22 colleague, co-host Ed Braunstein, the chair of
23 the Committee of Cities in the New York State
24 assembly, Ed.

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2 ASSEMBLY MEMBER EDWARD BRAUNSTEIN,
3 CHAIR, COMMITTEE ON CITIES: Thank you very much,
4 senator, and sorry for the delay. We had a little
5 technical trouble. Good morning. Before we begin,
6 I'd like to introduce the assembly chairs and
7 rankers participating in this hearing. The
8 ranker, I'm the chair of the cities committee,
9 the ranker on the cities committee is Mike Riley
10 and then for the health committee, we have Dick
11 Gottfried is the chair and the ranker today will
12 be Jake Ashby. For labor, Marcos Crespo, Karl
13 Brabenec is the ranker. For local governments
14 Fred Thiele is the chair, Colin Schmitt is the
15 ranker and then for the Black, Puerto Rican,
16 Hispanic and Asian Legislative Caucus, we have
17 Tremaine Wright, for the task force on Asian
18 Pacific Americans, we have Ron Kim. For the task
19 force on Puerto Rican Hispanic Americans, we have
20 Maritza Davila and for the task force on women's
21 issues, we have Aravella Simotis.

22 I want to thank all my legislative
23 colleagues and the many witnesses who are
24 participating virtually today. I also want to

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2 thank the Assembly and Senate staff who worked
3 overtime this weekend preparing us for this
4 hearing.

5 We have all heard about the disparate
6 impact the COVID-19 pandemic is having on
7 minority communities both nationally and here in
8 New York State. Data from the New York City
9 Department of Health and Mental Hygiene indicates
10 that the mortality rate for black and Latino
11 residents in New York City is two times higher
12 than it is for white residents. According to a
13 recent NCB news report, there has been a 92
14 percent increase in demand at food banks
15 nationwide. This skyrocketing increase
16 disproportionately impacts black and Latino
17 Americans who are twice as likely to experience
18 food insecurity than white Americans.

19 The Stop AAPI Hate Reporting Center
20 received over 1,100 of verbal harassment,
21 shunning and physical assault again Asian-
22 Americas during a two-week period at the end of
23 March. This is after the FBI issued a warning to
24 local law enforcement officers that the agency

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2 expected to see a surge in hate crimes incidents
3 against Asian-Americans due to the spread of the
4 Coronavirus.

5 I could keep talking about statistics,
6 but that's not why we're here today. Behind these
7 stark numbers are individuals, family, friends
8 and neighbors. We are here today to hear from you
9 about solutions to address the disproportionate
10 adverse impacts of COVID-19 on minority
11 communities including access to food, housing and
12 healthcare services.

13 We are interested in hearing solutions
14 to help New Yorkers both in the short-term, as we
15 grapple with the current pandemic but also in the
16 long-term, as we start to try the path to
17 recovery. With that goal in mind, I'm going to
18 keep my comments brief and get to the most
19 important part of the hearing, is listening to
20 what our esteemed panel of witnesses have to say.

21 Since this is our first Zoom hearing, I
22 wanted to take a few minutes to go through some
23 house housekeeping. For the witnesses, please
24 don't read for testimony. We will be reading all

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2 of the submitted testimonies, so please summarize
3 your main points. Due to the large interest in
4 this topic, each speaker will have five minutes
5 to speak. There is a countdown clock to help us
6 stay on track that can be seen in the Zoom
7 gallery view. When the light is green, please
8 begin to speak. When the light turns yellow you
9 have one minute left and time to wrap up your
10 testimony. After five minutes, the light will
11 turn red and it will be our turn to ask
12 questions.

13 Please keep your video on and use
14 gallery view. You will remain muted until it is
15 your time to testify and you will be muted once
16 again after all the questions have been asked and
17 answered. Please mute cell phones during the
18 hearing.

19 As a reminder for those who may be
20 watching but not scheduled to testify, please be
21 aware that you can submit written testimony to
22 the email address on the hearing notice reply
23 form within 10 days.

24 Reminder to members, please, because of

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2 the considerable amount of interest in this
3 hearing, each chair and ranker will have five
4 minutes and each member will have three minutes
5 to ask questions of each panel. Chairs and
6 members will have one opportunity to ask
7 questions of each panel. Please use the raise
8 hand function if you wish to ask a question. You
9 will remain muted until you are called on to ask
10 questions. With that, Senator Jackson, if you
11 wouldn't mind introducing our first panel.

12 SENATOR JACKSON: Thank you. And before
13 I do that, assembly member, let me thank you for
14 your leadership as chair of the cities committee,
15 thank you and hopefully we will come together
16 like this and move forward on behalf of the of
17 the people that we represent, all of the people
18 of New York State.

19 But let me introduce first my colleagues
20 in the New York State Senate. We have Gustavo
21 Rivera, chair of the health committee, Jessica
22 Ramos, the head of the labor committee, James
23 Gaughran, the chair of the local governments
24 committee, Julia Salazar, the women's issues

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2 chair. We've also been joined by Todd Kaminsky,
3 Andrew Gounardes, Roxanne Persaud, Kevin Thomas,
4 Tim Kennedy, David Carlucci, Shelly Mayer, Jen
5 Metzger, Brad Hoylman, Brian Kavanagh, Monica
6 Martinez, Brian Benjamin, James Skoufis, Jamaal
7 Bailey, James Sanders, Zellnor Myrie, John Liu,
8 and Anna Kaplan. In the minority, we've been
9 joined by Andrew Lanza, who is the labor and
10 cities ranker, Pat Gallivan, the health committee
11 ranker, Betty Little, the women's issues ranker,
12 Patty Ritchie, the local governments ranker,
13 George Borrello, Michael Ranzenhofer, Sue Serino,
14 Chris Jacobs. These are all members of the New
15 York State Senate that involved in the committee
16 right now.

17 And with that, let me then now introduce
18 the first panel, and they are Frankie Miranda,
19 the president of the Hispanic Federation,
20 Lorraine Braithwaite-Harte, the health chair of
21 the NAACP New York State Conference, Wayne Ho,
22 president and CEO of Chinese American Planning
23 Council. Jo-Ann Yoo, executive director of Asian-
24 American federation, Lance A. Gumbs vice chairman

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2 of Shinnecock Indian Nation. Theresa Sanders,
3 president and CEO of Urban League of Long Island.
4 With that, that is the first panel. So President
5 Frankie Miranda, you have the floor.

6 MR. FRANKIE MIRANDA, PRESIDENT, HISPANIC
7 FEDERATION: Good morning. Thank you so much. My
8 name is Frankie Miranda. I'm the president of the
9 Hispanic Federation, and I would like to thank
10 all the chair people here for bringing us
11 together today. The COVID-19 virus is laying bare
12 the devastating racial and ethnic inequalities
13 that hover over our state. A legacy of structural
14 discrimination is putting our people most at risk
15 of catching and dying from this virus and I will
16 not go over the numbers, they have been already
17 mentioned here. But we know how this is
18 devastating our communities of color, especially
19 Latino communities.

20 For us to finally come out ahead of this
21 pandemic, we must incorporate community into all
22 efforts to combat the spread of COVID-19 and the
23 destruction it has caused. Two areas I will want
24 to focus today are the critical role of

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2 community-based organizations and ensuring
3 culturally and linguistically competent contact
4 tracing. Both topics have incredible potential to
5 help communities of color during this crisis.

6 If we are to effectively address the
7 unprecedented crisis in communities of color, and
8 in especially Latino communities, we must make
9 sure community based organizations and especially
10 for us mean Latino led, Latino serving bilingual,
11 bicultural service agencies that are the front
12 and center when it comes to research allocations
13 and interventions, directed at our state's most
14 affected populations. It is imperative that
15 research allocation is proportionate to the harm
16 COVID caused on communities.

17 CBOs serving neighborhoods have been
18 devastated by the health crisis and will
19 naturally require greater amount of resources
20 than others to adequately serve their community
21 in recovery efforts. Our nonprofits are deeply
22 embedded in neighborhoods providing frontline
23 health and human services to millions of Latino
24 New Yorkers. They also serve as economic engines

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2 and employing tens of thousands of people. Since
3 day one, nonprofits felt the brunt of these
4 harmful economic effects of the COVID-19
5 pandemic, while providing services to the most
6 affected.

7 Our underfunded, overstressed
8 organizations are working night and day to
9 provide for communities of color across New York.
10 Due to the overwhelming needs of communities,
11 they have begun providing services that they were
12 never built to provide. Day laborer centers have
13 become food distributors, immigration service
14 providers are assisting people with unemployment
15 application and the list goes on.

16 Our agencies have quickly adapted to
17 provide direct services with minimal contact and
18 minimal resources, funding and personal
19 protective gear. And when society can once again
20 convene, our consideration organizations will be
21 on the front lines helping people restore their
22 lives.

23 I want to also mention talk about
24 nonprofits are also economic engines. Nonprofits

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2 alone account for 16 percent of the private
3 workforce compared to 10 percent nationally and
4 this is in New York City.

5 With the time with the time left I want
6 to talk about contact tracing. If done correctly,
7 contact tracing also has the opportunity to
8 uplift community of colors. We must do contact
9 tracing working with nonprofit organizations in
10 communities. When speaking with COVID-19 positive
11 individuals, contact tracers are collecting the
12 name and information about everyone, every single
13 individual that have come into contact with the
14 person infected, potentially including
15 undocumented relativities or friends illegally
16 subletting apartments.

17 To have effective, accurate and candid
18 conversations with community members, contact
19 tracers must have cultural and linguistic
20 competency appropriate for the local community.
21 For these reasons, it is imperative that contact
22 tracers come directly from communities they're
23 working in. And for that, we need to make sure
24 that local CBOs are working hand in hand with any

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2 institution or agency leading this effort.

3 With that, I want to thank you for this
4 opportunity and the federation is here to help
5 with anything that you guys need. Thank you so
6 much.

7 SENATOR JACKSON: Lorraine, you're next.
8 So welcome and you have the floor, my sister.

9 MS. LORRAINE BRAITHWAITE-HARTE, HEALTH
10 CHAIRMAN, NAACP NYS CONFERENCE: Good morning. I
11 represent the New York State Conference of the
12 NAACP, and I'm here on behalf of Hazel Ann Dukes,
13 our president. What I will speak about today
14 briefly is on the issue of the nursing homes and
15 what is going on there. We all know stats, once
16 again, no need for me to go into details, But I
17 will say that from March 1st to May 1st there
18 have been 4,800 COVID-related deaths in New York,
19 in the nursing homes.

20 Many of these deaths could have been
21 prevented. It seems as if there wasn't the Health
22 Department or serious thought into how these
23 nursing homes could handle COVID patients,
24 because the mandate was to return to nursing

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2 homes COVID patients that were recovering.

3 Nursing homes are notorious for being
4 understaffed. The nursing home staff was not
5 properly trained to handle COVID patients. So
6 where was the thought process? They didn't have
7 PPEs and they did not have proper training on how
8 to handle COVID patients. Neither did they have
9 the proper isolation units with negative pressure
10 to make certain that the disease, the air
11 droplets did not disperse to other patients.
12 Henceforth, we had an increase in the number of
13 patients becoming sick on top of what they had,
14 the illnesses that they already had, becoming ill
15 and then having COVID infection. This was a
16 double whammy for these patients.

17 Then on top of that, you had the staff
18 becoming ill along with that. This was not proper
19 planning. Fortunately, now it has become obvious
20 that nursing homes require a certain kind of
21 care, and the governor has put into effect that
22 no more will nursing homes be required to take on
23 these patients from the hospitals.

24 We don't understand how that decision

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2 ever came to be, but moving forward, what we
3 would like to see is that provisions for testing
4 in nursing homes go up, provisions for removing
5 patients that are COVID patients out of there and
6 placed back into hospitals that can handle this.

7 The nursing home in Cobble Hill made the
8 request that patients be moved out of there and
9 put at the Jacob Javits Center that was created
10 for COVID patients, but they at the time when
11 they made that request were told, no, the Jacob
12 Javits Convention Center is only for ameliorating
13 the issues in hospitals. They had nowhere to go.

14 Now, double that with families not
15 knowing and being able to contact their own
16 family members to see what was the status, this
17 was seriously poor planning. And nursing homes,
18 the patients are some of the most vulnerable to
19 this disease. We all know it. That was one of the
20 first things that was said. This disease will
21 affect the most vulnerable in the population,
22 which are the elderly.

23 So as a social justice entity, the
24 NAACP, we look to see who is the most

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2 disproportionately targeted or not even targeted
3 in this situation, or affected by whatever's
4 going on in our society. Everyone is handling all
5 of the other issues, but this is just one of the
6 many issues that we're looking at. And nursing
7 homes need, moving forward, to be treated in a
8 way that patients, when you put your family
9 members in there, you're not going to have to
10 worry that they're not going to be properly taken
11 care of. And then the attitude that having a
12 disease like COVID or any other disease coming
13 down the pipeline.

14 If we don't do this right now, fix the
15 problem where at the root cause where it is,
16 meaning, treat the patients that have the
17 condition and then prevent any further spread of
18 the disease into nursing homes, down the line
19 we're going to have this problem again.

20 So from our standpoint, we want to be
21 involved moving forward in how these programs and
22 these measures are put in place. We want to be
23 part of the solution because we don't want to see
24 this happen again. And that is what we really

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2 want to be involved in. Thank you for this time,
3 and I hope that moving forward, the NAACP
4 continues to be part of the solution. Thank you.

5 SENATOR JACKSON: Thank you. Thank you
6 on behalf of the statewide NAACP chair, Hazel
7 Dukes, and we appreciate you coming forward to
8 this hearing and now we're going to turn to Wayne
9 Ho, president and CEO of Chinese American
10 Planning Council, Wayne.

11 MR. WAYNE HO, PRESIDENT AND CEO,
12 CHINESE-AMERICAN PLANNING COUNCIL: Thank you,
13 senator, and thank you to all the senators and
14 assembly members who are here this morning for
15 this very important hearing. I'm Wayne Ho, the
16 president and CEO of the Chinese-American
17 Planning Council. CPC, we're the largest Asian-
18 American social services provider in the nation
19 and we employ about 5,000 New Yorkers and serve
20 about 60,000 New Yorkers every year.

21 I'm here today to speak about the
22 impacts in the Asian-American community,
23 specifically our health economic impacts as well
24 as the anti-Asian discrimination, which was

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2 mentioned at the beginning, and then I have some
3 recommendations around Medicaid, revenue raising
4 and supporting our human services workers who are
5 deemed essential workers during this time.

6 It's important to note that the Asian
7 Americans are the fastest growing racial group in
8 New York State and we make up about 10 percent of
9 the population. And we're the fastest growing
10 group of those getting naturalized, as well as
11 voters at this time. Unfortunately, we also have
12 the highest rate of linguistic isolation and
13 limited English proficiency. And that's where our
14 community currently has about 15 percent are
15 uninsured, and given language issues, there
16 continues to be Asian Americans not seeking out
17 care during this very critical time of the
18 pandemic. It's also important to note that
19 without Medicaid being expanded and having the
20 New York State Health Act, we know that there are
21 many immigrants and other community members who
22 are not seeking out much needed care.

23 In terms of economic impacts, our
24 community, because we had a president calling

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2 this the Kung-flu as well as the Chinese virus,
3 we, unfortunately going back to January, many
4 Chinatowns as well as Asian-American
5 neighborhoods throughout the city as well as the
6 state, was already feeling economic impacts.

7 About 40 percent to 80 percent of local
8 businesses were struggling back in January, and
9 that's two months before the shelter in place
10 order was executed by our governor. And that's
11 where we already knew that people were losing
12 work. We know that during this time of high
13 unemployment at CPC alone, a survey of our
14 community members show about 50 percent have lost
15 their jobs, and these are the only the numbers of
16 those that were able to collect, and we know that
17 unemployment numbers might be higher because of
18 many of our community members working cash-based
19 businesses.

20 It's also important for us to note that
21 we have the highest rate of overcrowded housing,
22 so not only do we have multiple families still
23 working on the frontlines as grocers, deliverers
24 or other essential workers, that at the same time

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2 in their housing, they might be more exposed and
3 more at risk.

4 You have all seen in the news around
5 anti-Asian violence. My staff alone right now,
6 who are continuing to be on the front lines
7 providing services in terms of home care,
8 residential program, meal delivery, I've had
9 staff spat on, yelled at, pushed, we've had Zoom
10 bombings, swastikas shared and ethnic slurs
11 during Zoom virtual town halls that we've been
12 on. And we have many allies and partners that are
13 experience tech same verbal and physical
14 incidents during this time.

15 That's why we think it's very important
16 that we move forward with making sure that any
17 solutions that the state has looks out for
18 essential workers, the Asian-American community,
19 and we stand with our black and brown brothers,
20 as well as our Native American brothers and
21 sisters during this time.

22 In terms of recommendations, how can we
23 handle all these issues? First, we need to look
24 at revenue raising, we know that it's a tough

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2 time. We know the federal stimulus dollars are
3 helpful. But this is a time for us to be bold and
4 we need to make sure that we invest in the
5 services that are needed for all our underserved
6 communities. So we strongly recommend to the
7 state that we need to look at revenue raising
8 during this time, and there are loopholes that we
9 can close.

10 Secondly, we know we need to defend
11 Medicaid against any cuts. We know that the
12 governor has been pushing Congress in order to
13 pass federal stimulus that gives him the right to
14 do more Medicaid cuts or shift these costs to
15 localities. If we shift these costs to
16 localities, not only is it impacting health
17 services, it will also impact human services.
18 Most local tax dollars go toward human services
19 to support kids, youth, immigrants and seniors,
20 and these are the communities we should be
21 investing in at this time.

22 We also know we need to support our
23 workers. New York State must come up with a
24 relief point that supports all immigrant

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2 families, including our undocumented. It's great
3 that private philanthropy is getting involved but
4 that does not meet the full need of New Yorkers
5 and that's where we are looking for the
6 opportunity for the state to look into packages
7 that supports all types of workers and all types
8 of families, especially those left out of federal
9 stimulus packages.

10 Last but not least, we know that human
11 service workers are working on the frontline, as
12 Frankie said, and that's why we need to make sure
13 that all workers are supported. So we have
14 workers who are putting their health and their
15 families' health on the line. I myself at CPC,
16 we've had two staff members passed away
17 supporting individuals during this time.

18 Unlike the city, the governor has not
19 said that contracts would be kept whole during
20 the fiscal year. They've not reimbursed us for
21 COVID expenses. It's great he's talking about
22 hazard pay, but he has not committed the hazard
23 pay for human services workers, and these are all
24 things the city has done and committed to, but

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2 the state has not done so, so far. We need to
3 keep in mind that human services workers --

4 MODERATOR: I'm sorry. Your time has run
5 out.

6 MR. HO: Alright. Thank you very much
7 and I look forward to questions on more of these
8 issues. Thank you.

9 SENATOR JACKSON: Thank you, Wayne.
10 Please make sure that your written testimony has
11 all of the suggestions and everything that you
12 spoke about. And next, we're going to turn to Jo-
13 Ann Yoo, executive director, Asian-American
14 Federation. Jo-Ann, I hope I didn't mess up your
15 last name, so help us, please. Help me.

16 MS. JO-ANN YOO, EXECUTIVE DIRECTOR,
17 ASIAN AMERICAN FEDERATION: Sure. Good morning.
18 My name is Jo-Ann Yoo and I'm the executive
19 director of the Asian American Federation. Thank
20 you so much for this opportunity. It's really
21 great to see so many of my government allies,
22 even if on Zoom.

23 I think this is a critical opportunity
24 for us to voice what we are seeing on the

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2 frontlines. Obviously, this virus has really laid
3 bare the American class and caste system that
4 we're living through, and I want to share a story
5 with you about one of our member agencies. We
6 were on a call with the city to talk about food
7 access, and one of my member agency staff was
8 crying the on phone, and she said, you know, in
9 order to feed my starving seniors because we
10 don't get any government funding, I have to -- we
11 found a restaurant who would deliver food. And
12 for them to do that, I have to fill out a form
13 that permitted them to be able to get funding
14 from the city, but she said, I'm a trained social
15 worker. I don't know how to fill out this form.
16 And so all of a sudden I'm filling out these
17 forms to ensure that they're getting paid so they
18 can deliver food.

19 I mean, you know, everything in this --
20 I think as much as we compartmentalize what our
21 work is, social services, healthcare, seniors,
22 it's not compartmentalized. This virus has linked
23 all of our work so that that way, so that
24 everything, it's a domino effect. If you hit one

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2 industry, it goes down the line, and everybody is
3 impacted.

4 We are -- I'm grateful that Wayne
5 mentioned the private philanthropic dollars. We
6 got a small grant and we're sharing that with six
7 nonprofit organizations that got no money. And so
8 we're able to figure out how can they -- I think
9 the funds that were given them, they're going to
10 be able to feed their seniors for maybe a month,
11 so we know that we're in a dire situation.

12 We are dealing -- the question that I've
13 asked our member agencies was around public
14 charge, with the Trump rule, people are
15 disenrolling, Asians are disenrolling at a very
16 high rate, and when I asked my member agencies,
17 the one answer they gave me was everybody comes
18 to us and says is this going to impact my future
19 immigration plans? If so, I don't want to enroll
20 in food stamps, I don't want to enroll in
21 Medicaid. These are very real situations that are
22 happening.

23 We need to determine what is truly the
24 essential worker in our state, I mean, as much as

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2 we think about who is -- 7:00 o'clock every day,
3 everybody claps all the time for all the
4 essential workers. I know that I'm not an
5 essential worker, because I get to stay home and
6 have delivery. The real essential workers are
7 getting on the train, risking their lives, and
8 having to work without masks. I think this is the
9 real reality of our city and our state.

10 I want to also talk about the hate
11 crimes. I really appreciate you mentioning that.
12 Any time we've had these crises points,
13 government has always been, law enforcement has
14 been really slow. They need to be much more
15 proactive. We can't, it is not our responsibility
16 to create report reporting systems to teach our
17 communities what's happening to make sure we
18 patrol and safeguard our communities. This is the
19 job of law enforcement. We have seen them be
20 really, really unresponsive. I can't tell you how
21 many calls I'm on with NYPD telling me what their
22 numbers are, and they're telling me, you know,
23 it's only 14 hate crimes. Each of my nonprofit
24 organization members has 14 hate crimes reported

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2 to them. There are hundreds and hundreds of hate
3 crimes, and yet the NYPD has been incredibly
4 passive. We need to be able to educate our
5 communities about what their rights are and to be
6 able to protect themselves.

7 The other opportunity is how do we work
8 with other communities of color to really build
9 solidarity so that that way we can stand up for
10 each other. This is this is the work that we've
11 been doing. I sent out -- my testimony is all of
12 a brief nine pages, and I sent it in the middle
13 of the night, so it's a lot of night reading for
14 all of you, but I thank you for this opportunity.
15 And I just want to say I think after being at
16 home for a month I'm sure we're all going to rush
17 out to do what feels good because that's going to
18 be normal.

19 But I think this is an awesome
20 opportunity for air state to figure out what the
21 new normal is going to be. It cannot be how we
22 prioritize, who we prioritize, and we need to
23 figure out a way to step out of our homes into a
24 bold new economy that really embraces all the

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2 people who have held us up during this crisis.

3 Thank you.

4 SENATOR JACKSON: Well, thank you, and
5 we look forward to reading the nine pages of
6 testimony with recommendations and solutions to
7 resolve our problems. I mean, and not your
8 problem, but our problems. We've been joined by
9 one of our colleagues in the State Senate,
10 Senator John Brooks. I wanted to mention that
11 he's in the house. Now we're going to turn to
12 Lance Gumbs, vice chair of Shinnecock Indian
13 Nation, Lance.

14 MR. LANCE A. GUMBS, VICE CHAIRMAN,
15 SHINNECOCK INDIAN NATION: Good morning,
16 honorable committee, task force chairs and
17 esteemed members. My name is Lance A. Gumbs. I'm
18 the chairman of the Shinnecock Indian Nation and
19 I'm also the northeast regional alternate vice
20 president for the National Congress of American
21 Indian. I'm honored to be here to appear before
22 you today to help you understand some of the
23 unique circumstances that are facing our Indian
24 communities and our native people here in New

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2 York.

3 I'm also aware, though, that looking at
4 the task force and the committee list, that there
5 is no task force, no Native American task force
6 here in New York charged with addressing the
7 concerns and wellbeing of the many tribal nations
8 here in New York. We have nine tribal communities
9 here in New York. And I'm also happy, senator,
10 that you acknowledged that New York City has the
11 largest Native American population in the
12 country. So New York has a very, very large
13 Native American population, and that seems to go
14 unnoticed a lot.

15 I come before you as an elected tribal
16 leader today, and also an elected board member of
17 the largest Native American organization in the
18 United States. The impact on our communities is
19 dire. You may have heard about the Navajo Nation
20 out in the four corners, they actually take up
21 four states. And the infection rate there is
22 second only to New York State. Smaller tribes in
23 New Mexico, they possibly face total extinction
24 if this virus continues to go through these

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2 communities. Luckily here at Shinnecock, we have
3 avoided that through some stringent measures that
4 we have implemented as the tribal leadership and
5 the council.

6 But we cannot survive the curve. We must
7 exclude that curve entirely. My nation is located
8 on the east end of Long Island. We are surrounded
9 by the town of South Hampton out in Suffolk
10 County. Our territory consists primarily of a
11 peninsula. We're surround on three sides by
12 water. We have implemented several measures in
13 our community, including a food distribution tent
14 and have been distributing food and PPE to keep
15 our people safe, but our territories are
16 vulnerable in that we are surrounded, and
17 especially in the Hamptons, with all of the
18 people that came out from New York City.

19 So, we have some issues that are unique
20 to our communities, but we also have some issues
21 that are unique to all of the minority
22 communities here in New York State. One of those
23 issues is the fundamental healthcare disparity.
24 Like other communities, our communities, our

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2 Indian communities have preexisting health
3 conditions. We have great levels of diabetes,
4 cardiovascular disease and obesity, which puts
5 our people at great risk. So, one of the
6 solutions is to address this inadequate
7 healthcare and to expand access to primary care
8 and preventive health and wellness programs.

9 Nutrition and food and medicine is
10 another area. The health vulnerability now
11 reflects generations in our communities that have
12 had lasting impacts through the colonization of
13 food and the loss of our traditional foods.
14 Without these important nutrients, we are
15 unsuited for any type of diseases that come into
16 our community.

17 In response to that, tribes throughout
18 the country have sought to develop food
19 sovereignty rather than live in food deserts. Our
20 tribal communities need support to restore, to
21 the extent possible, traditional food sources and
22 a means of protecting our fisheries and
23 guaranteeing access to our water rights and some
24 of the other issues that I won't go into that are

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2 feign our native communities here in New York, as
3 well as across the country.

4 The intertribal organizations are
5 working on this and increased funding and support
6 would help to create a healthier, community both
7 internally and externally for these food gardens
8 and other ways of producing food that would help
9 all communities, not just our Native American
10 communities in this health challenge we now face.

11 Food insecurity is another big issue,
12 and housing is one of the other main issues that
13 we're all facing. The digital divide in terms of
14 having proper connect internet in our communities
15 for our children who are out of school is another
16 one of the main issues that we are all facing.

17 So I have written testimony that I have
18 sent in, and I greatly appreciate you having our
19 Native American communities represented here and
20 now, as that has not been the case here in New
21 York. And it has been quite disturbing to all of
22 us that New York has not reached out, anyone from
23 the governor's office, the State Senate or the
24 Assembly, to our Indian communities to see how we

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2 are faring, and with the large number of Native
3 Americans that we do have in our communities.

4 So with that, I thank you for allowing
5 me to have this moment, and I look forward to any
6 questions that you may have.

7 SENATOR JACKSON: Thank you. Thank you,
8 Wayne, I appreciate you coming and communicating
9 on behalf of all of the constituents of the
10 tribes in Shinnecock Nation. Next we're going to
11 hear from Theresa Sanders, president and CEO of
12 Urban League of Long Island, Theresa.

13 MR. THERESA SANDERS, PRESIDENT & CEO,
14 URBAN LEAGUE OF LONG ISLAND: Thank you, thank
15 you very much, Senator Jackson, and thank you,
16 Assemblyman Braunstein, for having me today. This
17 is a privilege and an opportunity to present
18 testimony based on engagement with the
19 constituents here in Nassau and Suffolk Counties
20 on Long Island. COVID-19 has had a
21 disproportionate impact on black and brown
22 communities, which is why we're having this
23 discussion. There are the social and economic
24 impacts that we already know preexisted in

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2 communities of color on Long Island and now is
3 being amplified during this pandemic.

4 Out of the five top communities on Long
5 Island with the highest rates of COVID infection,
6 those communities have 70 percent or more of
7 black and brown people living in them, and we are
8 surrounded by pockets of wealth on Long Island.
9 The disproportionate impact of how people were
10 able to access healthcare was extremely scary in
11 the beginning of this pandemic. And it didn't
12 matter if you had insurance coverage.

13 We have constituents that called and
14 were turned away from hospitals, told to go home
15 and isolate, you probably have the flu. And not
16 even being able to breathe at the emergency room.
17 But these black and brown people were turned away
18 and told to go home. We need to do better, and we
19 need to do better because, again relative to this
20 topic at hand, I just want to remind you that
21 Long Island remains one of the topmost segregated
22 places in America, and that segregation seeps
23 into the structures of all of our systems,
24 including our healthcare systems. So when people

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2 are turned away or given misleading information
3 it's a matter of life or death. And that's what
4 we're seeing now.

5 So today I present just a couple of
6 recommendations how we're going to mitigate this
7 growing crisis in our communities. One is that we
8 have to have a very fair assessment on what's
9 happening now. It scares me to think that we're
10 considering reopening and we don't have enough
11 PPE for the people that are in phase one, our
12 healthcare workers, et cetera, and how are we
13 going to open more businesses and what's going to
14 be the supply point? That needs to really be
15 assessed and there needs to be real resources
16 being put behind the PPE. That's number one.

17 And then the phase one businesses, as
18 they start to open, are we going to hold them to
19 the same protocols as the phase one businesses?
20 Maybe there should be a grading system like we do
21 for food. If a business is keeping its customers
22 safe or adhering to safety protocols, the public
23 should know that. The public should not be
24 exposed to a business that is not taking

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2 precautions or exposing unnecessarily their
3 workers or the public to continued exposure.

4 We need to provide more testing. And
5 testing now, as we see, now that it's being
6 expanded to communities when it again, Long
7 Island was very unique when the first test
8 centers were like out at Jones Beach. Well that
9 assumed you had a car to get there.

10 So we need to be as serious as we were
11 back in 1948 when we had the Marshall Plan, and
12 we infused \$12 million into helping Western
13 Europe recover. I would love to see a
14 collaboration with federal resources, state
15 resources so that we can take some action behind
16 what you're hearing today in these hearings
17 without. Without the resources, we had a great
18 conversation. With resources, we can truly make
19 sure not only our local communities recover but
20 we can recover with even more equity than in
21 which we started.

22 Just spread the resources out, have
23 consistency and accurate information that we're
24 giving out to all communities, and make sure that

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2 we are inclusive of providing adequate health
3 care. I want to thank you again, wholeheartedly
4 for allowing me to provide some testimony and I
5 will send in my written statements. Thank you.

6 SENATOR JACKSON: Well, thank you. And
7 all of the members of the Urban League of Long
8 Island, I'm glad that you're in the house giving
9 testimony on behalf of the constituents of Long
10 Island. We have a couple of questions but before
11 that, we've been joined by state senator Luis
12 Sepulveda, of the Bronx. He's been in since the
13 beginning. Welcome, Luis. And with that I want to
14 turn to the House Chair Gustavo Rivera for
15 questions or a statement about this particular
16 section. Gustavo Rivera.

17 SENATOR GUSTAVO RIVERA: Good morning.
18 Thank you so much, Robert. Thank you everyone for
19 joining us. And since I only have five minutes I
20 will get right to it. Thanks to all the folks who
21 are here in the first panel. Wayne, I wanted to
22 start with you, since you are a service provider
23 in particular. Could you talk a little bit about
24 the impact that Medicaid cuts are having on the

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2 work that you do on a day-to-day basis. Probably
3 Frank, you can add on this later, but if you
4 could tell as a little bit about that.

5 And also finish your point, the point
6 that you were making about the resources for
7 agencies that refers particularly to frontline
8 workers and human service workers.

9 MR. HO: Sure. Thank you for the
10 question, senator. There's a couple of hits on
11 Medicaid. I think the first one is we know that
12 it's critical at this time to make sure
13 individuals have access to healthcare, and too
14 many times when we are doing our wellness checks
15 every morning, seniors, kids, young people who
16 are seeing their parents don't want to go in,
17 whether it's to get tested, to go a hospital and
18 they are sick, to go a provider. It is all
19 because they are not insured or they're
20 undocumented or they're worried about public
21 charge.

22 So that's why it's critical at this time
23 we make sure that New York State is bold, and
24 that's why we are recommending and continue to

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2 support and advocate for the New York Health Act.
3 That would take care of a lot of issues that our
4 community is facing.

5 Secondly, any package that's passed at
6 the federal level which allows the governor to do
7 Medicaid cuts will be detrimental not only to the
8 state's Medicaid funding services which for us,
9 for example, that's nursing homes as well as
10 homecare. We are 100 percent funded as a homecare
11 agency. Sorry. Our homecare program is 100
12 percent Medicaid funded and if Medicaid goes
13 down, and we already had that one percent budget
14 cut, that cut services for home-bound seniors and
15 the disabled.

16 Last but not least, this will shift any
17 cost to localities. And again, in New York City,
18 city tax levied dollars pays for summer youth
19 employment, summer programming, Pre-K services,
20 senior services, libraries, other first
21 responders, so those are what's going to be hit
22 if there's any Medicaid cuts, and we know our
23 communities are the ones that need the services
24 to go back to work, to recover, to invest in

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2 their neighborhoods and local businesses.

3 And then to your last question, we need
4 support for our workers, and a lot of this is
5 captured in the bills that Senator Ramos is
6 sponsoring. We need to make sure there's PPEs for
7 our workers. We are out there scrambling for PPEs
8 dollars, donors who are helping us with PPEs at
9 this time. To me, it's ridiculous that we have to
10 fight for donations to get PPEs for our workers
11 who are on the frontlines as opposed to having
12 the state come through and give us PPEs when
13 we've been mandated and contractually obligated
14 to continue doing this work. We need more child
15 care options. We need hazard pay. And once again,
16 we have our staff who are putting their health
17 and their family's health on the frontlines
18 during this time.

19 SENATOR RIVERA: Got you. Frankie, if you
20 could add particularly because of all the
21 organizations that are part of the coalition.

22 MR. MIRANDA: I just -- Wayne is on
23 point. All that I want to add is that it's really
24 important to be able to provide information in

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2 status for our community. There is a lot of
3 people very confused about what is the
4 opportunities out there, what exactly is the
5 current status. Jo-Ann mentioned as well that it
6 is critical important that people understand that
7 they can go and get services, whether or not this
8 is going to affect them, that they feel
9 confident. We know that the numbers, we will know
10 later on, the real numbers of how many people
11 have died because we know that people have been
12 dying in their apartments and they have been very
13 afraid to go out, to go to the hospitals and they
14 are not reporting. So language access is critical
15 important when it comes to any information about
16 health care.

17 SENATOR RIVERA: Okay. Last but not
18 least in the last minute, anybody on the panel,
19 regarding the governor's assistance that we
20 should not raise revenue, he doesn't even want to
21 talk about it, would that be helpful to be able
22 to get some resources to some of the work that
23 you do in each of your communities? Anybody can
24 jump in.

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2 MS. YOO: Sure. I'd like, you know,
3 there are lots of ideas and we're going to have a
4 gazillion ideas and they're all worthy and they
5 all have merit, but I think what we need to do is
6 prioritize what we're going to stand for. I think
7 there's, you know, the pie is small. But we need
8 to prioritize getting help to the most
9 vulnerable. I think we've always been a culture
10 that celebrated, you know, white collar, Wall
11 Street. Where is the help for Main Street, the
12 folks who are holding up our communities, the
13 small business leaders? I've been talking about
14 to thousands of small business leaders since this
15 started. It started in January. And they are
16 scrambling. And so, I think as much as we talk
17 about --

18 SENATOR RIVERA: My time is up and I'm
19 going to cut off, but more revenue, more revenue,
20 more revenue. I just want to put on it record.
21 Thank you so much. Thank you, Mr. Chairman.

22 SENATOR JACKSON: Thank you, Senator
23 Rivera. And now we turn to Senator Tim Kennedy in
24 the Buffalo area.

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2 SENATOR TIMOTHY M. KENNEDY: Thank you
3 very much, Chairman. First of all, thank you all,
4 the testifiers today, you've been extraordinary
5 and I know we have many more to go. I'm going to
6 get right to some questions I have regarding the
7 Native American issues on the table. Chairman
8 Lance Gumbs first of all, thank you for
9 testifying on behalf of the Shinnecock Nation and
10 all natives in this great state. I just want to
11 clarify a couple of things. The majority leader
12 Andrea Stewart-Cousins created the subcommittee
13 on Native American Affairs. I chair that
14 committee. Last year was first year we had the
15 majority that I was in the Senate. On June 6th,
16 we held a roundtable in Albany to discuss issues
17 related to Native American affairs, and the
18 Shinnecoeks were reached out to. We reached out
19 to Ms. Paula Bess Collins, Roberta Hunter, the
20 council there, as well as Braden Smith. I have
21 their emails. And we got that information off of
22 the website. I'd like to get your information so
23 we can follow up.

24 Following that roundtable discussion, we

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2 had visits to the various tribes across this
3 state. We definitely want to get down to see the
4 Shinnecock Nation as well as. But this committee
5 has been very actively involved and we're looking
6 forward engaging with you.

7 Aside from that, though, Chairman, I
8 want to talk to you about what's at hand here.
9 And I want to talk to you about the data that's
10 being collected. I want to find out from your
11 estimation whether or not this data is actually
12 accurate. If the data that is being collected on
13 the nations is actually underrepresented because
14 of a lack of testing. I want to hear from you
15 about the testing kits, what the state can do as
16 far as being helpful to you, and really what
17 challenges that you're facing aside from clearly
18 what's at hand with this pandemic, but ways that
19 we can engage furthermore from not only this
20 discussion but following the recovery efforts
21 that we are going to undertake.

22 MR. GUMBS: First off, thank you for
23 that information. None of the individuals that
24 you named are on our council, and our council was

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2 completely unaware that this committee had been
3 established, so I do appreciate that information,
4 and we will look forward to participating in the
5 next round of discussions.

6 SENATOR KENNEDY: Great.

7 MR. GUMBS: To your point, our
8 community, we've had, and just looking at the
9 numbers that came out about Shinnecock, we've had
10 seven confirmed cases, we have had three deaths.
11 Two of those deaths were in nursing homes, and
12 those numbers are not reported anywhere. It's
13 still saying, when we look at the numbers, that
14 we've only had three cases. So right off the bat,
15 those numbers are wrong.

16 To your point about the testing, we did
17 manage to secure one of the Abbott ID Now test
18 analyzers. We are using that currently in our
19 community, along with the antibody test to
20 hopefully, one, identify those individuals who
21 may have the virus and then to check to see who
22 may have already had it.

23 Again, our health facility is through
24 Stony Brook University in conjunction with the

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2 South Hampton Hospital. We do have our own health
3 center here in the territory, and it has been
4 very active in moving forward with this. But when
5 we first got the tests in, we only got in 24 of
6 the tests, and I don't know what 24 tests was
7 going to do for our community.

8 Since then, we have reached out to not
9 only New York State but to IHS, Indian Health
10 Services as well on the federal level, to secure
11 more testing. But again, we're running into the
12 problem now of our health worker who's there
13 refusing to administer some of the tests because
14 of regulations and red tape, I guess with the
15 hospital, we're not even really sure.

16 So these things are affecting us a great
17 deal in a disproportionate way and it is
18 something that this red tape right now is not
19 necessary. It's frustrating, and it's causing a
20 lot of unnecessary stress in our community, so
21 those issues, and I think you had one more I
22 missed, if there was something else.

23 SENATOR KENNEDY: Well, just basically
24 the societal issues that you're dealing with on a

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2 typical basis that are effectuating this outbreak
3 on the various tribal nations.

4 MR. GUMBS: I think just the amount of
5 people that have come out here from New York
6 City, to the Hamptons, it created a real issue in
7 the grocery stores, there was no food. And that's
8 one of the reasons we established our food tent
9 distribution, trying to -- not only that but in
10 the 2010 census, 60 percent of our people were
11 below the poverty level in our community. And so
12 we were trying to feed our people and those who
13 have lost their jobs, as well as prevent our
14 people from going downtown and possibly bringing
15 this virus back into our community.

16 So we essentially isolated ourselves,
17 shut off our roadways, which a lot of tribes have
18 been doing across the country in order to protect
19 our people. We have a lot of people that are 80
20 with 90, 100 years old and they're a vulnerable
21 population and they're also our national
22 treasure. So those areas are our concern.

23 SENATOR JACKSON: Thank you.

24 SENATOR KENNEDY: Alright, thank you,

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2 Chairman, I will get your updated information,
3 Chairman, and reach out to you tomorrow. Thank
4 you.

5 SENATOR JACKSON: Thank you both.

6 MR. GUMBS: Thank you.

7 SENATOR JACKSON: So our last speaker is
8 Senator Jim Gaughran from Long Island. Senator
9 Gaughran.

10 SENATOR JAMES GAUGHRAN: Thank you, Mr.
11 Chairman and all my colleagues and our
12 distinguished panelists. Chairman Gumbs had
13 mentioned the issue of education and concerns
14 about internet access and equipment, and I guess
15 I just want to follow up a little bit on that,
16 maybe if any of the other panelists have some
17 suggestions as well because, you know, I think
18 we've already -- we had a divide before COVID and
19 before we went to remote learning, because many
20 families in a bunch of communities, particularly
21 minority communities, did not have internet
22 access that was strong enough or at all, as well
23 as the lack of equipment. And I know also now
24 that everybody's home, families that have more

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2 kids in the household are also lacking equipment.

3 So I'm just wondering if I can get some
4 thoughts on that, on what we need going forward
5 because, you know, we do need to get back into
6 the school buildings safely because that's the
7 best way that we can provide education. But I
8 think we're still going to need to have better
9 internet capability, better equipment for
10 homework, and especially as we're continuing to
11 go through this remotely, including higher
12 education, too, I think we're going to see more
13 of that. Just any general thoughts any of you
14 have I guess starting with Mr. Gumbs, Chairman
15 Gumbs.

16 MR. GUMBS: Yes. I thank you for that.
17 And that is one of our main concerns here in our
18 community and actually in some of the surrounding
19 communities here with our children who are
20 currently out of school and their ability to
21 access the networks that the school is providing.
22 I think there needs to be a better solution, and
23 I guess that comes with funding. I know that on
24 the federal level there is broadband funding for

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2 Indian communities, and we're looking into that
3 now as we speak, to hopefully enhance the
4 internet services around our community. And that
5 includes creating more hot spots, more hot zones
6 for those of our people right now who don't have
7 actual internet connections hooked up to their
8 homes.

9 And that is not only an issue here in
10 our community, but it is an issue in some of the
11 communities in our surrounding area here too, as
12 I've talked to some of the other leaders, the
13 political leader in our community. So I think
14 that if there is a way that funding could be put
15 to increase the Wi-Fi access, I think that it
16 would be extremely helpful and essential. Our
17 kids right now, one of our fear factors is that
18 they're going to be behind when they finally get
19 back into the school system because some of them
20 haven't been able to access the school learning
21 sessions properly.

22 So hopefully that will be taken into
23 consideration as we move forward and be able to
24 look at these zones or these -- especially in the

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2 minority communities or the Indian communities
3 which lack really adequate internet service.

4 SENATOR GAUGHRAN: Thank you. Anyone
5 else on the panel?

6 MS. SANDERS: Yes. Senator Gaughran,
7 this is Theresa Sanders.

8 SENATOR GAUGHRAN: Oh, Theresa, thank
9 you for participating. It's good to see you.

10 MS. SANDERS: Good to see you too. And
11 I'm glad you raised this and not only raised it
12 for K-12 education, but our college students who
13 that's our feeder group for workforce, have been
14 totally thrown off. And one of the suggestions is
15 that we look into some public-private
16 partnerships. I know that there are some socially
17 responsible corporations that are doing some
18 great things, but we need to look at expanding
19 some of those models, so not just a bunch of
20 tablets that are given out given out to one
21 school district. But is there a way for you to
22 create a statewide policy to kind of share
23 resources so that it's equitable?

24 All schools should be able to get access

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2 to the tablets. And then there's a learning curve
3 for the parents, even some Zoom sessions maybe on
4 a Saturday to show a parent how to access the
5 homework. So some of it can be done, we have the
6 platforms. We need an orchestra leader with all
7 of you and the Senate and the Assembly, and get
8 some of these corporations to be a little more
9 socially responsible during this pandemic.

10 SENATOR GAUGHRAN: Thank you so much.

11 ASSEMBLY MEMBER BRAUNSTEIN: Okay.

12 that's your time, Senator.

13 SENATOR JACKSON: Yeah, I was getting
14 ready to call you. I'm sorry, Ed. My colleague Ed
15 Braunstein from the Assembly.

16 ASSEMBLY MEMBER BRAUNSTEIN: Thanks,
17 senator. We're going to go to Assemblyman Dick
18 Gottfried, chairman of the health committee next.
19 Okay.

20 ASSEMBLY MEMBER RICHARD GOTTFRIED: Yes.
21 A couple of things, one, Chairman Gumbs, just a
22 quick question, can you tell me roughly what is
23 the total population of all the nations in New
24 York.

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2 MR. GUMBS: No, I don't have an accurate
3 number to that, and we're hoping because one of
4 the reasons why is because we were grossly
5 undercounted in the 2010 Census, so we're
6 hopefully going to have a better number here now
7 as we move forward with this new Census count.
8 There is a push not only from the National
9 Congress of American Indians, but even out here
10 in Suffolk County where they've created the task
11 force to increase the Census takers for the
12 Indian communities. So hopefully, we'll be able
13 to have a better handle on that and a better
14 number on that as we move forward. But to answer
15 your question right now, I don't have a number
16 like that, that's adequate.

17 ASSEMBLY MEMBER GOTTFRIED: Okay. And I
18 just wanted to thank Wayne Ho and the others who
19 mentioned these two things in particular. One is
20 the New York Health Act and other healthcare
21 funding like Medicaid, and secondly is the need
22 for more tax revenue from big wealth. I think
23 that's a key point to keep mentioning. Thanks.

24 ASSEMBLY MEMBER BRAUNSTEIN: That's it,

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2 Dick? Okay. Next we're going to go to labor chair
3 Marcos Crespo.

4 ASSEMBLY MEMBER MARCOS CRESPO: Can you
5 hear me?

6 ASSEMBLY MEMBER BRAUNSTEIN: Yes.

7 ASSEMBLY MEMBER CRESPO: So before I get
8 to a question, I, I've just got to let this out
9 for a second. First of all, this is the one we
10 told you so moment I wish we would have never
11 lived through, which is to say that the
12 disparities and the impacts of COVID, whether
13 it's deaths or just the sheer number of people of
14 color who have been infected is a direct result
15 of narratives that we have been fighting for, for
16 a very long time. Words like health disparity,
17 language access, immigration status, food
18 insecurity, worker abuse, these are things that
19 we've been talking about and every one of your
20 agencies that have been putting programs forward
21 for a long time.

22 But because we didn't have a COVID death
23 result to push us, they always ended up at the
24 back burner of expenditures, and I think over the

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2 last decade plus, I think we've moved away from
3 investments in CBOs and have really have
4 shortchanged the reference in the community. And
5 I have to get that out to because there are so
6 many things I want to talk about and ask about,
7 but it's really frustrating.

8 Language access. I was offended early on
9 when I heard people suggest that the issue here
10 is that minority communities aren't understanding
11 the messaging. Well, then how much have we spent
12 as a state in advertising through minority
13 platforms, whether it's radio, television? How
14 much have we given our CBOs who have networks to
15 spread the word, the right information in a
16 coordinated way so that real time things are
17 getting out, where the testing sites are, et
18 cetera. So that's frustrating.

19 The second thing is food insecurity. I'm
20 going to focus my time on this, food insecurity.
21 Right now in the immediacy, many of your
22 organizations work with local partners food
23 pantries that are not the big networks. I want to
24 know how many of them are getting equal resources

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2 to do work or have you experienced being left
3 out? And second, worker abuse from a labor
4 perspective. I appreciate, Frankie, you mentioned
5 the workforce you represent and people of color,
6 all of you hire from within your communities to
7 do culturally competent outreach.

8 And I think you're absolutely right. The
9 contact tracing is imperative. If you want to
10 right information of background on people who are
11 already frustrated about federal efforts against
12 immigrants and all these other narratives that
13 are scaring them. Well, how do we create trust in
14 getting the right information? So I want to know
15 whether all of you agree as partners on the
16 ground that your staffs and your teams and your
17 networks, would can partner for that contact
18 tracing outreach.

19 And lastly, just in terms of workers,
20 are you seeing an increase or hearing about an
21 increase in abuse? We know that immigrant workers
22 are essential workers. They're not qualifying for
23 federal programs like UI and other things.
24 Therefore, they don't have a choice but to go

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2 work. And so they are subjected to conditions,
3 and some employers who want to figure out how to
4 get by are probably okay with putting them at
5 risk, so long as their business keeps operating.
6 So are you seeing an increase and are there any
7 requests for, from a labor perspective, work that
8 we need to do to address some of those needs?

9 MR. MIRANDA: Very quickly, Chairman
10 Crespo, and thank you so much for all amazing
11 points. I just want to add that in terms of food
12 insecurity and the resources that have gone to
13 communities of color or Latino, serving Latino
14 organizations, very little have gone to it. I
15 know that people say that there's no money. Money
16 decisions have been made at the city level and
17 they have supported organizations that are very
18 well -- they mean the world and they mean very
19 well -- but they are not in our communities and
20 they don't have access to the knowledge.

21 And even some of those organizations
22 that have to transform their model into doing
23 stuff that they were not able to do before, there
24 has been some issues with contracting with the

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2 city and reimbursement and what is being labeled
3 essential services. So these organizations are
4 struggling, struggling. Our members are
5 struggling.

6 We did a survey three weeks ago, and
7 they said that 70 percent of them that were
8 keeping all their employees, but only 50 percent
9 said we only have six weeks of funds to be able
10 to keep them. So we are looking at a sector that
11 is going to be devastated, and later on there is
12 going to be more people that will not be able to
13 be served and we have been talking to Jo-Ann, to
14 Arva at New York Urban League Asian-American,
15 ARP. We're all working together.

16 So there is coordination and we have
17 agreement on all of this and that's why it's so
18 important that we are talking to you right now.

19 MS. SANDERS: Yes. And, you know, the
20 labor side is so important. I am so glad you
21 raise this, assemblyman, because we've had people
22 that are in our constituency base, and many in
23 service industries that have just been told
24 outright lies by their employer. We have people

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2 that work in the hotel industry that applied for
3 unemployment but when the request came back, they
4 said they're not laid off, they just have zero
5 hours. I mean, these are the types of things that
6 people are being told. So thank you for focusing
7 in on labor.

8 ASSEMBLY MEMBER CRESPO: Look, before my
9 time expires, I know there's a lot of comments
10 but lastly, immigrant families that are -- I've
11 just got to put this on the record, I know other
12 panels will touch on it -- but immigrant families
13 who don't qualify for these services are already
14 falling significantly behind. I know all of your
15 organizations work with them directly, and I I
16 think we need to continue to highlight how as we
17 look toward how we deal with things funding-wise,
18 we're going to have to be really creative in
19 putting resources to help those families. I know
20 some philanthropic dollars, but that's not going
21 to be anywhere near enough to cover the need, and
22 it shouldn't be winners and losers, the one
23 organization that maybe got a big donation.

24 There has to be a systemic effort to

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2 make sure that resources are put to those
3 families who will not qualify for traditional
4 programs, especially with this federal
5 administration.

6 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
7 you, Marcos. We're going to the ranking member of
8 the city's committee, Mike Riley next.

9 ASSEMBLY MEMBER MICHAEL G. RILEY: Thank
10 you, Chairman Braunstein, thank you, Chairman
11 Jackson. Thank you for the panel members for
12 giving their testimony. It was very enlightening
13 and I appreciate all the things that they're
14 sharing. I have a couple of questions, one in
15 particular to Ms. Yoo, focusing on hate crimes
16 and reporting and how specifically police
17 departments, especially the New York City Police
18 Department are responding. Do you think there's
19 an ability where we had a shortfall where we need
20 some training for community organizations? Being
21 a former lieutenant in the New York City police
22 department, I understand that sometimes the
23 layperson thinks about a crime and associates it
24 immediately as that crime, but there's certain

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2 criteria that have to be met. Do you think it
3 would be worthwhile for police departments to
4 partner with community organizations so that the
5 messaging could be there and understand what
6 actually institutes a hate crime? And I think
7 that would help the police department understand
8 as well. Your thoughts on that, please.

9 MS. YOO: Absolutely. And that is
10 exactly what we've been calling for since January
11 that there be an infrastructure set up. People
12 don't know the difference between a hate crime or
13 a bias incident, so certainly that's something
14 that we've been asking for, for months. There
15 wasn't any proactive effort, so the Asian-
16 American Federation ran a workshop ourselves that
17 had 70 people, 70 nonprofit organizations coming
18 on.

19 The reality is that our community,
20 because of language access, we get told all the
21 time, just call 311. People are not going to call
22 311 because of the language access issues. So who
23 hears all the stories? It's the nonprofit
24 organizations or the storefronts who are the

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2 frontline folks. So we need to build those
3 relationships. We need to build those
4 relationships not at crisis points but when
5 things are quiet, things are seemingly back to
6 our regular lives.

7 Law enforcement has been incredibly
8 passive, and that is not what we need. We need to
9 be able to build -- they need to be able to --
10 one member agency said, you know, I have a long
11 list of people who've come and told me what's
12 happened to them. Can we please -- who do we call
13 in the precinct because we can't call 311? And
14 honestly we want to call NYPD, and the response
15 was call 311, and in fact, one of our member
16 agencies said, actually, somebody just came in
17 and reported a hate crime, you know, like a bias
18 incident, they wanted to report something to NYPD
19 and they had to -- we've been trying to call 311
20 for the last half hour.

21 I think this is very real. I'm worried
22 about the community residents who are going out,
23 like we're hearing stories of seniors who can't
24 go out and get food because they're scared. As

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2 Wayne mentioned, there are people who are
3 frontline workers who are getting attacked.

4 So I think we've seen this before. The
5 Arab Muslim South Asian community saw this during
6 9/11, right? And so our community has, part of --
7 members of our community have experienced this
8 but yet some of us have been screaming since
9 January but there's nothing that -- you know,
10 nothing has been done.

11 ASSEMBLY MEMBER RILEY: Has there been
12 any dialogue with the mayor's office, with the
13 governor's office regarding that?

14 MS. YOO: Every day. Every day. And I
15 think the governor's office, the New York State
16 Commission on Human Rights did a workshop about
17 bystander training which is really helpful. So we
18 hope to extend that. And we hope to -- we are
19 actually putting together programming that works
20 with communities of color, because we know that
21 in these crises, you know, who's vilified and who
22 is targeted. You know, we want to be able to
23 build bridges and learn from each other because
24 we have this shared experience of being

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2 communities of color in an over-policed city.

3 ASSEMBLY MEMBER RILEY: Okay. Thank you.
4 So, I think my time may be running out so I just
5 have one quick follow-up question in regards to
6 community outreach. I know there has been some
7 mixed messaging coming from the governor's office
8 and the mayor's office in New York City. Is there
9 -- this goes out to anyone on the panel -- if you
10 can offer any insight into how you think the city
11 and the state could collaborate more on outreach
12 to the community, especially when it goes to
13 messaging.

14 MS. YOO: I think everybody has
15 mentioned language access. I think that's
16 critical. I also think investments being made to
17 nonprofit organizations. They are the one, you
18 know, the nonprofit organizations, everybody runs
19 to their neighborhood nonprofit organizations
20 because that's who they're telling stories to.
21 But also the nonprofit organizations have a
22 capacity to ask the relevant questions, you know,
23 as they're doing services. So I think that is an
24 untapped resource. I know all of us have

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2 mentioned it, but, you know, during the crisis
3 and after the crisis, we're going to be the ones
4 to help rebuild this economy.

5 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
6 you, Mr. Riley. We're going to go to local
7 governments chair Fred Thiele next.

8 ASSEMBLY MEMBER FRED THIELE: Thank you,
9 Chairman Braunstein. My questions are for Lance
10 Gumbs from the Shinnecock Nation, and at the
11 outset, Lance, let me say thank you for
12 participating and agreeing to testify. I know it
13 was extremely short notice, and we know how busy
14 you are at the Nation, and this has been our
15 second Zoom conference now in a week.

16 I wanted to follow up on the education
17 issue. You and I have had some conversations
18 about education and some of the disparities
19 before COVID, and those have been brought up
20 today. Any suggestions when we're working with
21 the local school districts about programs or
22 initiatives as we go forward, you know, whether
23 we'll see whether schools open in September or
24 not. We still have to get through the rest of

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2 this school year through remote learning.

3 How do we address that issue that was
4 mentioned about trying to catch up and those that
5 have not had access to the internet, haven't been
6 able to participate fully in remote learning?
7 What kinds of things should we looking for,
8 looking to do?

9 MR. GUMBS: Thank you for that question,
10 and, yes, it's our second Zoom conference
11 together here. There's a couple of issues.
12 Obviously with the lack of internet, it's hurting
13 some of our students. We have some hot spots in
14 the community, and you'll see a number of cars
15 parked in the field by these hot spots with
16 people trying to work on their computers and
17 phones and things.

18 But to your question, I think that the
19 biggest issue is -- and I don't know if you're
20 aware or not or the rest of the Senate and
21 Assembly, but we still do not have a contract
22 with New York State for our students. It's been
23 almost a whole year now, and we still have not
24 completed the contract with New York State

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2 Education and our school district for our
3 children. And part of those issues were how far
4 behind our students were, even when they were in
5 school.

6 And I think one of the biggest things
7 that we've asked for going forward is a liaison,
8 to have a tribal liaison that can come, you know,
9 and work within the school but can also come back
10 into the communities, and we keep being told by
11 the state education department, by that school
12 district that that's not possible right now
13 because of funding. And so if our students are
14 going to play catch-up now as we move forward,
15 it's going to be imperative that we have some
16 kind of tribal liaison that can go and deal with
17 the school and come back into the community and
18 have that communication, that bridge right now.
19 Otherwise, it's going to be disastrous for us as
20 we continue to move forward.

21 ASSEMBLY MEMBER THIELE: I have just a
22 second question, and it's more of an economic
23 impact question. The area that you and I mutually
24 represent, the local economy certainly is

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2 service-based, construction, tourism, second home
3 industry all of that. I was wondering if you
4 could share what you have seen with the Nation as
5 far as unemployment during this and what impact
6 that's having with regard to food security and
7 rent, home security, also.

8 MR. GUMBS: Well, one of the blessings
9 is we don't have to worry about rent in our
10 community here. But to your question, we have an
11 extensive amount of people who right now are out
12 of work. And that's really hurting the families
13 up here. We have intergenerational families, we
14 have people where you have the grandmother, the
15 mother and the daughter, you know, living in one
16 household which has been an issue in terms of
17 trying to protect the elders as well from the
18 virus when you have the intergenerational housing
19 that we have.

20 But we've been running the food
21 distribution tent for the last ten weeks. And as
22 was alluded to earlier by the assemblyman, the
23 food insecurities that we're facing, we were
24 doing great with some of the food distribution

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2 networks that have been servicing the community,
3 but as more and more entities started to rely on
4 those, like Island Harvest and some of the food
5 banks, those numbers have dwindled down, so we're
6 getting a minimal amount of food right now.

7 So the impact has been really great on
8 us in terms of being able now to supply food to
9 those individual who are actually out of work.
10 And as you know, I mean, we're surrounded by
11 great wealth and opulence out here in the
12 Hamptons. We're not one of the gaming tribes, we
13 do not have a casino, and so it has affected us
14 greatly with the few economic ventures that we do
15 have in the community.

16 So we're looking forward to hopefully
17 getting some of this stuff back on track. But it
18 has been quite stressful for us as the leadership
19 trying to maneuver through all of the situations
20 that we're facing right now.

21 ASSEMBLY MEMBER THIELE: Thank you for
22 your testimony and thanks for answering my
23 questions, and we'll see you real soon, thanks.

24 MR. GUMBS: Thank you.

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2 SENATOR JACKSON: Thank you, Assemblyman
3 Ed Braunstein. Let me thank you for allowing us
4 to walk our way through this new Zoom process.
5 And I appreciate it very much. I would like to
6 turn to my colleague in the State Senate, the
7 chair of the labor committee, Jessica Ramos.
8 Jessica, I apologize I didn't see your name up
9 there earlier.

10 SENATOR JESSICA RAMOS: That's okay,
11 Robert. Thank you so much. Hi, everyone. Well,
12 greetings from Jackson Heights, the epicenter of
13 the COVID crisis, and as many of you know we've
14 been going through some really rough times
15 because there were so many cases of COVID here
16 and because we have so much overcrowding in our
17 housing. The rates of deaths were very high, and
18 we saw many disparities from the get-go from what
19 our public health system was and wasn't able to
20 do, especially at Elmhurst Hospital, which is
21 just two blocks away.

22 And, of course, the more eminent crisis
23 that is economic, of work and being able to feed
24 our families. And for that I want to, of course,

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2 thank everyone at the Hispanic Federation but
3 especially Frankie Miranda for your leadership
4 because you've been helping me greatly. A lot of
5 the people I represent are undocumented and don't
6 have access to any state or federal aid of any
7 kind, as so many of the panelists have described.
8 And that's exactly what I want to get to.

9 Because it seems that as New Yorkers or
10 as Americans, we like when we get into that
11 income bracket the where I can afford to a
12 cleaning lady or I can afford to hire a nanny. So
13 we are hire all of these folks, but we're not
14 being respectful of their work in how we're not
15 compensating them or providing them with
16 appropriate PPE.

17 So I was wondering if Frankie and the
18 rest of the panelists can talk a little bit about
19 what their workers need because I know so many
20 social workers and so many of your organizers are
21 on the frontline.

22 MR. MIRANDA: Thank you so much, Senator
23 Ramos, and for your leadership as well. I want to
24 touch very quickly on the point that you are

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2 making about being able to be creative and work
3 with nonprofit organizations to get funding very
4 quickly to the communities that actually need it
5 and come up with ideas like Jo-Ann mentioned
6 before about like how to put restaurants back
7 online and being able to transport products from
8 upstate into the hard hit areas. We can do that.
9 We can do these creative partnerships when the
10 city cannot actually provide the opportunity for
11 these fast action solutions.

12 So for us, the most that we have been
13 seeing is that people are really desperate to get
14 access to PPE. They are being expected to work.
15 Our people in our communities are expected to
16 work. I say that we are dying because we have no
17 choice, like we've got to go to work. We have to
18 go out there. We have to deliver food. We have to
19 do all of this. And at the same time, we just
20 don't have any safety net, right. So that is one
21 of the biggest issues, like access to PPE, access
22 to cash assistance, being able to bridge some of
23 these needs, and that is one of the things that
24 we are working with many of our member agencies,

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2 especially in the area of the epicenter in
3 Queens.

4 MS. YOO: Senator Ramos, thank you for
5 that question. You know, I want to add to
6 Frankie's testimony. As I check in with all the
7 of our executive directors, as you know, a lot of
8 them are telling me that their clients who are
9 undocumented are choosing to go to work, and when
10 the staff say, you know, there's a crisis going
11 on, this COVID-19, you know you can't do that,
12 they said, who is going to put food on the table
13 for my kids? This is the reality for them because
14 they're exactly what Frankie said, there isn't a
15 safety net for them, so they have to risk their
16 health all the time.

17 And I know that the city has hotel rooms
18 for people who are infected, that they can go
19 shelter for a little bit, but we're not sure -- I
20 think they're just rolling that out. We have a
21 lot of workers who need to access those rooms
22 because we're hearing stories that there were
23 five adults living together, and if one gets
24 sick, then they need to -- their roommates are

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2 kicking them out and say, you can't bring that
3 here.

4 So I think that's one of the challenges
5 that we see is everybody acknowledges how the
6 communities of color have been impacted but those
7 resources don't come to us first. I feel like in
8 many ways, we are incidental to getting all the
9 resources, and that has to change. And the one
10 thing I want to remind you, senator, where I see
11 inequities, that keep me up at night, food
12 delivery workers.

13 SENATOR RAMOS: Me too.

14 MS. YOO: For two and a half years we've
15 got this call and what happens --

16 SEANTOR RAMOS: Me, too, Jo-Ann but can
17 I halt you right now only because I have seven
18 seconds to say because I also wanted to ask about
19 small businesses and the trouble they've been
20 having in getting PPP as well because so many of
21 our immigrant, small business owners who don't
22 have that relationship with banks, we saw in the
23 New York Times edition today. So I'll leave it
24 there.

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2 MS. YOO: Mm-hmm.

3 ASSEMBLY MEMBER BRAUNSTEIN: Okay, thank
4 you very much, senator. We're going to go back to
5 the assembly now. We're going to go to Ron Kim,
6 chair of the task force on Asian pacific
7 Americans.

8 ASSEMBLY MEMBER RON KIM: Can you hear
9 me?

10 ASSEMBLY MEMBER BRAUNSTEIN: Yes.

11 ASSEMBLY MEMBER KIM: So, on May 5th,
12 Governor Cuomo said a human life is priceless.
13 And, of course, we all agree with it. But based
14 on the outcome of what's happening in our state,
15 especially in New York City, it's clear that only
16 the lives of productive members of our state are
17 priceless. In other words, there is a disconnect
18 between what the governor is saying at his daily
19 press briefings and the outcomes we are seeing in
20 our communities. So if you're deemed an
21 unproductive member in our market-driven society,
22 our state policies so far, has more or less told
23 people that you're on your own during this
24 crisis. So if you're stuck in a nursing home,

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2 behind a prison or jail, homeless, unbanked,
3 undocumented, uninsured and poor, the outcome is
4 telling us you are on your own.

5 As a result, a disproportional number of
6 blacks, Latinx and indigenous community members
7 have been infected and died from COVID-19 and
8 Asian Americans continue to be undercounted, but
9 scapegoated every single day. The results are
10 clear, we are leaving the most vulnerable on
11 their own. But mark my words, doing it after this
12 pandemic, we are as strong as the most vulnerable
13 in our community. We need to test everyone,
14 protect their civil liberties, put benefits and
15 usable money into everyone's pockets, regardless
16 of their background or immigration status.

17 So for me one of the main goals for this
18 hearing is to actually help our governor reach
19 his vision for New York State, where every human
20 being is truly priceless. And the first step is
21 to get accurate data and facts. And for us, in my
22 community you do not have any of that.

23 So my first question is to Wayne. What
24 do we need to do better to get accurate

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2 information and data for Asian-American
3 immigrants? And secondly, for the panel what do
4 we need to do now to center our policies around
5 workers and the most vulnerable?

6 MR. HOW: Thank you for the question,
7 assembly member. I think the key one is that we
8 need Asian-American disaggregated data. I want to
9 thank the Assembly, specifically Yuh-Line, as
10 well as Julia Salazar on the Senate side and then
11 others who fought for that bill. It
12 overwhelmingly passed both houses last session
13 and the governor vetoed it in December. If he
14 didn't veto it, we would actually have accurate
15 data. While some of the data right now shows that
16 Asian Americans are dying less than other racial
17 groups, we know that there's about 10 percent of
18 deaths in New York State are being classified as
19 other. Historically, the other category is where
20 more Asian communities are placed. So we need
21 disaggregated data.

22 And also for recovery we need to make
23 sure that we have the proper language lines, the
24 proper targeted services, and that's where data

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2 aggregation on the diverse Asia ethnic
3 communities would be helpful.

4 ASSEMBLY MEMBER BRAUNSTEIN: Ron, do you
5 have more questions?

6 ASSEMBLY MEMBER KIM: Yeah, for the rest
7 of the panel what can we do immediately now to
8 push the one person who can immediately issue
9 mandates and orders to center everything around
10 protecting -- designing our policies around
11 workers and protecting the most vulnerable
12 members?

13 MS. BRAITHWAITE-HARTE: I'd like to
14 address that. Can I be heard?

15 ASSEMBLY MEMBER KIM: Yes.

16 MS. BRAITHWAITE-HARTE: Okay. I'd like
17 to address that issue. The governor has had sort
18 of like a one track mind. This is what we're
19 doing. This what was going to happen. And yet the
20 results have not always -- we are giving him
21 credit for staying on top of the issues, but the
22 fact is that he does not have a system by which
23 everyone in the minority community is being
24 heard. You have to hear people where they are.

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2 And so when you begin to institute policies, you
3 can't institute them without having an input from
4 all of the community that is being affected.

5 And this has been addressed already in
6 the beginning, but it seems to be such a
7 disconnect as to what we need versus what he is
8 implementing overall, and then it's like, oh,
9 this did not work. Geez, the issue of it is --
10 this disease is like a thief in the night. We
11 know it. Yet you're not implementing services
12 that will help the vulnerable, the most
13 vulnerable in our society from being infected.

14 And this is what I looked at where --
15 this is why I brought up the issue of the nursing
16 homes. They were highly affected by the policies
17 that were in place. And so overall, not only did
18 the nursing homes were affected but the community
19 is affected the same exact way because the
20 services and policies that are implemented don't
21 match the needs.

22 And moving forward, we have to get this
23 right now. It has already been said. We have to
24 get this right now, in order so that we don't

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2 have this again.

3 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
4 you very much. Next we're going to go to Maritza
5 Davila, chair on the task force of Puerto Rican
6 and Hispanic Americans.

7 ASSEMBLY MEMBER MARITZA DAVILA: Thank
8 you, Chairman. I appreciate this type of
9 feedback. I think that I'm getting more
10 information than I have in the past three months.
11 And I want to thank all the people who are
12 testifying today, because there's a lot of
13 information. But my question is going to go to
14 Frankie Miranda, and Crespo spoke about the food
15 insecurity. We are aware that there's a lot of
16 food insecurity throughout the entire city.

17 By any chance do you have any numbers in
18 terms of where these hot spots are at in the
19 city? Number one, and then my second question is
20 about the testing and tracing. And one of the
21 reasons why I want to ask about testing and
22 tracing, my community was probably the first
23 community that had the first casualty of COVID-
24 19. And as of yet, we still do not have a testing

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2 site. We're going on three months with this
3 pandemic and no testing site.

4 Actually yesterday I found a list of
5 places that people can go and get testing.
6 They're all urgent care facilities, but you have
7 to have some type of payment or Medicaid or some
8 type of coverage. And that is extremely
9 disturbing if we want to put our city back on
10 track. We need to know how many people are
11 infected, and we need to trace them.

12 So again, my first question is about
13 food insecurity because I can almost guarantee
14 with the amount of food that we're giving a day,
15 and it's not enough, we keep seeing more places
16 asking for food, do you have any actual numbers
17 as to where the Hispanic minority community is in
18 need, especially, especially with the immigrant
19 population, as it pertains to the immigrant
20 population? So this question is for Frankie
21 Miranda.

22 MR. MIRANDA: Thank you.

23 ASSEMBLY MEMBER DAVILA: Are you there
24 or anyone else that wants to --

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2 MR. MIRANDA: Thank you so much for the
3 question. What I can tell you right now is
4 probably how the city has responded to the needs
5 of our neighborhoods. And I can tell you right
6 now that there has been millions of dollars that
7 has been allocated in the city for food security
8 and they have gone to the traditional big food
9 distribution, food bank organizations and some
10 other organizations that have access to city
11 hall. They have not gone -- these moneys is more
12 of like we're going to give it to these big
13 buckets, we're going to check the box and then
14 let them figure out how to get it to the
15 communities that actually need it.

16 We know that the food pantries are not
17 getting enough food. We know it because you,
18 elected officials like you have been working
19 every single day to try to serve your
20 constituents, and Senator Ramos and many others,
21 and there has been very little communication with
22 you and with other, even in the council members,
23 they don't have communication as to like where is
24 this going, because everybody is so overwhelmed

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2 in their district. And we see it every single day
3 with our member agencies. Regarding contact
4 tracing, again, it is really, really important
5 that if we are going to protect our workers,
6 regardless of who they are, documented or
7 undocumented, we really need to know where are
8 the real hot spots and how this virus is
9 spreading, and if you do not have people with the
10 buy-in hiring from nonprofit organizations, those
11 people that are in those tenant associations,
12 people that are on the ground, people are not
13 going to open their doors, people are not going
14 to answer their phones.

15 This has to happen right now, and the
16 mayor has a plan and the governor has a plan. I
17 don't think that they are talking to each other
18 and there's controversy of who should manage the
19 plan within the city if it is Health and
20 Hospitals or it should be the Department of
21 Health.

22 So there is a lot of questions right now
23 but other states like Massachusetts already are
24 doing this successfully. So we need to put this

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2 army of people that are going to be hired right
3 now to be the culturally competent people from
4 community and the nonprofit organizations are the
5 ones, the community-based organizations that can
6 provide the guidance for this.

7 ASSEMBLY MEMBER DAVILA: And I thank you
8 for that because it's extremely important that
9 people understand, well all we're all on this
10 conference call or conference via Zoom because
11 we're all in disparity. Even with the Native
12 Americans, I knew nothing about that, and that's
13 great that we were able to include that today.
14 That was extremely important. But we, if they're
15 not doing it, we have to find a way to do it
16 ourselves. And I just want to make sure that you
17 continue to be a partner with us and try to
18 figure out where those hot spots are at so that
19 we can continue to fight and get them to where
20 it's needed.

21 So I want to thank you for coming on
22 today. I want to thank all of the panelists and
23 everyone that has submitted their testimony. I
24 think this is a great way to start some dialogue.

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2 So God bless you and thank you all for everything
3 that you are doing.

4 ASSEMBLY MEMBER BRAUNSTEIN: Thank you
5 very much. We're going to move to Assembly Member
6 Yuh-Line Niou.

7 ASSEMBLY MEMBER NIOU: Hi, everyone. I
8 just wanted to say thanks to Ed for managing all
9 of us. It's not easy. And thanks to Senator
10 Jackson as well. I wanted to also say that I
11 really appreciate Wayne talking about data
12 disaggregation. It's very important right now as
13 we're seeing that a lot of our communities are
14 not being counted. And I also wanted to mention,
15 and further, I guess the question about the food
16 options.

17 The food options provided by the city
18 and the state have been woefully inadequate I
19 think. They're not culturally appropriate and
20 there's health risks associated with some of them
21 because you have seen that, you know, when we
22 have seen pictures of these things, applesauce
23 over cookie crumble. It's like Cheerios. It's
24 milk. It's things that would cause certain folks

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2 diabetes, a lot of our minority communities are
3 lactose intolerant, there's a lot of folks who
4 have health issues that are associated with
5 certain foods and diets. And so I wanted to kind
6 of ask to see if there was any funding given to
7 our community organizations for food.

8 MR. HO: So thank you for the question,
9 assembly member. So CPC, we are on our own doing
10 about 3,000 meals a week to our seniors and
11 others. The sad thing is this funding is all
12 private funding. There's out of work restaurants
13 in the different Chinatowns or different
14 restaurants struggling and we've gotten donors
15 and private funding to fill the gap. And once
16 again I have staff going out and risking their
17 health and volunteers' health to deliver.

18 The city unilaterally cut out community-
19 based organizations, as Frankie alluded to, from
20 meals programs, and then they re-tasked \$170
21 million for new food vendors who have never done
22 food outreach for cities, and then added more
23 money to have TLC drivers who are struggling in
24 order to deliver the food. They've basically lef

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2 out human services. Once again we're 15 percent,
3 in terms of the Asian population, we're 15
4 percent of New York City, 10 percent in New York
5 State, we get less than one-and-a-half percent of
6 human services funding from the city, we get less
7 than half a percent from the state. And that's
8 where we are the ones on the frontlines make can
9 sure we can do culturally appropriate and
10 linguistically appropriate services that are
11 needed not just for relief but also for recovery.

12 MS. YOO: And I don't want to speak for
13 Frankie, but when we found out all this money is
14 being distributed, literally we were too late. We
15 said what money? What communities of color? I
16 mean, so we got nothing. And so, you know, we're
17 advocates. We know how to advocate for our
18 community. We are not defeated. We're pushing
19 back and we're working together.

20 I will say we hear stories exactly what
21 you said, of seeing Asian seniors getting bags of
22 carrots as their meals because they don't have
23 culturally appropriate vendors. Every single
24 nonprofit in our 70-member network, they're doing

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2 food programs and they're doing food pantries.

3 And as Wayne said it's all by donation.
4 My fear is what happens when, as people become
5 unemployed and they don't have money to give to
6 their favorite nonprofit organizations. The other
7 thing I want to recognize is that there was
8 tremendous innovation from our communities
9 because it's out of necessity. If we're not going
10 to get recognized, people are going to be really
11 creative. I want to mention Homecrest. They're
12 working with restaurants to cook food and deliver
13 it to the seniors every single day. It keeps
14 their restaurants open. It gets people working.
15 And it helps to provide food. And it's delivered
16 with language access, culturally competent
17 services, and so these are the innovations that
18 we need and so, yes, we didn't get money. Yes, we
19 are frustrated. But, you know, this game is not
20 over yet and we are we are right there on the
21 front lines.

22 ASSEMBLY MEMBER NIOU: Yeah, and I
23 wanted to also mention, and this is for all of
24 you guys. But even before COVID in the budget,

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2 how much did our community groups in the regular
3 budget and now during COVID, has there been any
4 changes, and since we are all on the frontlines,
5 as we have already emphasized, have there been
6 any changes and if we raise revenue, what should
7 we be pushing?

8 MR. MIRANDA: So really quickly. In
9 terms of Asian community, to my understanding,
10 the first time the words Asian were ever in the
11 state budget was two years ago when CPC got a
12 line item in the budget for I believe \$80,000 and
13 thank you to all of you for supporting that. But
14 that's ridiculous that it took that long to get
15 the words Asian into the budget. I'll defer over
16 to Jo-Ann and to Frankie to get into the details
17 of overall support. But would I argue there's
18 actually less money going to communities of color
19 now because of the budget cuts that have
20 happened, contracts that are held up and here are
21 the impending cuts to localities.

22 MODERATOR: I'm sorry, your time is up.

23 ASSEMBLY MEMBER BRAUNSTEIN:

24 ASSEMBLY MEMBER BRAUNSTEIN: So we gave

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2 Assembly Member Niou five minutes because she's
3 co-chair of the task force on Asian and Pacific
4 Americans. For the remainder, members will get
5 three minutes. Next up is assembly Member Jo Anne
6 Simon.

7 ASSEMBLY MEMBER JO ANNE SIMON: Okay.
8 Hello. Thank you. I have two questions. One is I
9 want to thank Ms. Braithwaite, I'm not seeing
10 your whole name here on the screen, I'm sorry,
11 about mentioning the nursing homes. This is a big
12 issue, the Cobble Hill Nursing Home is in my
13 district. And very much this has been a problem
14 of policy, of leadership not consulting with the
15 industry to understand what the challenges are
16 and a persistently underfunded system.

17 And I, for one, am very glad to have
18 your testimony and would like to continue to work
19 with you because I really think we need to move
20 from a prosecutorial approach in terms of our
21 tone, to one that is helpful and will help us, in
22 fact, take some new effort, new focus on this
23 issue and adequately staff and address and
24 support our nursing home industry and other

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2 congregate settings as well.

3 So I did want to ask a question about
4 language access to any witness because I'm
5 concerned about the deaf and hard of hearing
6 population. There has been very little done with
7 that population in terms of sign language access
8 as well as the issue of masks and people who are
9 hard of hearing and even some of my colleagues
10 who have difficulty hearing are struggling with
11 that.

12 And the other thing, somebody who spoke
13 specifically about employment, is the
14 whistleblowers. I'm very concerned that New
15 York's whistleblower protection is not adequate
16 and I'm wondering whether you are also getting
17 complaints about retaliation against people who
18 are raising issues in the workplace so whoever
19 can answer that, I appreciate it.

20 MS. SANDERS: This is Theresa Sanders
21 and I think I raised an example of a labor
22 complaint that we had gotten from someone that
23 worked in one of our hotels out here on Long
24 Island. And they had applied for unemployment and

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2 the response was that they were rejecting the
3 unemployment claim because the person technically
4 was not unemployed, but they were on a zero hour
5 schedule. So this is the kind of abuse that
6 people who are eligible for unemployment and, you
7 know, to try to have some enforcement around an
8 employer like that. The individual is afraid to
9 report it formally because they do believe that
10 when the industry opens back up, that they will
11 be targeted.

12 So I don't know how we resolve this but
13 that is one example and there's several in the
14 restaurant industry and people's unemployment
15 claims being rejected by employers.

16 MS. YOO: Assembly member, I appreciate
17 the question. I think the challenge is that, you
18 know, you have to feel secure to be able to be a
19 whistleblower and I think the frontline workers
20 right now, there are so many who don't have
21 status or for various reasons, feel insecure
22 about, you know, whistle blowing on their
23 employer. So that is a huge challenge. I think a
24 lot of immigrants don't realize that they have

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2 rights, so I think they're certainly not going to
3 be talking to anybody about what is happening to
4 them. The Language Act says -- I appreciate that
5 question because everything we are doing for the
6 Asian community, you know, the hate crimes
7 reporting website that we put out. That's in
8 eight languages. Everything we are doing that is
9 very public facing is in eight languages and I
10 think that is a reality that we need to be able
11 to get as much information to the community as
12 possible and it's, you know, this is the
13 undefended work. One of the questions that I want
14 to put to all the --

15 MODERATOR: I'm sorry. The question time
16 has ended.

17 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
18 you. We're going to move on to Assembly Member
19 Felix Ortiz.

20 ASSEMBLY MEMBER FELIX ORTIZ: Thank you.
21 And thank you very much for holding this
22 important hearing and roundtable. Unfortunately,
23 COVID has managed to wake up everyone. So I don't
24 know how many of you know remember the governor

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2 went on his press conference, he had stated that
3 over the [unintelligible] [01:49:52] he said 34
4 percent of the Hispanics, 24 percent African-
5 American and was an increase of 10 percent but I
6 don't know why that happened.

7 Well, at that moment, I turned to the
8 chief of staff, and I said well, just look to the
9 past, inequality, unfunding to our organizations,
10 inequality and around health and health disparity
11 and really don't tackling the issue of poor
12 community and disenfranchised community.

13 I have a quick question and it's for the
14 whole, for some of the nonprofit organizations,
15 maybe for CPC and the Hispanic Federation and
16 it's this one. Does the governor or the mayor
17 have been including this organization as part of
18 any conversation when he has come to testing
19 site, like Assemblywoman Davila and also
20 regarding food security or food distribution for
21 minority community as well as NYCHA?

22 MR. MIRANDA: Thank you so much for that
23 question. And let me start by saying that, no, we
24 have not been part of many of these

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2 conversations. Actually Jo-Ann was the one who
3 called me and said like Frankie, do you know that
4 these decisions were being made and they are not
5 including us? Why are we not on this table? Why?
6 Do we need to push? So we have been requesting
7 meetings. We have been very respectfully asking
8 to be part of these conversations and as for the
9 governor, and the city, they have been starting
10 to create these task forces that are just
11 starting, are starting very, very, very early
12 work. And it's almost like we are starting to
13 just listen to how this is going to work out. So
14 no plans or really recommendations have been
15 taken in.

16 ASSEMBLY MEMBER RIVERA: Okay. I only
17 have 40 seconds. I'm very quick. I have 220
18 people who died in my community in Sunset Park
19 and Red Hook. Finally, as of today we are going
20 to be getting like three testing sites. It is
21 inhumane. It is a disgrace that we have to wait
22 until this point to make sure that we have sites.
23 So my advice to anyone who doesn't have a site,
24 just continue to hammer the governor, continue to

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2 hammer the governor, continue to hammer the mayor
3 because you know, our community cannot continue
4 to be left behind.

5 And unfortunately we have to continue to
6 fight on behalf of our community, on behalf of
7 our nonprofit organizations and we have to make
8 sure not only CPC but the Federation is part of
9 any of the future task forces get developed.

10 Thank you very much.

11 ASSEMBLY MEMBER BRAUNSTEIN: Okay, thank
12 you assembly member. Now we are going to go to
13 Assembly Member Aravella Simotas, she's chair of
14 the task force of women's issues, so just a
15 reminder, she'll get five minutes.

16 ASSEMBLY MEMBER ARAVELLA SIMOTAS: Thank
17 you, Assembly Member Braunstein and I want to
18 thank everyone for being a part of this panel and
19 for providing us with incredibly important
20 information. Most hardships, most crises, most
21 economic downturns overwhelmingly affect women
22 and girls and particularly women and girls from
23 minority communities. Whether it's because of
24 income inequality, lack of access to resources or

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2 violence against women and girls, we regularly
3 see that women are greatly affected when that
4 stuff happens.

5 I have two questions and I open the
6 floor to anybody who can provide us with an
7 answer. Do you have any specific insights into
8 the causes for the increased rates for women and
9 girls, for the disproportionate affect to women
10 and girls in minority communities and what can
11 the state do to respond to the rising rates of
12 domestic violence and support survivors
13 sheltering in place with their abusers?

14 MS. YOO: Wow, that's a really big
15 question. Yes, I know that one of the nonprofits,
16 the nonprofits that state opened during this
17 entire crisis that remain open is the domestic
18 violence shelters, because often the victims are
19 saying I'm home with my abuser and I need to talk
20 to somebody. Can you please stay open, I don't
21 want to get on a call because he is home with me,
22 I want to come to the office. And so some of the
23 conversations that I've had with our member
24 agencies who run DV shelters, has been how do you

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2 put up glass partitions? Do you have enough
3 equipment to be able to have your staff have
4 masks when you talk to clients, do you have hand
5 sanitizers? I mean stuff that we never thought
6 we'd have to think about. So I thank you for that
7 question.

8 I think, you know, women and children,
9 we're always underserved so the domestic violence
10 funding has to be increased. They need to be
11 recognized. The women in our community who have
12 been going to work, they're the nannies, the
13 cleaners, you know, they're the ones who are
14 having to go to work. Some of the stories that I
15 share about undocumented heads of household going
16 to work, they're undocumented women, they're moms
17 who need to feed their kids. And so, you know has
18 to are the heart breaking stories that we share.

19 The other thing I wanted -- the other
20 issue I want to put up here that we haven't
21 talked about is the issue of mental health. And I
22 know that the questions have been coming up
23 about, you know, what resource dozen we put in. I
24 think mental health is going to be the number one

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2 issue that we have to tackle. And I say that as
3 somebody who has been fighting City Hall to make
4 sure that funds are distributed equally to talk
5 about this issue.

6 And right now, I think it's not just
7 communities of color who are going to be impacted
8 by mental health. I think it's everybody. And my
9 friend Jennifer March had an op ed about how our
10 kids are feeling all of this anxiety as they see
11 their parents unemployed, as they're home. You
12 know, seniors with the social isolation, people
13 who are people who are out of jobs. I think that
14 is the one investment that I ask all of your help
15 in ensuring that is a priority.

16 I know that Assembly Member Niou asked
17 the question about what resources we have gotten
18 before. Even before this pandemic, I had a chance
19 to meet with the state mental health folks to
20 talk about the needs of our community and the
21 response I got was, well, you know, we don't fund
22 things like that. We give our money to the city
23 and that's fine. I get that, but like you give
24 money to the city, but what's the oversight to

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2 make sure that it's going to diverse communities
3 and so you know, the response I got was you need
4 to ask rich Asians to help you fund this program,
5 right, the mental health. I'm pretty sure Asian
6 Americans are paying taxes and those tax dollars
7 should be divided equally and my community has
8 the highest rate of suicide for elderly.

9 And so why is this not being addressed?
10 You know, every time I share statistics about
11 mental health, everybody gasps. Now the reality
12 is everybody is going to have those statistics
13 and this is the one issue I hope to God that we
14 make a priority and put real money down because
15 otherwise we are going to see the ripple effects
16 for generations to come.

17 ASSEMBLY MEMBER SIMOTAS: Thank you.

18 SENATOR JACKSON: Okay. With that, I
19 would like to turn to Senator Kevin Thomas to
20 speak for three minutes. Senator Thomas.

21 SENATOR KEVIN THOMAS: Hi. Can everyone
22 hear me?

23 SENATOR JACKSON: Yes.

24 SENATOR THOMAS: All right, awesome.

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2 Thank you to all the panelists that came in
3 today. My question is I mean, I'm the only South
4 Asian in both houses. And I haven't heard from
5 any of the panelists about South Asians and how
6 COVID has impacted the South Asian population. So
7 I was wondering if anyone knows what the impact
8 is on the South Asian population and whether
9 there has been any outreach from organizations
10 such as yours to the community, because there is
11 a need there, just like with all groups. I'm just
12 wondering if you know any specifics about the
13 South Asian community and what the need is there.

14 MS. YOO: Certainly, senator. Thank you
15 for that question. You know, we are a Pan Asian
16 organization, and so we have quite a few South
17 Asian serving consideration organizations. I
18 think the challenge with the South Asian
19 community, you know, the poorest New Yorkers are
20 South --Bangladeshi community, and so we know
21 that -- there's also one of the highest rates of
22 being deported out of New York. So they're a
23 vulnerable community.

24 I think there was -- there was an

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2 article in the city that South Asians are not
3 being counted. I think as Wayne had mentioned,
4 the death rate in the Asian American community is
5 much higher than is being reported, because I
6 think a lot of people who are vulnerable workers
7 don't get tested. I think this goes back to the
8 testing question. We have stories of people going
9 to the hospital two, three times and not being
10 able to get tests. People are uninsured. They
11 can't go to the doctor and so people are dying at
12 home and so I think --

13 SENATOR THOMAS: Is that a language
14 access issue as well?

15 MS. YOO: I think it is all of those
16 issues. I think it's socioeconomic issues of
17 access, language access. I think it is, you know,
18 under the Asian American community, all of us,
19 all of us are chronically underfunded to do this
20 work. And so during a pandemic, we are having to
21 build a runway as we're taking off and so I know,
22 you know, groups are getting together, like I
23 said, everybody is doing food programs right now.
24 Everybody is doing outreach. Every good model of

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2 crisis intervention and support is being
3 implemented by all 70 members of our nonprofit
4 organization members. And so yes, there has been
5 some -- I watch, you know, the South Asian
6 community has a really great food collective that
7 they're getting food out to. The story I
8 mentioned about, earlier my testimony about a
9 social worker upset because she felt so helpless
10 that she couldn't help a restaurant fill out the
11 application to be able to provide food, that's a
12 South Asian organization.

13 I think the diversity in our community
14 and, you know, we are at least 10 percent of the
15 population in 26 of the 51 city council
16 districts. So we are pretty spread out, but there
17 is tremendous need. So as much as we are all
18 trying --

19 MODERATOR: The question period is up.

20 MS. YOO: -- it is really tough.

21 ASSEMBLY MEMBER BRAUNSTEIN: Thank you
22 so very much.

23 MS. YOO: I would love to work with you
24 on this issue.

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2 SENATOR THOMAS: Will do, thank you.

3 ASSEMBLY MEMBER BRAUNSTEIN: Thank you.

4 We are going to move to Assembly Member Tom
5 Abinanti.

6 ASSEMBLY MEMBER TOM ABINANTI: Call back
7 in two minutes, okay? Hello. Hi. How are you?
8 Good morning. I just want to make a comment. I
9 want to thank you for holding this hearing. As
10 the chair of the banking committee, I have been
11 participating in hearings on the impacts of the
12 federal response, which was basically through
13 banks. And you're filling in some of the blanks,
14 the things that we didn't get to talk about. You
15 are telling us about how a major part of our
16 community has not benefited by the programs that
17 have been put into effect by the federal
18 government. And I think that's very important.
19 You are documenting that for us and I want to
20 thank you for that.

21 I'm going to be here for the rest of the
22 day, listening and learning and seeing if we can
23 figure out how we can help Congress shape the
24 next measure. They passed one on Friday and I

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2 don't know where that's going to end up. The
3 House of Representatives passed one on Friday. I
4 don't know where that's going to end up but we
5 have to make sure that what they end up doing,
6 which will probably be their last effort
7 unfortunately, at least for this year, what they
8 do actually helps everyone, not just as somebody
9 said, the people at the top. So thank you for
10 holding the hearing and I'll be here for the rest
11 of the day.

12 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
13 you.

14 MS. YOO: Assembly member, can I respond
15 to your question? I really appreciate the
16 question. About what we can do with Congress now,
17 but we also have a census going on right now and
18 you know, we've all talked about the digital
19 divide. My census team is parked at home right
20 now and I think they're just itching to get out,
21 to get boots on the ground. But you know, the
22 whole Census being done digitally was really
23 going to handicap communities of color, low-
24 income folks, because many of our communities

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2 don't have internet access, let alone computers.

3 And, you know, the citizenship question was a

4 huge hindrance. But as we think about the census

5 and the impact of the census and how we are all

6 stuck at home is, that's how we are going to be

7 counted for the next ten years. We are slated to

8 lose seats, the funding is going to be an impact

9 because that's how we fund infrastructure and so

10 any help that all of you can give us, give the

11 communities of color or just the state in general

12 to get, the census funding out to groups, I think

13 that would be tremendously helpful, because we do

14 need to push this. We are looking at where the

15 communities have not responded and it's

16 devastating and we are terrified right now.

17 ASSEMBLY MEMBER ABINANTI: Let me ask
18 you a question if I can. I think you are raising
19 a very important point. We are in the Assembly
20 have talked about attaching the Census notice to
21 everything that we do. But even that doesn't get
22 to all of the people. Are there community
23 networks that we're not now using who we could
24 use to get the message out, for example the food

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2 banks and some of the other community
3 organizations?

4 MODERATOR: The question time is over.

5 ASSEMBLY MEMBER ABINANTI: Thank you.

6 ASSEMBLY MEMBER BRAUNSTEIN: Thank you,
7 Tom. And we are going to go to assembly member
8 Cathy Nolan to close this panel.

9 ASSEMBLY MEMBER CATHERINE NOLAN: Thank
10 you. Thank you. I just want to thank the panel
11 and really support what Assemblywoman Maritza
12 Davila said. In our community, our joint
13 community of the Ridgewood Bushwick area, we
14 really have not had any city response on the
15 testing area issue. And I really I find it so
16 frustrating that there's not a coordinated effort
17 to kind of say okay, we need to respond to this
18 area, especially given that Wyckoff Heights has
19 been so overwhelmed with cases. The same thing in
20 our Sunnyside community, where we have a lot of
21 people who speak other languages and, you know,
22 all the communities I represent have, many
23 languages are part of our community, but again a
24 testing site has supposedly opened. I actually

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2 got in the car, strapped on my mask and drove up
3 there. It is not open. So we're getting very
4 mixed information, unfortunately from the city.

5 And then, the last thing I just want the
6 panel to address is NYCHA, where I have a very
7 large African American community. Again there's
8 been kind of a sporadic effort to respond, just
9 very concerning on all levels on how we can reach
10 people.

11 And I want to thank the senator who
12 brought up our South Asian community because
13 again, our district has so many people and it's
14 very important to try to meet people where they
15 are, not just with language but also perhaps
16 using schools. I know the schools are not in
17 session, there is distance learning. And I want
18 to point out, as someone who chaired our
19 education committee for a long time, you know, I
20 would love to see those communities get involved
21 in this type of hearing, but I think between the
22 grab and go meal hubs and some of the other Zoom
23 distance learning, or whatever they're using,
24 that might be a way to reach out to our very

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2 diverse population, not just in languages but in
3 kind of a culturally appropriate way to get more
4 participation in the Census, as well as a better
5 plan for both the city and state to evenly
6 distribute things like testing and masks.

7 Because can I tell you honestly, it has
8 been very frustrating, you know, just recently we
9 worked so hard to have women have access to
10 feminine hygiene products. We worked so hard on
11 it, and then the list came out I know Maritza
12 will feel the same, there was nothing in the
13 11385 area code, even though we have a junior
14 high school. So we have to go now back to the
15 city and revisit that, and, you know, just a
16 frustration.

17 Thank you to the chairs for having the
18 hearing, to Bob, and to Ed, and to the panels and
19 I appreciate it and I just wanted to associate
20 myself with those remarks and key the panel into
21 also looking at the educational system. Thank
22 you.

23 ASSEMBLY MEMBER BRAUNSTEIN: Thank you,
24 Cathy. We have one more assembly member to wants

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2 to ask a question, Assembly Member Harvey
3 Epstein.

4 ASSEMBLY MEMBER HARVEY EPSTEIN: Thank
5 you, Chair, and sorry to prolong this panel, but
6 I really wanted to ask a question. We've heard a
7 lot around the lack of resources for the
8 nonprofit community, and I just want to know
9 about proposed cuts we've heard from the
10 governor, what impact that would have if we saw
11 20 percent across the board cuts, you know, that
12 we've been hearing about, and how do you feel
13 like we should we deal with this crisis on the
14 revenue side for you all to ensure that
15 communities of color continue to get at least
16 what we have, but more services that we need,
17 especially during this COVID-19 pandemic time?

18 MR. HO: Thank you for that question,
19 assembly member. Just for CPC alone, we are
20 looking at \$2 million worth of cuts just for the
21 summer, from July 1 to August 31. That \$2 million
22 will translate into about 300 staff being laid
23 off or furloughed. That will also translate to
24 about 5,000 community members not getting any

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2 services.

3 To all the digital divide questions that
4 came up, during the summer that's the time when
5 CBOs are going to help make up for the inequities
6 that exist. If there are the 20 percent cuts that
7 happen at the state, we've already heard from the
8 mayor's office that we will have more cuts to our
9 senior programming. That's meals on wheels,
10 that's senior centers that have to be cooling
11 centers during the summer. We already know that
12 if that happens, there will be more cuts to Pre-K
13 programs and other summer camp programs and
14 that's when people need the child care in order
15 for them to go back to work as the economy opens.

16 So once again, we need more revenue
17 options. I know that many have put them on the
18 table from Fiscal Policy Institute to others who
19 are attending here as legislators have put things
20 on the table. And we are in support of raising
21 revenue in order to make sure we don't have cuts
22 and we support our lowest income communities
23 during the recovery.

24 ASSEMBLY MEMBER EPSTEIN: Thank you.

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2 That was really helpful. Any other panelists
3 quickly? I know we don't have a lot of time.

4 MS. YOO: I would say we were always
5 under resourced. We work, you know, I feel like
6 we are chronically starved by the state and the
7 city, so, you know, anything we can do to be able
8 to maintain our nonprofits. But certainly none of
9 the nonprofits want to lay off staff and add to
10 the unemployment line.

11 And there is going to be, the rebuilding
12 is going to have to include us because we know
13 how to reach our community. And as Assembly
14 Member Nolan talked about, the best places to
15 know how to, you know, the best resources, it's
16 us. We have the network. We know how to get to
17 every corner of the city. The Federation's work
18 is the Census work we're doing upstate as well so
19 we are hitting all of the upstate communities
20 with the largest Asian population. So we are the
21 untapped resource and we need the funding to keep
22 going. Because if you think about how do we get
23 out of this crisis, we're going to need, you
24 know, government is going to need us and so I

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2 just wanted to add that.

3 ASSEMBLY MEMBER EPSTEIN: Great. And I
4 know, thank you for that, revenue is the answer.
5 Thank you all for talking about it. Thank you.

6 ASSEMBLY MEMBER BRAUNSTEIN: Okay.
7 Senator Jackson, you want to introduce the next
8 panel?

9 SENATOR JACKSON: Your introduction,
10 assembly member.

11 ASSEMBLY MEMBER BRAUNSTEIN: Thank you
12 to panel number one. We're now going to move to
13 panel two. First is George Liu, MD, president,
14 CEO and CMO of the Coalition of Asian American
15 IPA Incorporated, Luz E. Correa, vice-president,
16 government and community affairs, Union Community
17 Health Center, Anthony Fortenberry, chief nursing
18 officer, Callen Lorde Community Health Center,
19 Trevor Cross, community liaison, Hudson River
20 Health Care, Jacquelyn Kilmer, CEO, Harlem United
21 and Nadia Chait, associate director of policy and
22 advocacy, the Coalition for Behavioral Health. I
23 apologize if I mispronounced anybody's names. Mr.
24 George Liu, we'll start. Remember testimony is

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2 limited to five minutes. We encourage you not to
3 read your testimony that's been submitted, and we
4 also encourage you to try and focus on solutions
5 that we can explore to solve some of the problems
6 that are being discussed. Thank you very much.

7 DR. GEORGE LIU, MD, PRESIDENT, CEO &
8 CMO, COALITION OF ASIAN-AMERICAN IPA, INC.:

9 Thank you, Chairmen. My name is George Liu. I'm a
10 physician and have been practicing internal
11 medicine endocrinology in New York City for the
12 last 28 years. I'm also the president and CEO of
13 the CAIPA, which is the Coalition of Asian
14 American Independent Physician Association. CAIPA
15 is representing over 1,100 physicians and
16 practitioners who care for over 500,000 Asians in
17 the metropolitan New York area, 90 percent of
18 whom are the Asian ethnicity.

19 I thank you for the opportunity to speak
20 with this forum about our experience encountering
21 the patients who need the greatest healthcare
22 challenge in our lifetime. The Asian community,
23 with in New York City, has been devastated by the
24 COVID-19 much as the rest of the communities have

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2 been. And so far too many people have had their
3 families and lives shattered in the economic and
4 medical consequence of the virus. However, we
5 have some signs of our initiatives of community
6 have had some success.

7 According to the New York State tracking
8 numbers although Asians represent 14 percent of
9 the population in New York City. They have
10 suffered only seven percent of the fatality
11 attributed to COVID-19. We don't believe this is
12 related to any genetic protection that Asians may
13 have against COVID-19. In fact, Asian were almost
14 exclusively the ethnicity that died during the
15 early SARS epidemics, which is caused by the
16 virus to the one that causes COVID-19. We don't
17 believe that there's anything about our
18 demographic that might lead to disproportionately
19 low [unintelligible] [02:13:37].

20 The Asian population is not especially
21 healthier or younger than New York City
22 population at large. In fact Asian are high risk
23 for diabetes, hypertension and stroke which
24 identified as the major risk factor in deaths for

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2 COVID-19. Asians in New York City have similar
3 level of education and actually have a lower per
4 capita income and higher average household than
5 average New York City family, and this certainly
6 has caused us more isolation problems with the
7 disease.

8 Instead, we believe the relatively low
9 mortality in the community has been due to the
10 few initiatives that has been increased since
11 early in January. First, our doctors and other
12 healthcare providers have spent an enormous
13 amount of time and often uncompensated for
14 resources in educating our patients and their
15 families about the virus including how it is
16 spreads and how to protect themselves.

17 This has led to a very early uptake and
18 acceptance of the need to wear masks and
19 isolation for infected patients. Second, we have
20 been extremely aggressive in testing our
21 patients. Initially, we did it mainly in the
22 doctor's office for all the complicated safe
23 measures, but we have moved to the mobile testing
24 model we call MRTC.

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2 The mobile [unintelligible] [02:15:05]
3 testing center, we have modified ambulette which
4 specifically changed the special design, that we
5 totally eliminate the cross contamination and can
6 drive into the community to test the patients.
7 This will allow the patients to avoid the cross
8 contamination of crowded and potentially risky
9 public transportation and long waiting at a
10 crowded ER, testing tents or not adequate protect
11 doctor's office and waiting area.

12 At the present time we have established
13 four testing centers in the mobile service in
14 Brooklyn, Manhattan, Flushing and Elmhurst
15 community service. Some outcomes can probably
16 attribute to the close relationship we have with
17 the patients in our community over the years. But
18 our aggressive testing model, and especially our
19 mobile testing program maybe the initiative that
20 could best be explored into other communities in
21 need.

22 Currently, our mobile testing programs
23 are funded entirely by the CAIPA Foundation,
24 which is a very small foundation set up with the

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2 sole contributions of the individual physicians.
3 Increased funding for our program or other
4 programs like it may greatly increase testing
5 capacity and decrease the risk of the testing
6 process to patients in heavily urban communities
7 like NYC.

8 We are also very happy to provide the
9 testing to support other communities in need,
10 including uninsured and unregistered. As the need
11 to return to work is closing, need to increase
12 the testing essentially to identify the infected
13 and their contacts in order to prevent and
14 [unintelligible] [02:16:58] the second wave of
15 the infection.

16 In addition to the supporting of the
17 community testing, the CAIPA Foundation is also
18 donate \$500,000 worth of PPE to about 50
19 hospitals and health facility at [unintelligible]
20 [02:17:13] the crisis.

21 MODERATOR: I'm sorry, but the testimony
22 time is up.

23 ASSEMBLY MEMBER BRAUNSTEIN: Mr. Liu,
24 Mr. Liu, Thank you. We are going move on Luz

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2 Correa, vice president, government and community
3 affairs, Union Community Health Center.

4 MS. LUZ E. CORREA, VICE PRESIDENT, GOV'T
5 & COMMUNITY AFFAIRS, UNION COMMUNITY HEALTH
6 CENTER: Thank you. On behalf of Union Community
7 Health Center and our 38,000 patients in the
8 Bronx, I would like to thank the Senate and the
9 Assembly for inviting me to speak today. Union is
10 a federally qualified health center made up of
11 six sites and one mobile medical unit in the
12 Bronx, New York. Our locations are in District
13 15, one of the poorest congressional districts as
14 well as District 14, which is reported to have
15 some of the highest rates of COVID-19.

16 Over three quarters of Union's patients
17 are Latino, live below the federal poverty
18 guidelines and many of our patients are, in fact,
19 the working poor. A high percentage are
20 immigrants and increasingly our patients are un-
21 or underinsured, due in great part to a lot of
22 the federal policies that have been implemented
23 lately, and specifically the public charge.

24 Our community, obviously, as it's been

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2 said here before, has higher rates of chronic
3 illness hypertension, cardiovascular disease,
4 obesity, diabetes, asthma, depression, all of
5 these chronic illnesses that complicate a COVID-
6 19 diagnosis.

7 Union provides primary care for all,
8 regardless of ability to pay, just like the other
9 70 plus community health centers throughout New
10 York State. We do this through an integrated
11 model of care that incorporates behavioral health
12 and primary care services.

13 Although we're not at the end of this
14 pandemic, to date, we know, and just as it's been
15 discussed here, that this has devastated
16 communities of color. In fact, on April 21th, the
17 Washington Post called the Bronx the Coronavirus
18 capital of New York City. Our community has been
19 through a lot. They've experienced a lot of loss,
20 loss of jobs, loss of loved ones, sickness, lack
21 of information and it really has impacted people
22 in a very negative way. But it's also impacted
23 the safety net, the community health center and
24 community health centers throughout New York

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2 State that provide the needed care that our
3 patients need.

4 At the beginning of the pandemic, Union
5 had to turn its model of care basically upside
6 down. We had to switch to a telephonic model of
7 care, which meant that it was an all hands on
8 deck call for all of our staff to reach out to
9 our most chronically ill patients, to make sure
10 that they knew we were open, that they could
11 speak to their providers, we could have
12 medications delivered right to their door and
13 most importantly, to let them know that they
14 should not stop managing their chronic diseases.

15 And we had to make a lot of difficult
16 decisions as a health center. We closed two
17 sites, we had to lay off and furlough staff. It's
18 important to note how important the outreach was
19 at the height of the pandemic. And it wasn't a
20 service that we were guaranteed, telephonic
21 visits wasn't a service that we were guaranteed
22 to get paid for. However reimbursement for
23 telephonic visits has been approved by the DOH,
24 but only throughout the duration of this

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2 pandemic, for what they way is the duration of
3 the pandemic. We know that a second wave of this
4 pandemic is coming. And that is when our patients
5 with chronic illnesses start to come back to us.

6 These folks that have not been managing
7 their care, their diabetes, haven't been taking
8 their hypertension medication, haven't been
9 eating properly and maybe have no hope of eating
10 properly for some time to come. We are going to
11 have to provide that lifeline for them and
12 continue to be able to treat them through
13 telephonic services. In addition to telephonic
14 visits, we also had to launch very quickly, very
15 hastily, telehealth services so virtual patient
16 visits.

17 This is great and it was something that
18 we were already on the road to do, but as so many
19 have said here, a lot of our patients are not
20 connected. They don't have devices, they don't
21 have internet, they don't have Wi-Fi and then if
22 they do have internet Wi-Fi or maybe even if
23 they're fortunate enough to have a smart phone,
24 they don't know how to connect virtually, they

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2 don't know -- especially a lot of the seniors

3 that we take care of.

4 So going forward, this is going to be an
5 issue because we know that in the fall and
6 winter, researchers are telling us that we might
7 just have another wave of COVID come through our
8 communities, so how are we going to address that?
9 So I'm going to give some recommendations.

10 MODERATOR: Your time is up.

11 ASSEMBLY MEMBER BRAUNSTEIN: Sorry about
12 that. I forgot to unmute myself. Thank you Ms.
13 Correa. We are going to move on to Anthony
14 Fortenberry, chief nursing officer, Callen Lorde
15 Community Health Center.

16 MR. ANTHONY FORTENBERRY, CHIEF NURSING
17 OFFICER, CALLEN LORDE COMMUNITY HEALTH CENTER:
18 Hi everyone. My name is Anthony Fortenberry. I'm
19 the chief nursing officer, Callen Lorde Community
20 Health Center in New York City. On behalf of
21 Callen Lorde staff, our board of directors and
22 patients, I thank everyone for the opportunity to
23 testify today. Callen Lorde Community Health
24 Center has served the LGBTQ community and people

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2 living with HIV in New York City and beyond for
3 over 50 years. Last year we cared for more than
4 17,000 patients from our Chelsea and South Bronx
5 locations. A quarter of our patients are living
6 with HIV and a third of our patients identify as
7 transgender or gender non-binary. More than half
8 of our patients are people of color, one third
9 are uninsured and 35 percent use public
10 insurance.

11 Our patients are people who have been
12 systemically excluded from healthcare, housing
13 and economic stability. For Callen Lorde, health
14 equity equals people equity and we believe true
15 liberation will only come. [unintelligible]
16 [02:24:07] with culturally competent and
17 comprehensive healthcare services.

18 This pandemic has re-exposed the
19 structural racism, oppression and patriarchy that
20 creates poorer health outcomes for people who are
21 more exposed and less protected from COVID-19 due
22 to living conditions, wage disparities,
23 underlying health conditions and lack of access
24 to quality healthcare. Located in underserved

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2 communities and open to all regardless of ability
3 to pay, community health centers like Callen
4 Lorde serve as a model for improving access to
5 care, reducing healthcare disparities and
6 achieving health equity.

7 I believe that fortifying public
8 investment in community health centers is the
9 best strategy to address the disproportionate
10 impact of COVID-19 for people of color and the
11 LGBTQ community. Federally qualified health
12 centers are the safety net for our country's
13 broke healthcare system and our scarce resources
14 are stretched thin.

15 As an example, Callen Lorde is currently
16 operating at a \$1.5 million loss per month. Our
17 statewide primary care association reports that
18 74 percent of community health centers in New
19 York have had to close at least one site and 77
20 percent have had to furlough, lay off or reduce
21 staff hours.

22 With this in mind, we offer these
23 recommendations. We ask for ongoing parity in the
24 reimbursement of telephonic care. The rate for

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2 audio only telephonic visits remains well below
3 what we are typically reimbursed for care. And
4 importantly, these telephonic visits are
5 providing primary and preventative healthcare
6 access to medical, behavioral health, psychiatry
7 and even dental services by state licensed
8 clinicians.

9 We urge to you protect Medicaid by
10 rejecting any state level Medicaid cuts. Medicaid
11 is a lifeline for black, brown and TGNB
12 communities, as well as people living with HIV.
13 In addition, we ask you reverse the impending
14 decision to transition the pharmacy benefit from
15 Medicaid managed care to fee for service. This
16 decision eliminates millions of dollars from
17 community health centers participating in the
18 340B drug discount program and undermines the
19 sustainability of our organizations.

20 Next, please help us with the call for
21 increased federal funding by urging our
22 congressional delegation to add at least \$7.6
23 billion to the next stimulus bill to meet the
24 immediate needs of the COVID-19 response. We are

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2 pleased the Heroes Act recently passed in the
3 house includes this funding, but are alarmed by
4 the final section of the bill which undoes
5 protection in the Families First Coronavirus
6 Response Act and allows disastrous cuts to the
7 Medicaid program in New York State. We ask that
8 the state include wide subcontracting to local
9 organizations for contact tracing and establish a
10 meaningful advisory council empowered to advise
11 this critical public health initiative.

12 This state must work with local
13 communities and collect data about populations
14 underrepresented by current methods including
15 LGBTQ populations, people with a history of
16 engagement in the criminal justice system,
17 homeless populations, people who use drugs and
18 others. Where possible, this data should be
19 disaggregated. For example, the Department of
20 Corrections COVID-19 totals should be
21 disaggregated in published data.

22 We must also advance policies and
23 increase funding for interventions that improve
24 equity and social determinants of health such as

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2 housing. In response to this pandemic, Callen
3 Lorde is providing comprehensive healthcare
4 systems in hotels for homeless youth and adults
5 suffering from the effects of COVID-19. We are
6 ensuring that homeless individuals receive the
7 quality of care they deserve but would otherwise
8 not receive. Funding and policies that address
9 homelessness go a long way in reversing
10 underlying social inequities.

11 Lastly, this pandemic underscores the
12 tragic inadequacy of our fragmented, profit
13 driven healthcare system. Thousands of New
14 Yorkers are losing their jobs and insurance at
15 exactly the time when guaranteed universal
16 coverage is most needed. Not just as a moral
17 imperative, but as a matter of public health. Now
18 is the time to pass the New York Health Act and
19 build a truly universal healthcare system so that
20 we can manage this pandemic for the fully insured
21 society.

22 In summary, investing in community
23 healthcare is the best strategy to addressing the
24 disproportionate impact of COVID-19 on people of

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2 color. We call upon each of you to keep fighting
3 to support the sustainability of community health
4 centers, help us advocate for federal dollars and
5 partner with us on critical initiatives like
6 contact tracing and data collection. We ask you
7 to advance policies and increase funding to
8 determine social determinants of health and
9 finally to advance legislation that would create
10 universal healthcare in New York State. Thank you
11 all again for the opportunity to testify today.

12 ASSEMBLY MEMBER BRAUNSTEIN: Thank you
13 very much, Mr. Fortenberry. We're going to go on
14 to Trevor Cross, community liaison, Hudson River
15 Health Care, and I just encourage witnesses, if
16 you use the gallery view, there's a countdown
17 clock available. Thank you. Mr. Cross.

18 MR. TREVOR CROSS, COMMUNITY LIAISON,
19 HUDSON RIVER HEALTH CARE: Hello, my name is
20 Trevor Cross. I'm a long time citizen of Suffolk
21 County and fortunate to be an employee of Hudson
22 River Health Care, HRH Care. This pandemic has
23 had of course, a devastating effect on everybody
24 and I want to just lay out that, you know, we all

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2 are our brother's keeper and, you know, when one
3 is affected, all is affected. We all go work and
4 we go to the stores and our children go to school
5 together, so it is important that we take care of
6 everybody, including the minority community.

7 But I want to just talk about a little
8 bit about some of the things have worked in
9 Suffolk County that I found very impressive. I
10 think, as we go forward, we have to get rid of
11 this silo mentality, and there has to be a
12 greater integration that would take the whole
13 collective citizenry to have greater
14 collaboration which we in community based
15 organizations.

16 I want to quickly talk about the popup
17 testing that was done here between where HRH Care
18 worked very closely with the Office of Minority
19 Health in Suffolk County and we had sites all
20 over Suffolk County and did a lot of testing,
21 close to 5,000 testing already. And I think
22 organizations working together can really get a
23 lot done.

24 We also need to insist on the cultural

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2 competency of all caregivers. That is so, so, so
3 important. We have to continue to do that. We
4 have to provide more education, I think, in the
5 schools and schools are closed right now, but
6 find ways, you know, find online learning that's
7 going on. Also the churches, meet with the
8 churches where the minority communities are
9 usually together, attend churches or the
10 synagogues. Also use the media. I think we could
11 use the media a lot more in terms of public
12 service announcements to provide important
13 information to the minority communities. And we
14 need to increase access.

15 Organizations that you've heard a lot
16 about the federal qualified health centers, HRH
17 Care is one of them, that really goes beyond the
18 call of duty to assure and reassure the
19 community, minority communities that they can
20 receive access to care at our different centers
21 and as we go out there and try to get them to
22 come in and get care. And that's a cost. And that
23 can be very, very expensive, most of our -- a lot
24 of our minorities are members who do not have

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2 insurance, but they're welcome at all the
3 federally qualified health centers, so any help
4 that federally qualified health centers can
5 receive and enhance, that would definitely make a
6 lot of difference.

7 And as you heard earlier, that a lot of
8 our health centers had to move to telehealth
9 very, very quickly and it would seem that there
10 needs to be a greater increased reimbursement for
11 health centers who have moved to telehealth. It's
12 a big investment in time and it's assisting
13 patients who are scared to come out of their
14 houses to receive care via telehealth. This is a
15 major challenge but I think that if we can all
16 work together, find common ways to deal with the
17 issues, because there might be another pandemic
18 and there might be -- we are not sure when. It is
19 best that we prepare ourselves and have things in
20 place so when that comes we will be effective and
21 we'll be able to deal with it effectively.

22 ASSEMBLY MEMBER BRAUNSTEIN: Thank you.
23 Sorry, once again, I'm having trouble with my
24 mute button. I'm just going leave it on. Thank

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2 you, Mr. Cross. Jacqui Kilmer, CEO, Harlem
3 United.

4 MS. JACQUELYN KILMER, CEO, HARLEM
5 UNITED: Thank you very much for the opportunity
6 to testify today. My name is Jacquelyn Kilmer.
7 I'm the CEO at Harlem United. For the last 30
8 years, Harlem United has worked to address the
9 issues and concerns of underserved communities in
10 New York City. Our mission is to provide housing,
11 healthcare and supportive services to those most
12 in need, fighting for our community's right to
13 access these services equitably without barriers
14 of racism, stigma or discrimination.

15 Harlem United's geographic service area
16 and client population come primarily from the
17 neighborhoods in Central and East Harlem and in
18 the South Bronx. These areas include communities
19 that are historically underserved and of course
20 now disproportionately impacted by COVID-19. Our
21 commitment to healthcare equity has taught us
22 important lessons about how to reach our clients
23 and support them in accessing the services that
24 they need. Our experience gives us insight both

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2 into the impact of the pandemic on the
3 communities we serve and on the ways that the
4 impact may be mitigated.

5 First, we need to prioritize testing in
6 the hardest hit communities. As some of my
7 colleagues have mentioned, community health
8 centers are uniquely positioned to be the first
9 level of care, either in brick and mortar
10 facilities or through the use of mobile testing
11 units that are deployed throughout the community.
12 In addition, there are other community based
13 organizations located in and serving communities
14 of color that should be considered as viable
15 alternatives to the traditional healthcare
16 settings for purposes of providing testing and
17 immediate connection to care as necessary.

18 We know from our significant experience
19 in HIV and STI testing that we are most
20 successful in reaching people when we go out into
21 the community and meet people where they are. We
22 know that people can be reached in non-
23 traditional sites in a way that cannot be
24 duplicated in more traditional settings. But

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2 scaling of testing requires significant financial
3 support. With increased testing also comes an
4 increased need for resources for follow-up to
5 ensure that individuals testing positive remain
6 connected to care and adhere to isolation
7 protocols.

8 Funding will be necessary for increased
9 personnel costs, for testing and training, for
10 testing kits, for adequate supplies of PPE and
11 cleaning and disinfecting supplies. In addition,
12 renovations may be necessary to brick and mortar
13 facilities and to mobile units in order to keep
14 staff and clients and patients safe.

15 As some of my colleagues have already
16 mentioned we have all gone to a telehealth
17 platform in a way that we never had before. But
18 regulations surrounding remote service delivery
19 of primary care behavioral health and care
20 coordination need to ensure the providers are
21 adequately reimbursed for these services. In
22 addition, regulation should be changed to allow
23 for the provision of certain services, such as
24 testing outside of clinic settings and to allow

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2 the providers to be adequately reimbursed for the
3 services provided in those non-traditional
4 settings.

5 We need significant investment in IT
6 infrastructure and support. We know that in many
7 cases, there is a lack of access to internet or
8 to the actual physical computers or iPhones that
9 are necessary in order to for both providers and
10 for individuals to participate in this new level
11 of telehealth. Our community is experiencing
12 increased levels of grief, isolation and anxiety.
13 Technology would enable people to stay connected
14 to services, family and society during social
15 distancing, periods of isolation. But significant
16 funding is necessary in order to make technology
17 available to all and that is both providers and
18 individuals as well.

19 We also need to greatly expand the
20 number of COVID-19 medical respite accommodations
21 for convalescing our exposed community members
22 requiring quarantine or post hospitalization
23 respite. This is especially important for anyone
24 living in high density living situations, such as

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2 people who live in multigenerational family
3 settings, which has come in many neighborhoods
4 and communities of color.

5 We know that the disproportionate impact
6 of COVID-19 on communities of color exist because
7 of serious structural barriers to accessing
8 quality affordable healthcare and also because of
9 the historical treatment of people of color in
10 the healthcare system, which has led to distrust
11 in the medical profession in general. In order to
12 improve and maintain the health of marginalized
13 communities, we must now make quality affordable
14 housing, healthy food options and livable wage
15 jobs available to every New Yorker. This will
16 take significant and ongoing investments from
17 every level of government.

18 Additional significant Medicaid
19 enrollment is inevitable, given the economic
20 impact of COVID-19. As all of my colleagues have
21 said, now is not the time for Medicaid cuts. And
22 I will just echo Senator Rivera in saying more
23 revenue, more revenue, more revenue. Nonprofit
24 CBOs are already working with extremely

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2 challenging financial limitations, serious gaps
3 in both state and city budget that threaten
4 FQHCs, HIV services, mental health services and
5 supportive housing. Funding for existing programs
6 should not be diminished but increased in ways
7 that consider the future needs of our community.

8 MODERTAOR: I'm sorry. The time has
9 expired.

10 MS. KILMER: Thank you.

11 ASSEMBLY MEMBER BRAUNSTEIN: Thank you
12 Ms. Kilmer. And now we're going to go to the last
13 witness on the panel, Nadia Chait, associate
14 director of policy and advocacy, the Coalition
15 for Behavioral Health.

16 MS. NADIA CHAIT, ASSOCIATE DIRECTOR OF
17 POLICY & ADVOCACY, THE COALITION FOR BEHAVIORAL
18 HEALTH: Hi, thank you so much for providing us
19 the opportunity to testify today and for
20 including behavioral health as a key part of
21 healthcare and the disparities that we will need
22 to address to recover from COVID and to help our
23 communities.

24 The Coalition represents over 100

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2 community based behavioral healthcare providers,
3 who serve over 650,000 New Yorkers annually. And
4 our members are providing mental health and
5 substance use services in the communities that
6 have been most heavily impacted by COVID-19. And
7 I want to be clear that this is not just a
8 physical health crisis. This is a behavioral
9 health crisis. We are going to see the need for
10 mental health and substance use services increase
11 in a way that we probably have not seen, perhaps
12 ever.

13 We are already seeing a level of demand
14 that, for many of our providers is unprecedented.
15 We recently surveyed our providers and over 70
16 percent of them are seeing an increase in demand
17 for services from new and existing clients and 21
18 percent of them reported that they don't
19 currently have the resources to meet that demand.

20 Surveys of New Yorkers that are done by
21 the city's Department of Health and Mental
22 Hygiene show that right now about half of all New
23 Yorkers have symptoms of anxiety, and over a
24 third have symptoms of depression. If you talk to

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2 anyone who operates a mental health hotline at
3 the state level, city level or national level,
4 calls are increasing at an unprecedented level.
5 The need is really clear. What's not clear is
6 whether we'll have the resources to meet that
7 need and to meet that need in the hardest hit
8 communities.

9 Our providers serve primarily black and
10 Latinx communities and they work very hard to
11 ensure that they have the appropriate staff to
12 provide services, that they have staff who can
13 provide staff in multiple languages with native
14 fluency, that they have staff who are from the
15 communities and that's why our providers are
16 based in the communities, that's why, you know,
17 one of my providers recently when they were
18 building a new location, they brought in a
19 community group, they worked very closely with
20 the members of the community, so when the
21 building went up, community calls it, this is our
22 building, this is our community.

23 And that's why we know that we're the
24 right people to serve these, to serve this

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2 community and to help deal with the disparities.

3 We know before COVID hit that these were

4 communities that were already harder hit by

5 mental health and substance use disorders,

6 reflecting, you know, all of the ongoing

7 disparities that we talk about all the time.

8 But it's going to be worse after this
9 because these communities have been so hard hit
10 by COVID because of the grief, because of trauma,
11 because of the rising rates of unemployment and
12 of course because we also know these communities
13 are over-represented as frontline workers. And
14 the trauma and the mental health challenges for
15 the frontline workforce are going to be very
16 significant. And that's true both for physical
17 health workers and also for our mental health
18 providers and our behavioral health providers
19 whose staff have continued to go to work in
20 person in many places. Certainly, some of our
21 services have transitioned to telehealth for
22 those that are possible to transition to
23 telehealth.

24 But for staff who work at a supportive

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2 health residence or at a residential treatment
3 program, those programs cannot close and they
4 have not closed and those staff have continued to
5 go in every day and to help this population at a
6 very challenging time.

7 And so I think some of the issues have
8 already been highlighted by others. Of course, we
9 need continued support for telehealth services,
10 and particularly for telephonic. Obviously, many
11 people simply don't have access to video
12 technology, to a data plan or even if they do
13 have access, it's not technology that they're
14 comfortable using for something as intimate as a
15 behavioral health session. So we need to ensure
16 telephonic is included in all billing, as well as
17 telehealth and that it's reimbursed at the same
18 rate as in-person visit.

19 But we need more than that. Behavioral
20 health has always been underfunded. And we need
21 to really step up and fund the sector at this
22 time. Medicaid cuts would be devastating. It's
23 not an exaggeration to say that our providers are
24 already barely surviving. And with cuts at this

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2 time when what we need to do is increase
3 capacity, if we had Medicaid cuts we would see
4 decreased capacity, potentially substantial
5 decreased capacity.

6 It's also critical, one of the -- I want
7 to acknowledge that OMH and ACS both moved
8 incredibly quickly to put in place the emergency
9 regulations that have allowed the transition to
10 telehealth. And that's been wonderful. One of the
11 regulations that was put in place has allowed for
12 providers to be located outside of New York State
13 and to continue to serve clients in New York
14 State. That's critical overall, but it's been
15 especially important for serving clients who
16 speak languages other than English, because it
17 widens the pool of clinicians that our members
18 can hire, and it makes it easier to bring in
19 staff who speak other language that will be
20 critical to keep. Thank you.

21 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
22 you to our panelists. Senator Jackson, do you
23 want to introduce, all right, since Senator
24 Jackson is not available, I will start on the

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2 Assembly side. We'll start with Assembly Member
3 Ron Kim who is chair of the Asian Pacific
4 American task force.

5 ASSEMBLY MEMBER KIM: Thank you,
6 Assembly Member Braunstein. So back in February,
7 we created a task force in Queens of Asian-
8 American medical professionals to start focusing
9 on COVID-19 and how we should prepare. And it was
10 actually CAIPA, the Coalition of Asian-American
11 Independent Physicians Association and Dr. Liu,
12 he started warning many of us back in January
13 that this is a serious pandemic and we need to be
14 taking this very seriously and we need to start
15 preparing right away.

16 So, we began spreading information about
17 wearing masks and started to source PPE. We tried
18 to speak with leadership in the governor's office
19 as well back in February about how we should be
20 activating our emergency funds as soon as
21 possible to start securing PPE for the State of
22 New York. Because we saw early on what was going
23 on on the ground. People were hustling and trying
24 to buy as much PPE in districts like mine. So we

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2 kind of foresaw what was happening when there was
3 a scarcity of resources around.

4 Fast forward a couple of months, we wait
5 for the testing that's sponsored by the state to
6 scale and it's not. It's not reaching our most
7 vulnerable communities. So groups like CAIPA took
8 it upon themselves to create their walk-through
9 mobile testing sites. These are the type of sites
10 that we see in developed countries abroad, where
11 it's like a phone booth testing site and I've
12 seen, I've been to three of these openings. And
13 it takes about five minutes for a person to walk
14 through and get tested. And it's mobile. It can
15 go where the needs are.

16 So my first question, I want to bring
17 back Dr. George Liu, to see whether the state and
18 city should help scale this program up, because
19 right now it's been self-financed and paid for by
20 generous individuals.

21 Secondly, the question for everyone
22 else, testing and tracing, why aren't we
23 designing a system that's people-powered and
24 people-centric and patient-driven? Why do we

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2 continue to design programs that are highly
3 extractive and not focused on how do we center
4 everything around protecting people's privacy and
5 making sure the tools we're giving them empowers
6 them to re-engage in the economy? Dr. Liu?

7 DR. LIOU: Yes, thank you, Ron. I think
8 it's so important what you're saying. The CAIPA
9 physicians, because we have knowledge and
10 information from China, we understand the serious
11 and how dangerous that could be in terms of the
12 virus. So actually, you know, at that time we
13 were trying to get help, we were trying to get
14 equipment, the PPE and we found this is grossly a
15 shortage. So we originally had other channels to
16 go through China to purchase the things. And
17 later one, it has become a problem, you know,
18 some of them political, some of it difficulties
19 of quality or something like this is the
20 situation.

21 But CAIPA Foundation has been providing
22 a lot of services, as I said before. We provided
23 \$500,000 of goods to support the hospitals and to
24 the emergency room, the nursing home, see what we

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2 can support our colleagues who's in the first
3 line. And this is very important. And since we
4 have the CAIPA mobile service, this is, I think,
5 very important to prevent people getting infected
6 during the -- some people get sick, they wanted
7 to see the doctors, and they go to the emergency
8 room. There are very, very unfortunately long
9 lines, you will sit there for seven or eight
10 hours and with a crowded area you cannot
11 [unintelligible] [02:49:01] sick, but
12 [unintelligible] [02:49:03] the area getting
13 infected. And the same problems in the doctors'
14 office, you don't want to infect the doctors or
15 you don't want to infect front desk people. But
16 those are the other problems. That's
17 [unintelligible] [02:49:14] we developed the
18 mobile services, which is we can drive the car to
19 the patients home, actually in addition to the
20 several spots as we continuous trying to provide
21 services.

22 ASSEMBLY MEMBER KIM: Thank you, Dr.
23 Liu. In ten seconds left, can we create a tracing
24 program centered around protecting people's

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2 privacy, yes or no?

3 DR. LIU: Yes, it's important to provide
4 the service, the privacy. But I think if the
5 patient volunteered to actually want to come in
6 to provide, ask you for the services, no I think
7 that would be okay.

8 MODERATOR: Thank you. The question time
9 is up.

10 ASSEMBLY MEMBER BRAUNSTEIN: Thank you.
11 Now, we turn to Senator Salazar, the chair of
12 women's issues committee and she has five
13 minutes. Senator Salazar.

14 SENATOR SALAZAR: Thank you, I'd been
15 muted. I, first of all, thank you all for your
16 testimony. I wanted to ask Amy Doran if you are
17 seeing among the community-based behavioral
18 health providers in the coalition, sort of a
19 similar triaging of patient care that we are
20 seeing in other healthcare facilities that don't
21 typically focus as much on behavioral health. And
22 are you seeing or anticipating an impact on
23 people struggling with specific behavioral health
24 issues right now, perhaps not getting the

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2 treatment that they need due to not being
3 prioritized during the Coronavirus pandemic?

4 MS. CHAIT: Thanks for that question. I
5 think fortunately, our sector so far has not had
6 to do the kind of triaging that we're seeing on
7 the physical health side. I am concerned, you
8 know, given the increase in demand that we expect
9 to see of how that will be handled without
10 additional resources for a sector that has always
11 been underfunded. But no, I would say right now,
12 I think providers were really able to transition
13 most of their services quite quickly to
14 telehealth.

15 And then one of the things that's
16 incredibly wonderful about behavior health is the
17 use of peers to deliver services and to work with
18 clients. And so, many, many, many of our members
19 had their peers really doing intensive outreach
20 to make sure that individuals were not lost in
21 care, that if they didn't have a phone, they were
22 provided with a phone, if they didn't know how to
23 use Zoom or whatever the service was, that they
24 were taught how to do that.

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2 And so I think that's really helped to
3 keep people in care. I am concerned about how
4 we'll make sure that people who need care but
5 have not previously used services will get
6 connected to services. There are obviously
7 hotlines and referral mechanisms. But if you're
8 someone who maybe doesn't have a primary care
9 provider or is otherwise disconnected from care,
10 you may not know how to access these services and
11 so I think that could be a real problem.

12 ASSEMBLY MEMBER BRAUNSTEIN: Senator,
13 are you done? Okay. Okay. Now we're going to move
14 to the Assembly side. We'll have Assembly Member
15 Marcos Crespo, chair of the Labor Committee.

16 ASSEMBLY MEMBER CRESPO: Thanks, Ed.
17 Just, again, thanks to all the panelists. Luz,
18 maybe if I could focus a little bit on you on
19 this one. Again, I'm going to start out by saying
20 this unfortunate, we told you so. I could go back
21 when I was an intern, I remember then Assemblyman
22 Peter Rivera, as chair the task force, was behind
23 the creation of the Office of Minority Health
24 within the State Department of Health, an agency

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2 at the time, so many years ago to focus on the
3 growing disparities in our communities, and that
4 got defunded over the years, to the point that
5 it's now one person in an office that's never
6 heard from, and cannot execute this work. And now
7 we're seeing the results of what happens when we
8 ignore those specific needs in our neighborhood.

9 So again, I had to vent, to start off
10 with. But Luz, the federally qualified health
11 care centers, in my community, the Bronx has the
12 highest percentage of workers in our county, work
13 in health care. Many of them, not only big
14 hospitals but in organizations like yours,
15 federally qualified centers, who in my opinion,
16 provide the most culturally competent healthcare
17 service. And you're also large employers, you
18 provide employment to people within those same
19 communities and you service those that otherwise
20 have less access to coverage and other issues.

21 And so the impact you guys have had
22 financially, both from an employer's standpoint,
23 you mentioned quickly that you furloughed staff.
24 I don't know if you will elaborate more. But I

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2 also want to know, I understand that the
3 reimbursement issue with telehealth was addressed
4 late in this pandemic, but it's now a little bit
5 better. And it's only limited to this pandemic.

6 What's your biggest financial concern as
7 something the State needs to control in terms of
8 the viability of our federally qualified health
9 centers? I know many of the smaller organizations
10 in particular run the threat of not reopening
11 because of this, even though healthcare is now
12 going to be our greatest need. And addressing
13 those underlying health conditions has to be a
14 priority. There's nothing to reinvent here. We
15 know what those underlying conditions are. And we
16 know they need to be impacted, diabetes, but all
17 these issues. And there are many prongs that
18 address those needs.

19 But from your standpoint, federally
20 qualified health centers, what is your biggest
21 concern from an employer's standpoint and as a
22 provider in terms of where are the resources that
23 you need most to make sure that you stay viable
24 in the new economy.

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2 MS. CORREA: Well, thank you for that
3 question. Yes, there's so many layers, there's so
4 many layers to this. And for federally qualified
5 health centers, we had to fight to get the
6 telephonic visits approved and be able to get
7 reimbursed for that. We had to fight for
8 telehealth services. Yes, telehealth services,
9 it's looking like that is going to be okay and
10 we're okay for now.

11 But we're going to need money. We're
12 going to need capital money to retrofit our
13 sites, to make them safe for both our patients as
14 well as our staff. We're going to need money to
15 just bring on telehealth services. Some of our
16 community health centers were not on track to
17 bring on virtual services yet. And this is an
18 investment they have to make if they're going to
19 stay viable and if they are going to remain open.

20 We're going to need money just to bring
21 on staff, personnel. We have furloughed staff. We
22 have laid off some staff. We closed two sites.
23 Dental is our biggest -- we're one of the largest
24 dental providers in the Bronx. There's a dental

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2 shortage in the Bronx. So we're never at a loss

3 for patients trying to access dental services.

4 That's why Union had an 85 percent impact on our

5 visits because we had to close basically dental

6 at the beginning of the pandemic.

7 When we bring it back on, we're going to

8 have to take a lot into consideration. How do we

9 protect our dentists? How do we protect the

10 patients that are accessing the services?

11 So, from a capital, operating and

12 personnel expense, we are going to need a lot of

13 help. As it was said before, we also need to be

14 reassured that Medicaid and reimbursement for

15 services like telephonic, telehealth are not

16 negatively impacted because right now, the

17 revenue stream is so important.

18 ASSEMBLY MEMBER CRESPO: So, just to be

19 clear, for anybody who may not realize this

20 telehealth is when there's a virtual, you know,

21 video conference. Telephonic is just when that's

22 not available that you can at least speak to the

23 patient, correct?

24 MS. CORREA: Exactly.

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2 ASSEMBLY MEMBER CRESPO: And that's key,
3 because, and again, the digital divide in our
4 communities, that phone call can make the
5 difference. And I guess my last question because
6 time is running out. I just want to be clear
7 because the anxiety is real. I know I've dealt
8 with it. By the way, I tested positive, my family
9 all did, my kids. We've gone through it, we're
10 okay, thank God. But the anxiety remains, because
11 there's still so many unknowns. Are anxiety calls
12 to your clinics in a telehealth call covered?

13 MS. CORREA: Yes. Yes, and through
14 telephonic as well. And I can tell you that our
15 social workers, our behavioral health
16 specialists, our psychiatrists are pretty busy
17 these days and doing a phenomenal job because
18 there's a lot of anxiety in our community right
19 now.

20 ASSEMBLY MEMBER CRESPO: Thank you.

21 ASSEMBLY MEMBER BRAUNSTEIN: Thank you.
22 Now we turn to Senator Gustavo Rivera, the chair
23 of the Health Committee.

24 SENATOR RIVERA: Thank you, Mr.

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2 Chairman. And Luz, I'm one of those folks that is
3 not getting the dental clinic visits because I
4 use Union for my dental visits. All right, so I
5 know I have five minutes. One of the things that
6 these hearings are good for is actually we're not
7 only talking about the things that are going on
8 now, but we're thinking about the things that
9 we're going to have to do afterwards, right.

10 The idea that we're going to go back to
11 normal cannot, I would argue cannot possibly be
12 the way that we do this. We have to go back to
13 something else. And the something else,
14 particularly as it relates to healthcare as we're
15 talking about here, I wanted to linger on that
16 for a few seconds, for just a little bit.

17 Particularly, Mr. Fortenberry, I think
18 you did an amazing job of actually kind of laying
19 out what are some of the recommendations that you
20 have for us, because as it relates to federal
21 qualified health centers or other community
22 health centers that are being -- the impact
23 they're feeling is immense, I wanted for you to
24 talk a little bit that. This is what I want to

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2 lay this out and then let the panel kind of take
3 over.

4 You mentioned the New York Health Act. I
5 cannot say this enough to everyone that's
6 listening, to all my colleagues, the ability for
7 everyone to have universal access to care would
8 actually help us quite a bit in a situation
9 that's a public health emergency. The idea that
10 we need to make sure that we do not cut Medicaid.
11 That we do not cut Medicaid, I say again, that we
12 do not cut Medicaid during a time of crisis, that
13 we raise more revenue so that the hit is less.
14 Obviously, we can't tax our way out of this. Our
15 dear governor says that all the time very well.
16 But how about not two hits but one, how about we
17 make the hits less.

18 And on mental health issues because I
19 know that Ms. Chait was talking about this and I
20 apologize if I mess up your name, but talking
21 about mental health services and all the issues
22 that are kind of plugged in here. So Mr.
23 Fortenberry and then Ms. Correa, if you can, I
24 only have a few minutes, but talk about what are

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2 some of the things, if you could underline
3 particularly, Mr. Fortenberry, the things you
4 talked about as far as recommendations for us and
5 the things that we cannot do during this crisis
6 so at the end we're in a worse off place? Could
7 you make sure you underline those for us, please.
8 Thank you.

9 MR. FORTENBERRY: Thank you so much for
10 that question. I really appreciate the
11 opportunity. So I think it cannot be stressed
12 enough, what you just said around cuts to
13 Medicaid and how disproportionately, it impacts
14 specifically the communities that we care for
15 that are so dependent on Medicaid dollars, not
16 only for the life-saving treatment that they
17 access through FQHCs, but also as FQHCs, our
18 ability to maintain our viability to continue to
19 serve and expand that coverage. So I think that
20 is the biggest takeaway.

21 I also really think it's important to
22 lean on the infrastructure that FQHCs have
23 created in response, in the strong response to
24 the HIV epidemic. We know contact tracing, right.

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2 We know how to maintain privacy. Please utilize
3 us as an infrastructure to address this pandemic.

4 I also, I think it's important to
5 mention homelessness. Callen Lorde is currently
6 taking care of both youth and adults in hotels
7 throughout New York City and providing
8 comprehensive healthcare services. Addressing
9 housing is going to be, I think, an incredibly
10 increased need for the future.

11 We talk about planning for how to manage
12 this pandemic moving forward. Supportive housing,
13 affordable housing is going to be increasingly
14 important to ensure that we can ensure the safety
15 of our communities.

16 SENATOR RIVERA: Luz could you talk
17 about FQHCs please and what we can't -- tell us
18 what we cannot do? What are the things --

19 MS. CORREA: You cannot ignore the fact
20 this is going to create a tsunami of mental
21 health illness. We cannot not talk about that,
22 and for generations to come. Someone said this
23 earlier, this is impacting us now. The children
24 who are experiencing this will be impacted by

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2 this and we have to address it, we have to talk
3 about it. We know that there's stigma in our
4 community already about talking about mental
5 health, about admitting that we need help.

6 Every basic need has been taken away
7 from our community. There are people that are
8 struggling with housing now wondering how they're
9 going to pay their rent. There are already people
10 living in shelters, obviously. Their healthcare
11 needs are, are -- I don't know if they can rely
12 on the healthcare system right now, if they feel
13 that they can rely on it.

14 SENATOR RIVERA: Luz, I'm going to
15 interrupt you only because I have a couple more
16 seconds. Make billionaires pay more revenue, more
17 revenue, more revenue, we need more damned
18 revenue. Thank you Mr. Chair.

19 MS. CARREAR: Mental health services.

20 SENATOR RIVERA: There you go.

21 SENATOR JACKSON: Co-chair Braunstein,
22 it's on you.

23 ASSEMBLY MEMBER BRAUNSTEIN: Thank you,
24 senator. Now, we're going to move on to Tremaine

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2 Wright, Assembly Member Tremaine Wright, chair of
3 the Black, Puerto Rican, Hispanic and Asian
4 legislative caucus.

5 ASSEMBLY MEMBER TREMAINE WRIGHT: Thank
6 you, everyone.

7 SENATOR JACKSON: Hi, Madam Chair.

8 ASSEMBLY MEMBER BRAUNSTEIN: Tremaine,
9 you've got to unmute. There you go.

10 ASSEMBLY MEMBER WRIGHT: Sorry. It told
11 me I couldn't unmute myself. If you can hear me
12 now, thank you. I just want to thank you all for
13 coming together for this. Luz Correa, I guess I
14 wanted to ask you more specifically, at the end
15 of your statement you said that you had a number
16 of recommendations that you did not go into.
17 Could you please give that to us?

18 MS. CORREA: Sure. We need PPE. We need
19 PPE to protect our staff, to protect our
20 patients, personal protective --

21 ASSEMBLY MEMBER WRIGHT: Okay, I'm
22 sorry. Let me be really clear, not just what the
23 need is but what is your solution? So we need a
24 provision of PPE. But how is that you're asking

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2 for it, what is it the supply chain that you want
3 out of it. What is the payment plan? What is it
4 that you want?

5 MS. CORREA: So we need it and we need
6 the State and the City to come together to find a
7 way to get it to healthcare providers in the
8 community. We need public health messaging that
9 is culturally and linguistically appropriate.
10 Again, we need the City and the State to come
11 together on that. Our community has been
12 reporting back to us that they're getting a lot
13 of mixed messaging and they don't know who or
14 what message to listen to. And sometimes we feel
15 that way as well. We need mobile devices for our
16 patients. We need connectivity for our patients
17 and for our communities. Those, were going to be
18 my top one, two, three, four, five
19 recommendations. And then, obviously the capital
20 that's needed for community health centers to
21 sustain themselves.

22 ASSEMBLY MEMBER WRIGHT: Okay. Perfect.
23 Thank you. And then, Mr. Fortenberry, I wanted to
24 follow up with you on a couple of things. So

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2 you're doing housing for homeless youth. I wanted
3 to be clear, are you doing all of that in hotels?

4 MR. FORTENBERRY: Yes, that is correct.
5 We partnered with The Door and Ali Forney Center
6 to provide those services in hotels.

7 ASSEMBLY MEMBER WRIGHT: Now, is this in
8 -- so I know that you as health centers. Is this
9 a new project for you to do the homeless housing?

10 MR. FORTENBERRY: Yeah.

11 ASSEMBLY MEMBER WRIGHT: Okay. And how
12 is that currently being funded?

13 MR. FORTENBERRY: So, it is being funded
14 separately in the different hotels that we are
15 working in, either through DHS or the Office of
16 Emergency Management. And I do want to clarify.
17 We are just providing the medical services.

18 ASSEMBLY MEMBER WRIGHT: Oh, you're just
19 doing the services for the people who are being
20 housed? Okay. So you're not doing the actual
21 homing, you're not doing the services.

22 MR. FORTENBERRY: Correct.

23 ASSEMBLY MEMBER WRIGHT: Then I also
24 wanted to ask you about. You were supposed to be

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2 opening a clinic in Brooklyn. That was on your
3 radar for this year. And I wanted to know how has
4 this impacted it and what are the concerns
5 surrounding that development?

6 MR. FORTENBERRY: So, we have been able
7 to utilize our Brooklyn location to begin to see
8 some patients in an attempt to try not have
9 people travel any further than necessary for the
10 clinical services that they need. And so we are
11 doing a bit of a self-launch, if you will. How
12 this has affected our Brooklyn opening is that we
13 were so excited to expand services to Brooklyn,
14 right. There are so many underserved populations
15 in Brooklyn that we were hoping to reach with
16 this location. And so COVID-19 has certainly put
17 a bit of a damper on that opening. But we are
18 still hoping to expand services there as safely
19 as possible.

20 ASSEMBLY MEMBER WRIGHT: Okay. I know
21 that there were two conversation points I didn't
22 write down who said it, regarding increase in
23 respite accommodations and increasing the number
24 of mental health providers. So I wanted to know

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2 one, if someone could speak more on the respite
3 accommodations and then also if someone can
4 identify what beyond, what's needed, or what's
5 missing to meet the need with regard to mental
6 health beyond staffing? Beyond just hiring more
7 people, what tools do we need?

8 MS. CHAIT: I'm happy to take the mental
9 health question. Beyond staffing, I think one the
10 key issues that we face is stigma. And so really
11 efforts to tackle stigma and to make people see
12 that this is part of healthcare and that just
13 like you go to the doctor when your ankle is
14 hurt, you should reach out to a behavioral
15 provider when experiencing substance use or
16 mental issues. And I know the Assembly and the
17 Senate have done a lot of work on that in the
18 past, and acknowledging the mental health
19 awareness month and efforts there. But I think
20 that is probably as well one the biggest barriers
21 to people accessing care.

22 ASSEMBLY MEMBER WRIGHT: Okay.

23 MODERATOR: I'm sorry the question time
24 is up.

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2 ASSEMBLY MEMBER WRIGHT: Okay. Thank
3 you.

4 SENATOR JACKSON: Well, thank you. Next,
5 we turn to Senator Brad Hoylman of Manhattan,
6 five minutes.

7 ASSEMBLY MEMBER BRAUNSTEIN: Oh, is it
8 five minutes?

9 SENATOR JACKSON: I think it's three
10 minutes, I'm sorry. Brad?

11 SENATOR HOYLMAN: Thank you, Senator
12 Jackson, [unintelligible] [03:09:37] Senator
13 Salazar and all my colleagues. You know, when we
14 look at the issue of COVID-19 and the disparities
15 on communities with color, just yesterday you had
16 the federal HHS secretary, Alex Azar, basically
17 blaming our communities of color for their
18 underlying health issues, for the co-morbidities
19 that he points out that are resulting in a
20 disproportionate impact.

21 But we know that it's really about poor
22 decision making, whether it's in the weeks and
23 months leading up to the crisis or years and
24 decades before. And that's largely on

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2 government's watch. Just to point out, on March
3 9th, a letter was sent to Mayor de Blasio and his
4 health commissioners by 18 academics and
5 community leaders demanding that the mayor
6 seriously consider closing schools and curtailing
7 business hours. The signers included at least
8 four distinguished professors at major schools of
9 public health, as well as the presidents of
10 several organizations devoted to African-
11 American and Latino health and justice. Those who
12 signed the letter saw a particular threat to
13 minority and poor communities who are sicker and
14 often rely on the local public hospitals as their
15 only source of care. That's from this week's
16 ProPublica report.

17 So with that in mind, I wanted to raise
18 the issue with Mr. Fortenberry of what we can do
19 now as a state in terms of an issue that you
20 raise, LGBTQ data collection and the intersection
21 of that community with communities of color. We
22 know that LGBTQ communities of color have the
23 highest rate of HIV/AIDS and I'm interested to
24 know what you're seeing at the moment, in terms

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2 of LGBTQ people, communities of color and COVID-
3 19.

4 In the last several months, we've
5 understood that the LGBTQ communities are often
6 left behind. You had Franklin Graham and his
7 rabid anti-LGBTQ health ministry in Central Park
8 and you've seen the blood ban for gay and
9 bisexual men that has diminished our blood supply
10 during this crisis. What can you tell us in terms
11 of HIV/AIDS and COVID-19 and communities of
12 color?

13 MR. FORTENBERRY: Well, thank you so
14 much for that I think really important question
15 because it highlights, I think, the lack of data
16 that we have for these specific sub populations
17 and the impact, the disproportionate impact, of
18 COVID-19 on these communities I think won't even
19 really be known until we're able to collect the
20 data and review it to see where we can best
21 implement strategies from the state and funding
22 to try to address those disparities, right. It's
23 kind of hard to know where to start without the
24 data to begin with. I'll share from my personal

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2 experience here at 18th Street for our patients
3 that we're caring for.

4 MODERATOR: I'm sorry, the question time
5 is up.

6 MR. FORTENBERRY: Sorry.

7 SENATOR JACKSON: Ed, let him, allow him
8 to finish his response, if you don't mind. Go
9 ahead, finish sir.

10 MR. FORTENBERRY: I was going to say our
11 patients that are immunocompromised, we've tried
12 so hard to keep them out of the hospital systems,
13 right. We don't want them to be unnecessarily
14 exposed. And so that's why it's so important that
15 FCHCs remain viable to keep these populations
16 that are immunocompromised out of danger and out
17 of the overcrowded hospital systems. Thank you.

18 SENATOR JACKSON: Thank you. My co-
19 chair?

20 ASSEMBLY MEMBER BRAUNSTEIN: Thanks,
21 senator. Now, we're going to go to the ranking
22 member of the cities committee, Assembly Member
23 Mike Reilly.

24 SENATOR JACKSON: Mike Reilly of Staten

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2 Island.

3 ASSEMBLY MEMBER MICHAEL REILLY, JR.:

4 thank you, Senator Jackson. Thank you Chairman
5 Braunstein. I appreciate it. Thank you to the
6 committee, to the panel for all their insight and
7 their testimony. I actually, what strikes me is
8 the mental health aspect. I know firsthand about
9 the mental health issues that families could be
10 facing. My mom suffered several nervous
11 breakdowns when I was growing up. And I
12 understand the strain on the community and the
13 family bond. I can only imagine what's going to
14 happen after this pandemic subsides, at least
15 temporarily.

16 So, I think the main point that I'm
17 looking to gain some more insight in is what we
18 can do to give more resources, not necessarily
19 funding-wise, because I know that's always going
20 to be a reason and a need. I'm looking for what
21 we can do at the ground level in each community.
22 Because I think along with that mental health
23 aspect, we're going to see a dire need for detox
24 beds, because the isolation, I think is going to

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2 bring about more substance abuse, whether that's
3 drugs or alcohol. We see that we're losing some
4 detox beds throughout the city and there's
5 always, and the state, and there's also been a
6 need. Is there anything we should keep an eye on,
7 and this is open to all the panel members, if you
8 can give recommendations and suggestions in that
9 area. Thank you.

10 MS. CHAIT: Sure. So I mean, you're
11 absolutely right that substance use is going up
12 and we've heard from a lot of our providers of
13 people who are experiencing relapse or really
14 struggling with kind of the structures that have
15 helped them going away to a large degree. You're
16 not going to work every day. No one knows if your
17 open a bottle of wine at noon or whatever.

18 But I think in terms of resources, I
19 mean I think you highlighted a couple of key
20 issues. I think of a lot of is also thinking
21 about the conversations we have and how we direct
22 people to the resources that we have right now,
23 and the resources that we can build.

24 So I know the state has already applied

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2 for some FEMA funding and is intending to apply
3 for more for FEMA's crisis counseling. That I
4 think can be a really powerful program. It
5 certainly was in the State and the City after
6 Hurricane Sandy and after 9/11.

7 And then also for our kids, thinking
8 about the resources that we have for in schools
9 and how we can make sure that those resource stay
10 in place when students aren't in school and
11 aren't attending, you know, some of the after
12 school and enrichment programs. A lot of schools
13 have social workers. How are we making sure that
14 kids are still accessing that and that last year,
15 New York State, thanks to all of you, has started
16 to do mental health education in the schools,
17 which is wonderful. How can we make sure that
18 those sorts of things continue when students
19 aren't in the traditional settings? So those
20 would be two things I would keep an eye on.

21 ASSEMBLY MEMBER REILLY: So I know that
22 we've always needed more SAPIS in our schools. Is
23 there a specific targeted area where we would
24 want to make sure that we advocate for more of

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2 those, I guess professionals?

3 MS. CHAIT: Sure. So I don't know the
4 breakdown super well, but I would say certainly
5 where we're probably going to see the greatest
6 increase in need is going to be in those
7 communities that are the hardest hit. So, looking
8 at where have there been the most infections and
9 most deaths and obviously, kids processing loss
10 is really complicate and really hard. Processing
11 that maybe your mom is a nurse who didn't come
12 home for three months because she was afraid of
13 getting you sick, that is going to need help to
14 help those kids be resilient and to go on through
15 their lives.

16 ASSEMBLY MEMBER REILLY: And I think,
17 switching gears a little bit, the CDPAP for
18 seniors and disabled, having their families take
19 care of them, I think we're going to see there is
20 a great need for that and want, especially given
21 the impact this has had on nursing homes. I want
22 to know if there's any insight you can offer in
23 how we can advocate more for that? I mean I know
24 that we have to push in budgetary hearings for

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2 these things. But we see this is more important
3 now than ever, and we can't have those programs
4 cut.

5 ASSEMBLY MEMBER BRAUNSTEIN: Okay.

6 Thanks, assembly member. Now we're going to go to
7 Assembly Member Aravella Simotas, chair of the
8 task force on women's issues.

9 ASSEMBLY MEMBER SIMOTAS: Thank you, Ed.

10 I have a couple of questions. So access to
11 reproductive healthcare services in communities
12 of color are already scarce. Many New Yorkers
13 have to travel long distances to access services.
14 So, I have two questions. And I'm going to direct
15 them either to Luz, Anthony, Trevor, whoever can
16 answer them. First, how can the state protect
17 access to reproductive care during this pandemic?
18 And second, my question resolves around
19 increasing rates of maternity mortality rates
20 throughout the state. What can we do to ensure
21 that COVID-19 doesn't exacerbate the maternal
22 mortality crisis for African-American mothers?
23 Have any specific policies been implemented to
24 minimize the risk for mothers and newborns? And

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2 have they been sufficient?

3 MR. FORTENBERRY: I can jump in first,
4 just to very briefly say, as I said before, I
5 really do believe that supporting the
6 sustainability of federally qualified health
7 centers is one of the best strategies to address
8 both reproductive and sexual health for
9 communities of color, for the LGBTQ community for
10 reducing maternal mortality. I think FQHCs are
11 meant to be the safety net to help support those
12 functions and supporting them will help address
13 it all.

14 MS. CORREA: And I agree with Anthony,
15 100 percent. I mean I do know that during this
16 time, and it's been widely reported, that there
17 are less opportunities for women to access
18 reproductive health services, services like PEP
19 and PrEP in our community right now are at a
20 standstill, because people just do not feel
21 comfortable going into a health center right now
22 or they don't know that they can call their
23 health center and speak to a provider. So, we
24 know right now a lot of these services are being

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2 impacted and the community is being directly
3 impacted by this pandemic.

4 ASSEMBLY MEMBER SIMOTAS: Thank you.

5 SENATOR JACKSON: Okay, until my
6 colleague comes back, let's go to the next
7 assembly member that's assigned, that waved a
8 hand. Here's Ed. Ed, back to you.

9 ASSEMBLY MEMBER BRAUNSTEIN: Sorry. So,
10 next, I believe we're going to go to Assembly
11 Member Yuh-Line Niou, co-chair of task force on
12 Asian Pacific Americans, five minutes, correct.
13 Okay. Thank you.

14 ASSEMBLY MEMBER NIOU: Thank you so
15 much, Ed. And I wanted to ask I guess has there
16 been any considerations that you guys feel have
17 been made by the State to make sure that there
18 are culturally appropriate health services?
19 Anybody can answer. It's okay to be honest.

20 MS. CORREA: Well, I will speak. I know
21 that there has been a lack of materials and
22 outreach in Spanish language for our community.
23 That's not only at the State level but also at
24 the City level and we're very concerned about

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2 that. We need to get information out in all
3 languages and not just Spanish. Chinese, Arabic,
4 French Creole, I mean you name it. We need to
5 have information translated.

6 It was a shame that Jo-Ann spoke earlier
7 about not knowing where the COVID-19 isolation
8 hotels are. I mean she runs an organization, a
9 large community-based organization, so if she
10 wasn't aware of how to refer someone to a COVID-
11 19 hotel, could you imagine the lay person,
12 people who live in our community. They don't have
13 this information, and we need to put it out there
14 in all languages, and we need to arm our
15 community-based organizations with this
16 information as well.

17 ASSEMBLY MEMBER NIOU: I just want to go
18 back to the question, which is, do you feel our
19 state has really provided revenue I guess, or
20 budget, for culturally appropriate healthcare to
21 our communities? Because I know one the biggest
22 things that we cut in our budget was our
23 community health centers. And that was one the
24 biggest avenues in which people could reach out

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2 to their communities with culturally appropriate
3 care.

4 We also see that there's a lack of
5 culturally appropriate food in the City and
6 States, I guess, preparations for our folks. And
7 I also wanted to point out that, I guess, what
8 you guys have said already, is that right now the
9 health disparities have been very, very apparent
10 within our different community groups and the
11 racial wealth gap is really visible now, and
12 amplified and magnified. And so we've seen the
13 service disparities that some service agencies
14 have talked about and now we see from all of you
15 some of the disparities that we are seeing across
16 the City and the State.

17 And so I guess what I wanted to ask, you
18 know, besides language access, besides food
19 insecurities and the things that are not really
20 appropriate, is there some other things that our,
21 you know, our state should be funding and how
22 much should our state be funding? And hi, George.
23 Hi, Uncle George.

24 DR. LIU: The point is actually I listen

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2 for a long time. Actually, I don't see or don't
3 hear too much about how we have to pick people to
4 go back to work. I think the most important thing
5 now is how we can help everybody go back to work
6 safely. And that's the reason we're pushing very
7 hard trying to get people to get tested, to find
8 out, we call it identification, and then we can
9 isolation those people who are sick, so they
10 don't go back and infect other people in the
11 process. So this can prevent a second wave of
12 disease comes up again. So that's the reason
13 we're trying to push as much as we can trying to
14 do the testing. I think this is the most
15 important thing at this point. And I hope
16 everybody agrees with that. And of course,
17 there's money and CAIPA Foundation we have not
18 very much support on this at all and hope we can
19 get some support from the government.

20 ASSEMBLY MEMBER NIOU: Thank you for
21 talking about that. And thank you for bringing
22 that up because I think that you're right, there
23 hasn't been a lot of government support for
24 culturally appropriate services. There are people

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2 who trust CAIPA, right, within our communities
3 more than other places. And I think that's really
4 important to make sure we get revenue and get
5 money to the places that our communities trust.

6 I think, we have seen now that these are
7 actually -- people say we're letting people fall
8 through the cracks, right, but actually I think
9 that it's not really cracks. It's a system that
10 is not broken, but working exactly how it was
11 designed. It's basically a system that is
12 designed to leave out certain communities. And
13 like Wayne had just said in the previous panel,
14 that the first time the Asian Americans were ever
15 even included in the budget was a couple years
16 ago.

17 ASSEMBLY MEMBER BRAUNSTEIN: Okay, thank
18 you, Yuh-Line. And now we're going to go to
19 Assembly Member Harvey Epstein to close this
20 panel.

21 ASSEMBLY MEMBER EPSTEIN: Thank you. I
22 want to thank all the panelists as well. I know
23 we talked earlier, and clearly we need to focus
24 on healthcare and healthcare services, the New

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2 York Health Act, not cutting our community health
3 clinics. You know, obviously with not enough
4 social workers in the schools and potential PTSD
5 for our students and not actually having an
6 opportunity for confidential space or mental
7 health issues.

8 I'm wondering what people see with
9 percent the cuts coming down the pike. What are
10 the long term health impacts we're going to see
11 for communities of color, low-income communities
12 in New York? And what are the longer term costs
13 that we are going to incur based on our failure
14 to deal with some of these health consequences
15 now? That's for any of the panelists who want to
16 answer.

17 MS. KILMER: I think that some of the
18 long-term consequences are going to be you're
19 going to see FQHCs fail, you're going to see
20 community health centers fail. There already
21 aren't sufficient facilities within communities
22 of color from outside of the hospital for them to
23 receive care. And so a loss of even one FQHC or
24 other community health center will be detrimental

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2 to health outcomes for the entire community.

3 MS. CHAIT: And on the behavioral health
4 side, if we see funding cuts, instead of being
5 able to intervene early and help people recover
6 from COVID, help people feel comfortable on the
7 subways, being out in public without having
8 overwhelming anxiety, help children deal with
9 this incredibly traumatic period in their lives,
10 we can intervene now and it will be much less
11 expensive than it will be later on and the
12 outcomes will be will be better.

13 Or we can let that trauma really sink
14 into people and manifest in a variety of ways,
15 both physical and mental health impacts, right,
16 like trauma is a mental health issue, but it
17 impacts your physical health substantially as
18 well. And we can do that in a way that will be
19 much more expensive and also that will harm
20 people's lives. It will cost the state more and
21 also, people will be sicker and they will die
22 younger. And that's a choice.

23 ASSEMBLY MEMBER EPSTEIN: That's really
24 important point that it's going to cost us one

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2 way or the other and the only question of whether
3 we were going to spend money later and with human
4 cost associated with it, or manage it now. And
5 it's going to cost us, and we're going to have to
6 figure out way to pay for it, but the costs are
7 going to be much more problematic.

8 I'm wondering on the children and the
9 long-term impact they might have on children, can
10 you extrapolate if we don't deal with these
11 issues now, what are we seeing, you know,
12 unresolved issues?

13 MS. CHAIT: Sure. Yeah, so we know,
14 like, looking at young kids who experience
15 trauma, they're like likely to become much more
16 aggressive later in their life, to withdraw from
17 social support settings. So kids who have PTSD or
18 have experienced trauma are much less likely to
19 graduate from high school. They're less likely to
20 enter the workforce. They tend to be become, like
21 the term like disconnected youths who aren't just
22 engaged in our social institutions. But, like we
23 also know kids are resilient and if we act now
24 and we intervene, none of that has to happen.

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2 ASSEMBLY MEMBER EPSTEIN: Thank you so
3 much.

4 MS. CORREA: And this is Luz. I just
5 wanted to say that the State really needs to make
6 a commitment to invest, reinvest in programs like
7 PCMH, that's the medical home program. Union
8 Community Health Center is a level three PCMH
9 program. That means that we're providing the most
10 vulnerable patients with case management in
11 addition to their healthcare. So, doing that
12 outreach, doing that intervention with the most
13 vulnerable populations, including children, to
14 make sure that they are connected to care and
15 accessing the services that they need, that is a
16 state-funded program. And we need the state to
17 continue to reinvest in programs like that.

18 SENATOR JACKSON: Thank you, everyone,
19 for the panelists for coming forward. We're going
20 to move to panel number three. And we have
21 several panelists. Minerva Perez, the executive
22 director of OLA of Eastern Long Island. John
23 Choe, the executive director of Greater Flushing
24 Chamber of Commerce, Honorable Rose H. Sconiers,

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2 chair, the Community Foundation for Greater
3 Buffalo and Quenia Abreu, president of New York
4 Women's Chamber of Commerce. And Let me turn it
5 over to Minerva Perez, executive director. But
6 Minerva, I was looking at your testimony, and to
7 see what OLA stood for and what is that, if you
8 don't mind telling me. Minerva?

9 MODERATOR: Minerva Perez has
10 disconnected for the moment.

11 SENATOR JACKSON: For the moment, okay.
12 So then we'll move to John Choe. John, you're
13 there, the executive director of Flushing Chamber
14 of Commerce?

15 MR. JOHN CHOE, EXECUTIVE DIRECTOR,
16 GREATER FLUSHING CHAMBER OF COMMERCE: Yes, I am.

17 SENATOR JACKSON: Hey, John, long time.

18 MR. CHOE: Yes, good afternoon. The
19 Greater Flushing Chamber of Commerce is a
20 nonprofit membership association of small
21 business owners, entrepreneurs and civic leader
22 representing the most diverse and dynamic
23 community in the United States. While Flushing is
24 a majority Asian-American neighborhood, we are

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2 home to people from around the world. According
3 to the Census, 66 percent of the population can
4 trace their heritage to Asia, 16 to Latin America
5 and 14 percent from Europe. We are also the
6 center of small business activity in New York
7 with more than 5,000 firms employing ten or fewer
8 workers, according to state comptroller and we're
9 the fourth largest commercial district in New
10 York City, generating more than \$1.5 billion in
11 retail sales annually.

12 In the last great recession our main
13 street was growing economically, creating jobs
14 and generating tax revenue while Wall Street was
15 imploding from commoditized debt obligations and
16 other high risk financial debts. Neighborhoods
17 like Flushing, Queens are the key to New York's
18 economic recovery. This weekend, I conducted a
19 quick survey of our community. Very few
20 businesses were open. Before the pandemic, we
21 used to have long lines of people waiting on Main
22 Street outside Tiger Sugar, a bubble tea purveyor
23 popular with millennial Instagramers.

24 Now, the only line you see of the 5,000

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2 local residents of all of all ethnicities and
3 ages, many without jobs or healthcare desperately
4 waiting for emergency food assistance distributed
5 by volunteers at La Jornada food pantry. A line
6 that starts at the Grant Houses Community Center
7 an wraps around six blocks on Main Street, 40th
8 Road, Prince Street and 41th Avenue.

9 Because the city refuses to close down
10 streets in downtown Flushing to private vehicles,
11 these residents literally risk their lives every
12 week, unable to social distance on narrow
13 sidewalks just to feed their families. We
14 estimate that 30 to 50 percent of the restaurants
15 and eateries in Flushing will not reopen after
16 the [unintelligible] [03:35:00] has lifted. Our
17 business community, which has suffered so much
18 during this pandemic was already victimized by
19 racist profiling in the media, including the New
20 York Times and the New York Post, which published
21 photos of Flushing when reporting about COVID-19
22 outbreaks in Manhattan and other areas of New
23 York.

24 The pandemic has exposed fundamental

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2 inequalities in the distribution of needed
3 resources. Many of our businesses, like those in
4 neighbors outside of Manhattan, have still not
5 received any amount of relief from the City or
6 the federal government even after submitting
7 applications more than a month ago. When
8 received, these relief programs including the
9 Payroll Protection Program are not helping many
10 of our businesses because loan forgiveness is
11 based on continued hiring or rehiring of workers
12 at a time when no business is possible. Even many
13 that want to stay open, like many of our
14 neighborhood markets, they cannot because they
15 cannot get enough employees to come to work.

16 If New York is serious about helping
17 communities like Flushing, we need to think
18 outside the box and envision a post-COVID world
19 that supports resilient and sustainable
20 neighborhood based economic development. This
21 could mean closing off streets to private
22 vehicles, so restaurants and bakeries can provide
23 safe dining venues, establishing busways that
24 prioritize public transit for those who need to

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2 get to work or providing protected bicycle lines
3 for who need safe access to shopping and
4 recreational areas. States like Connecticut have
5 already lifted parking minimums for restaurants
6 to utilize their parking lots and on street
7 parking spaces for outdoor dining.

8 Proposals could also mean dramatically
9 expanding support for local currencies that
10 promote neighborhood circulation of money, the
11 widespread use of open air markets for New York
12 farmers to sell fresh fruits and vegetables
13 directly to consumers or distributing state
14 vouchers to every family in New York for use in
15 local businesses to jumpstart the economy.

16 And finally, this vision could mean a
17 moratorium on large scale development project
18 that continue to displace low-income residents and
19 small business owners at the current special
20 Flushing waterfront district being pushed by
21 city. It could mean the creation of a state
22 regulatory framework to protect small business
23 owners from rapidly escalating commercial rents
24 or support the expansion of community land trusts

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2 that prioritize the development of affordable
3 housing and neighborhood focused commercial
4 spaces. I'll end my comments now and hope to have
5 a further discussion about these ideas. Thank
6 you.

7 SENATOR JACKSON: Thank you, john. I
8 appreciate it. Now we're going to go to Minerva
9 Perez who is back on, from the OLA Eastern Long
10 Island. And Minerva, I had asked what does the
11 OLA stand for.

12 MS. MINERVA PEREZ, EXECUTIVE DIRECTOR,
13 OLA OF EASTERN LONG ISLAND: Organización Latino-
14 Americana, but thank you. Thank you. I to thank
15 you for this opportunity to share the need of our
16 Suffolk County east end community as it struggles
17 through this COVID-19 crisis. My name is Minerva
18 Perez, and I am executive director of OLA of
19 Eastern Long Island. OLA was founded in 2002 to
20 support Latino members of our community within
21 our five east end towns Suffolk County while we
22 work together with everyone to create a safer,
23 healthier, and more equitable east end.

24 Our pillars of focus center on advocacy

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2 and education. As we succeed, so does our full
3 region. During the month of April, we were able
4 to support the needs of nine east end school
5 districts to supply over \$700,000 worth of
6 Chromebooks and needed Wi-Fi for district
7 learning in our districts. This was not a Latino
8 only effort. It was a way to fully express our
9 belief that any time any student is deprived
10 access of education [unintelligible] [03:38:58].

11 As OLA has been the only Latino focused
12 nonprofit founded and base on the east end of
13 Long Island, we are well poised to discuss the
14 disproportionate effect that the crisis has had,
15 as recent undocumented immigrants, as citizens,
16 and as members of mixed status families. Our
17 isolated region, while it is a scenic and coveted
18 destination point for the wealthy, is home to a
19 glaring disparity of service industry workers,
20 many of whom are Latino, called upon and relied
21 upon to ensure the economic growth and viability
22 of this beautiful and tawny region.

23 This crisis has taken a sledgehammer to
24 the already faulty systems that have not caught

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2 up with our region's 30-year demographic shift,
3 to show that our Latino population is at 20 to 25
4 percent. Our 24 east end school districts have on
5 a low average 50 percent Latino student body.

6 This crisis is showing the many ways
7 Latino members of our shared community are being
8 disproportionately ravaged and I offer these
9 insights with hopes to assist in creating
10 solutions.

11 At the onset of this crisis, healthcare
12 messaging information did not adequately take
13 into consideration Spanish-speaking members of
14 community. They were held in limbo with no clear
15 guidance, leading to greater levels of spread.
16 Once testing was finally established, lack of
17 transportation to and from testing, fears related
18 cost, related to collection of personal data,
19 fears related to public charge all slowed down
20 testing and treatment of COVID positive community
21 members, leading without a doubt greater spread
22 within the community.

23 Worker safety in essential jobs is a
24 concern. Without economic ability to stay home,

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2 essential job status compelled many to work who
3 had no healthcare support, leading to greater
4 risks for themselves and their loved ones.

5 Public K through 12 education has made
6 the best of this new distance learning shift, but
7 with the lack of communication and access to
8 Latino parents, it means many students are not
9 reachable or harder to maintain contact with.
10 Beyond this tragic loss of education, there's
11 also the mental health component, that we've been
12 hearing more of, thankfully, that our students
13 are dealing with. Students are struggling with
14 heightened fears related to loss of housing, lack
15 of food, anxiety and isolation. And without the
16 benefit of schools having eyes on students we are
17 looking at a collateral damage of great
18 magnitude.

19 We don't need to wait for self-harm,
20 addiction, damage, suicide related to deaths or
21 injuries to escalate to know this is a concern
22 that has to be address you had now. Latino
23 students and other teens needing access to mental
24 health support now. Possibly, tele-mental health

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2 contracts should be considered.

3 Immigrant and mixed status families need
4 better access to police protection and victim
5 services. Domestic violence reporting is up 30
6 percent in New York State. As a former domestic
7 violence shelter director, I know the critical
8 importance of communication with law enforcement
9 at the moment they arrive at a home. We need
10 enhanced communications, such as simple cell
11 phones in every patrol car with access to
12 Language Line to ensure that law enforcement has
13 the ability to fully communicate, build trust and
14 learn the specifics of crimes and threats to best
15 support victims and their families.

16 Food is one of our largest crisis
17 points. Specifically reaching homebound community
18 members, illness, compromised immune systems,
19 quarantine, small children out of school, no
20 transportation, sudden loss of income, are
21 contributing to how homebound needs to be
22 redefined. Thank you to Suffolk County and our
23 towns for some efforts that we've just begun on
24 getting food delivered.

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2 Eviction threats and illegal
3 displacements are tearing apart our once thriving
4 workforce and their families. More supportive
5 landlords to ease burden on renters would help,
6 along with other approaches. Unemployment
7 assistance to navigate resources for all workers
8 unable to go back to their jobs is needed.

9 Public transportation in Suffolk County
10 is gravely lacking. We need ways to safely and
11 consistently transport members of our community
12 to jobs, healthcare and education, so that
13 further economic and health related devastation
14 doesn't escalate needlessly.

15 OLA thanks you for holding this hearing.
16 We are honored to assist this is a hard time for
17 all and let's give New York State the best
18 opportunity to thrive and survive this together.
19 Thank you.

20 SENATOR JACKSON: Thank you. And next
21 we're going to hear from Honorable Rose H.
22 Sconiers, the chair of the New York Foundation of
23 Greater Buffalo. And I hope I pronounced your
24 name correctly.

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2 HONORABLE ROSE H. SCONIERS, CHAIR, THE
3 COMMUNITY FOUNDATION FOR GREATER BUFFALO: Thank
4 you. Good afternoon everybody. I am Judge Rose
5 Sconiers, chair of the Greater Buffalo Racial
6 Equity Roundtable. This current COVID-19 pandemic
7 has laid bare longstanding inequities in greater
8 Buffalo's community of color, which have resulted
9 from centuries of institutional oppression.

10 The Greater Buffalo Racial Equity
11 Roundtable, convened in 2015 by the Community
12 Foundation for Greater Buffalo represents an
13 unprecedented cross sector partnership of over
14 250 organizations representing government,
15 business, faith and nonprofit leaders, which have
16 joined forces to achieve an expanded and
17 inclusive economy.

18 The following esteemed members of the
19 New York State Assembly and Senate are members of
20 the roundtable. The Honorable Crystal People-
21 Stokes, majority leader, and we thank Honorable
22 Crystal Peoples-Stokes for inviting us to this
23 important hearing. We also have Honorable Tim
24 Kennedy and the Honorable Chris Jacobs.

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2 Our roundtable's work is rooted in data
3 and focused on systems change. The roundtable
4 respectfully puts forth an agenda focused on
5 removing systemic barriers and providing
6 coordinated supports to advance equitable life
7 outcomes of people of color. We've attached a
8 diagram that reveals the established components
9 of the social determinants of health and that
10 diagram demonstrates that 40 percent of the
11 social determinants of health are related to
12 economic status, 30 percent of the determinants
13 are related to health behaviors such as tobacco
14 use, diet and exercise, alcohol and drug use and
15 sexual activity, 20 percent are attributed to
16 access to and quality of care and 10 percent to
17 physical environment such as air and water
18 qualities and housing and transit.

19 The Greater Buffalo Racial Equity
20 Roundtable is advancing ten initiatives which are
21 captured primarily within the 40 percent of the
22 social determinants of health related to social
23 and economic factors. And these factors include
24 education, increasing post-secondary completion

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2 for Buffalo youth through the Say Yes Buffalo
3 Partnership with a focus on MBK, My Brother's
4 Keeper, programming for young men of color,
5 employment and income, engaging employers and
6 inclusive workplace practices including
7 strategies to support economic mobility through
8 career labs and creating multiple onramps to
9 economic opportunity for in school and out of
10 school youth.

11 Family and social supports
12 collaboratively working with social service
13 agencies and family court to engage the community
14 in creating solutions to remove barriers to
15 achievement and economic stability, as well as
16 address the disproportionate numbers of black and
17 brown people in the foster care and welfare
18 system through racial healing.

19 Community safety, reduce contact with
20 and improve outcomes resulting from youth
21 involvement with the juvenile justice system and
22 improve outcomes for reentering citizens.

23 Additional strategies of the roundtable
24 focus on creating the conditions for systems

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2 change with narrative change and racial healing
3 as threads which run through all roundtable
4 initiatives. Narrative change achieves an
5 accurate, authentic and just narrative about
6 communities of color.

7 Racial equity impact analysis training
8 teaches decision makers how to insert a racial
9 equity lens into their decision making processes
10 for policies, practices and procedures. The
11 training offers executives, one, a shared
12 understanding of the history of communities of
13 color and how policy has shaped them, two, a
14 shared language on racial equity, and three, a
15 shared tool for decision making that results in
16 equitable outcomes and racial healing expands and
17 deepens connections across the racial groups.

18 In closing, the Greater Buffalo Racial
19 Equity Roundtable is a collective impact
20 initiative. We understand the importance of
21 community partnerships for removing barriers and
22 addressing the social determinants of health. The
23 roundtable is committed to partnering to
24 coordinate and compliment efforts adjusting the

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2 other social determinants of health for the
3 betterment of our community.

4 Economic mobility is clearly a powerful
5 lever to advancing social determinants of health
6 and the roundtable will continue to facilitate
7 this extensive cross sector partnership to lead
8 on this front. I'd like to thank you for this
9 opportunity to present on this most important
10 subject and I welcome your comments and your
11 questions. Thank you and have a good day.

12 SENATOR JACKSON: Thank you. Our last
13 panelist is Quenia Abreu, the president of the
14 New York Women's Chamber of Commerce and from
15 there, we will go to Q and A with Senator Ramos,
16 the labor chair going first.

17 MS. QUENIA ABREU, PRESIDENT, NEW YORK
18 WOMEN'S CHAMBER OF COMMERCE: Good morning. Well,
19 sorry, good afternoon. On behalf of our women
20 entrepreneurs, I want to thank you for the
21 opportunity to testify today and thank you
22 Senator Robert Jackson for the invite. I also
23 want to thank you for your support, the support
24 that we have been receiving to be able to

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2 continue to provide services remotely from home
3 to hundreds of women entrepreneurs and to those
4 that are self-employed and in need during this
5 pandemic, the majority of them, women of color,
6 owners of beauty salons, those that rent chairs
7 in beauty salons, own small retail shops,
8 restaurants and childcare providers.

9 In the last two months, we have provided
10 services to 1,930 women, services we're providing
11 in applying for financial assistance and
12 unemployment mainly. COVID-19 has impacted
13 women's health, their businesses, their jobs and
14 their ability to go back to work because of the
15 lack of childcare provider services. We talk to
16 these women every day. And I will tell you it
17 breaks my heart. I get emotional when I talk
18 about them because these women are petrified,
19 they're scared, they're scared that they're going
20 to lose their job, they are scared that they are
21 going to lose their business. They are scared
22 that they're not going to be able to provide for
23 their family.

24 And in a city and a state like New York,

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2 it is incredible, it is almost unbelievable, that
3 this is happening. And I come to you to ask for
4 help. For help for them, for help for the
5 organizations that continue to work to
6 economically empower our women.

7 The COVID-19 crisis will have
8 significant implications on the economic
9 empowerment of our women and the organizations
10 that work to empower them. The gender and social
11 manifestation of COVID-19 present an urgent need
12 for governments, businesses, community leaders
13 and decision makers to act and to act quickly to
14 prevent the disastrous social economic impact the
15 lack of funding will create in our community of
16 color.

17 To help mitigate the negative impact of
18 the COVID-19 these are my recommendations and
19 hope for solutions. Make funds immediately
20 available and direct our efforts including but
21 not limited to ensure program address the
22 different impacts of the crisis on all genders
23 including on their health, businesses and micro
24 enterprises, employment, income, access to social

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2 safety nets and financial services, gender based
3 violence and other factors affecting women's
4 economic empowerment.

5 Create a rent subsidy for both
6 residential and commercial tenants to address
7 unpaid back rent as a result of COVID-19. This
8 would prevent evictions and increase in
9 homelessness and allow for women entrepreneurs to
10 stay in business and continue to financially
11 provide for themselves and families.

12 Supporting women as entrepreneurs, self-
13 employed and workers through stopgap financial
14 measures to firms experiencing losses due to
15 COVID-19. Measures should include expanding and
16 making the SBA PPP loan more accessible to micro
17 enterprises, sole entrepreneurs, contractors and
18 self-employed. Extend the deadline for the eight
19 week requirement on the Payroll Protection
20 Program of the SBA and also extend the deadline,
21 the June deadline, for the applications. June is
22 the deadline for small businesses to apply for
23 the PPP program for those that have not applied
24 yet that needs to be extended.

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2 We also need to create other alternative
3 sources of lending and grants. A lot of our women
4 were left out of the PPP program. And a lot of
5 our immigrant undocumented women were left out of
6 the PPP. They could not apply for it. And we need
7 to create other sources of funding for them.
8 These women pay taxes to the City and State of
9 New York. It is right and it is the right thing
10 to help them.

11 One of the things that we encountered
12 when helping our women entrepreneurs apply for
13 financing was the lack of available applications
14 in different languages. We faced that with the
15 SBA, we faced that with the City loan
16 application, and grants and we faced that with
17 the majority of financing applications. And this
18 needs to be addressed, because that's also
19 another impediment for women and women of color,
20 immigrants, women especially to apply for
21 available financing.

22 It is important to create contracting
23 opportunities, training and skill development and
24 job placement programs for women to access jobs

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2 in industries responsive to COVID-19. Healthcare
3 products, manufacturing, information and
4 communication technology improve accommodations.

5 One of the things we found also when
6 dealing with our women entrepreneurs is that many
7 of them still don't have healthcare. They still
8 are lacking access to healthcare.

9 SENATOR JACKSON: Can you wrap up?

10 MS. ABREU: Yes. It is important that we
11 create healthcare that is accessible to everyone.
12 This is very important, that we also make PPE
13 available to our women entrepreneurs, especially
14 those that have direct contact with clients like
15 our beauty salons, our barber shops, our
16 restaurants, our childcare providers. They are
17 hoping to be able to open soon and they still
18 don't have the equipment and we need to provide
19 that to them either free or at a low cost.

20 It is important that we also provide the
21 training for women entrepreneurs and other
22 entrepreneurs in different industry on how to
23 stop the spreading of the virus to make sure that
24 no one gets affected. Not them, not their

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2 employees and not the clients.

3 SENATOR JACKSON: Thank you. We turn to
4 Senator Jessica Ramos. She's one of the co-chairs
5 of this hearing. She chairs the labor committee,
6 she has five minutes. Jessica Ramos.

7 SENATOR RAMOS: Yes, thanks, Robert. I'm
8 so thankful for this panel because I think it
9 really gets at the crux of what our economic
10 crisis is as communities of color. One of the
11 statistics that stayed with me the most from my
12 time at New York City Hall is that 46 percent of
13 small businesses in the City of New York are
14 owned by immigrants, by people who were not born
15 in this country. And so if we're really thinking
16 about the hurt, the pain that we're inflicting on
17 these small businesses, what we're doing is
18 actually completely changing the character of
19 many of our neighborhoods.

20 And so I was very interested in hearing
21 more about, and I referred to this earlier in
22 this hearing, about the piece in the New York
23 Times today that's talking precisely about how
24 PPE has not been accessible because of the lack

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2 of bank relationships, because, for example, Bank
3 of America's only working with people who are
4 existing customers. That's also a problem.

5 But I also want to hear what you guys
6 think about in terms of restructuring leases. And
7 I like what John said, and good to see you, John,
8 about the open streets and lots of other things
9 that like we've talked to you guys about, but
10 since I'm now trying to figure out how this clock
11 thing work, yes, if you can talk about the PPP
12 stuff, restructuring leases, and then talk to me
13 more about the community land trusts and see if
14 there's a relationship with opportunity zones
15 probably. But, anyway, yeah, I guess this is for
16 John, for Quenia and for anyone else who wants to
17 share.

18 MS. ABREU: Yes. Thank you so much,
19 Senator Ramos. Our experience with our clients
20 with the PPP has been exactly that, the lack of
21 relationship with the banks, and the banks really
22 catering to their existing clients. We have to
23 turn to [unintelligible] [03:57:22] who have been
24 more a lot more friendly and open, especially to

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2 the Latino community. And so we have seen a
3 difference. But that is one of the challenges
4 that we found that banks were really giving
5 preference to their clients and also clients that
6 have more money in the bank. You know, that's the
7 reality of what we saw.

8 They did come in this time, I do have to
9 say that we saw more loans being approved. We saw
10 more loans being approved but it's still a small
11 percentage. It's not as many. For instance, we
12 had out of ones that applied, we had over 1,000
13 that applied, we got less than 100 that were
14 approved. And then we had the issue of not having
15 the applications in other languages, which also
16 is an impediment.

17 SENATOR RAMOS: Right. Right. Now what
18 about restructuring leases, like for example, I
19 have a popular restaurant here in my neighborhood
20 who has a triple net lease, which they shouldn't
21 because they have no corporate backing, but
22 nevertheless, this isn't the case for everybody
23 of course, because there's different commercial
24 leases. What do you guys think about and perhaps

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2 john can chime in, too, about how it is we can
3 work with these leases so that they can be more
4 favorable?

5 MR. CHOE: Senator, thank you. I don't
6 have an exact solution for your question. But I
7 do feel it's important to create a regulatory
8 network infrastructure to start stabilizing the
9 commercial rents for business owners. And I used
10 to work at the rent guidelines board, and one of
11 the protections that rent stabilized tenants have
12 living in households is that, you know, you can
13 actually negotiate your lease with the landlord.
14 And right now, those protections are not in place
15 for small businesses. They, especially
16 immigrants, own businesses, but I think language
17 access issues as well as access issues to
18 competent legal services. And so I believe that
19 right now, state intervention is required to make
20 sure that the leases are not only fair, but also
21 they're sustainable for the business community. I
22 don't think anyone here wants to have vacant
23 storefronts in Flushing, Queens. These are the
24 people who, in the last recession, were creating

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2 jobs and economic activity and gathering taxes
3 and paying everyone's salary on this committee.

4 SENATOR RAMOS: Well, thank you very
5 much and on time.

6 SENATOR JACKSON: Thank you, Assembly
7 Member Braunstein, my co-chair.

8 ASSEMBLY MEMBER BRAUNSTEIN: Thank you,
9 senator and we're back to the assembly side. Just
10 to remind assembly members if you're just joining
11 us, we're going in order of chairs are
12 participating, committees and tasks force and
13 also rankers will get five minutes, and then
14 later on, we go to other members who get three
15 minutes. So, right now, we're going to go to
16 Tremaine Wright, chair of the Black, Puerto
17 Rican, Hispanic and Asian legislative caucus.
18 Tremaine, you have to unmute.

19 ASSEMBLY MEMBER WRIGHT: Sorry about
20 that. Good afternoon, everyone. I guess my
21 question is going to be directed to the Honorable
22 Judge Sconiers, I'm sorry, Sconiers, am I saying
23 it correctly, from Buffalo, the Greater Equity
24 Commission. You mentioned an executive training

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2 for decision making for executive decision makers
3 as part of the racial equity impact initiative.
4 And I wanted to know if you could build that out
5 a little bit for us, and sort of give us some of
6 the nuts and bolts of what's involved with that,
7 and if, how other folks might be able to engage
8 with it, because while we are talking about
9 economics and identifying that as part of the
10 cause, the root cause. I think we can definitely
11 determine that that is not the only, nor is it
12 the determining factor in a lot of cases.

13 HONORABLE SCONIERS: Thank you for that
14 question, Assembly Member Tremaine Wright. The
15 racial equity analysis training is something that
16 we insist on that all of our providers and all of
17 our community contacts participate in. It's a
18 training where they come and they get to see
19 things through a racial equity lens. What we do
20 with our businesses, which is especially
21 important, it helps them to change policies, and
22 we have also coaches that will follow up with the
23 trainees to make sure that they understand and
24 that they're going back to their particular

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2 workplaces and instituting this training. We've
3 even had churches to go through this training.

4 But the basic idea is that it helps them
5 to insert a racial equity lens into their
6 decision making processes. And as I indicated,
7 offer them three things, which is the shared
8 understanding of communities of color, which a
9 lot of the businesses do not have. It also gives
10 them a shared language on racial equity, and
11 also, it's a tool for decision making that
12 results in equitable outcomes.

13 And we're trying to get other
14 organizations to adopt this racial equity
15 analysis training because it really has been very
16 successful for us.

17 ASSEMBLY MEMBER WRIGHT: Okay. Have we
18 seen any healthcare providers avail themselves of
19 this opportunity?

20 HONORABLE SCONIERS: I think so. We have
21 some healthcare providers that's on the
22 roundtable and one of our healthcare providers
23 who really is over a community health center, and
24 I think she's had her staff be trained. We've

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2 also had the county executive staff to be
3 trained, we've had City of Buffalo employees be
4 trained, we've had the police department, the
5 fire department, we have put a lot of agencies
6 through this particular training. And as I said,
7 it's very successful.

8 ASSEMBLY MEMBER WRIGHT: And how is it
9 funded right now?

10 HONORABLE SCONIERS: Well, right now,
11 there is a charge. If a community organization
12 wants to participate, they would have to pay.
13 There is a fee for it. But we started with the
14 Kellogg Foundation, that helped us to sort of
15 underwrite some of the costs, but right now,
16 there is a fee. But anyone can certainly call,
17 and I should probably provide you with the number
18 and the email where you can get in touch with the
19 director of racial equities and also our
20 executive director, Clotilde Dedecker and she can
21 put you in touch with who you would call to get
22 that training offered in any of your agencies.

23 ASSEMBLY MEMBER WRIGHT: All right.
24 Thank you. And I guess my next question is for

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2 Mr. Choe. I would like to know if you can expand
3 the idea of what you're envisioning with the
4 neighborhood based regional planning committees.

5 MR. CHOE: I don't remember talking
6 about regional planning committees, but --

7 ASSEMBLY MEMBER WRIGHT. I thought it
8 was you. A regional, a neighborhood based
9 regional planning -- maybe that's, you didn't say
10 committee, but I wrote down neighborhood based
11 regional planning.

12 MR. CHOE: Okay. Well, I talked about a
13 couple of ideas, including a moratorium on large
14 scale development projects in New York City. I
15 had referenced the special Flushing waterfront
16 district. It's a proposal that's being pushed by
17 New York City governments and it will create a
18 huge influx of luxury condo and big box stores.
19 And this is the type of development that has been
20 historically displacing and pushing out small
21 business owners in Flushing. And this type of
22 development needs to stop. It needs to be
23 reevaluated, not just this particular project,
24 but the sale of public lands should not be

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2 provided to private for profit developers.

3 Instead, we should be helping to
4 establish community land trusts that would be
5 composed of nonprofit community stakeholders who
6 would priority the needs of a community, whether
7 it's affordable housing or affordable commercial
8 spaces for neighborhood based businesses. That's
9 something that I think is critical right now, not
10 more of large scale development that produces
11 luxury condos and million dollar homes and big
12 box stores that displace small business owners.

13 ASSEMBLY MEMBER WRIGHT: Okay. Thank
14 you. I just wanted -- I thought you were
15 [unintelligible] [04:06:24] something else, but
16 this is the zoning, that was a zoning
17 conversation. Okay.

18 SENATOR JACKSON: Thank you, assembly
19 member.

20 ASSEMBLY MEMBER WRIGHT: Thank you very
21 much.

22 SENATOR JACKSON: Now, we're going to
23 turn to Gustavo Rivera, chair of the health
24 committee, he has five minutes. Senator Rivera.

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2 SENATOR RIVERA: Thank you, Chairman
3 Jackson. So, obviously, as the chair of health, I
4 am deeply concerned about everything that has to
5 do with providing, making sure that people have
6 access to healthcare and all the issues that we
7 need to fix regarding healthcare, but one of the
8 things that keeps coming up after housing in my
9 district is small business, and all of the issues
10 that you mention definitely hit a nerve,
11 particularly with everything that we've been
12 hearing in my district office for the last two
13 months.

14 So I wanted to give you an opportunity
15 to expand particular in what you believe. There's
16 no question unless, I'm going to give you five
17 seconds. Do you believe that the federal
18 government has not failed in the way that they've
19 dealt with small businesses across the nation,
20 and certainly New York? Five seconds to see if
21 you say --

22 MR. CHOE: Are you asking me?

23 SENATOR RIVERA: Okay. You all agree
24 that they've failed. So if they've failed, I

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2 wanted -- because, you know, maybe I'm wrong.

3 Maybe they orange pile of feces in the White

4 House is doing something right. But I doubt it.

5 But let's in all seriousness, I want to give you

6 the rest of the time to speak specifically about

7 the things that the state needs to do.

8 Now, one of the things that I want you

9 to talk about, because there's obviously, I

10 recognize that this is something that the federal

11 government has to help with because it is so big

12 that states on their own can't necessarily deal

13 with it.

14 But, as it relates specifically to, to

15 people who are business owners, but do not own

16 the property that they rent, so talk a little bit

17 about that. And also what specifically could the

18 state do, what are the recommendations that you

19 have for the state to be able to best address the

20 concerns of small business owners across the

21 State of New York, particularly those owned by

22 people of color. Anybody can jump in.

23 MR. CHOE: Just very quickly, I just

24 want to reiterate this proposal to lift parking

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2 minimums for restaurants to utilize their parking
3 lots and on street parking for outdoor dining.

4 SENATOR RIVERA: Okay.

5 MR. CHOE: This is especially of concern
6 in Flushing, which is a restaurant destination.
7 None of our restaurants can really open and make
8 it a health environment for people to come back
9 and revive our economy without more space and we
10 are suggesting that the State lift any parking
11 requirements, minimum requirements for
12 restaurants so that they can use their parking
13 spaces --

14 SENATOR RIVERA: That might be, I'm
15 sorry to interrupt, only because I want to get to
16 other people. That might be a city thing, not a
17 state thing, I'm not sure. But is it a state
18 thing or a city thing?

19 MR. CHOE: I believe it's a state
20 requirement, but again, I'm not an expert on
21 this.

22 SENATOR RIVERA: Okay.

23 MR. CHOE: I'd be happy to talk with
24 your further.

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2 SENATOR RIVERA: Got you. Quenia, do you
3 want to chime in here?

4 MS. ABREU: Yes. One of the things that
5 the businesses have been saying is the payroll
6 tax, not to increase the payroll tax, because
7 that's an additional burden, which some of them
8 have been getting in the last two months, which
9 is crazy. Also, the property tax that is passed
10 on to them, the property tax that is passed on
11 today that it's not fair. I mean it is, it's says
12 a property tax. They're just renting. If you
13 don't have property, as it is, you shouldn't be
14 property taxes, but now, because of the
15 situation, I think that's something that needs to
16 be addressed and removed.

17 SENATOR RIVERA: Got you. How about Ms.
18 Perez, how about you out there in Long Island?
19 Give me a perspective from out there, please.

20 MS. PEREZ: Sure. Sure. From the
21 business community, I'd say that there are Latino
22 owned businesses. There's certainly Latino fueled
23 businesses that wouldn't exist without Latinos,
24 sort of the engine for all of this to work out

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2 here in this region are the immigrant workforce
3 that we have.

4 I would say that one major thing the
5 state can do that's not related to small
6 business, but more related to health outcomes and
7 tracing, making sure that in the areas out here
8 that are very, very isolated, we have no real
9 public transportation at all. We didn't have it
10 before and now these situations have made it even
11 more dire. So in terms of how we are going to be
12 engaging with people that already have a high
13 level of fear, and understand who has had this
14 COVID virus and who stands to get it again
15 because of the kind of situations that we're
16 dealing with is critical.

17 SENATOR RIVERA: Got you. Ms. Sconiers,
18 out in western New York, what are the things the
19 state can do?

20 HONORABLE SCONIERS: Well, the state
21 certainly can provide more funding so that we can
22 do more of the things like the tracing and so on.
23 But I think that one of the things that they can
24 do with us, because we work with 250 partners to

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2 move this out into the community, so certainly
3 they can support us. And I think Senator Tim
4 Kennedy, who has been coming to our roundtable
5 meetings can share with you that the state has
6 been very, very supportive.

7 I think also they can institute the
8 training, this racial analysis training within
9 the state department. We've been trying to get
10 that done by some kind of legislation so that
11 businesses and not-for-profits can make that a
12 part of their employment practices when someone
13 comes in then they would have training.

14 SENATOR RIVERA: Got you. And we can all
15 agree that the hits that we're taking in
16 communities of color and across the state would
17 be less if we had more revenue? Can we all agree
18 on that? Tax the billionaires. Millionaires and
19 billionaires, tax them. Let's get more revenue.
20 Thank you Mr. Chairman, go ahead.

21 SENATOR JACKSON: I turn it over to my
22 co-chair, Assembly Member Braunstein.

23 ASSEMBLY MEMBER BRAUNSTEIN: Thank you,
24 senator. And now we're going to go to Assembly

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2 Member Ron Kim, chair of the task force on Asian
3 Pacific Americans.

4 ASSEMBLY MEMBER KIM: thank you,
5 Chairman Braunstein. So as a son of immigrant
6 parents that ran a small grocery store when we
7 came to this country, and after being in New York
8 City for ten years and seeing them file for
9 bankruptcy and shutdown that store that I spent
10 the majority of my adult life trying to
11 understand what's been happening to our small
12 business communities. And what do we need to do
13 better to protect them.

14 And we all know that the policies over
15 the last 40 years have favored the chain stores,
16 the big conglomerates. We stopped enforcing
17 antitrust laws for many decades now, focused on
18 just consumer-driven, bigger is better models all
19 around us.

20 So my first question is, this is
21 something that was very disturbing when John Choe
22 had mentioned that in places like Flushing, after
23 surveying the impact, he foresees up to 40
24 percent of these independently owned mom and pop

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2 stores may not recover post COVID. And I think
3 there is a good chance those businesses may be
4 replaced by chain stores or be dominated by
5 online stores like Amazon.

6 So first question is what is the impact
7 of an economy that is completely run by the
8 biggest corporations and chain stores in the
9 world? And secondly, and I think this might be
10 the first time we have ever discussed, someone
11 brought up the concept of local currencies in a
12 public, in a state public hearing. I know that
13 there are 4,000 of these that have been designed
14 around the world from Massachusetts to Upstate
15 New York in the Hudson Valley to London and it's
16 all designed to protect the local economies. So
17 can you speak a little bit more about that as
18 well?

19 MR. CHOE: I can start with the last
20 question, Assemblyman Kim. You have actually
21 provided a lot of leadership on the inclusive
22 value ledger, which could really be of great use
23 at this time because it would release up to \$55
24 billion in tax credits and welfare benefits. This

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2 is money that could be used by local residents
3 and businesses to purchase groceries, personal
4 protective equipment, other immediate necessities
5 and New York State should immediately implement
6 IDL and I commend you on your leadership on that
7 issue.

8 I think for the closing of small
9 businesses in Flushing, it's going to be a huge
10 tragedy, not only for the individual families
11 that run these businesses, but for what we
12 understand as America. That America has a mosaic
13 of different cultures and languages and foods
14 that makeup a beautiful mosaic. And the small
15 businesses in Flushing make Flushing. They are
16 what create the unique character of our
17 community. So we're going to have a huge cultural
18 loss.

19 But as I had referenced in my testimony,
20 neighborhoods like Flushing are the ones that in
21 recessions when Wall Street is falling down, are
22 the ones that are creating the jobs, creating the
23 activity that generates taxes that keeps
24 everything afloat. And so I think we have a

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2 vested economic interest in making sure that
3 neighborhoods like Flushing still continue to
4 survive as they are now, not as places that host
5 national chain stores.

6 ASSEMBLY MEMBER KIM: And I do want to
7 just also emphasize that this is not a compassion
8 plea for local business owners. This is an
9 economic argument that keeps us resilient moving
10 forward. Because the more we spend money in local
11 mom and pops, the more we retain that money and
12 the value locally instead of if we spend a dollar
13 on a chain store or go on Amazon, that dollar
14 goes out of our ecosystem. And so that's why I
15 think it's so important that we do whatever we
16 can to support and make sure that our small
17 businesses come out of this. Thank you, Ed.

18 ASSEMBLY MEMBER BRAUNSTEIN: All right,
19 Senator Jackson.

20 SENATOR JACKSON: Thank you Assembly
21 Member Braunstein. Now we're going to turn to Jim
22 Gaughran, our co-chair from Long Island local
23 governments.

24 SENATOR GAUGHRAN: Thank you, Mr.

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2 Chairman and everybody. Great panel, great
3 discussion. I just want to follow-up on a couple
4 of things. One, I guess it was, Ms. Perez you
5 spoke of the lack of transportation. I mean
6 really all of Long Island is a transportation
7 desert, unless you're like right near one of the
8 train stations and even if you are you can't get
9 to work on Long Island. And I know on the east
10 end, it's even a bigger issue. I don't know what
11 would be the solution? You know, even bus systems
12 being dramatically expanded? Are we talking about
13 some sort of ridesharing? What can we do
14 specifically to help the workers that you
15 described, who work in the industry a lot in the
16 restaurant industry, to actually get to their
17 employment without it costing them a fortune?

18 MS. PEREZ: Sure. That's a great
19 question. Thank you for that. I've got a couple
20 of solutions and suggestions. There has been a
21 Suffolk County transportation committee that was
22 setup when some bus lines were being cut, right
23 now because of COVID, even more of a crisis. But
24 before, bus lines were ending at 7:00 p.m. Out

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2 here, that's when the dinner rush hasn't even
3 started yet. So you have to wonder does anyone
4 care who gets home after they've worked at a
5 restaurant or finished cleaning up. And it's not
6 just restaurant industry, we've got domestic
7 industry, we've got landscaping, we've got
8 construction, we've got childcare. There's a lot
9 of industry that it takes to make this place run
10 out here.

11 So some solutions that we've done some
12 research on include rideshare, but rideshare for
13 the future in terms of municipalities. So, an
14 organization or a company such Via is a municipal
15 answer to rideshare. So that's a bus that's on
16 demand, on call, goes to your house, takes you
17 where you need to go. It doesn't require that you
18 have a bank account to be set up to connect with
19 it. There can be ways of utilizing something like
20 that, at least in a pilot project. OLA would be
21 willing to do a public-private partnership, maybe
22 work with the state on implementing something
23 like that to show that it is possible.

24 We need to move out of the dinosaur era

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2 of the huge gas guzzling bus that has five people
3 sitting on it when it's not the prime time, maybe
4 to move into on demand and we need to do that in
5 the municipal level.

6 SENATOR GAUGHRAN: That sounds great. I
7 forget the person who talked about restaurants
8 and relaxing zoning restrictions. I defer to my
9 esteemed colleague, Senator Jackson and others on
10 how it would relate to the city of New York. But
11 I think in the suburbs, the state does have some
12 role in terms of overseeing zoning. Localities
13 can then adopt their own zoning codes within the
14 parameters of the state statute. But maybe we
15 should be looking at just some general emergency
16 power to allow them to relax some of their codes
17 because it often takes hearings and a lot of time
18 just to make these changes. Maybe on a temporary
19 basis, and also even some discussion of allowing
20 nearby public space to be used by some of these
21 restaurants, so that they can have some socially
22 distant tables that are a lot safer than what
23 they have now. Because many of them opening at 50
24 percent capacity, it may not even be worth it.

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2 MS. PEREZ: Yep.

3 SENATOR GAUGHRAN: Thank you.

4 ASSEMBLY MEMBER BRAUNSTEIN: Okay, thank
5 you, senator. And now, we're going to go to
6 Assembly Member Marcos Crespo, chair of the labor
7 committee.

8 ASSEMBLY MEMBER CRESPO: Thanks, Ron.

9 And to this whole panel thank you. I know I
10 wasn't a part of Monday's, last week's conference
11 or hearing that was related to small business
12 impact. But this is such a key part of this whole
13 broader conversation. And a lot of good ideas
14 have already been floated, so I will just try to
15 get to some questions. Quenia, I know you and
16 Minerva mentioned this, that a lot of these
17 businesses and small businesses networks that
18 where Latinos are predominantly a participant in,
19 whether it's childcare, whether it's the salon
20 owners, the beauty salon industry, or
21 [unintelligible] [04:21:56] industry, I know for
22 example, the NSA couldn't be a part of this
23 conversation, but if it wasn't for our local
24 supermarkets who kept the food supply chain open,

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2 and kept their doors open and created their own
3 sort of distancing protocols and they actually
4 hired more staff to try and create more delivery
5 service to compete. But those are the local hires
6 that I think Ron and others have been talking
7 about, right, that that's an important mechanism.
8 And many of them are Latino business owners and
9 they have a strong network.

10 But a lot of other Latino businesses,
11 for example, don't really have those networks.
12 They rely on chambers like yours, they rely on
13 volunteer organizations that really support them,
14 but it's a lack of communication. So I guess my
15 question is are there small items? I know we've
16 talked a lot about big ideas. But sometimes
17 there's little things.

18 We know the childcare industry, for
19 example, those providers are under immense new
20 regulations and the implementation of changes.
21 How are you proposing, do you have specific ideas
22 on things that need to change there? Or as just
23 employers and small businesses meeting demands
24 that we have placed for employer, employee

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2 relationships that for big businesses, it's easy
3 to implement, for the smaller businesses, it
4 could mean a fine that could put them out of
5 business.

6 I love the idea of dealing with the cost
7 of the rent issues and making sure that they can
8 stay economically viable. But I think some of
9 that has to be negotiated with the landlord
10 industry, so that we can come up with workable
11 solutions. And so aside from ideas that require
12 resources, and maybe this is not the time to
13 elaborate on all the answers, but I would love
14 some follow-up from you specific to some of the
15 industries where you see Latinos and other
16 minority communities greatly participate is what
17 are some of those small ideas that need to be
18 addressed quickly? Language access, right, our
19 forms and applications available, we have
20 mandates, executive orders requiring language
21 access, but we all know that those don't get
22 implemented accordingly. It's actually difficult
23 to get somebody who speaks a language to quickly
24 respond to walk you through a form.

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2 So from little things like that to -- I
3 would ask you this, are the small business owners
4 you are working with able to talk to someone at
5 the state level right now, the relevant agencies
6 to help start to develop what those
7 implementation of new protocols could be in their
8 specific businesses as reopening begins to become
9 the narrative? Like are they ready for that? Is
10 anybody even reaching out to them or
11 incorporating them in those conversations? Those
12 are some of my concerns.

13 So what are some of those small ideas
14 and I know I've only got less than two minutes to
15 respond, but as a follow-up, if you could just
16 send me additional information from a labor
17 perspective, what are things we should ease up
18 on, what are the things that we should consider
19 postponing the implementation of or easing
20 regulations, so that small employers can actually
21 bring their employees back and get their
22 businesses back and running.

23 MS. PEREZ: Well, I just have to jump
24 in. Linkages from small business to the state

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2 would be fantastic. That does not exist right
3 now. There are too many layers and levels of
4 things that people do not feel comfortable just
5 reaching out or having their own contact to do
6 it. We've got some great representatives out
7 here, you know, Fred Thiele, our assemblyman is
8 wonderful.

9 We need to make those linkages very,
10 very strong, and we need sort of a flowchart to
11 explain to people and business owners what they
12 can be doing next. Also childcare, I think, for
13 some of the essential employees we have, we need
14 to make sure that that is accessible. And that
15 can maybe be certain groups that we sort of pull
16 together on that. We don't have that right now at
17 all and the folks cannot get back to work without
18 that support.

19 MS. ABREU: Yep. And also I'm going to
20 add to that is the information by industry,
21 specifically, because one plan doesn't really fit
22 all, because we have different industries. And
23 even if the stages, you see that there are
24 different industries that are going to open at

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2 different stages. So we would love to be able to
3 have a website where businesses can go and by
4 industry look at what is the requirement, how can
5 they implement social distancing, how can they be
6 in -- you know, the protocol that they need to
7 implement. And have them in different languages.

8 Because right now, I'll tell you,
9 Crespo, we are developing, the New York Women's
10 Chamber is working to develop something for the
11 beauty industry, for the beauty salons, and be
12 able to train them because we don't have
13 anything.

14 ASSEMBLY MEMBER CRESPO: I appreciate
15 that, thank you. And that industry
16 [unintelligible] [04:21:56] should be involved.

17 SENATOR JACKSON: Thank you. Next we are
18 going to turn to Senator Tim Kennedy from the
19 Buffalo area. He has three minutes.

20 SENATOR KENNEDY: Thank you, again
21 chairman and to our panelists thank you for this
22 extraordinary and robust conversation. I'm
23 looking forward to hearing from the rest of the
24 panelists as well. I want to zero in on one of

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2 the panelists that I know well who's just done a
3 magnificent job and that's Judge Rose Sconiers,
4 who's led the Racial Equity Roundtable Task Force
5 here in western New York. And Judge Sconiers,
6 first of all, thank you for being here today and
7 testifying.

8 What I'd like to do is just kind of zero
9 in a little bit on many of the partnerships that
10 we, I think could replicate statewide, that your
11 roundtable panel has really led on. And that is
12 with the schools in the community and some of the
13 successes you've had there, the business
14 community and even the government community. As
15 you mentioned we are a part of the task force.

16 So I want to hear a little bit about
17 some of your successes if you could elaborate on
18 those. Also, the need to focus on minority-owned
19 businesses in the aftermath of this pandemic.
20 Obviously, we have to use this crisis as an
21 opportunity to focus on some of the successes
22 that you've learned in the roundtable and
23 implement those statewide.

24 And also finally and I will leave it at

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2 this and listen to your answer, judge. The bill
3 that I carry in the Senate, 8209 that creates the
4 office of racial equity and social justice, that
5 is carried in the Assembly by Majority Leader
6 Crystal Peoples-Stokes, that would do many
7 different things with the creation of this office
8 including racial equity training statewide. Can
9 you talk about those things and the importance of
10 all of those, please. And again, thank you for
11 being here.

12 HONORABLE SCONIERS: And thank you
13 Senator Kennedy for that opportunity. Can I pivot
14 to the small business question first because we
15 are doing terrific things with reference to small
16 businesses. We have a business leaders task force
17 which is one of the initiatives that I mentioned.
18 I mentioned ten. That's one of them. And under
19 that, we have a Buffalo purchasing initiative.
20 And what we're doing with that, we're working
21 with small businesses of color and we're trying
22 to have them partner with larger businesses
23 employers, not necessarily of color to, help them
24 with their purchase. And what they would do is

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2 purchase things in a bulk. They can get a better
3 rate if they purchase with some of the larger
4 employers. We've been doing that now for about a
5 year, a couple years, and it's been very, very
6 successful. We have a program manager that
7 oversees that, who works with all the businesses,
8 works with the employers and it's been very, very
9 successful. And that's under our business leaders
10 task force.

11 But the racial equity training and
12 Senator Kennedy, I don't know if you mentioned
13 it, but someone mentioned maybe making that a
14 mandate when someone goes to city hall, or goes
15 to the county government for employment, that as
16 part of that employment, they would have to
17 participate in some racial equity training,
18 because we've seen a great response to that. In
19 fact, we have trained over 1,800 leaders in our
20 community because we offered this to agencies
21 that want it and we offer it to agencies that are
22 working with us. Of those 250 partners, they have
23 all participated in racial equity training. So
24 that's one of our initiatives.

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2 And you know we have the boys and young
3 men of color coalition and we're working with
4 young men, training them to be leaders. That's
5 been something that's also been very successful.
6 We have our new initiative as the reentry
7 coalition. We are building a one-stop center for
8 people coming out of incarceration, that they
9 will go to this particular center, they will be
10 connected with employment, with housing, anything
11 that they need. We're trying to get them back
12 into the system so that they don't recidivate and
13 have to go back into prison. That's real exciting
14 and we've got several, several people works with
15 that.

16 MODERATOR: I'm sorry, the question time
17 is up.

18 HONORABLE SCONIERS: Okay. Thank you.

19 SENATOR KENNEDY: Thank you, judge.

20 HONORABLE SCONIERS: Thank you, Senator
21 Kennedy.

22 SENATOR KENNEDY: Thank you, judge. I
23 appreciate it.

24 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Now,

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2 we're going to go to the Assembly city's
3 committee Ranking Member Mike Reilly.

4 ASSEMBLY MEMBER REILLY: Thanks again, I
5 appreciate it, and thank you again to this panel
6 for giving us insight. One question that I have
7 is basically focusing about the theme that we've
8 all been talking about here, with do we know,
9 have you had any conversations with the
10 governor's administration or New York City, the
11 mayor's administration or your local
12 municipalities about how the administrations plan
13 on supporting small businesses, especially those
14 businesses owned by women and minorities?

15 And one thing that I really think we
16 haven't touched on yet is those types of
17 businesses with the MTA. Because I know there was
18 a strong model there, where we were trying to
19 keep that aligned. Has there been any
20 conversations in that direction? And it's open to
21 anyone on the panel, please.

22 MS. PEREZ: I would say one thing that
23 would help us out in the east end is that there
24 really isn't a Hispanic Chamber of Commerce out

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2 here on the east end of Long Island with the kind

3 of workforce with all the [unintelligible]

4 [04:31:59] that flows through here, the kind of

5 workforce that we have, and the businesses that

6 are owned by Latinos, obviously, that we do need

7 to have something like that in place. So I'm

8 hoping on this panel, and with anyone listening

9 we can look at that because that is sorely

10 lacking.

11 MS. ABREU: Well, I can talk to you

12 about that once we are off the panel. I have been

13 just recently elected as the chair of the

14 Coalition of Hispanic Chambers, New York State

15 Hispanic Chambers, just to build the different

16 chambers in different geographical areas here in

17 New York State. So I will be more than happy to

18 talk to you about that.

19 And in reference to the MWBE, I sit on

20 the advisory committee for the mayor. And yes, we

21 are working on just trying to get more MWBEs that

22 have products and services that they can sell

23 right now to the City and to the State, and also

24 reaching out to those who are not MWBE certified

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2 to get certified so they can start the process of
3 selling to the City and State.

4 But what we want to see, to be honest
5 with you, more of it's also the financing piece.
6 That is key, because if you don't have the
7 financial means, if you don't have the capital,
8 even if you have a product to be able to sell,
9 you can only go so far. So you would not be able
10 to purchase the amount that you might need to
11 purchase or that the City or the State needs
12 because you don't have the capital. So we also
13 need to work around that, just having more
14 funding for our MWBEs.

15 ASSEMBLY MEMBER REILLY: Okay. Great.
16 Thank you. So, I want to shift focus a little bit
17 here into the department of labor at the state
18 level. I know that we've all been hearing about
19 unemployment issues. Specifically, I was looking
20 to see how many issues you've heard from in the
21 minority workforce, women and people of color.

22 But also have you heard anything about
23 initiatives that the Department of Labor may want
24 to refocus and retrain people to reenter the

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2 workforce? I think that is a direction that we're
3 going to have to go towards when we start losing
4 jobs.

5 MS. ABREU: I have not. But one of the
6 things I proposed when I was doing my testimony
7 was training people in those fields that we are
8 beginning to see a demand on, like in the
9 healthcare industry for instance. That's one of
10 the things that I think would help a lot, and we
11 were talking about women at that time, but I
12 think it's not only women, but to the entire
13 population.

14 ASSEMBLY MEMBER REILLY: Anybody else
15 have anything to add?

16 MS. PEREZ: I think we have BOCES out
17 here, Eastern Suffolk BOCES Vocational
18 Programming. I think taking a look at what
19 they'll be able to offer as well, knowing that a
20 lot of our students right now at the high school
21 level are really suffering, a lot of Latino
22 students without full capacity of English, full
23 proficiency in English, there could be other ways
24 we look to give it folks some opportunity out

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2 there and sort of reengage at a new level, so we
3 can thrive here and not just be hobbled by all
4 the crisis that's happened.

5 HONORABLE SCONIERS: And I think we can
6 put that, if we have time, we could put that
7 issue on the table for our business leaders task
8 force, because we have all the major employers in
9 Buffalo that's on this task force and they can
10 maybe use that as another initiative that they
11 can kind of work with. So that's an excellent
12 suggestion. We should put that on the agenda for
13 them to consider how we can retrain and get
14 people into the workforce. Thank you for that,
15 Assemblyman Reilly.

16 ASSEMBLY MEMBER REILLY: Thank you so
17 much. I appreciate all your input.

18 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Now,
19 we're going to go to Assembly Member Yuh-Line
20 Niou, co-chair of the task force on Asian Pacific
21 Americans.

22 ASSEMBLY MEMBER NIOU: Hi everyone.
23 Thank you so much for participating today, and
24 again, thank you to our chairs for being so

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2 patient with all of us. I wanted to just
3 basically piggyback on a couple of things that
4 other people already asked.

5 I don't know if everybody is aware of
6 how hard we fought for our CDFIs, for our
7 community development financial institutions and
8 I see a thumbs up, I love it. I wanted to say
9 that unfortunately we know that the timing wasn't
10 great, obviously but you know, \$25 million was
11 put into the budget for CDFIs finally, I've been
12 asking for it for years now. And it would have
13 been great, I think to have had it a couple years
14 in advance in order to help to ramp up and to
15 build that network and to really kind of make
16 CDFIs robust to be able to handle this crisis,
17 but of course, hindsight is 2020.

18 I wanted to touch base and see if CDFIs
19 are the right avenue for certain things and to
20 see like what else we can do on the banking side
21 that folks have touched on. The other thing is
22 also, we've been seeing with the PPP process and
23 with a lot of the things that are going on with
24 unemployment insurance that with a lot of the

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2 things changing midstream, there's been a lot of
3 fraud within our smaller communities and with our
4 minority communities, and within our small
5 businesses as well. And so like a lot of people
6 have defrauded people. What have you been seeing
7 and what are things we can do to help stop that?

8 And then also, I wanted to ask about
9 what are some of the things that we've seen
10 within our communities of color that have been
11 more difficult for our small businesses?

12 MR. CHOE: Assemblywoman, to answer your
13 first question, the only CDFI that the chamber
14 works with in Flushing is Asian-Americans for
15 equality and they have been doing a very good job
16 of developing community funds to lend out money
17 to small businesses in our community. And they're
18 one of the only groups that has been really
19 effective in utilizing language and other core
20 competencies to reach a wider group of people and
21 have been responding quickly to providing
22 business with these loans.

23 Unfortunately they're at capacity and I
24 don't think they can provide additional lending

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2 to small businesses. So I would definitely
3 advocate for additional expansion of CDFI funding
4 at the state level.

5 MS. PEREZ: Can I respond to that one?
6 Is that okay?

7 ASSEMBLY MEMBER NIOU: Absolutely.

8 MS. PEREZ: Okay. I just want to
9 underline a long [unintelligible] [04:38:58] I
10 guess, but I don't know what that was, CDFI, I
11 had to look it up. OLA has been around since
12 2002, again, founded and based out here on the
13 east end of Long Island. There is a lot that
14 happens in Albany, there's a lot that happens in
15 other areas of the state that does not make its
16 way down to Long Island across on the eastern end
17 or even Long Island at all.

18 So these are things I want to make sure
19 we highlight. So please, please, all about the
20 partners out there, there's a lot of work that we
21 do in the five towns, that's five towns, that's
22 kind of huge, but because of the siloed systems
23 of law enforcement, of educational systems and
24 districts, there's a lot that gets missed out

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2 here. And I just want to put that out there, that
3 Long island needs that support. We've got great
4 representation, but we need to make sure that
5 this information, and this flow of great ideas
6 comes out to Long Island. Thank you.

7 ASSEMBLY MEMBER NIOU: Amazing. I would
8 love it, too.

9 MS. ABREU: Yes. So assemblywoman, we
10 have been working with the BOC in Brooklyn, which
11 is the Business Outreach Center, they got
12 approved to be a PPP lender and just last week,
13 they did three of our loans, which we're very
14 happy about.

15 ASSEMBLY MEMBER NIOU: Oh, that's
16 amazing.

17 MS. ABREU: Yes, and they got approved
18 not too long ago by the SBA so we're very happy
19 about that, and I think we need more of that. We
20 need to bring the CDFI organizations and fund
21 them and make sure that they are included in
22 every area, including Staten Island because it
23 works, and it works a lot for immigrants. I have
24 to say that.

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2 They, most of the time, they are
3 culturally prepared and they also have the
4 language that our immigrant communities speak,
5 which is very important.

6 ASSEMBLY MEMBER NIOU: Absolutely. And I
7 want to put out a plug for Abacus Bank in my
8 district as well, and the Lower East Side
9 People's Credit Union.

10 MS. ABREU: Yes, I use them, too.

11 ASSEMBLY MEMBER NIOU: Yes. And then did
12 anybody have any comments on the consumer
13 protections before my time runs out?

14 Ms. ABREU: I don't have a comment about
15 that, but I do have a quick comment about the
16 banks. One of the things is that banks, banks
17 have been getting a lot of money because they get
18 a processing fee from the SBA. And when they were
19 talking about revenues and people, our elected
20 keep talking about revenues, I think that we need
21 to get the banks more involved in giving back to
22 the community, in creating more options for
23 financing and also for putting money in
24 organizations that provide technical assistance

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2 and training to our small businesses.

3 I mean we bailed them out years ago and
4 they are doing well still, so I think they need
5 to put money into helping our small businesses,
6 because those small businesses are their clients.

7 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
8 you. Now, we're going to move to Assembly Member
9 Aravella Simotas, the chair of the task force on
10 women's issues.

11 ASSEMBLY MEMBER SIMOTAS: Thank you,
12 Assembly Member Braunstein. And thank you all for
13 your very, very valuable testimony. I want to
14 piggyback off of something that Assemblyman
15 Crespo raised with respect to childcare. Many
16 home-based childcare providers are suffering
17 major financial losses and will probably not be
18 able to survive this survive this crisis. With
19 less providers available as businesses reopen,
20 women will disproportionately shoulder the burden
21 and may be forced to drop out of the workforce to
22 care for their children. What specific steps
23 should the State take to protect access to
24 quality childcare for low-income families, and I

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2 would direct this question to Ms. Abreu, or Ms.
3 Perez, either one of you. I think I know the
4 answer, but I would love to hear the testimony.

5 MS. ABREU: Well, and thank you for that
6 question, because that is something that we deal
7 with, that we're talking to our women about, that
8 we get this question every day. And I think the
9 answer, one of the answers is we have to put more
10 money into daycares, we need to put more money
11 into childcare services because otherwise, we are
12 going to go back to where we were years ago when
13 it came to women's economic empowerment and
14 women's ability to go out into the workforce. So
15 we need to make sure that we fund childcare
16 centers, and we open more of those, and that we
17 make it affordable and that if not, just make it
18 free for women entrepreneurs and not just for
19 women entrepreneurs, but for women in the
20 workforce.

21 ASSEMBLY MEMBER SIMOTAS: I don't mean
22 to cut you off, but I see my colleague, Senator
23 Ramos, who is very excited and, look, I think I
24 agree with her approach that we need to make sure

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2 that we have like childcare at the age of three
3 throughout the State, because it's not tenable to
4 think -- again, a lot of these childcare
5 providers are small businesses. They're not going
6 to be able to survive this crisis, so they might
7 not be able to come back online as people start
8 to work again. So we need a broader, systemic
9 solution than just providing the money if the
10 childcare providers, the smaller childcare
11 providers aren't there, then what are we going to
12 do when women have to reenter the workforce?

13 MR. PEREZ: I want to also add in that
14 to really look at this also during this recovery
15 period, which isn't to say that we don't get to a
16 shining spot in the future, that we have to have
17 our vision on that direction, but during this
18 recovery period we have to recognize that some of
19 the childcare also that's been taken on by
20 grandmas and aunts at the home in
21 intergenerational households, to take a look at
22 what cannot be done right now because of health
23 issues, so sometimes it me that we're going to
24 keep the older folks in the household a bit

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2 safer. So what's going to happen there, or what
3 are other ways to kind of look at this?

4 In the same way we might approach giving
5 vouchers to all who take care of children, to
6 take care of the elderly, can we look at that for
7 childcare? Can we sort of reimagine what
8 childcare looks like as well in this environment
9 until we get to that shining spot in the future?

10 ASSEMBLY MEMBER SIMOTAS: Thank you.

11 ASSEMBLY MEMBER BRAUNSTEIN: Okay,
12 assembly member, you done?

13 ASSEMBLY MEMBER SIMONOTAS: Yes.

14 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Now,
15 we're going to move on to Assembly Member Fred
16 Thiele, chair of the local governments committee.

17 ASSEMBLY MEMBER THIELE: thank you,
18 Chairman Braunstein. And I want to address my
19 comments and questions to Minerva Perez from OLA.
20 First of all, thank you for providing really
21 great testimony. It was a rather short timeframe,
22 and I appreciate you putting the effort into it.
23 I also want to thank you for the taking the
24 leadership that was shown with this initiative

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2 with the chromebooks at our nine school districts
3 and Wi-Fi.

4 That really leads into my question, and
5 you know, having those chromebooks available,
6 it's a great thing, and Wi-Fi, it at least gets
7 you in the ballgame when it comes to remote
8 learning or distance learning. But from my
9 conversations with school superintendents, remote
10 learning and distance learning has been a mixed
11 bag at best during this period. It's very
12 difficult, and I would think with issues with
13 English language proficiency, that makes it even
14 harder.

15 My question really is, is going forward,
16 school is closed for this year, we'll see what
17 happens for September. But what kind of programs
18 and initiatives are we going to need and what
19 would you like to see happen to make sure that,
20 you know, students who have had to go through
21 this can get, everybody can get back to the same
22 level?

23 MS. PEREZ: Okay, thank you. Thank you,
24 Assemblyman Thiele. I want to just say that pre-

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2 COVID, a lot of the work that OLA's been doing,
3 we're doing professional development training in
4 schools, so within our east end districts being
5 invited into school districts to talk with the
6 faculty and the staff about federal ways to
7 integrate Latino parents into the framework of
8 the schools.

9 This is stuff that has to go on, it has
10 to be stronger, because there's some dynamics
11 around that, cultural dynamics, linguistic
12 dynamics that not all schools are prepared for.
13 And it's not easy to say okay, just hire more
14 people. We need to build up the level of Spanish
15 speaking professional folks within our school
16 districts, but there are also resources that we
17 have in each of our districts because we've got
18 so many of them that we need to make sure that
19 we're connecting out with those resources. And
20 oftentimes school districts can feel a little bit
21 closed off.

22 So, I think we need to keep going in
23 that direction so that right now some of the
24 reasons why some of the distance learning isn't

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2 working is because it's been hard to reach some
3 of the families that have been hard hit so badly
4 that you can't even get them on the phone or you
5 can't get to their home because that's not
6 appropriate for the school person to go drive
7 over there, at least it wasn't a couple of weeks
8 ago.

9 But in ways of accessing and having an
10 online dialogue, you can't just tell a parent
11 hey, go to the portal. And not that all school
12 districts do that, but we have to reimagine how
13 we're connecting and drawing faith from our
14 parents and, and trust because there are a lot of
15 issues around that that come to bear in a moment
16 like this. So going forward right now, we're
17 going to lose these kids now throughout the
18 summer. What's going to happen over the summer?

19 We should be looking at ways that there
20 are either summer programming. I'm not talking
21 about summer school because I think the teens
22 that I know will kill me if I walk down the
23 street. But I am talking about other kinds of
24 access, because we have a lot of access to

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2 parents right now, OLA does, through the other
3 work we're doing, the educational programs that
4 we offer, some of the food crisis work that we're
5 doing with families that have never ever needed
6 support before. And right now we're meeting the
7 needs of about 77 families on a weekly basis.
8 That's over 250, almost 300 people.

9 We're working right now with Suffolk
10 County and also the local towns to help implement
11 a crisis food line, so food deliveries can happen
12 for those homebound individuals. So OLA is trying
13 to make sure that these kind of connecting points
14 are going to happen. It also gives us that
15 connection to families that we wouldn't, that
16 lots of other people wouldn't have or wouldn't
17 have the trust so that we can talk about things
18 like what's lacking with education, where are the
19 students at right now? What's happening with
20 mental health care, with our teens, where are the
21 crisis points?

22 This is what allows us in so your
23 support doing that, your support of us, the
24 transportation piece is huge, people have got to

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2 get back to work, but we can't lose contact with
3 some of these things that are sort of life and
4 death conversations.

5 ASSEMBLY MEMBER THIELE: The minute I
6 have left, I'll try to get this question out
7 quick so you can respond, but I think we've been
8 in touch with your office about this too,
9 evictions, and especially in an area that we live
10 in, where there are winter rentals, summer
11 rentals, seasonal rentals. We've had a number of
12 cases where you've got landlords that have -- and
13 it seems disproportionate to the Hispanic
14 community -- where there's pressure. Landlords
15 are trying to get people out of the house. We've
16 worked with law enforcement, we've worked with
17 the AG's office. Any more suggestions on how to
18 better address that issue?

19 MS. PEREZ: Let's just make sure we can
20 get all of that information out in Spanish. So
21 something coming from your office in Spanish, I
22 know you've got Thalia, who's awesome. I know
23 that personally. What are ways that we can get
24 this information out? Videos, videos are good.

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2 People need to see a face. If you're in a crisis
3 point and you're desperate and you feel like
4 there's no one out there that's going to listen
5 to you that you can trust, you need to have
6 videos from people you can really trust out
7 there. Your office and Thalia would be an awesome
8 resource to help with that.

9 ASSEMBLY MEMBER THIELE: All right.

10 Thank you very much.

11 MS. PEREZ: Okay.

12 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
13 you, Fred. Now we're going to go to Assembly
14 Member Maritza Davila. She is the chair of the
15 task force on Puerto Rican and Hispanic
16 Americans.

17 ASSEMBLY MEMBER DAVILA: Thank you,
18 Chair Braunstein. These questions are going to be
19 directed towards Ms. Perez and Ms. Abreu. I was
20 listening to everything you had to say and you
21 are absolutely right. There has been a disparity
22 from the beginning with Latino communities and
23 other minority communities. You spoke on training
24 businesses to come back and service customers.

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2 That's extremely important. The immigration
3 disparity that you have in Long Island, and I
4 know it's a very big one, we are at a point, and
5 I'll give you an example.

6 I visited, by the way, Ms. Sconiers, I
7 was in Buffalo last year. I had the opportunity
8 to go visit with a lot of the universities there.
9 And I spend a good 24 hours trying to absorb a
10 lot of the issues that were going on in Buffalo.
11 but I want to compare Buffalo to Long Island and
12 other regions within our state that have been in
13 disparity for a long time and no one is talking
14 about that. We know that downstate, we have
15 issues. We know that. But we have never had an
16 exact number.

17 What is it going to take? How much
18 money? How much state money is it going to take
19 for us to be able to even start? Because the
20 issues are big and they keep growing with this
21 pandemic and it's getting worse.

22 And I just want to talk about moving
23 forward, and I also would like to ask you all to
24 please do not be shy, and I know you're not, Ms.

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2 Perez and Ms. Abreu, to share information so that
3 I can bring back to the task force and that would
4 be in the form of a letter, letting us know
5 exactly what you need. What is the immediate need
6 right now? So I'm just going to leave it there.
7 But I'm just curious as to we're talking about
8 millions and millions and millions of dollars,
9 perhaps billions of dollars, throughout the
10 entire state. Can you give us a roundabout number
11 in terms --

12 MS. PEREZ: In terms of percentages, or?

13 ASSEMBLY MEMBER DAVILA: Percentages,
14 and you know, let's say education, and we're
15 going to start in education. A roundabout number
16 in education, how much money was allocated in the
17 past, and how much money are you going to need
18 moving forward?

19 MS. PEREZ: That's a tough one because
20 we have 24 east end districts. We are so siloed
21 out here, 24 east end districts and the low
22 average is 40 percent Latino student body. And it
23 doesn't mean they're all new immigrants, but it
24 does mean that you're talking about families

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2 surrounding those Latino students. So in terms of
3 money, we're 20 to 25 percent Latinos out here in
4 Long Island. This Census, that has been hit so
5 hard, we are not getting the numbers back that
6 we'd like to see coming back.

7 A crazy idea might be how are we going
8 to deal with that? How are we going to actually -
9 - we're going to know that the numbers coming
10 back from the Census are not correct, are not
11 adequate, so are we just going to go with that?
12 Is there another way? Is there another way we can
13 look at this, other numbers that we could take in
14 smaller pieces to understand who really is living
15 out here in Long Island in terms of the Census
16 numbers or New York State in general? Those are
17 the things. Without those numbers, the funding is
18 not going to be there.

19 ASSEMBLY MEMBER DAVILA: And I also
20 wanted to mention just very quickly, after
21 Hurricane Maria, a lot of families migrated from
22 Puerto Rico into New York, Buffalo, other regions
23 of the state. And we are aware that a lot of
24 these young children are still lacking in the

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2 English language, so they're left behind
3 regardless, right. So imagine now with this
4 pandemic, I'm not sure how they're going to be
5 able to catch up. But I would love to continue to
6 have some more conversation with you and others
7 to be able to try to resolve some of these
8 issues, but thank you.

9 MS. PEREZ: Thank you.

10 ASSEMBLY MEMBER BRAUNSTEIN: Okay, thank
11 you, assembly member. That concludes the chairs'
12 part, so if you're following, we're just going to
13 go down the list of hands raised in the
14 participants area, and we're going to start with
15 Assembly Member Catalina Cruz.

16 ASSEMBLY MEMBER CATALINA CRUZ: Hi,
17 apologies. So I have just two quick questions.
18 One is a comment and I think it's going to be a
19 trend, given what we're seeing, the folks on the
20 panel. A lot of the questions we have should have
21 been answered by members of city and state
22 government. And it is outrageous there are no
23 representatives from any of those entities,
24 whether it's the Department of Labor, whether

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2 it's SBS at the city level, that could clearly
3 answer our questions that we have. And so I want
4 to thank the advocates and nonprofits who did
5 show up and are doing their best to answer
6 questions from their angle, and that brings me to
7 Quenia.

8 Quenia, it's always great to see you.
9 Thank you for being here. I sensed the emotion
10 when you were speaking on behalf of your members.
11 I thank you for your decades working on their
12 behalf. And I know that you mentioned only about
13 100 of the folks who applied for the help from
14 the federal level, from the SBA grant received
15 it. I would love to know if there were any
16 specific efforts either by SBS at the city level
17 or by SBA at the federal level to reach out to
18 your members to let them know of the existence of
19 these programs before they were all of a sudden
20 given to people who frankly who didn't need it,
21 because they probably had more resources than
22 your members.

23 And then the second question, I saw a
24 post that you recently did related to the fears,

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2 it was on social media, related to the fears of
3 your members, specifically the salon owners, of
4 reopening and what that means.

5 I'd love to hear a little bit more in-
6 depth because I know you touched on what are the
7 needs that your members have in order to feel
8 safe. And lots of folks are talking about the
9 need to reopen because of what happens to
10 businesses, but your specific post was that in
11 spite of the needs of your businesses, your
12 members don't want to lose their lives in order
13 to do that. So if you can elaborate on those two
14 things, I'd love to hear a little more and thank
15 you again for being here.

16 MS. ABREU: Thank you, thank you,
17 Assemblywoman Cruz. So in reference to the PPP
18 loan and also the other loan from the SBA, there
19 was very little in terms of reaching out to the
20 small businesses really, on their part. They
21 pretty much relied on organizations like the New
22 York Women's Chamber to bring that information to
23 the small businesses. And one of the things that
24 I said before was the lack of information in

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2 different languages, which I keep asking for, and
3 the same thing happened with SBS. When the SBS
4 had their loan and also their grant, I kept
5 asking for information in Spanish, and I asked
6 them to translate the forms. And that never
7 happened, which left a lot of our minority, our
8 immigrants, out of the equation.

9 That never happened, and it's one thing
10 that I keep going back and saying to them, you
11 need to make things available in different
12 languages. You have to make sure that the
13 information gets to all of our small businesses
14 because the reality is that a lot of the small
15 businesses are owned by immigrants. And that's
16 important.

17 MODERATOR: I'm sorry. Your time is up.

18 MS. ABREU: And that never happened.

19 ASSEMBLY MEMBER BRAUNSTEIN: Very
20 briefly, there was another question about salons
21 that she had asked, Catalina. Do you want to give
22 an answer or --

23 MS. ABREU: Yes, so the salons, we're
24 very concerned, they're very concerned, and we

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2 are very concerned as an organization that works
3 with them. So far, we don't have guidelines, we
4 don't have protocols for them, and that's
5 something that we want this state to address, and
6 we want the City to address. We're willing to
7 work with them. But we need also to be working
8 with both the City and the State. We can't make
9 up things to be able to provide it to them.

10 ASSEMBLY MEMBER BRAUNSTEIN: Okay, thank
11 you. We're going to move on to Assembly Member
12 Tom Abinanti.

13 ASSEMBLY MEMBER ABINANTI: Thank you,
14 Mr. Chairman. I'd like to speak with Quenia. I am
15 the chairman of the Assembly committee on banks.
16 We have been holding hearings, but have not yet
17 invited the smaller businesses to appear, and so
18 I'm very interested in what you had to say
19 particularly with respect to women-owned
20 businesses. You indicated that they are having
21 great difficulty in accessing the monies that the
22 feds were funneling through the banks.

23 First of all, who do you represent? How
24 many of them actually applied? How many of them

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2 got the monies? And what can we do to make sure
3 that these are more accessible for them, so that
4 women-owned businesses can share in the relief
5 from the federal government?

6 MS. ABREU: Okay, so we represent -- the
7 majority of our members are small businesses, and
8 they're even smaller, what we call micro
9 enterprises, where you have the beauty salons,
10 where you have the smaller restaurants, where you
11 have even the childcare providers are in that
12 group. And so in terms of the ones that apply --
13 we have restaurant owners and we have small
14 construction companies.

15 The ones who applied, we had an average
16 of around 1,000 that applied, and what we have,
17 the ones that did receive the money, it's a
18 little less than 100, I think we're now like at
19 94 from the last numbers that we looked. So those
20 are the numbers right now. We're hoping that
21 those numbers are going to increase.

22 ASSEMBLY MEMBER ABINANTI: You said
23 extend the deadlines?

24 MS. ABREU: Yes.

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2 ASSEMBLY MEMBER ABINANTI: And new
3 financial sources and PPEs. What deadlines you
4 need to have extended?

5 MS. ABREU: Okay. The deadline to apply
6 --

7 ASSEMBLY MEMBER ABINANTI: The repayment
8 deadline or the filing deadline?

9 MS. ABREU: Well, the filing deadline
10 ends June 30, June is the deadline for the
11 businesses to apply. So we wanted that to be
12 extended. That's important. Because June is right
13 around the corner and the businesses are still
14 trying to figure out when they're going to open.
15 So that needs to be extended. The other deadline
16 is the eight weeks of the, the salaries, the
17 employees' salaries, once you get the approval,
18 once you get the money, you have eight weeks
19 pretty much, to use that money to keep your
20 employees on the payroll, but guess what happens?
21 Eight weeks are going by very quickly, very
22 quickly. Some of these businesses, the employees
23 are collecting unemployment because they didn't
24 get the approval until much later so that means

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2 that they have to get their employees back. They
3 have to be able to open. And once they open,
4 where is the money to pay their employees? So
5 that's something that needs to be addressed.

6 ASSEMBLY MEMBER ABINANTI: Okay, good.
7 Thank you. Would you mind getting us whatever
8 information you have to back up what you just
9 said to so we can include it in the record?

10 MS. ABREU: Yes, of course.

11 ASSEMBLY MEMBER ABINANTI: I'd like to
12 include it with the, in the bank's hearing as
13 well.

14 MS. ABREU: Mm-hmm, definitely.

15 ASSEMBLY MEMBER ABINANTI: Thank you.

16 ASSEMBLY MEMBER BRAUNSTEIN: Okay,
17 thanks, tom. Now we're going to go to Assembly
18 Member Michael Blake.

19 ASSEMBLY MEMBER MICHAEL BLAKE: Good
20 afternoon, everybody. I hope that you are doing
21 well. Thank you for all that you're doing. First
22 and foremost, I just want to say how much I
23 appreciate everyone and all your leadership,
24 regularly a lot of friends are participating in

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2 this conversation. And as was mentioned, of
3 course, you know, it will be important for us to
4 focus on having some more of the city agencies
5 and state agencies.

6 That said, I want to hear from Ms.
7 Abreu, specifically. I know there was some notice
8 and information that was given out recently from
9 the council that would not be helpful to your
10 local business owners.

11 And equally, I think to everyone, I've
12 been talking a lot about nonprofit contract
13 flexibility, and the impact that's going to have
14 on small businesses throughout. It would be very
15 helpful to get a sense from anyone of the
16 panelists what kind of impact that would have on
17 you, second.

18 And third, and finally, is there
19 anything that we can be doing from regulations
20 standpoint here in the State that if we made
21 changes would be helpful to you immediately? We
22 obviously know a lot could be coming from the
23 feds, but it would be very helpful to know if
24 there's regulations and things we can be working

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2 on immediately. So Quenia, first of all,
3 secondly, contract flexibility and thirdly, what
4 regulations can we change? Thank you, everybody.

5 MS. ABREU: Well, in terms of the
6 regulations, I mentioned this before. One of the
7 things is the property taxes that are passed on
8 to the business owners in terms of rent. I also
9 said that it would be great to have a subsidy
10 really for the business owners to pay the back
11 rent because it's very hard to go back to open
12 your business, your business has been closed for
13 several months, go back, open your business, and
14 then here comes your landlord asking for the
15 entire rent and you don't have it, and you can
16 lose your business. So that has to be addressed.

17 And then the other thing is the payroll
18 tax. Some of the businesses have been complaining
19 that they have been getting increased payroll
20 taxes, which is not fair, considering the times.

21 And then the other thing, Michael is the
22 whole situation with insurance. The claims not
23 being paid, you know, not being addressed by the
24 insurances. If you cannot help the businesses

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2 now, then you shouldn't be doing business in New
3 York State, you know. Go do business someplace
4 else, because right now, we need them. These
5 businesses pay insurance and they pay insurance
6 so the insurance can help them when they need it
7 and this is the time to do so, so we need to
8 address that.

9 MS. PEREZ: I want to add something to
10 that. I'm just looking at some news. California,
11 for the first of its kind, is offering
12 unemployment benefits, unemployment support for
13 undocumented immigrants, stating that they are
14 essential to their state. I think it's part of a
15 public-private partnership, about \$50 million
16 coming from private donations. I know that that's
17 not enough for all the state of New York, but
18 what regulations can be shifted or eased or
19 changed enough to allow that there's some sort of
20 fund or combined fund to address the needs of our
21 undocumented folks who are keeping our industries
22 afloat?

23 ASSEMBLY MEMBER BRAUNSTEIN: Okay, thank
24 you. We've run out of time. We're going to move

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2 on to Assembly Member David Buchwald.

3 ASSEMBLY MEMBER DAVID BUCHWALD: One
4 second. I think I have to go off.

5 ASSEMBLY MEMBER BRAUNSTEIN: David, are
6 you there? Should we go on to someone else?
7 You've got to turn your video on.

8 ASSEMBLY MEMBER BUCHWALD: Oh, sorry,
9 thank you. There we go. Apologies, everybody. And
10 thank you to the chairs and everybody else for
11 organizing this very important forum and my
12 thanks to all the panelists for their time. Small
13 businesses, as we know, are crucial to our entire
14 economy and employ the vast majority of
15 Americans. But it's especially important to
16 minority communities, not just because we have a
17 lot of minority-owned businesses. But also
18 because of a lot of the employees and suffering
19 disproportionately falls to the employees with
20 small businesses.

21 And so I wanted to ask our panelists,
22 who I note come both from within New York City
23 and outside New York City, their reaction to
24 right now, one disparity is that within New York

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2 City, New York City has a program for small
3 businesses and nonprofits, to provide no-interest
4 loans, I believe up to \$75,000. That program was
5 announced relatively early on in response to the
6 pandemic, so for those of you inside the city,
7 can you respond on how that program is working
8 and its launch.

9 And then for those, who like me, are
10 outside the city, whether a no-interest loan
11 program for small businesses and small nonprofits
12 would be helpful modeled along like New York City
13 has proposed. So whoever wants to take that,
14 hopefully, at least one person inside the outside
15 and one outside. That would be great.

16 MS. PEREZ: I think that would be
17 helpful. I mean the terms would be important, but
18 I think that would be very helpful for a no-
19 interest loan for sure.

20 HONORABLE SCONIERS: I would agree that
21 that would be very helpful for outside of the
22 city. But I also want to mention something about
23 the landlord and rent payments. It seems to me
24 that if they could come up with some kind of

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2 legislation where you tack that rent arrears to
3 the end of that lease or whatever, rather than
4 expecting a person to pay if they're out of work
5 for three months and they have rent of \$1,000 a
6 month, that's \$3,000. They're not going to be
7 able to pay that when they start back to work. If
8 they could come up with some kind of regulation
9 that that would be prorated and it'll be tacked
10 to the end of the lease or mortgage or whatever,
11 rather than asking people to pay on the spot when
12 they get back to work. But I think the no
13 interest loans would certainly be very helpful to
14 small businesses, yes.

15 ASSEMBLY MEMBER BUCHWALD: Does anyone
16 inside the city have reaction as this New York
17 City program is being rolled out, whether it's
18 yet having an impact on the confidence of small
19 businesses, or whether it's more of a plan on
20 paper that's not yet effectuating things on the
21 ground?

22 MS. ABREU: Well, the loan, the money
23 was given out. One of the challenges or the
24 issues that we had was that there were certain

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2 areas where the money didn't really get to, in
3 the sense that oh, very few loans were approved.
4 The Bronx is one of them. And what we would like
5 for some of the elected officials to ask from the
6 city is a total breakdown, total breakdown of
7 those numbers, not just Manhattan got 64 percent,
8 because that is not accurate information in the
9 sense that which areas in Manhattan got 64
10 percent? Because I know for a fact that
11 Washington Heights and Inwood and Marble Hill
12 didn't get anything, so we need a breakdown, a
13 total breakdown by geographic areas of those
14 numbers.

15 MODERATOR: Thank you. Our question time
16 is up.

17 ASSEMBLY MEMBER BUCHWALD: Thank you,
18 Chairman Braunstein, I appreciate the time.

19 ASSEMBLY MEMBER BRAUNSTEIN: Now we're
20 going to go to Assembly Member Rodneyse Bichotte
21 to close this panel.

22 ASSEMBLY MEMBER RODNEYSE BICHOTTE: Yes,
23 hello. Hello, everyone. Thank you, the chairs for
24 putting this panel together and all the panels in

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2 putting this hearing together. I see a lot of
3 people I know. Quenia, good to see you, and thank
4 you for you and the panelists for being at the
5 forefront for our small businesses.

6 First, I wanted, as I was listening and
7 I just heard from Ms. Perez that what California
8 is doing, I just wanted you to know that Open
9 Society had given New York City mayor \$20 million
10 for undocumented workers. Okay. I've been on the
11 phone with them, and something that was kind of
12 announced, not many people know about it, is \$20
13 million, Patrick Gaspard, who's running it, who
14 is of Haitian decent. Oh, today, by the way, you
15 can see my flag, it's Haitian flag day. Had
16 rolled it out, and so we're working to make sure
17 that the nonprofits or the organizations in our
18 community make sure that they give it to those
19 workers, okay, and that's been an issue. You
20 know, I have an issue with some of the larger,
21 larger nonprofits that's been eating up all the
22 smaller nonprofits who are on the ground. So I
23 would like for you to know that.

24 In terms of the rent appears and the

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2 mortgage, that's something on the Assembly that
3 we've been working on, in terms of putting a
4 bill. I know there were some talks about
5 canceling leases and so forth. But if, when we're
6 doing something like that, we have to do the
7 whole chain. We can't do just one aspect. If
8 we're going to do rent cancels or rent arrears,
9 we have to do that with mortgages, we have to do
10 that with property tax. We have to do that with
11 the people who work in the building, you know,
12 who needs to get paid. We have to do a whole
13 thing.

14 So, you know, when we're thinking about
15 that, commercial spaces, and, you know, we're
16 talking about that in the Assembly. I understand
17 that most of the PPPs went to the bigger
18 companies, even on the second wave. We're hoping
19 Congress can turn around and come back with
20 another fund, specifically for smaller
21 businesses. We understand about the eight weeks,
22 and we understand that a lot of the smaller
23 businesses are not going to get their loans
24 forgiven. It's going to be loans.

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2 New York City had some funds and,
3 apparently, that ran out just like in Congress.
4 They were paying 45 percent of payroll. And
5 unfortunately, you know, everybody is in need. My
6 question to you is, I didn't hear Catalina Cruz's
7 answer in terms of the salons. I need to know
8 because in my area, we have lots of salons and
9 lots of barbershops. I mean it's penetrated, and
10 we have lots of churches as well. It's penetrated
11 with, you know, we're the borough of churches,
12 we're the borough of salons and barber shops.
13 What are the concerns you're hearing from the
14 salons and the barbershops, because we are
15 looking for them to be one of the first entities
16 to be rolled out.

17 ASSEMBLY MEMBER BRAUNSTEIN: Okay,
18 assembly member, your time is up, so but we'll
19 give a minute for Ms. Abreu to answer this
20 question briefly. Go ahead.

21 MS. ABREAU: Yes, hi Rodneyse. Thanks
22 for the question. What is happening, their
23 concern is that they haven't heard yet over
24 specific plan or specific protocols for them for

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2 their industry. And because this is an industry,
3 as you know, that has very direct contact with
4 clients. So that's one of their concerns, is like
5 how do we do this? How are we going to open? What
6 training do we need to take? Do we need to take
7 training on safety? Do we need to take training
8 on creating, you know, an environment in our
9 business that's going to allow for that?

10 And then where's the funding coming
11 from? The funding for that, to make their
12 environment safe, and also the funding for the
13 PPE, who is going to provide for them, because
14 you've got to remember that they've been closed
15 for all these months, with no income.

16 ASSEMBLY MEMBER BRAUNSTEIN: Okay, thank
17 you very much. Thank you to our panelists. We
18 really appreciate your time today. And we just
19 want to thank all the panelists who are waiting,
20 for your patience. We're moving on to panel
21 number four now. I'm going to read the names of
22 the panelists who are going to appear. We have
23 George Nicholas, senior pastor and co-conveyor of
24 the African-American Health Equity Task Force of

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2 the Buffalo Center for Health Equity. We have
3 Timothy F. Murphy, MD, SUNY distinguished
4 professor, director, Community Health Equity
5 Research Institute at the University of Buffalo,
6 the State University of New York. We have Camara
7 Phyllis Jones, MD, MPH, PhD, of the Radcliffe
8 Institute for Advanced Study, Harvard University,
9 we have Naomi Zewde, assistant professor, CUNY
10 Graduate School of Public health and Health
11 Policy and we have John Flateau, PhD, executive
12 director at Dubois-Bunche Center for Public
13 Policy, Medgar Evers College, CUNY. Once again, I
14 apologize if I mispronounced anybody's name.
15 We're going to start with Mr. George Nicholas.
16 Five minutes, sir.

17 MR. GEORGE NICHOLAS, MDIV., SR. PASTOR,
18 CO-CONVEYOR, AFRICAN AMERICAN HEALTH EQUITY TASK
19 FORCE, BUFFALO CENTER FOR HEALTH EQUITY: Thank
20 you so much for this opportunity to share with
21 you and to all the participants who I heard
22 before, I'm just honored and just want you to be
23 encouraged, all the great work that you've been
24 doing.

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2 I am the chair of the Buffalo Center for
3 Health Equity, which is a community-based
4 organization that was birthed out of the African-
5 American Health Disparities Task Force. And our
6 organization has five pillars, we focus on
7 research, advocacy, community engagement, program
8 development, and public policy.

9 Our clear and explicit goal is to
10 eliminate race-based health disparities in
11 Buffalo. We focus on the social determinants of
12 health, and our main goal has really been to try
13 to get the City of Buffalo and the region to make
14 addressing the social determinants of health our
15 priority.

16 As it speaks to solutions, one of the
17 things that's worked very well for us is our
18 African-American Health Equity Task Force. And I
19 would think that it would be a good idea for the
20 state to look at regional task force, to look at
21 the issues around health disparities. One of the
22 things about health disparities is our focus is
23 not just on what happens within the medical
24 system, but the social determinants of health,

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2 looking at education, looking at economic
3 development, looking at housing, looking at the
4 environment.

5 And so we are calling for this
6 development of high level influencers to come
7 around the table in partnership with local
8 grassroots communities to begin to start coming
9 up with some realistic root cause solutions to
10 these problems. You know, it's important to deal
11 with short-term issues as it relates to charity,
12 but we have to begin to start investing in root
13 causes because the root causes are what's driving
14 the disparities.

15 So one of the things that we focus on
16 with our work and, again as a possible solution,
17 is making these connections, so for example, we
18 know that poor health outcomes are related to
19 poor economic situations. But we know poor
20 economic situations are related to poor
21 education. So we're looking at, if we want to
22 change the health outcomes for black folks in
23 Buffalo, we know that we have to change the
24 academic achievement of black children in the

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2 Buffalo public schools.

3 Well, we can't change the academic
4 achievement for the black children in the Buffalo
5 public schools if we don't address the economic
6 condition of their parents. And if we don't do
7 those things, then they'll never be able to put
8 themselves in a better housing environment. We
9 know that there's major environmental issues, air
10 and water quality issues. There is what they call
11 a cancer cluster on the east side of Buffalo by
12 American Axle Plant.

13 And the State came in and showed us the
14 data and then they're trying to say that the
15 reason why these people have such high rates of
16 cancer is because of smoking. But at the same
17 time, telling us that the water and air quality
18 is contaminated in that region, but not
19 contaminated too much.

20 So we have to stop playing these games
21 with poor people and people of color and begin to
22 start doing some real serious, serious problem
23 solving. We have been able to partner with the
24 University of Buffalo and my colleague, Dr. Tim

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2 Murphy will share with you as well, to begin to
3 start having these conversations about how we
4 address these root causes. And what's so great
5 about our partnership with the University of
6 Buffalo, it's not just with the medical school
7 but the school of management, the law school
8 because we know that the interaction with the
9 criminal justice system is something that drives
10 negative economic situations for our people,
11 which will contribute to negative health
12 outcomes.

13 So our main focus today is to get us to
14 think about these problems and think about these
15 solutions to these problems in a more holistic
16 fashion. One of the things that is kind of --
17 when we talk about the state, it's great to have
18 the health department involved and it's great to
19 have the other entities, but we need Empire State
20 Development, and we need to be able to put the
21 kind of investment in the solutions that are
22 needed. So, for example, oftentimes I've told
23 that when I'm trying to boil the ocean, I'm
24 trying to do too much. But if the solution to the

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2 problem requires these drastic kinds of systems
3 changes, we have to do those things. We can't be
4 afraid to do the big things.

5 In Buffalo, Elon Musk, one of the
6 richest men in the world, was given \$750 million
7 of state dollars to build this solar panel plant
8 and it was supposed to have a big impact on the
9 Buffalo economy. It has not. And there was no
10 plan to connect this investment to helping people
11 within these communities change their economic
12 condition.

13 So I would challenge the state to begin
14 to start measuring success and by making a
15 criteria of giving money to businesses on how
16 they will impact the social determinants of
17 health. Make that a category. Make them say,
18 okay, if you want this money, tell me how this
19 project is going to have a positive impact upon
20 the poorest people or the people who have been
21 suffering from these major health disparities. I
22 thank you for this opportunity and I'll look
23 forward to questions from you.

24 ASSEMBLY MEMBER BRAUNSTEIN: Thank you,

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2 Mr. Nicholas. We're going to move on to Timothy
3 Murphy.

4 DR. TIMOTHY F. MURPHY, MD, SUNY
5 DISTINGUISHED PROFESSOR AND DIRECTOR, COMMUNITY
6 HEALTH EQUITY RESEARCH INSTITUTE, UNIVERSITY AT
7 BUFFALO, THE STATE UNIVERSITY OF NEW YORK: thank
8 you very much for the opportunity to present to
9 this panel. These have been great discussions
10 today, and it's a great privilege to be part of
11 them. I'm an infectious diseases physician
12 scientist at the Jacobs School of Medicine and
13 Biomedical Sciences at the University of Buffalo,
14 and also director of the recently launched UB
15 Community Equity Research Institute.

16 And last but not least, I'm a proud
17 resident of the Buffalo area, the second largest
18 city in New York State. I came to Buffalo in 1981
19 to join the UB faculty directly out of my
20 training. The Community Health Equity research
21 arose from the work of the African-American
22 Health Equity Task Force that Pastor Nicholas
23 just spoke about. The mission of our institute is
24 to perform research to advance understanding of

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2 the root causes of health disparities and develop
3 and test innovative solutions to eliminate these
4 inequities in our region.

5 It is no surprise that minority
6 communities in Buffalo and really throughout the
7 country are suffering worse outcomes from COVID-
8 19 than the general population. The underlying
9 disorders that result in more adverse COVID-19
10 outcomes and have a higher death rate are the
11 exact same disorders that are more common in the
12 seven zip codes in Buffalo with high rates of
13 poverty and minority populations.

14 African-Americans in Buffalo have a 50
15 percent higher rate of hospitalization for heart
16 disease, 250 percent higher rate for diabetes,
17 and a 500 percent higher rate of hospitalizations
18 for asthma compared to the white population in
19 Buffalo. And remarkably, life expectancy of
20 African-Americans who make up 39 percent of
21 Buffalo residents is 12 years shorter, compared
22 to that of white residents in Buffalo.

23 These underlying disorders are a direct
24 result of the social determinants of health. They

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2 include poverty, failing schools, high
3 unemployment, property values, poor access to
4 healthy food, lead contamination in homes and
5 poor access to healthcare. These are the main
6 reasons for the worst outcomes of COVID-19 in
7 African-Americans in our community and similar
8 communities throughout the country.

9 So when you look at those social
10 determinants, most of them are unrelated to
11 healthcare. It's estimated that about only 10 to
12 20 percent of health disparities is accounted for
13 by healthcare. So ironically and almost
14 paradoxically, the most important solutions to
15 the worst outcomes of COVID-19 won't be solved by
16 healthcare per se. We need innovative solutions
17 to the systemic problems in our society. The
18 worst outcomes of COVID-19, in a way, are a
19 symptom, a symptom of the social determinants of
20 health.

21 So as Pastor Nicholas outlined, we have
22 established a framework and a partnership in
23 Buffalo between our institute and the community-
24 based Buffalo Center for Health Equity. The

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2 institute is engaging faculty experts from all 12
3 UB schools that span the social determinants of
4 health. This partnership is well positioned to
5 tackle the problem using community-based
6 participatory research approach based on true
7 bidirectional partnership between the community
8 and the university.

9 Society will judge universities and
10 communities and elected leaders of the 21st
11 Century by their ability to solve urgent
12 socioeconomic problems, our ability to solve
13 urgent socioeconomic problems. It'll take
14 creative approaches from people with diverse
15 expertise, a broad range of capabilities, and big
16 ideas. And we need different approaches. We can't
17 keep doing the same thing we're doing. It's not
18 working. We need generational changes.

19 So, if there is a silver lining in the
20 tragedy of the impact of this pandemic on
21 communities of color, my hope is that it will be
22 the fact that this issue is now part of a
23 statewide and a national conversation, the kinds
24 of conversations that are happening today during

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2 this hearing. And that these conversations will
3 lead to a true commitment and investment to
4 develop lasting and fundamental solutions. So
5 thank you, again, to this joint assembly for your
6 interest and courage to tackle this enormously
7 important problem.

8 ASSEMBLY MEMBER BRAUNSTEIN: Thank you
9 very much. And now we're going to turn to Dr.
10 Camara Phyllis Jones.

11 DR. DR. CAMARA PHYLLIS JONES, M.D.,
12 M.P.H., PH.D., SENIOR FELLOW, ADJUNCT ASSOCIATE
13 PROFESSOR, MOREHOUSE SCHOOL OF MEDICINE: Hi. I'm
14 Dr. Camara Jones, I am a family physician and an
15 epidemiologist whose work focuses on naming,
16 measuring, and addressing the impacts of racism
17 on the health and wellbeing of the nation. I have
18 thoroughly enjoyed the previous panel and the
19 first two speakers on this panel.

20 But I would say that I differ even from
21 the people who have spoken before in that I don't
22 just talk about the social determinants of
23 health, the context, but I talk about those
24 systems of power that determine the range of

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2 context that we see in our cities and in our
3 states and the differential distribution of
4 people into those contexts, so I am explicit
5 about naming racism.

6 So I want to just say that we are very
7 lucky, that at least the conversation, the little
8 bit of window to acknowledge that maybe there's
9 something structural going on that accounts for
10 all of the black and brown and indigenous bodies
11 piling up so fast from this virus which was
12 supposed to be the equal opportunity infector, at
13 least people have said oh, my God, there's
14 something really bad going on, something really
15 structural going on, because the bodies were
16 piling up so fast that we couldn't ignore them,
17 and we couldn't normalize them.

18 And so we are having these conversations
19 about racism as the core at these COVID
20 disparities, that it's not difference in biology,
21 all humans were susceptible to this virus. It's
22 not differences in knowledge, and in our
23 questions, I'd like to maybe go a little bit more
24 but I've been inspired to take this notion that

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2 we must name racism as far as I can take it
3 during these five minutes.

4 When I was the president of the American
5 Public Health Association four years ago, I
6 actually launched our association on a national
7 campaign against racism with three tasks, to name
8 racism, to say the whole word, not just race or
9 disparities or implicit bias or
10 disproportionalities, all of these things are
11 important to say, social determinants of health,
12 but to say the word 'racism' because we had to
13 put the system part in it.

14 Then to the second of the three tasks
15 was to identify within the elements of decision
16 making, the answers to the question, how is
17 racism operating here? Looking at the who, what,
18 when, and where of decision making, which is in
19 our structures. Who's at the table and who's not?
20 What's on the agenda and what's not? Looking at
21 the written how of decision making, which are our
22 policies, looking at the unwritten how of
23 decision making, which are our norms and
24 practices and then looking at the why of decision

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2 making, at the values.

3 So the first task, to name racism, which
4 is very important in context of widespread
5 denial. The second is to ask how is racism
6 operating here, to identify levers for action,
7 and then the third is to organize and strategize
8 to act.

9 So just as right now, we have the
10 opportunity of COVID-19 exposing, pulling the
11 sheets off, laying bare the structural inequities
12 in our society. That happened with Hurricane
13 Katrina, when people were like why is it all the
14 black folks on the roofs? That happened when we
15 learned of the poisoning of the Flint water
16 supply.

17 But what happens after each of these
18 disasters is that we as a nation fall back to
19 what I describe as the somnolence of racism
20 denial. And so it is my intent that we do not
21 fall back, that we as a nation embrace a national
22 campaign against racism. So I just want to very
23 quickly identify seven barriers to us. Actually,
24 the first three of these barriers are things that

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2 enable most of this country to staunchly deny the
3 existence of racism.

4 The first is that we're so narrowly
5 focused on the individual in this country that it
6 makes systems and structures invisible or
7 seemingly irrelevant. The second is that we as a
8 nation are ahistorical, we act as if the present
9 were disconnected from the past and as if the
10 current distribution of advantage and
11 disadvantage were just a happenstance. The third
12 is that we endorse the myth of meritocracy, that
13 if you work hard, you'll make it. And I give you,
14 most people who have made it have worked hard,
15 but there are many, many other people working
16 just as hard or harder, who will never make it,
17 because of this uneven playing field, which has
18 been structured and is being maintained by
19 racism.

20 The fourth is that we endorse the myth
21 of a zero sum game. The fifth is our limited
22 future orientation, not investing in the
23 children, not investing in the planet. The sixth
24 is the myth of American exceptionalism, and the

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2 seventh is white supremacist ideology, the notion
3 that there is a hierarchy of human value, and
4 with white people at the top. And that makes
5 people have a fear of the browning of America and
6 the like.

7 The last thing I need to do is give you
8 my definition of racism, which is that it is a
9 system of structuring opportunity and assigning
10 value based on the social interpretation of how
11 one looks, which is what we call race, that
12 unfairly disadvantages some individuals and
13 communities, unfairly advantages other
14 individuals and communities, and zaps the
15 strength of the whole society through the waste
16 of human resources. Thank you for inviting my
17 testimony.

18 ASSEMBLY MEMBER BRAUNSTEIN: Thank you
19 very much. We're going to move to Naomi Zewde. I
20 apologize. How do you pronounce that?

21 DR. NAOMI ZEWDE, ASSISTANT PROFESSOR,
22 CUNY GRADUATE SCHOOL OF PUBLIC HEALTH AND HEALTH
23 POLICY: Zodie.

24 ASSEMBLY MEMBER BRAUNSTEIN: Zodie,

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2 okay, thank you. You can continue.

3 DR. ZEWDE: Great. Thank you so much,
4 and that was, I would say, a rousing testimony
5 from Dr. Camara. Okay, so I kind of want to
6 orient us towards like how we're understanding
7 these racial disparities. When we say we need to
8 solve these disparities, I think that it's --
9 those communities are where the burden is, and so
10 in order for us to overcome this public health
11 crisis, we have to solve the problems that are
12 happening in those communities. They are us.

13 Okay, New York State has one out of four
14 COVID deaths nationwide, and one in three deaths
15 worldwide are happening in the United States. So
16 we have a really critical responsibility as
17 leaders, especially elected representatives, to
18 act on the scale that is necessary to solve this
19 problem. And it turns out these communities that
20 we're talking about today are the ones that are
21 going to -- those are the key to solving this
22 problem in a competent, effective way.

23 And so different ways we can do that.
24 Number one, frontline workers. In my testimony,

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2 I've submitted like two maps next to each other.

3 One is where frontline workers live and the other

4 one is population normalized map of COVID

5 contraction across New York City. And they are

6 very concentrated in both cases in the Bronx, in

7 South and Central Brooklyn, and not really in

8 Lower Manhattan and Manhattan especially.

9 So people who have to go to work,
10 frontline workers, they can quit and they can
11 collect unemployment, but what's going to happen,
12 you know, down the line? First of all, they're
13 afraid, because there's a looming recessionary
14 environment so they don't want to quit. And
15 second of all, even let's say they get sick for
16 some period of time, a lot of them are getting
17 sick, they get sick, can't go to work for a
18 couple of weeks, now they are out of their
19 paychecks. So either they simply have to go to
20 work and they risk themselves and their family
21 members getting sick, otherwise they won't be
22 able to pay their rents or anything else.

23 So I think that one thing we can do is
24 to provide unemployment compensation to all

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2 frontline workers regardless of whether or not
3 they decide to go to work. That way, we're not
4 forcing them to go to work and infect everybody
5 if they get sick. Okay.

6 Another thing is just rent in general. I
7 understand that it's complicated, but I think
8 that let's say we cancel rent for two months and
9 also whatever processes are necessary, there's a
10 federal bill to this effect as well. But in this
11 state and definitely in this city, we have an
12 extreme rent burden. Half of New York City
13 residents are considered rent burdened, but like
14 40-something percent of state residents are rent
15 burdened as well. It's an expensive state to live
16 in.

17 If we canceled rent for one or two
18 months only, then people would have less of a
19 strain and need to go out and engage in labor
20 activities. They could stay home, and it doesn't
21 take that long to quarantine our way out of this
22 situation. We just need to be in a situation
23 where people can stay home for some number of
24 weeks so that we can solve this problem, and we

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2 can move on from it.

3 Voting, I think they are sending
4 everybody an absentee ballot in the mail whether
5 or not they have requested this. I think that's
6 really important. Of course, we're still going to
7 have to have in-person ballot locations for
8 people who have unstable housing situations or
9 unstable addresses or disabilities, if you're
10 blind, for example.

11 So we need to make sure that those
12 people who are going there to vote in order to
13 keep our legislators in office have really good
14 protection. We need like masks, gloves. Just
15 messaging also to voters, so that they know that
16 they don't need to go in, that they know what to
17 expect. Because I haven't heard a lot about it.

18 In South Korea, they have sent every
19 single person living in that country a care
20 package with tooth brushes, tooth paste, toilet
21 paper, paper towels, noodles, soy sauce, all
22 these things, 30 eggs per person, enough so that
23 they could stay home, not go anywhere for two
24 weeks.

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2 Imagine, if you don't have to pay rent
3 and you have enough food for your family for two
4 weeks, you have no reason to leave your
5 apartment, we can actually stop the spread of
6 this disease, start to treat the people who have
7 it and, again, we can move on.

8 Another thing is arrests and prisons, I
9 think the State, to the extent that they can, but
10 whoever it is, And I don't think it's a good idea
11 for anybody to shirk responsibility on this
12 issue, immediately intervene to stop any
13 distancing related arrests. We cannot imprison
14 our way out of a contagious disease. And, of
15 course, most of those arrests are happening to
16 poor and segregated minority communities and
17 anyway, it just doesn't make sense.

18 So stress itself and the stress of all
19 these economic issues and the stress of
20 imprisonment, or a family member who is being
21 imprisoned is part of what causes flare-ups or
22 immune-suppressed states in which people will get
23 sick.

24 Finally, just in general, the policies

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2 themselves need to be people centric. I would
3 urge you to avoid the situation where you give
4 over more and more budget power to the governor
5 who calls in people like Eric Schmidt to reinvent
6 the new Department of Education instead of the
7 very highly credentialed teachers who are more,
8 you know, whose lives have been committed to
9 advancing the wellbeing of students, rather than
10 amassing billions off of search engine
11 optimization. Thank you.

12 ASSEMBLY MEMBER BRAUNSTEIN: Thank you
13 very much. We're going to go to our last
14 panelist, Dr. John Flateau.

15 DR. JOHN FLATEAU, PH.D, EXECUTIVE
16 DIRECTOR, DUBOIS BUNCHE CENTER FOR PUBLIC POLICY,
17 MEDGAR EVERS COLLEGE, CUNY: Thank you, thank you
18 visionary legislative leaders for bringing us all
19 together. Thank you for this opportunity to
20 comment on a very critical challenge before us.
21 My presentation, 3,000 words, and I have five
22 minutes, was previously submitted. My title is in
23 a post pandemic world, ending black inequality
24 and promoting public policy equity in pursuit of

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2 the American dream.

3 We've had, I've been on this video
4 conference since the beginning, so we've had
5 brilliant presenters on problem definition. I'm
6 going to spend 80 percent of my time on the
7 solution side, because I think you've already, my
8 brilliant predecessors have already laid out
9 problem and critique. I would echo a key comment
10 made by Dr. Camara Jones though, and I believe
11 that structural racism is the underlying
12 explanation for why we are where we are right
13 now.

14 And what we need to do is imagine,
15 envision ourselves on the other side of this
16 crisis. Solutions should reflect where we want to
17 be or never be again when we come out of this
18 crisis. So there were a number of topics,
19 solutions that have been touched on that I would
20 just like to elaborate, digital education,
21 distance learning. We're in a new world, and
22 we're not going back. There is an opportunity in
23 crisis, in this crisis, there are several
24 opportunities, and we're being pushed forward,

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2 and we need to make sure that the tools, the
3 devices, the internet access, the broadband
4 access is universally available to black
5 communities, communities of color, and all New
6 Yorkers, including rural New Yorkers, where that
7 is short. And I'm talking Pre-K, K-12, and
8 university level, we've all been pushed into the
9 future there.

10 Telemedicine, telehealth, some of our
11 previous health center directors, community-based
12 health providers have mentioned that. I think
13 that is another opportunity to give us near
14 universal access, assuming that we the people
15 have the devices to communicate with our health
16 professionals. It's much less expensive, it'll be
17 much more cost effective moving into the future
18 to have our seniors, in particular, the ability
19 to consult with health professionals to make for
20 a better life.

21 The next -- this is also an opportunity
22 to train our next generation of doctors, nurses,
23 healthcare providers, community health workers,
24 and we should take advantage of this opportunity

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2 before us. Contact tracers from our communities
3 moving, about in our communities is also an
4 absolute must.

5 Food security, solution urban farming,
6 agriculture, hydroponics, we should not be
7 worrying about how food, how our pigs and cattle
8 who are being slaughtered in the middle of
9 America can't get to our tables here on the East
10 Coast. We should be looking at new supply chains
11 that make us less reliant on other sources,
12 whether it's PPE that we have to get flown in
13 from China on the private jet of the Patriots
14 owner, or all kinds of other equipment and
15 materials we may need.

16 Improved data analytics for all of these
17 health crises that we're going through. There are
18 too many holes in the data, whether it's coming
19 from the State, coming from the City. It's going
20 up through many layers, and some of the best
21 information providers are our investigative
22 journalists. That should not be. Our regulatory
23 agencies, state health departments, county health
24 departments, city and coroners offices, we need

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2 to weave together a comprehensive system that
3 lets us know who's been infected, who died, where
4 they died, why they died, because that's going to
5 tell us where to micro target the solutions and
6 not misallocate resources.

7 And I'll stop there. I have a number of
8 other recommendations. Again, they're in my
9 written testimony. But the clock has run out.

10 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
11 you very much. So I'm going to start with a
12 question for Dr. Jones. Did you testify before
13 the City Council a couple of weeks ago? Was that
14 you?

15 DR. JONES: I did.

16 ASSEMBLY MEMBER BRAUNSTEIN: Okay. So I
17 watched the beginning of that hearing, and that
18 was a long one as well, and I believe you were
19 asked this question and I'm going to repeat it
20 again because I thought you gave a good answer,
21 if it was you who was on the panel that answered
22 it. Right now, officials in the federal
23 government are trying to frame this problem as
24 the black and Latino community lacking personal

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2 responsibility, and that's the reason for the co-
3 morbidities. And I think I remember you gave a
4 good explanation rejecting that argument, and I
5 think it's a troubling argument that they're
6 trying to make that we need to reject. So if I
7 could just ask you to explain to us why that
8 argument doesn't carry water.

9 DR. JONES: Right, and it starts with
10 recognizing that not only is our structural
11 causes the basis of what we're seeing with COVID-
12 19 all along, but that by living in disinvested
13 communities with racial segregation, which
14 results in educational segregation, occupational
15 segregation, segregation of green spaces,
16 segregation of food access, segregation of clean
17 air and clean water because of being near more
18 polluting industries, the fact that we have more
19 diabetes, more heart disease, more hypertension,
20 more renal failure in our communities is not
21 because we don't know what to eat. It's because
22 of generations of living in disinvested and
23 actively neglected, I would say, communities.

24 I also want to say that when people

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2 think that the fact that we have -- there are two
3 problems with COVID-19. One is that people of
4 color are being more infected because we are more
5 exposed and less protected. And then once
6 infected we're more likely to die because we
7 carry more burden of chronic disease and we have
8 less access to healthcare.

9 And so there are strategies that already
10 one of our other panelists started to talk about.
11 If you're more exposed, how do we make it more
12 feasible for people to stay home? And if you're
13 more exposed, how do you do that when you're
14 incarcerated? If you're more exposed, how do you
15 take care of that if you're unhoused? And so
16 strategies that deal with that.

17 The fact that we're less protected has
18 to do with even in our essential roles, we're not
19 as valued, not given the PPE, not given hazard
20 pay and the like. So that's why we're more
21 infected.

22 And then once infected, because of
23 carrying the burden of these chronic diseases,
24 which is not that we just eat so much fried

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2 chicken, it's that the healthy choice is not even
3 a choice. It's not that the healthy choice is the
4 easy choice or the hard choice. The healthy
5 choice is not even available in many of our
6 communities. And finally the healthcare piece
7 comes in at the very end.

8 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
9 you very much. Senator Jackson.

10 SENATOR JACKSON: Assembly member, you
11 have assembly member on queue first.

12 ASSEMBLY MEMBER BRAUNSTEIN: Say that
13 again, senator?

14 SENATOR JACKSON: You have an assembly
15 member on queue first.

16 ASSEMBLY MEMBER BRAUNSTEIN: Okay, then
17 we'll go to Assembly Member Marcos Crespo, chair
18 of the labor committee.

19 ASSEMBLY MEMBER CRESPO: Thank you, Ed,
20 and thank you senator, and to this panel. Look,
21 I've been starting off every one of my comments
22 by talking about the we told you so aspect and I
23 think Ms. Jones you so eloquently put that
24 answer, and I tend to really work at holding my

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2 emotions when it comes to this. There is nothing
3 that we are talking about today that is new to so
4 many of us. The only difference that I see of
5 late is the fact that COVID and the deaths that
6 have occurred in our communities have forced
7 people to respond to things that we have been
8 clamoring for, for a long time.

9 When I talked about the governor's
10 support in my district for a \$1.8 billion
11 investment in the Bruckner Sheridan, it wasn't
12 just because traffic flow would be better. It was
13 because that grant and what Robert Moses did in
14 our communities has led to generations of asthma
15 and bronchitis and respiratory problems, which
16 are now why one of the reasons why so many of us
17 have died from COVID.

18 And so again, I think George talked
19 about this in the beginning, the fact that as a
20 state, moving forward, if we are going to make
21 capital investments, think about how those
22 investments don't just improve infrastructure but
23 quality of life and the ramifications of that.
24 When we talk about housing, we talk about new

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2 development, what about the weatherization of
3 older housing stock where so many of our
4 constituents live, which the conditions of that
5 lead to the same health disparities. Children
6 whose windows don't open and close, and therefore
7 they get drafts that cause health issues. I mean
8 there's so many levels to this, but none of this
9 is new.

10 And I think one of the things that is
11 talked about and I think John mentioned it as
12 well, data. We've talked about collection of
13 data. It is unconscionable that in the beginning
14 of this pandemic we couldn't get racially broken
15 down data until God knows when we started asking
16 for it. And it's not a novel idea. We have bills
17 that are floated around the legislature requiring
18 data collection by race. We don't like to do that
19 as a state, because we know we're going to box
20 ourselves into realities that we don't want to
21 address.

22 That is what has to stop being
23 acceptable. This is where the urgency now is
24 clear as day, and so I have to just kind of vent,

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2 look, I won't be around. Many of you know I'm not
3 running for re-election. I unfortunately won't be
4 around to continue to talk about this. But I,
5 it's just -- look, when I was an intern, these
6 things were being talked about. Here we are 20
7 years later and there are still the issues
8 leading to these conditions.

9 So I implore us as we think about all
10 these issues, it's really going to come down to
11 if we learn anything from this pandemic, it's
12 that we can't continue to ignore things that have
13 been in our face and talked about for so long and
14 just took a back seat because, yes, there is
15 injustice even in how we set priorities at the
16 legislative level and I think data is important.

17 The one thing before this panel leaves,
18 I know we really haven't touched on Census, and I
19 don't know if any of you have updates on where we
20 are, John, maybe you can tell me. Where are we in
21 our communities that have been impacted? Have we
22 been able to use the emotional connection to this
23 COVID and the impact to really encourage our
24 communities to participate? And if not, what can

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2 the state do to really encourage that now before
3 it's too late? Because we know this federal
4 administration doesn't care, won't care about us
5 for a number of reasons and we know at the state
6 level and local level we take a back seat. How
7 can the Census help us ensure resources for the
8 next decade?

9 DR. FLATEAU: Assemblyman, we have not
10 leveraged the crisis as a consciousness raising
11 mobilization at this point. The very communities
12 that have been hit hardest by COVID have the
13 lowest Census response rates right now. So we
14 have a crisis on top of a crisis, because those
15 same Census counts are going to be used to
16 allocate \$9 trillion over the next decade,
17 including healthcare. So we're behind in that
18 area as well, Census, outreach, and mobilization,
19 and we know those numbers not only are used for
20 resource allocation but representation.

21 We can lose a couple of congressional
22 seats right now. We could lose assembly seats,
23 senate seats, city council seats because right
24 now, we're at the cusp of a massive undercount

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2 with Census 2020 in communities of color if we do
3 not mobilize very aggressively from now through
4 the end of the summer.

5 ASSEMBLY MEMBER CRESPO: Look, before my
6 time is up, I'll just leave you with this thought
7 also and I hope it comes up in other panels as
8 well. You mentioned remote learning and the
9 lessons we can learn and I know many of my
10 colleagues, we're all focused on education. I
11 just want to give an anecdote. My two daughters
12 happen to be in the charter school, Success
13 Academy and they have had a very different
14 experience than what some other children in my
15 community are going through in the public school
16 system with the inability to secure the tablets
17 and/or [unintelligible] [05:52:07] experience.

18 And look, without getting into the whole
19 big debate, I would simply say that now is not a
20 time for these divisions and I think the
21 responsibility should be on our public school
22 systems and all these networks to really share
23 best practices. Because I'll you, my kids have
24 been glued from day one of this pandemic to their

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2 tablets. They were quickly distributed and a full
3 period, full day implementation of programming
4 was given to them that I'm not hearing has
5 happened in so many of our other schools.

6 And I think, I really put this on the
7 City of New York in particular and the chancellor
8 and his team. There's no reason why a network can
9 deliver on that and a system as big with the
10 resources that New York City has, has sort of
11 struggled with this and I hope we can figure that
12 out as well. But there are lessons to be learned.
13 But none of this is new to us. It's a big I told
14 you so. Let's just get it right moving forward.

15 SENATOR JACKSON: Thank you. Thank you,
16 assembly member. Now, we're going to turn to
17 Senator Julia Salazar, the chair of the women's
18 issues committee, and she has five minutes.

19 SENATOR SALAZAR: Thank you, chair, and
20 first of all thank you to the panelists,
21 especially for explicitly naming racism as a
22 driving force in the inequities that we are
23 seeing that are really being elucidated by this
24 pandemic. I want to first ask Dr. Jones in

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2 response to what you were saying about racism in
3 our decision making processes, what actions can
4 we take immediately or near immediately in order
5 to change this? Are there existing models that we
6 can look to that have effectively, demonstrably
7 addressed systemic racism in this way?

8 DR. JONES: Well, I think the most
9 important thing is to ask who's at the table and
10 who's not. So whenever there's something going
11 on, whenever there's a decision making table
12 being set, we should all look around and say who
13 is not here who has an interest in this
14 proceeding and then not just represent their
15 interest but find them a way to the table.

16 When I think about it in terms of what
17 we're trying to rollout in terms of public health
18 strategies right now, and we're going to have
19 contact tracers, we need to be hiring people in
20 our community to be contact tracing, people who
21 may or may not have been a community health
22 worker, may or may not have done anything but
23 people who can do contact tracing. It has to be
24 an investment in our communities and employment,

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2 and actually educating up and developing a cadre
3 of people in our communities. I would say -- so I
4 think that's the most important right now. I
5 don't want to use all your time, but who's at the
6 table and who's not, and what's on the agenda,
7 what's not. Those are the two most important
8 questions if you want to be actively anti-racist.

9 Just one more thing, there are three
10 principles for achieving health equity, valuing
11 all individuals and populations equally,
12 recognizing and rectifying historical injustices
13 and providing resources not equally, but
14 according to need. And even though we use the
15 Census to apportion resources, could it be that
16 we recognize, especially if we recognize an
17 undercount, that if there are communities that
18 are hurting, if there are cities that are hurting
19 or regions that are hurting that we could
20 allocate resources, according to need, not
21 according to the number of people who are
22 enumerated in the Census. That would be a very
23 health equity-minded way to do this.

24 SENATOR SALAZAR: Excellent. Thank you.

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2 I have one more question, a little bit of time
3 for Naomi or anyone on the panel who would like
4 to answer it, to clarify that the absentee ballot
5 application will be mailed, but the ballots
6 themselves of course will not automatically be
7 mailed to eligible voters. Would you recommend
8 that absentee ballots, if possible, would be
9 automatically mailed to all eligible voters, as
10 well, in order to make it easier for people to
11 vote and counter, you know, what we expect to
12 otherwise be depressed voter turnout in the
13 upcoming primary election?

14 DR. ZEWDE: I'm going to say yeah, you
15 just send them -- so first of all, do we expect
16 people to have envelopes and stamps, or is that
17 going to be like preaddressed return envelope and
18 prepaid? It's hard to find an envelope and a
19 stamp, and people have a lot of other things to
20 deal with. I think that if you look at the state
21 of Colorado where they had 97.5 percent of
22 eligible voters voted by mail in their primary
23 elections this year.

24 So not just voted, but voted by mail. So

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2 it can definitely be done. And I would imagine
3 like they probably, you know, you want to put as
4 few barriers in place as possible, as few like
5 kind of draining as few resources of people's
6 time as possible too. So whatever gets them to
7 just check it off and mail it in, just like to
8 get it done I think is the best thing to do.

9 ASSEMBLY MEMBER BRAUNSTEIN: Okay, thank
10 you, senator. Now we're going to go to Tremaine
11 Wright chair of the Black, Puerto Rican, Hispanic
12 and Asian Caucus.

13 ASSEMBLY MEMBER WRIGHT: Good afternoon,
14 everyone. Thank you very much for your
15 presentation. I think I'm going to echo a lot of
16 what my colleague Mr. Crespo, said because I am
17 happy to hear this panel is identified that
18 structural racism is at the core of many of these
19 problems and that our solutions have to lead us
20 into the direction of where we don't want to ever
21 be again.

22 I was hopeful that we would come out of
23 this hearing for ideas of what public health in
24 New York State should look like, because I am of

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2 the ilk that we do not have a real public health
3 program here in New York State and that's part of
4 the reason why we have so many disparities in
5 health outcomes.

6 So I guess I'm going to focus somewhat
7 on what Dr. Flateau presented, in that your four
8 points you provided us, digital, education,
9 telehealth, food insecurity, those were touched
10 upon by other people but what you mentioned that
11 most did not discuss was the training of the next
12 generation of healthcare providers. And I think
13 that's the space where if we could hear a little
14 bit more from you and also if we can tie it into
15 what we know about the structural racism that
16 exists, and we have horrible maternal outcomes
17 for black women and we also have a lot people of
18 color that were sent home from hospitals who died
19 at home during this COVID crisis, so I guess I
20 would ask you to address that.

21 And then on the tail end, so I don't
22 waste my time, Naomi Zewde, I believe, if you
23 could address there's also a big concern amongst
24 what I'm finding at least on the ground, amongst

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2 I would say 50 and older, black voters, we're
3 putting a lot of energy into this vote by mail.
4 However, there is an inherent distrust, and so
5 how do we also support the spaces, so that we can
6 make sure those who want to go to the polls and
7 exercise their rights in person might be able to
8 do it. So those are the two things I'm going to
9 present. Thanks.

10 DR. FLATEAU: Thank you, Assemblywoman
11 Wright. I'm one of your constituents, from the
12 semi-sovereign nation state of Central Brooklyn.
13 Training the next generation, just think of where
14 we were and still are in this crisis. We've been
15 importing health professionals from all across
16 the country, from upstate and out of state, to
17 help us deal with the crisis when, in fact, we
18 have approximately five million people in New
19 York City of African descent, Latino descent, and
20 another million Asian Americans in this
21 community.

22 If we were in a post pandemic world, we
23 should already have enough black doctors, Latino
24 doctors, nurses, and healthcare workers in the

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2 city of New York to have addressed the problem
3 we're in the middle of right now. So this is an
4 opportunity.

5 This ties into structural racism, and
6 one of those social determinants of health that
7 our experts mentioned, a poor education al al
8 attainment. That's an institutional racism built
9 into our public education system that just, I
10 believe, admitted to one of our top specialized
11 high schools something like seven African-
12 American kids out of 900 in the freshman class at
13 Stuyvesant High school, that's part of the
14 problem.

15 So an improved quality public education
16 system that gives a quality education to all of
17 our kids, including making sure that they're
18 masters of STEM, science, technology, math, so
19 that they can move on up that ladder. And in five
20 or ten years, we're looking at our next
21 generation of doctors, nurses, respiratory
22 therapists, all kinds of healthcare workers who
23 are residents of New York, serving the people of
24 New York, and we don't have to put out a panic

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2 call, you know, throughout the nation to get
3 enough nurses on the frontline to help keep us
4 from dying in our own communities. That's sort of
5 the back story of that.

6 The political scenario of
7 [unintelligible] [06:02:43], we have -- I think
8 you were indicating that there may be seniors
9 that want to come to the polls. We have an
10 election on June 23. Not just that it'd be safe
11 to come out. We saw what happened in Milwaukee
12 where people had to choose, senior citizens,
13 black senior citizens, had to choose between
14 staying home and not being attacked by the virus,
15 and showing up at the, being forced to come out
16 and vote at the polls, because of those, Dr.
17 Jones, those decision makers at the top, you
18 know, the Wisconsin Supreme Court, the
19 legislature of Wisconsin, deciding that they
20 would not have the option but to show up at the
21 polls.

22 SENATOR JACKSON: Thank you. Obviously,
23 I'm sorry, we have to move on. We have so many
24 panels left, but let me turn to Gustavo Rivera,

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2 who is the chair of the health committee from the
3 Bronx.

4 SENATOR RIVERA: Thank you, Mr. Chair.
5 Dr. Zewde, I want to make sure I pronounced your
6 name correctly. Zewde? Correct me.

7 ASSEMBLY MEMBER BRAUNSTEIN: She's on
8 mute, you're on mute.

9 DR. JONES: You're muted.

10 DR. ZEWDE: Zodie.

11 SENATOR RIVERA: Dr. Zewde, apologies.
12 Dr. Zewde, I'm going to give you the rest of the
13 time and anyone else who wants jump in,
14 particularly because you finished your testimony
15 talking about people centric solutions. And I
16 know that Assembly Member Kim talked about this a
17 little bit earlier, but I want to make sure you
18 get the time to talk about this. As you discuss
19 the things that we need to do afterwards, the way
20 we cannot possibly go back to a normal, that we
21 need to use this process as a transformative
22 point. Tell me about, in as much time as you
23 have, tell me about people centric solutions here
24 and people centric approaches to how we actually

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2 solve this.

3 DR. ZEWDE: Yeah, I mean it's like we're
4 trying to figure out like what scale is going to
5 be effective, you know, what is necessary, how do
6 we meet the problem. I think the way that we can
7 design that or decide that is by understanding
8 like what does an individual need in their
9 family, in their household in order to stem the
10 spread of the virus. Okay. They need a place to
11 stay, need food, need to be in one place. What
12 are the barriers to that? Like thinking about
13 just the person, the human being and what they
14 need. And having policies that adequately address
15 that, rather than trying to come up with a dollar
16 figure about what we can get, or what we can, if
17 we can fight with them, maybe we can get some
18 more and put it in. No, like --

19 SENATOR RIVERA: The dollar figure
20 thing, and I'm sorry to interrupt, but in the
21 dollar figure thing, so do you have anything
22 related to revenue, perhaps taxing billionaires
23 and millionaires. Is that anything that you want
24 to comment on at this time?

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2 DR. ZEWDE: Absolutely, of course. I
3 mean I think that, so we've now cut, we've
4 decided to cut hundreds of millions of dollars of
5 Medicaid, out of the public hospital systems. It
6 doesn't make any sense to do that right now, in
7 part because healthcare all over the state is one
8 of the only industries that's going to survive.
9 So by cutting all of that money out of the
10 budget, we are hamstringing ourselves and
11 preventing -- like there's going to be
12 multiplicative effects of that economically and
13 for our health.

14 And in the area of healthcare, I mean so
15 it has never been a good idea to tie our health
16 insurance to employment because, you know, the
17 labor market discriminates. We know that for
18 sure. Darnell is not getting called back on the
19 same resume as Don is. Women spend so much of
20 their life course with less ties to the labor
21 force, just for pure biological reasons. And also
22 the fact that what we've been bringing up before
23 about unequal education and how that leads to
24 employment disparities, which means you can never

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2 get health insurance if you're born into the
3 wrong neighborhood because you never went to a
4 good enough school to get that.

5 SENATOR RIVERA: So doctor, on this
6 issue of health insurance, because we only have
7 about two minutes left, particularly considering
8 that we're talking about access to healthcare or
9 health insurance, and whether that provides you
10 access to healthcare, do you think there's
11 anything legislatively that we can do to actually
12 resolve this issue?

13 DR. ZEWDE: Yeah, it needs to be number
14 one, tax financed. That's the only way to be
15 equitable. Number two, it needs to be single
16 payer, because that's the only way we're able to
17 afford it because otherwise it's too
18 administratively complex. The New York Health
19 Act, which Senator Rivera has proffered --

20 SENATOR RIVERA: I've heard about it.
21 I've heard about this.

22 DR. ZEWDE: -- and is sponsoring and I
23 think they're one democratic senator short of.
24 Look, it's been simulated to death. It obviously

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2 saves money is becoming increasingly untenable to
3 have employment and healthcare being tied to one
4 another. It was never a good idea, but right now
5 it's absolutely unraveling.

6 So the kind of progressive taxation
7 that's called for in the New York Health Act and
8 just the erasure of all of the unnecessary
9 administrative complexity, which is what sets our
10 healthcare system apart from everybody else, it's
11 the reason we don't have universal access to
12 healthcare and the kind of treatment that people
13 need to get over this crisis is because of that
14 administrative complexity. We need single payer
15 and it needs to be progressively tax financed.
16 The New York Health Act, honestly, I've never
17 come across a better solution.

18 SENATOR RIVERA: I got you. And you're
19 speaking as someone -- do you study this for a
20 living? Is this what you do?

21 DR. ZEWDE: Yeah, so I'm a professor of
22 health economics, and most of the work has been
23 about consumer wellbeing, evaluating the
24 wellbeing of consumers of insurance markets,

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2 especially in health insurance and looking at the
3 Affordable Care Act and then, more than just
4 their wellbeing in terms of financial risk
5 protection and access to medical care
6 consumption, but also then what are the second
7 order and third order economic effects of access
8 to public healthcare, you know, we find reduced
9 rates of home eviction with Medicaid expansion,
10 reduced rates of poverty in the United States.

11 SENATOR RIVERA: So your level of
12 expertise is exactly on this. So you're saying
13 both let's tax people more that can afford it,
14 billionaires, and millionaires, make billionaires
15 pay and we need the New York Health Act to
16 actually provide universal care for folks.
17 Doctor, thank you so much for your time.
18 Chairman.

19 ASSEMBLY MEMBER BRAUNSTEIN: Thank you,
20 senator. Now, we're going to go back to the
21 assembly side. We're going to the Assembly health
22 chair, Assembly Member Dick Gottfried.

23 ASSEMBLY MEMBER GOTTFRIED: Gustavo,
24 it's a good thing this isn't a trial. You would

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2 have been thrown out for leading the witness.
3 You're shameless. But so am I. I also have a
4 question for Professor Zewde. It's hard enough
5 for us as a society, let alone for individuals,
6 to overcome the burdens of racism. But would you
7 say that in our modern economy, that while the
8 economy helps to keep a lot of people of color in
9 poverty or more at the bottom of our income
10 ladder, the structure of the way we pay for
11 healthcare, the way we pay for higher education,
12 our tax system, in general, discriminates against
13 people towards the bottom of the economic ladder.
14 And that solving the problems of racism is also
15 going to require solving the structural problems
16 in our economy?

17 DR. JONES: Dr. Zewde, you're muted.

18 DR. ZEWDE: Okay, absolutely. I think
19 that racism has always been a tool for economic
20 control, to separate people so they don't come
21 together and point to whoever it is that actually
22 has all of the resources, and that has never
23 stopped. So in order to stop the racism of the
24 healthcare system that causes certainly disparate

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2 race of maternal mortality, for example. I mean
3 maternal mortality is something we can solve. It
4 has been solved around the world. It is not an
5 issue about not having enough technology or
6 something like that. It's about just disparate
7 levels of access to really basic kinds of medical
8 care.

9 And in order to address that, we have to
10 address the reason that racism exists in the
11 first place is for the purpose of squeezing those
12 who have less power, political power, economic
13 power to say otherwise. And I think that, like,
14 even so in terms of having an extracted for-
15 profit healthcare system, when you think about,
16 for example, electronic health records, doctors,
17 they have to fill out so many different forms
18 every time they see you and those forms are
19 designed in such a way as to maximize billing.
20 That's what they're form, because that's what our
21 healthcare system is, it's a process of creation
22 of capital.

23 I mean we could have been using
24 electronic healthcare systems number one, to

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2 deidentify data by race, we could have been
3 analyzing this immediately. We could use that for
4 contact tracing. We could be existing in the
5 service of public health. And if we had something
6 that could disentangle profit from our healthcare
7 system, we could actually just focus on using it
8 for health.

9 I mean, we would have been in a lot more
10 powerful position now to be able to use our
11 healthcare systems and not having to go through
12 these community based organizations, because
13 those are the ones that do actually exist to
14 represent and to benefit the people. But if we
15 had our healthcare systems, our financing
16 systems, that, you know -- racism is a symptom of
17 just the extraction.

18 DR. JONES: I just want to say though
19 that there's racial capitalism, racialized
20 capitalism, so it's not that one is just a
21 symptom of the other. And it, as you said, it
22 doesn't just so happens that people of color over
23 represent in poverty, white folks over represent
24 in wealth. There's this interplay. But it's --

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2 there are other racist societies that are not
3 capitalists as well. So I think there's
4 interplay, and racism is not -- it's another
5 system.

6 DR. ZEWDE: Yeah, and so it means like
7 taking profit out of the healthcare system is not
8 going to completely eliminate all of our
9 healthcare disparities by race. We have to at the
10 same time build in like all of those antiracist
11 structures within them. I think that maybe once
12 we remove profit, it gives us more room to decide
13 to build that in, but it's definitely a concerted
14 individual effort to build an antiracist
15 healthcare system.

16 DR. JONES: And then, I want to say one
17 more thing, that health is not created within the
18 health sector, which is what the first speaker
19 said. So that even if we get antiracist
20 healthcare system that's still not going to
21 eliminate health disparities because of the
22 residential segregation, educational,
23 occupational, environmental segregation that is
24 baked into our system. So we have to be very

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2 intentional to make strong investments in
3 communities of need if we're going to do
4 anything.

5 DR. ZEWDE: Yes, let's do it.

6 SENATOR JACKSON: Anything else, Dick?

7 ASSEMBLY MEMBER GOTTFRIED: No, that's
8 it.

9 SENATOR JACKSON: Okay, thank you. So
10 next, we have Senator Tim Kennedy from Buffalo.
11 He's the chair of transportation in the State of
12 New York. Tim Kennedy, three minutes. I'm sorry.

13 SENATOR KENNEDY: Yeah, thank you very
14 much, chairman. And, again, thank you to these
15 wonderful panelists. I've been looking forward to
16 this panel discussion all day long. You have not
17 disappointed us. I want to bring it back to
18 Buffalo here, shockingly, I know, to Dr. Tim
19 Murphy and Pastor George Nicholas, only because
20 they have just been doing extraordinary work on
21 the ground ahead of this and leading up and to
22 the pandemic that broke out with the African-
23 American Racial Equity Task Force, now the Equity
24 Task Force along with the creation of the state

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2 university at New York first and potentially the
3 country's first institute on health equity.

4 And I just want to get into how we can
5 use this as an opportunity from this crisis to
6 really create solutions. Your work has just been
7 amazing, and you've been focused on solutions in
8 the community, and I know Pastor Nicholas, you
9 touched on in your testimony, the statewide
10 regional structure of this. I had mentioned the
11 bill that I carry 8209, creating the office of
12 racial equity and social justice along with
13 Majority Leader Crystal Peoples-Stokes in the
14 Assembly. So there are real specific solutions we
15 can focus on. I'd like to hear about some of the
16 solutions you've already come up with in your
17 work in the community.

18 DR. MURPHY: You're muted, Pastor
19 George.

20 MR. NICHOLAS: Thank you, Senator
21 Kennedy. One of the things that we're working on
22 right now, and it was interesting, the panel was
23 talking about citizen driven or patient driven or
24 community driven responses. And we have been

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2 funded through the preferred provider system, the
3 PPS, through the Millennium Collaborative Care to
4 fund 15 churches in Buffalo, Lackawanna and
5 Niagara Falls to directly contact over 200,000
6 people who are Medicaid or Medicaid eligible in
7 our area, and we have workers, community-based
8 workers in our church, imbedded in our churches,
9 that are going to be doing phone calls,
10 robocalls, to each and every one of those
11 persons, and then having a conversation with them
12 about whether they have had access to testing,
13 whether they have a primary care physician, and
14 whether they needs for food, clothing, and
15 shelter.

16 And if those needs arise or if they need
17 to make an appointment, they'll have through this
18 hula IT system, they'll have the ability to make
19 the appointments right on site, make arrangements
20 for transportation. We have resources to provide
21 food for folks that have issues as it relates to
22 food.

23 So the real key thing about that,
24 senator, and the rest of the Assembly and

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2 Senators panel here is collaboration, that we
3 have been able to build the kind of collaborative
4 response to these issues around structural
5 institutional racism and around the social
6 determinants of health and then come up with
7 projects that can address some immediate needs
8 right now, while engaging in the larger macro
9 conversations as Dr. Murphy had cited with all 12
10 of the medical schools that -- now 12 of the
11 academic centers in the University of Buffalo
12 working with us on that. And certainly Dr. Murphy
13 could also talk a little bit about how we have
14 been able to impact the actual number of minority
15 students that have gotten into the University of
16 Buffalo Medical School.

17 SENATOR JACKSON: Unfortunately, we have
18 to stop right there, Mr. George, but I'd say that
19 please submit anything in writing to us because
20 all of our staff are taking notes from a policy
21 point of view and I want to turn to my colleague,
22 Assembly Member Braunstein because we have other
23 assembly members that want to speak.

24 ASSEMBLY MEMBER BRAUNSTEIN: Thank you,

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2 senator. We're going to go to Assembly Member
3 Mike Reilly, ranking member of the Assembly
4 cities committee.

5 ASSEMBLY MEMBER REILLY: Thank you, Ed.
6 Once again, this is another great discussion by
7 this panel, so I thank you all for joining us. I
8 have a couple of quick questions, maybe not so
9 quick answers though from you. I'm wondering, any
10 policies that were put in place since we first
11 identified that were in this pandemic in New
12 York, specifically anything rolled out by the
13 legislature or maybe the governor's executive
14 orders. Do we know if, from your point of view,
15 if there were any specific orders that may have
16 hindered some response in our communities? And
17 that's open to anyone on the panel.

18 DR. JONES: I would like to just start
19 by talking about testing in the country, not just
20 in New York State, in the country. The whole
21 strategy we have still is a very medical care
22 centered strategy, testing individuals. One by
23 one, it used to be restricted to symptomatic and
24 then we expanded to the first responders and now

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2 we're in some of the prisons and some of the
3 nursing homes and doing universal testing. But we
4 still don't have the population based public
5 health surveillance kind of testing where we
6 could know that, you know, a probability sample.

7 Public health departments do that all
8 the time. You sample people and then you know
9 that, today this is the estimated prevalence plus
10 or minus one percent of the infection in your
11 community. If we were to do the population based
12 public health surveillance testing, including
13 asymptomatic as well as symptomatic people, we
14 would be able to go beyond documenting the course
15 of the pandemic to actually changing the course
16 of the pandemic.

17 We would be isolating all of our
18 positives, especially the asymptomatic positives,
19 and we need to isolate them in safe ways, not
20 necessarily sending people home to
21 multigenerational families in two rooms. But we
22 do the isolating, especially of the asymptomatic
23 as well as symptomatic, then the contact tracing
24 and the quarantine and we can get a handle on the

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2 pandemic as opposed to just having a two week old
3 estimate of what the infection was two weeks ago
4 if we're just looking at symptomatic, a three to
5 four week old estimate if we're looking at
6 deaths. It's not the way to do public health.

7 ASSEMBLY MEMBER REILLY: Thank you.

8 DR. MURPHY: I will perhaps chime in.
9 The strategic testing should also be prioritized
10 in vulnerable communities. We prioritize nursing
11 homes, we healthcare workers, which we should,
12 but we should be prioritizing vulnerable
13 communities, and in a strategic way. And I think
14 we were behind the curve a bit on that because of
15 the delayed testing.

16 I think also, I'll just say one more
17 thing. The difficulty in getting race data that
18 was brought up earlier, I think that was not well
19 done at all from the beginning. And that's
20 something that we should insist on and should be
21 continuous.

22 ASSEMBLY MEMBER REILLY: I've only got
23 two minutes left. I want to touch on something
24 else. I apologize. So it was mentioned before

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2 about NYPD enforcement, especially when it came
3 around to social distancing and wearing masks,
4 and I want you to understand that being a former
5 lieutenant of the police department, I thought it
6 was a bad idea from the beginning. I thought that
7 the NYPD and all law enforcement should just
8 strongly be encouraging, not driving a wedge
9 between our communities, that we've actually
10 built a relationship with that was hoping and
11 promising going forward. I think this just
12 actually put a stronger wedge in it.

13 But I want to touch more on the racial
14 disparities. And a few years ago before I was
15 elected to the Assembly, I was a member of the
16 Community Education Council for Staten Island,
17 which is the school board. And we worked on this
18 project called Building Empathy, Equity and
19 Excellence, and it was more about a systems
20 thinking. And one thing that I think we can
21 really use is we have a model now with the
22 regions in the state. We can put together those
23 systems thinking strategies in those regions and
24 build upon our community organizations, so we can

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2 get past those inherent biases that we all have.

3 And if anybody denies that they have
4 inherent biases, they're wrong. I mean, that's
5 the first thing that we did during that work was
6 acknowledge that we all have it, and that's the
7 first step to getting past it. So if you can
8 quickly touch on that.

9 DR. FLATEAU: Assemblyman Riley, and my
10 Buffalo brothers and sisters, Brooklyn is doing
11 very similar work, when I heard -- I've heard now
12 several times the term of art, SDOH, we are doing
13 similar work with PPS in Brooklyn, working with
14 hospitals, community health providers, faith
15 institutions. We're covering half of Brooklyn,
16 about 1.2 million of the 2.6 million residents in
17 Brooklyn.

18 We've also been using the participatory
19 action research model as well, so we have
20 students, I'm at Medgar Evers College and we have
21 students from the various CUNY campuses, there
22 are actually in Brooklyn. We're doing ground-up,
23 people driven solutions.

24 They are literally trained to conduct

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2 surveys, interviews, focus groups with community
3 residents on the ground, with health
4 professionals, with hospital workers. And then
5 we're putting that information together to come
6 up with an analysis of what the residents say are
7 their needs, participatory action research,
8 making sure, Dr. Jones, that the residents are at
9 the table when we're formulating solutions to the
10 challenges of quality healthcare delivery in
11 these various neighborhoods of Brooklyn.

12 ASSEMBLY MEMBER BRAUNSTEIN: Thank you
13 very much.

14 MODERATOR: Thank you.

15 ASSEMBLY MEMBER BRAUNSTEIN: And now
16 we're going to move on to Assembly Member Alicia
17 Hyndman.

18 ASSEMBLY MEMBER ALICIA HYNDMAN: Thank
19 you, Chair Braunstein. I appreciate the wonderful
20 work you've been doing this morning. I'm getting
21 a lot of texts right here, thank you to all the
22 panelists and thank you to my colleagues in the
23 Senate. Dr. Flateau, it's always a pleasure
24 listening to you and reading your work and

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2 there's a couple of things you mentioned in your
3 post pandemic world that I think is very
4 interesting. First of all, I know Vital Brooklyn
5 is an example that has been used in many
6 conversations and as we can see in Queens, we've
7 been hit very hard.

8 DR. FLATEA: Yes.

9 ASSEMBLY MEMBER HYNDMAN: And nothing
10 new of us asking for more hospitals, more allied
11 health professionals in this borough and we've
12 been doing this for awhile. So I know there are
13 disparities in Queens and post pandemic means
14 that we won't have it deal with this again.

15 The other thing I wanted to bring up was
16 about maximizing black digital education. What
17 we've seen is that in our traditional public
18 schools, there is a deficit definitely when it
19 comes to digital education. I know because that's
20 what I'm doing every day with my daughter. Most
21 of the teachers are working out technical
22 difficulties as opposed to teaching.

23 And Assemblyman Crespo said his
24 daughters from day one were, and they go to a --

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2 DR. FLATEAU: Smooth sailing.

3 ASSEMBLY MEMBER HYNDMAN: -- charter
4 school and we all know that, but that just goes
5 to show you the disparity when it comes to
6 digital education for our children, and not just
7 the children of parents who are dealing with
8 this. I just want you to speak on that and also
9 speak on the black urban farming. I will say
10 this, that in my district, we have Gotham Greens,
11 a hydroponic facility that has about an acre and
12 a half, one of the buildings on Jamaica Avenue.
13 And every day, the lettuce, the basil and other
14 products are shipped outside of the community
15 with a lot of homeowners. So, just if you could
16 speak on those things. And that's my time, go
17 ahead.

18 DR. FLATEAU: On the digital education,
19 another component of that is IT infrastructure.
20 It's bigger than just us having the devices and
21 paying for or having free internet service. In
22 Brooklyn, I'm in Bedford-Stuyvesant and we had a
23 brownout. There has been an explosion of, since
24 we're all at home, an explosion of young people,

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2 parents and teachers on the line and that's good.

3 That's a good thing, that there are some

4 neighborhoods where we have, already have access.

5 But we also have to look at the larger IT

6 infrastructure that's supposed to undergird

7 internet access. You need devices in the home.

8 You need the internet service, so I think that's

9 another issue that we need to pay attention to.

10 And the other piece you mentioned about

11 urban farming. That's the reverse of what should

12 be happening. We're exporting products being

13 produced in our communities that could be

14 nutritious food for our residents and instead you

15 just pointed out is being exported out of our

16 communities. We need to reverse that supply

17 chain. The food supply chain is another area of

18 business opportunity for our minority, women-

19 owned businesses.

20 A disproportionate number of us are in

21 the food services area, a previous panelist

22 mentioned restaurants. We're running restaurants,

23 why are we not in the food supply chain for our

24 own communities that are in need, that are food

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2 insecure right at this moment? We need to reverse
3 at that problem.

4 ASSEMBLY MEMBER HYNDMAN: Thank you.

5 ASSEMBLY MEMBER BRAUNSTEIN: Thank you
6 very much. Now, we're going to go to Assembly
7 Member Latrice Walker.

8 ASSEMBLY MEMBER WALKER: So thank you,
9 of course, Dr. Flateau. Your testimony is always
10 very timely and on point. I also want to thank
11 most of the other, or I should say all of the
12 other panelists, but definitely Dr. Jones, who
13 spoke to us about institutional racism and
14 calling it that and not sort of coming up with
15 these pretty terminologies in order to blanket
16 some of the issues that we've been having.

17 So I just wanted to piggyback off a
18 comment that Assemblyman Crespo brought to mind.
19 So the CDC has an office of minority health. The
20 U.S. Department of Health has an office of
21 minority health. The New York State Department of
22 Health has an office of minority health, but yet
23 we have to have these sort of conversations as if
24 it were some sort of a eureka moment about an

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2 impending pandemic and the effect that it would
3 have on health care equities and allocations of
4 resources.

5 In addition to that, we know that the
6 governor has impaneled in the past the MRT,
7 Medicaid redesign teams, et cetera. There's
8 billions of dollars coming into the state from
9 DISRIP monies and many of these dollars were
10 going to different hospitals located throughout
11 the state of New York to be concentrated on
12 minority health. A number of surveys, reports, in
13 fact I also noticed that the CDC, the last report
14 they did on minority health was in 2016, which is
15 why there are consequences to elections. And
16 since, in our post-Obama world, we have not
17 really seen much coming out of that office.

18 Dr. Flateau, since you mentioned that
19 the DeBois Bunche Center, Medgar Evers College
20 and number of other institutions were involved in
21 some of this work in planning, reports, et
22 cetera, can you tell me how if any way, that
23 information has fed the conversation about
24 minority health and the COVID-19 pandemic that

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2 we've experienced?

3 DR. FLATEAU: Well, the reports that
4 we've done, one of the -- we shared them. Our
5 elected officials, you have participated in the
6 community outreach process, town hall reports
7 back to the community stakeholders and we've
8 shared that analysis with the State Department of
9 Health, City Department of Health and other key
10 decision makers. And we've been doing this work
11 now for four years now and those same, the social
12 determinants of health that we keep talking
13 about, we've outlined in these reports over the
14 last four years. And I believe that the state and
15 you as legislators and advocates have been
16 pushing for resources to address some of these
17 determinants. That's what has resulted in the,
18 quote, Vital Brooklyn plan that is now --

19 ASSEMBLY MEMBER WALKER: Right. So I
20 agree that some of that work has been done over
21 the course of time, over the course of the past
22 couple of years. But just with respect to what
23 has been happening here in the here and now with
24 respect to Coronavirus and the immediate need,

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2 has anyone from the Department of Health reached
3 out to sort of, you know, let's take a look and
4 synthesize these materials? Has anyone from the
5 New York State Office of Minority Health at least
6 reached out to say we recognize there were some
7 of these disparities that are being displayed all
8 across the country, but we want you to know we
9 have the finger on the pulse?

10 Are any of those resources that we have
11 been funding and investing in over the course of
12 time actually been utilized or being utilized?
13 And I know, before you answer that, I want to
14 note too, we have been doing a lot of work with
15 respect to asthma, clean air and clean energy in
16 our communities as well, which really hasn't been
17 a conversation people have been talking about,
18 the environmental exposures and I appreciate Dr.
19 Jones for mentioning that.

20 But I also just want to flag asthma and
21 dirty air connecting to a lot of what it is that
22 we have been seeing, and how did we move away
23 from looking at asthma as an important medical
24 circumstance within our communities? Not that you

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2 have to answer that but I would be interested in
3 knowing whether or not the Department of Minority
4 Health has actually been working on --

5 SENATOR JACKSON: Let me --

6 ASSEMBLY MEMBER BRAUNSTEIN: We finished
7 the three minutes a while ago but will give
8 another 30 second if someone wants to answer that
9 question.

10 ASSEMBLY MEMBER WALKER: Thank you.

11 DR. FLATEAU: The short answer
12 Assemblywoman Walker is yes. Hospital
13 administrators from the Brooklyn based hospitals
14 and community health providers, I happen to know,
15 are in direct communication with the state
16 department of health officials and city
17 department of health officials.

18 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
19 you very much.

20 ASSEMBLY MEMBER WALKER: Thank you.

21 ASSEMBLY MEMBER BRAUNSTEIN: Senator
22 Jackson, if you want to introduce the next panel?

23 SENATOR JACKSON: Thank you.

24 ASSEMBLY MEMBER BRAUNSTEIN: Thank you

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2 very much, everybody.

3 SENATOR JACKSON: Our next panel is the
4 labor panel, in which we have, at this point in
5 time we have four, quite frankly we're running
6 way behind schedule, but that's okay, it's a very
7 good discussion. So we have Pat Kane, the
8 executive director of the New York State Nurses
9 Association and Vladimir Clairjeune of 32BJ
10 Airport Member SEIU local 32BJ. So with that, I'd
11 like to turn it over to Pat Kane, executive
12 director.

13 MS. PAT KANE, EXECUTIVE DIRECTOR, NEW
14 YORK STATE NURSES ASSOCIATION: Hi. Good
15 afternoon, everyone. My name is Pat Kane and I am
16 the executive director of New York State Nurses
17 Association. NYSNA represents more than 43,000
18 nurses and healthcare assistants across New York
19 State in collective bargaining. As nurses, we
20 have been strong advocates for universal access
21 to high quality healthcare. We have also
22 advocated to protect vital safety net hospital
23 that provide a disproportionate care for
24 communities of color, low income workers,

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2 immigrants and the uninsured.

3 The current COVID crisis has
4 highlighted, as many have said, longstanding
5 inequalities, and no more so than in our health
6 care system, the impact of the crisis on these
7 communities that are most vulnerable and exposed
8 to the pandemic. So from our perspective, the
9 disparate impact on minority and low-income
10 communities arises from several key factors.
11 These communities are victims of a two-tier
12 health care system. The large, private academic
13 medical centers generate huge revenues and
14 profits by focusing on well insured affluent
15 patients and procedures. Low-income and
16 communities of color rely more heavily on
17 underfunded safety net hospitals.

18 And you can see the inequalities in
19 funding manifest throughout the height of the
20 pandemic. We saw in our safety net hospitals,
21 less access to personal protective equipment for
22 both staff and patients, lower levels of
23 staffing, shortages of equipment and necessary
24 supplies, and ongoing lack of funding to maintain

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2 operations during the height of the crisis.

3 These communities are also over-
4 represented in low wage and essential service
5 industries, including healthcare that did not and
6 don't have the luxury of working remotely and
7 reducing their risk to exposure to COVID-19.

8 Finally, these communities have faced
9 longstanding historical inequities fueled by
10 racism and reflected in such social determinants
11 of health that others have spoken about, such as
12 poor quality housing, bad working conditions,
13 less access to healthcare, dirtier air and other
14 environmental factors, less access to healthy
15 foods and other factors that contribute to poor
16 community health and higher susceptibility to
17 COVID-19.

18 We have submitted our full written
19 testimony, but I would like to briefly summarize
20 some of our key proposals to address the class
21 and racial inequities that the COVID pandemic has
22 brought to the foreground. First, and foremost,
23 we need a fair distribution of funding for safety
24 net hospitals to put an end to this two-tier

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2 healthcare system and this has to include fixing
3 healthcare funding formulas based on need,
4 targeting DISH, ICP and Medicaid reimbursement
5 rates to safety net providers.

6 We need to see a rescinding of state
7 budget cuts to Medicaid and other healthcare
8 services, increased funding for rural and urban
9 enhanced safety net hospitals. We need to
10 implement finally, minimum direct care staffing
11 standards in our hospitals and nursing homes.

12 It's really unconscionable when you look
13 at the capacity metrics at that the state has for
14 reopening, that we're just talking about empty
15 bed and we're not speaking to the most critical
16 resource to providing care, namely, the
17 healthcare workers themselves. It was the lack of
18 trained and appropriate staffing resources that
19 was the biggest challenge at the height of the
20 pandemic, especially in our safety net hospitals
21 in the hardest hit communities, where we saw
22 extreme stresses on the healthcare system that
23 almost brought us to the breaking point.

24 We need to enact a moratorium on all

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2 hospital closings and elimination of mental
3 health and other vital, but unprofitable
4 services. We need to force profitable hospital
5 systems to assume a greater role in providing
6 care for our vulnerable communities.

7 And finally, but perhaps most
8 importantly, we need a universal single payer
9 system to cover all New Yorkers by enacting the
10 New York Health Act.

11 And in order to do these things, we know
12 that we have to look for funding for new revenue
13 sources from those that are most able to pay,
14 corporations, Wall Street, financial firms, the
15 billionaires and millionaires and owners of
16 luxury real estate.

17 I want to talk about essential workers
18 who are also disproportionately affected by
19 pandemic and who are almost always more likely to
20 be people of color, immigrants and low-income. We
21 have to see measures that include expanding paid
22 sick leave for all workers, including paid time
23 off for isolation and quarantine for those
24 exposed to COVID. Again, at the height of the

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2 pandemic, we saw a lot of our workers forced to
3 work sick and while they were still contagious.
4 We need to enact strict and enforceable infection
5 control standards in workplaces for all workers
6 based on science. We need the personal protective
7 equipment in all workplaces and in vulnerable
8 communities. We need more transparency in this
9 regard. We need universal testing on demand,
10 focusing on essential workers in vulnerable
11 communities and we need presumptive death and
12 disabilities benefits under workers' compensation
13 for essential workers who get COVID-19. We've
14 requested OSHA logs from 150 hospitals and
15 nursing homes and we've received eight reports.

16 Finally, in the longer term, we need to
17 take serious actions to address social
18 determinants of health that have made COVID
19 pandemic worse in our vulnerable communities and
20 workforces. And this includes addressing
21 environmental factors such as air quality, local
22 pollution that impacts community health,
23 improving the quality of our housing stock for
24 all communities, increasing access to fresh

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2 foods, improved educational systems, better
3 paying work opportunities and other similar
4 practice that will require sustained and long-
5 term systemic effort. And on behalf of NYSNA, I
6 thank you very much for the opportunity to speak.

7 SENATOR JACKSON: Thank you, Pat. And
8 obviously, you submitted that in writing to us,
9 is that correct?

10 MS. KANE: Yes.

11 SENATOR JACKSON: Thank you. So next, we
12 turn to Vladimir Clairjeune. Did I pronounce the
13 name correctly, Vladimir?

14 MR. VLADIMIR CLAIRJEUNE, 32BJ AIRPORT
15 MEMBER, SEIU 32BJ: It's Clairjeune.

16 SENATOR JACKSON: 32BJ. Pronounce your
17 last name.

18 MR. CLAIRJEUNE: It's clairjeune.

19 SENATOR JACKSON: Say that again,
20 please.

21 MR. CLAIRJEUNE: It's clairjeune.

22 SENATOR JACKSON: Clairjeune, my
23 pleasure.

24 MR. CLAIRJEUNE: That's all right,

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2 Senator Jackson.

3 SENATOR JACKSON: Okay. You've got five
4 minutes, brother.

5 MR. CLAIRJEUNE: Okay. Well, thank you
6 to the members of the Assembly, the Senate and
7 the Assembly for the opportunity to testify. My
8 name is Vladimir Clairjeune and I'm a member of
9 SEIU 32BJ, which represents 85,000 property
10 service workers in New York, including 8,000
11 airport workers. And up until early April, I was
12 a passenger service representative at FJK for 11
13 years. And I'm a first generation American, and
14 I'm a son of Haitian immigrants, I currently live
15 in Jamaica, Queens.

16 Well we know that from the data that the
17 Coronavirus has impacted communities of color
18 hard. Today, I will share my experience as a
19 worker of color, which has shown me two major
20 ways we can address this disparity. First, by
21 providing truly accessible and affordable
22 healthcare and the second is increasing power in
23 industries that have operation of workers of
24 color.

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2 I personally have worked through swine
3 flu, the bird flu, the ebola outbreak, the SARS
4 and the Coronavirus now. And I feel pretty lucky,
5 this far managing to stay healthy despite working
6 in those conditions. But many of my co-workers
7 have not been as lucky. Many have become sick and
8 we lost six members, six New York members to this
9 virus.

10 And the CDC notes that the lack of
11 access to health insurance and paid leave are two
12 factors behind the disproportionate impact of
13 COVID on minority communities. When compared to
14 the white counterparts, Hispanics are almost
15 three times as likely to be uninsured and
16 African-Americans are almost twice as likely.

17 When workers don't have access to health
18 insurance, they worry about the cost of medical
19 care and avoid seeking medical care unless they
20 absolutely need it. When workers don't have
21 access to paid leave, they're more likely to
22 continue working sick while not only harming
23 their own health, but exposing their coworkers to
24 diseases like COVID.

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2 These are things I've experienced and
3 witnessed firsthand, 95 percent of my coworkers
4 at the airport are people of color. The
5 Coronavirus has just exposed the difficult
6 choices that we've been forced to make over the
7 year.

8 And for us, this is important because --
9 this is because the employees at the airport
10 offer such expensive health insurance options
11 that we either forego health insurance or the
12 tradeoff was paying our bills in order to pay
13 these high premiums, our high premiums and
14 deductibles. And I have coworkers that are
15 thousands of dollars in medical debt, coworkers
16 that have diabetes, lupus, who pay out-of-pocket
17 for their medications. And because of the
18 subcontracting system that rewards the lowest
19 bidder, we need to set a standard across the
20 board, so these contractors aren't incentivized
21 to cut [unintelligible] [06:45:14] in order to
22 win contracts.

23 This is why the state should pass the
24 Healthy Terminals Act, which would insure that

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2 all employers provide airport workers with a
3 benefit supplement that they can use to pay for
4 health insurance. Passing the Healthy Terminals
5 Act would be an immediate step toward reducing
6 racial disparities in healthcare by helping
7 thousands of predominantly minority workers.

8 I'd also like to talk about how labor
9 unions have played a crucial role in protecting
10 workers, especially those of color like me. When
11 I started at JFK 11 years ago, I was making
12 around \$7.15 an hour. I had no voice, no
13 benefits, no security, no respect. And I was able
14 to fight along my coworkers and seven years
15 later, we won a union, we won a path to \$19 an
16 hour.

17 Our unions help push for proper training
18 and equipment and provided us with avenues to
19 communicate with our management. For example,
20 back in 2014, during the ebola outbreak, 200
21 cabin cleaners at LaGuardia walked off the job
22 over health and safety issues. And as a result of
23 that, they were able to get additional training
24 to protect themselves from infectious diseases.

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2 Our unions helped us file OSHA
3 complaints against employers in cases involving
4 handling infectious materials and blood-borne
5 pathogens, they're providing us ongoing guidance
6 on how to best protect ourselves from COVID.
7 Because at the end of the day, workplace justice
8 is racial justice, it's health justice and New
9 York should be ensuring that all workers have the
10 ability to collectively bargain, form a union and
11 that their rights are upheld.

12 I just want to say on a personal note,
13 being laid off has been stressful enough. We're
14 getting the pandemic relief from unemployment,
15 but it's going to end. In the midst of everything
16 that's going on in the world right now, we should
17 be assured that when we get back, when we get
18 called back to work, we will have real meaningful
19 access to healthcare. I'm fighting on behalf of
20 my coworkers. I'm fighting to realize the dream
21 that our late President Hector Figueroa, his
22 vision for workers like me. We need the Healthy
23 Terminals Act passed now. Thank you.

24 SENATOR JACKSON: Thank you. Now we're

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2 going to turn to Senator Jessica Ramos from

3 Queens, who is the chair the labor committee.

4 Jessica?

5 SENATOR RAMOS: Yes, hi. It's so good to
6 see everyone, even under such terrible
7 circumstances, of course. I want to first extend
8 my condolences to all of the members of the panel
9 because I know people have lost colleagues, loved
10 ones, patients, people that we care about. And
11 that is just an added burden on working such long
12 hours under such tough conditions, perhaps with
13 little to no PPE. And that's really where my
14 question is going to go. And I'm sure that the
15 brilliant new president of NYSNA is going to have
16 a few things to tell me.

17 But also for 32BJ, and of course
18 everybody knows I worked there for many years and
19 I worked on the airport campaign specifically.
20 And you guys are also very exposed to bodily
21 fluids and things, behaviors, people's
22 particularities and their specific behaviors that
23 might leave you at great risk, and especially at
24 such little pay with such little protection. Can

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2 you tell us perhaps more specifically, for the
3 airport worker, if you can tell me what more
4 protection could have been provided? And then for
5 NYSNA, I'm wondering how those nurse
6 whistleblowers have been fairing when they
7 alerted us that nurses are not necessarily being
8 taken care of how they should be?

9 MR. CLAIRJEUNE: Okay, so I think we've
10 been working closely with our employers to make
11 sure everyone has PPE and the proper training.
12 But I think at the end of the day, no matter how
13 much training you have or no matter what
14 equipment is provided, the most important PPE is
15 always going to be health insurance, because
16 we're on the frontlines. We secure the airports,
17 we clean the airports. I myself was working in a
18 team with some of my coworkers, government
19 officials and health officials where, because one
20 of my primary duties is crowd control. We were
21 separating individuals who had been potentially -
22 - who were coming from countries that had been
23 potentially affected from COVID from countries
24 who have not been affected from COVID. And I feel

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2 like we were right in the thick of it, which is
3 why health insurance is just paramount.

4 SENATOR RAMOS: Now, I know that you
5 were laid off and I'm sorry for that. Do you know
6 if any of your former colleagues and folks who
7 stayed on the job were offered any hazard pay?

8 MR. CLAIRJEUNE: From what I understand,
9 there's some money that's been allocated from the
10 Treasury that we're waiting on to be released,
11 that we've been working closely with different
12 officials to ensure we get those fund in hand
13 that would provide hazard pay and things of that
14 nature.

15 SENATOR RAMOS: Yeah, no, that's exactly
16 right. Actually, it was Assemblywoman Aravella
17 Simotas and I who sent a letter to the governor
18 telling him the federal stimulus money that he
19 receives for our state should go towards hazard
20 pay. So that's really important and I do want to
21 thank you guys for being such an ally on that.
22 Now, can we hear about the nurses who have done
23 the right thing by letting us know that they
24 didn't have enough protection? How has it gone

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2 for them?

3 MS. KANE: It's been a mixed bag,
4 Jessica. So, and I mean the reason why folks
5 really needed to speak out was we were getting
6 one message, right, that there was enough PPE and
7 actually the rationing that we were seeing was
8 based on standards that the CDC put out, quote,
9 crisis standards, that are standards that are in
10 fact used during a shortage. So by definition,
11 that meant we didn't have enough PPE. And those
12 standards carry with them risk of infection not
13 just to the worker but to actually spread the
14 infection.

15 So yes, as registered nurses we're held
16 to a standard of practice and felt we needed to -
17 - and we tried, you know to do that in many other
18 venues. So it's been a mixed bag and we
19 appreciate the legislation you put forward to
20 deal with this. Most folks know we have a
21 whistleblower law on the books that doesn't
22 protect us -- protects us in a certain way to go
23 to a government agency, but when that agency
24 isn't listening and we need to go outside to the

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2 public, it's important for us, especially as
3 healthcare workers and I think really for all
4 workers to have that protection in place.

5 SENATOR RAMOS: Yeah, I know,
6 absolutely. Are there any other, I actually don't
7 know, are there any other worker titles or
8 classifications that you guys represent that
9 perhaps are in the nurse's shadow, if you will,
10 that we should also know about and look out for?

11 MS. KANE: I mean we do represent other
12 health care professionals. We represent some
13 respiratory therapists, folks like that, and I do
14 think in general, all healthcare workers, I mean,
15 we work as a team, right. We couldn't do our jobs
16 without each other. So, I think it's important
17 for everyone to have that. And, we saw many of
18 the facilities where these nurses worked did try
19 to push back and threatened discipline and things
20 like that. And it was really very courageous for
21 a lot of these folks to come forward and do the
22 right thing and do what they needed to do. And we
23 finally did see some improvements on a facility
24 by facility basis, but then finally overall as

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2 things went on.

3 SENATOR RAMOS: Do you think that we
4 would have fared better had we had safe staffing
5 for example, at the very least?

6 MS. KANE: Absolutely. I mean many of
7 the facilities and especially the facilities that
8 were hardest hit were already staffed at a
9 minimum, right. So there was no surge capacity
10 there when it came to staffing. And everyone kept
11 talking about beds and ventilators, but if you
12 don't have the staff to take care of those
13 patients that come in, and someone else spoke
14 about it before.

15 And particularly in communities of color
16 and low-income communities, a lot of safety nets
17 didn't have the resources to pay the exorbitant
18 prices charged by these staffing agencies. It's
19 very difficult to bring people into an
20 environment and expect them to function under
21 those circumstances. So having properly trained
22 registered nurses that are available in a
23 pandemic, yes, if we had had the safe staffing
24 and we still haven't gotten the report that was

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2 due out last December really, from the Department
3 of Health, we never even received that survey. So
4 it's very concerning these metrics don't address
5 that for safe reopening that we have to have
6 availability of trained health care workers.

7 SENATOR RAMOS: It will be very
8 interesting to see the data and compare data late
9 later on.

10 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
11 you, senator. Now, we're going to go to Assembly
12 Member Dick Gottfried, the chair of the health
13 committee.

14 ASSEMBLY MEMBER GOTTFRIED: Thank you. I
15 have question, I guess for all the labor folks.
16 Practically every labor leader I've ever talked
17 to on this topic says that yeah, the union has
18 terrific health benefits, as yours do, but that
19 the union has had to constantly give up wages and
20 benefits in order to protect the union health
21 plan. And certainly, speaking of 32BJ, the family
22 in the penthouse probably earns easily 1,000
23 times what the 32BJ member who works as the
24 handyman in the building, and yet the insurance

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2 companies wants the same premium, the same
3 deductible, et cetera. How does paying for those
4 health insurance benefits affect the economics,
5 the take home pay of union members?

6 MS. KANE: So I'll talk about that,
7 Dick. So I think, you know, we at NYSNA have
8 always been strong advocates to separate those
9 things. We see in negotiations with healthcare
10 employers, and one would think like you're
11 negotiating with a healthcare employer, and
12 especially a lot of our other objectives,
13 including safe staffing and other issues, having
14 that healthcare issue come off the table would be
15 really beneficial, I feel to labor unions in
16 general. 32BJ?

17 Mr. CLAIRJEUNE: Yeah, I mean, well I
18 can't really speak to that. I think the culture
19 at the airports is a bit different, because we
20 have a system that's the subcontractors use,
21 which pretty much rewards the lowest bidders, you
22 know, there's sort of a race to the bottom. I
23 think if we're able to get the benefit subsidy of
24 the \$4.54 on top of what the current wage is,

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2 there should be no effect to the take home pay.

3 ASSEMBLY MEMBER GOTTFRIED: Okay. Thank
4 you.

5 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
6 you. Now we're going to go to Marcos Crespo,
7 chair of the Assembly labor committee.

8 ASSEMBLY MEMBER CRESPO: Thanks, Ed. And
9 to the labor groups representing, thank you. I
10 know Jessica covered quite a bit of good
11 questions and so did Richard just now. But, and I
12 think, by the way, I speak for most of my
13 colleagues when I say that we are very grateful
14 to the work of your members. Both of your unions
15 have been a forefront in so many ways, not only
16 in terms of essential workers and doing the work
17 upfront but actually in terms of the impacts and
18 the number of families affected in communities of
19 color, your membership is majority people of
20 color and therefore, a part of this conversation.

21 To Vladimir, just I would simply say, I
22 before we were interrupted in our legislative
23 work, the Healthy Terminals Act is a piece of
24 legislation that we were looking forward to

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2 moving along. And I hope as we look to reconvene,
3 maybe it's something that we can take up rather
4 quickly or have serious discussions around
5 improving that access to care for all workers in
6 your industry, in your sector in particular. And
7 to your colleagues in 32BJ who part of the
8 maintenance staffs everywhere, these are folks
9 that I feel such a connection to because so many
10 of my family members did this work.

11 And I think in many of their work
12 environments, the people who they worked closely
13 with tend to have a certain appreciation for
14 them, but I think just in terms of as an
15 industry, all of us should really appreciate the
16 work that those men and women do every single
17 day, even in our offices up in the LLB, our
18 cleaning staffs that come in every day, and we
19 take for granted the fact that they weren't
20 notified in the beginning of all this of which
21 members were infected. I heard from my cleaning
22 lady, she said she didn't know that two of the
23 members on the floor that she cleans were
24 impacted by COVID.

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2 But there they are, doing the very thing
3 that needs to be done but puts them at greater
4 risk. So no question, the work you have all done
5 should be appreciated and celebrated and
6 rewarded.

7 To Pat, though I did want to ask you --
8 I didn't want to cover what was asked, but could
9 you please repeat or elaborate a little bit on
10 what you mentioned with your thoughts on the paid
11 family leave and/or shortcomings with that
12 program or what's needed in that area? Because I
13 know we've done some things in the last two
14 budgets to address those programs or those
15 services. But what's missing? Could you expand a
16 little bit on what that idea was?

17 MS. KANE: So I think in this context,
18 Marcos, I was talking about the paid family leave
19 in relation to the COVID, right, because what we
20 saw was healthcare workers were treated very
21 differently. We had more hoops to jump through to
22 access that leave. And it was under the guise of,
23 again, shortages, not based on science but
24 staffing shortages. I saw the CDC did come out --

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2 so while folks were told to quarantine for 14
3 days, for example, ours was cut in half, we were
4 told 7. So we really couldn't access the 14 days.
5 And many of our workers, many of our nurses had
6 trouble accessing the full 14 days of paid family
7 need.

8 And as far as our nurses and health care
9 workers who really are vulnerable themselves, to
10 get them reassigned to maybe a job where they
11 wouldn't be as exposed as some of the other folks
12 were was very difficult. Some of them had to
13 access leave that was in most cases an unpaid
14 leave. But there should have been a way, we
15 thought, to put them to work in different areas.
16 The other thing --

17 ASSEMBLY MEMBER CRESPO: Pat, I'm sorry.
18 That transfer would have been within a particular
19 hospital?

20 MS. KANE: Yeah.

21 ASSEMBLY MEMBER CRESPO: Say, they're in
22 the emergency room, they could be transferred to
23 a different department just to give them a break?

24 Ms. KANE: Yeah. And I mean, you know,

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2 when think about the situation, you're someone
3 that's immunosuppressed because you're taking
4 medications, because you have a chronic condition
5 and you take these medications, so you can come
6 to work but they suppress your immune system. Now
7 you're in this kind of situation without the
8 proper protections, all right, without the
9 highest level of respiratory protection. So they
10 clearly needed to be in a different level. And
11 many of the hospitals systems that we're working
12 in were huge.

13 We have pregnant nurses, for example,
14 that were right on the frontlines that needed to
15 be reassigned. Even in the context of right now,
16 we have nurses upstate that are being furloughed.
17 We have furloughs and layoffs happening at the
18 same time that we're looking for all these
19 contact tracers. I mean we have registered nurses
20 that hospitals are saying they want to lay off or
21 furlough and we're talking this whole morning
22 really about the need for public health and
23 expanded public health system and what better
24 ambassadors to go out into the public and

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2 community and educate, the nurses that have been
3 in the frontline in this crisis.

4 ASSEMBLY MEMBER CRESPO: Thanks, Pat. I
5 know we're out of time. What I would love to
6 maybe offline get more info on is the levels of
7 stress that your members have dealt with. I know
8 anxiety is something affecting everyone, but I
9 can't imagine particularly for your work members
10 what that has been like. But maybe that's
11 something we can follow up offline. Thank you.

12 MS. KANE: Definitely.

13 ASSEMBLY MEMBER BRAUNSTEIN: Thank you,
14 Marcos. Now, we're going to go to Assembly Member
15 Mike Riley, ranking member of the Assembly cities
16 committee.

17 ASSEMBLY MEMBER REILLY: Thank you, Ed.
18 I appreciate the panel giving their take on this.
19 Thank you, Pat. Good to see you, thank you so
20 much. I actually wanted to touch on what you were
21 mentioning about the whistling blowers. And I
22 think one of the issues that we're seeing are
23 those first responders or frontline workers that
24 work for state agencies, many of them may not

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2 have gotten the PPE in a timely fashion as well.

3 So, I think those work protections where
4 it comes to the whistleblowers and being able to
5 highlight those OSHA violations, I think we
6 really need to make sure that we look at the
7 agencies as well, specifically we've seen in New
8 York City this Department of Sanitation, I
9 received a lot of message from constituents, the
10 NYPD not getting satisfactory PPE supply, FDNY,
11 EMS. So along with our hospital workers, we're
12 seeing that there's a lot of shortfalls there.
13 Have you been hearing the same thing from that
14 side, from the state public employees' position?

15 Ms. KANE: Yes. Yes, we have. And I
16 think our approach maybe it was a little
17 different, Mike, than, you know. Our members
18 wanted to take action and we supported that. But
19 I know it's been difficult in some other places
20 for the issues that we talked about. The fear of
21 retaliation and the different between being
22 employed by a state agency versus a private
23 agency can weigh heavily on someone's ability and
24 can chill their ability maybe to speak out about

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2 a situation that really need to be spoken about
3 and to be fixed.

4 So but I heard from many folks across
5 all kind of specters of essential workers and
6 people that have a lot more to be afraid of,
7 people from the immigrant community, uniformed
8 workers, EMS, et cetera across the board. This
9 was a big problem that wasn't being addressed.

10 ASSEMBLY MEMBER REILLY: Well once
11 again, I want to thank you guys for sharing your
12 insight and thank you so much, I appreciate it.

13 ASSEMBLY MEMBER BRAUNSTEIN: Thanks,
14 Mike. Now we're going to go to Assembly Member
15 Rodneyse Bichotte.

16 ASSEMBLY MEMBER BICHOTTE: Hi. Thank you
17 for having this panel come on, I want to thank
18 both 32BJ, [unintelligible] [07:06:59] and all of
19 our labor members. Thank you for your work, thank
20 you for sacrificing and thank you for taking a
21 risk for all of us, all New Yorkers and being
22 essential to us.

23 I first want to say hi to Vladimir
24 Clairjeune who is my Haitian brother,

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2 [unintelligible] [07:07:21]. And I am aware of
3 your bill, by the way, I was just a little bit
4 upset at my team because I was supposed to be on
5 that bill and I realized that my name was not on.
6 But I see that it's very important the Healthy
7 Terminal Act.

8 I had a question about the \$4.54. Is
9 that mandating the contractors to add that to the
10 wage that they propose? Or is that something
11 that's automatic? How does the \$4.54 implemented?
12 I understand it's covering health insurance. But
13 how is that implemented? Is it from the
14 contractor side or internal to 32BJ?

15 MR. CLAIRJEUNE: Well, once I guess,
16 once the Healthy Terminals Act is passed, it
17 would pretty much mandate the airlines, which pay
18 the contractors, to allocate the funds to provide
19 the benefit supplement, pretty much.

20 ASSEMBLY MEMBER BICHOTTE: Okay. So it
21 would be on the airlines?

22 MR. CLAIRJEUNE: Yeah.

23 ASSEMBLY MEMBER BICHOTTE: Okay. Great.
24 All right. Thank you. I will completely support

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2 it and I thank you for all that you do. I do have
3 a question for Pat Kane. Pat, thank you so much
4 for representing NYSNA. My question to you is
5 around you talked about safety net hospitals and
6 obviously safety net hospitals are safety net
7 because most of their members are, all their
8 members are Medicaid, all their clients are
9 Medicaid users.

10 In terms of the nurses, did you find
11 that there were more nurses impacted in the
12 safety net hospitals versus the non-safety net
13 hospitals? Or was there a disparity there? I'm
14 trying to get a sense of the impact of the health
15 care workers in a safety net hospital versus a
16 non-safety net hospital.

17 MS. KANE: Yes, absolutely. There was a
18 much bigger impact on the nurses that work in the
19 public sector in the safety net facilities. I
20 think we lost now, I think we're up to 26
21 members. Most of them are women of color and most
22 of them worked in those areas that you mentioned.
23 We had folks were talking about data and the
24 difficulty with getting data. Other than the

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2 surveys at that we were sending out on a weekly
3 basis and sometimes bi-weekly we actually had
4 like a COVID diary we would send out to the
5 members where they could tell us if they were
6 sick. But it all depended on getting a response,
7 right.

8 But there really hasn't been any data.
9 In some facilities, they would give you aggregate
10 data about the number of employees that were
11 infected but it's been very difficult to get data
12 on impact to the folks that were in the
13 disproportionately impacted communities. But I
14 would say just anecdotally, seeing what we see in
15 the COVID diaries and just even in the members
16 that have fallen during this fight, that yes,
17 absolutely we saw more impact in these
18 communities.

19 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
20 you. We're now going to go to Assembly Member Jo
21 Anne Simon. You're unmuted.

22 ASSEMBLY MEMBER SIMON: Okay. Thank you.
23 Sorry, I was trying to do it on my end. Okay.
24 Well, thank you all very much for your testimony.

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2 This has been a really incredible day. And this
3 panel has been just excellent. I have a couple of
4 questions for anybody on the panel with regard to
5 whistleblower protections. We know that New
6 York's law is very, very limited, and some of you
7 at least referred to that.

8 But I'm wondering whether you've gotten
9 complaints from your members with regard to
10 retaliatory actions because they voiced
11 complaints, whether they went public or not. I'm
12 curious whether or not that's been reported to
13 you? And then, so if you could answer that
14 question, anybody.

15 MS. KANE: It has in our union. We've
16 had several members that have been brought in for
17 discipline. None of those have been fully
18 adjudicated or whatever the right word is. But,
19 and there were, once people started voicing their
20 opinion, there were chilling emails from several
21 employers to our members directly trying to stop
22 them from speaking out.

23 ASSEMBLY MEMBER SIMON: And was this
24 around the lack of PPE?

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2 MS. KANE: Yes. It was mostly around the
3 lack of PPE and also what they were seeing with
4 staffing shortages as well, but mostly it was
5 about the PPE.

6 ASSEMBLY MEMBER SIMON: Okay. And does
7 that break down differently from one area of
8 nursing? For example, you talked before about
9 hospitals, private hospitals versus public
10 hospitals. I'm curious whether or not that's
11 broken down separately, if any data that you have
12 with regard to hospitals versus nursing homes
13 versus any other settings?

14 MS. KANE: In term the whistleblower
15 issues or the PPE?

16 ASSEMBLY MEMBER SIMON: Yeah, in terms
17 of the retaliatory action for complaining.

18 MS. KANE: Mostly hospitals.

19 ASSEMBLY MEMBER SIMON: Mostly
20 hospitals?

21 MS. KANE: Bigger systems. And I mean,
22 the public sector is definitely more, people have
23 more rights, right built into the public sector,
24 you know, as long as they -- in certain

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2 parameters. But bigger private hospital systems
3 is more we saw it.

4 ASSEMBLY MEMBER SIMON: Okay.

5 MS. KANE: And I don't know if Vladimir
6 saw it.

7 MR. CLAIRJEUNE: Uh --

8 ASSEMBLY MEMBER SIMON: Anybody else?
9 Yeah, thank you.

10 MR. CLAIRJEUNE: Well, I can't say that
11 we saw too much, we saw any individual
12 retaliatory action. Once the concerns of PPE were
13 raised, we have labor management committees all
14 over the airports that have direct contact with
15 management and I feel like we were able to
16 resolve those issues fairly quickly without the
17 threat of a strike or anything of that nature.

18 ASSEMBLY MEMBER SIMON: Thank you.

19 ASSEMBLY MEMBER BRAUNSTEIN: Okay, time
20 is up, thank you assembly member. Now, we're
21 going to move on to Assembly Member Harvey
22 Epstein.

23 ASSEMBLY MEMBER EPSTEIN: Thank you,
24 chair. And thank you to the panelists. I want to

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2 go down the same path as Assemblywoman Simon was
3 just talking to you about. I'm wondering about in
4 this post-Janus world, whether you've seen any
5 impacts on not being able to do membership
6 drives, are you seeing any drop off of dues or
7 other post-Janus issues that have come up based
8 on COVID?

9 MS. KANE: You want to go first,
10 Vladimir?

11 MR. CLAIRJEUNE: I mean, we've been
12 encouraging our members to voluntarily pay dues.
13 And I think that's going well. I think that's all
14 I can say. That's to the extent of my knowledge.

15 ASSEMBLY MEMBER EPSTEIN: And there
16 hasn't been issues with members around PPE,
17 issues saying, well, does the union have my back,
18 I don't have PPE, related to dues and membership?
19 Has that come up at all?

20 MS. KANE: We haven't seen that,
21 actually. Actually, during this pandemic we
22 actually have active organizing drives and we've
23 have been contacted by nurses in hospitals that
24 don't have representation, that they want to be

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2 represented by NYSNA. So we filed the other day
3 at a hospital and so we're seeing actually the
4 opposite.

5 ASSEMBLY MEMBER EPSTEIN: And so, that's
6 my second line of questioning, have you seen the
7 request for additional membership drive and how
8 are you being able to support professionals, who
9 in hospital and facilities where you don't have a
10 current union drive going? Is there changes we
11 need to be thinking about to allow you to do a
12 better job, membership drives in those
13 facilities?

14 MS. KANE: I think there are. I think
15 initially, I think now the original rules that
16 came out were very difficult. I think now they're
17 going to let us to do by mail, remote, kind of if
18 -- we're asking for recognition of course in
19 places where we have 30 percent card signature.
20 But if they insist on going to election, I think
21 there's something in place.

22 But I will get back to you on that. I
23 think there are some things. I mean certainly,
24 it's been difficult for us, you know, and doing

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2 everything remotely like what we're doing here
3 today, being out in the field and having our
4 members just access to the facility and proper
5 protection for our staff, I mean, you know, it's
6 been difficult.

7 But, obviously, we've been able to, we
8 have town hall meetings and there are other ways
9 that we can manage things but I would love to get
10 back to you on some of those issues.

11 ASSEMBLY MEMBER EPSTEIN: Great. And
12 just, I know I'm almost out of time. Just if
13 there's any other thoughts around tailor issues
14 that have come up post COVID-19 and making sure
15 that members have the right to exercise their
16 power if there were issues going on, it would be
17 great to hear post hearing whether those issues
18 have arisen and you know, obviously around race
19 and class and how that has impact on the ability
20 for members to exercise their rights under law.

21 ASSEMBLY MEMBER BRAUNSTEIN: Okay, thank
22 you, assembly member. And now we're going to go
23 to Assembly Member Michaelle Solages.

24 ASSEMBLY MEMBER MICHAELLE SOLAGES: Just

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2 thank you to our panel. It was insightful to hear
3 about many of the issues that labor is going
4 through during this tumultuous time. Ms. Kane, I
5 have many of the NYSNA nurses contact me
6 regarding a hospital, a private hospital within
7 the bounds of my district, and I just want to
8 first thank all the nurse, for sacrifices. Many
9 live in my community, many of them are people of
10 color and I've seen the trials and tribulations
11 that they've gone through. Really quick, what was
12 the process for a nurse to a acquire PPE?

13 MS. KANE: It really depended on the
14 facility. So, early on, what we saw happen was,
15 normally, this PPE is outside of an isolation
16 room. You come into work, you get your
17 assignments. The PPE is there, right near the
18 patient's room where you're going to need to don
19 that PPE. People started being worried about
20 people pilfering. And that kind of became the
21 reason that PPE was then put under lock and key.
22 And that's a very troubling situation and can be
23 a very dangerous situation, because, of course,
24 you never know when a patient's condition is

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2 going to change and multiple people are going to
3 need to run into a room. And to kind of have to
4 wait to access PPE behind a locked cabinet or go
5 to a manager's office to get PPE became very
6 problematic. So instead of it just being there
7 when you needed it, very often it was locked away
8 under lock and key.

9 And then at some of our facilities, and
10 sometimes it still persists, sometimes people
11 have to ask when they come to work for their PPE,
12 which should not be the case. And if their
13 patient [unintelligible] [07:19:12], you know --

14 ASSEMBLY MEMBER SOLAGES: Another quick
15 question because my time is running out. Were
16 there nurses the denied PPEs for the reasons you
17 already had your allocation for the week or day?

18 MS. KANE: Yes, we did see that.

19 ASSEMBLY MEMBER SOLAGES: And then
20 regarding the staffing issue, I know there were
21 many floating nurses that were coming to
22 different hospitals. Do you think the allocation
23 of those floating nurses were fair?

24 MS. KANE: Not always. And it's very

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2 difficult matching skill with need. But there
3 were definitely communities that did not get what
4 they needed because it was based on what they
5 could afford to pay.

6 ASSEMBLY MEMBER SOLAGES: One the
7 greatest tragedies is that we had, the Comfort
8 and also the Javits Center that was completely
9 empty. And we were not able to access or manage
10 that in a sufficient way. How many nurses do you
11 think were infected because there was just so
12 many patients in one area and there wasn't
13 adequate staffing?

14 MS. KANE: We had thousands of our
15 nurses infected.

16 ASSEMBLY MEMBER SOLAGES: Okay. Thank
17 you.

18 ASSEMBLY MEMBER BRAUNSTEIN: Okay, thank
19 you very much and thank you to our witnesses and
20 all of your members for the great work that you
21 do for us. We appreciate it. Now, we are going to
22 move on to panel number six. It's been eight
23 hours and we've gone through five panels and we
24 have four panels remaining. So I want to remind

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2 everybody we're going to try to stick to the time
3 frame and once again, I want to encourage
4 everybody, especially the witnesses and the
5 members to try and focus our energy on solutions.
6 So panel number six is first, we have Clayton
7 Banks, CEO of Silicon Harlem. We have Yvette
8 Bairan, chief executive officer at Astor Services
9 for Children and Families, Alice Bufkin, director
10 of policy for Child and Adolescent Health,
11 Citizens Community for Children of New York,
12 Felecia Webb, vice president, NPower, and Mallory
13 Tompkins, chief learning and partnerships
14 officer, 82nd Street Academics. We will start
15 with Mr. Clayton Banks. You have five minutes.

16 MR. CLAYTON BANKS, CEO, SILICON HARLEM:

17 Thank you very much, and what an honor to be in
18 front of you in this wonderful hour of the day.
19 I've been here just as you have for the entire
20 day. But it's been great. I want to come through
21 as simply as this. I want to be a solution
22 provider for New York State. It is an absolute,
23 the best state in the entire country but yet,
24 we're finding that the disparities is basically

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2 leaving our state behind.

3 So, when I found that we were going to
4 have this conversation about disparity, I could
5 not wait, because the one thing that we have in
6 common throughout all of the testimonies today,
7 if there was one thing, there's something good
8 about being late in the game and listening to
9 everyone who set me up beautifully, which is
10 broadband matters.

11 That's what we found not only in the
12 pandemic. Practitioners like myself have been
13 saying it for years and years and years. But to
14 hear so many people with so many different ways
15 that they're looking at our state, there is this
16 denominator called infrastructure. That
17 infrastructure is not just streets, tunnels and
18 bridges. That infrastructure is in fact internet
19 connectivity. And the three-legged stool of that,
20 which is what I very much focus on and have some
21 suggestions for the Assembly and the Senate.

22 There's three legs to this stool. One of
23 them is of course you need a device. Number two
24 is, you need an internet connection. By the way,

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2 all this in the home, and third, you need digital
3 literacy. I've been putting in policy to the
4 house, the federal government house, it's been
5 read on the floor, it's getting less and less
6 partisanship because every state needs this
7 infrastructure.

8 So I recently put in one called the
9 Digital Equity Act. It looks like the Majority
10 Whip Clyburn has picked up a little bit of it,
11 has created his own version of it, America
12 Connected. And I think New York State should be
13 the leading state in this country that commits
14 itself that every single home has internet, and
15 affordable internet, if not free. A device,
16 affordable, if not free and certainly digital
17 literacy ongoing, not only instantiated in our
18 schools, but all the various practitioners in New
19 York State that I have been hearing all
20 throughout this call will get the resources it
21 needs to provide ongoing digital literacy.

22 And I say that with this bold
23 prediction. Not only do I know this is going to
24 happen, but I know how it can happen. A lot of

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2 people on the call today have talked a lot about

3 the what and the why. I'm Clayton Banks, I know

4 how, I know how, when and who, right. That's a

5 big difference. And the thing that we could miss

6 as a state is, what's the next digital divide?

7 What is the next digital divide that will

8 continue these disparities in health and

9 education and everything else we've talked about?

10 It's the advanced research that's coming

11 that's showing things like virtual reality,

12 right, where we actually are going to be able to

13 use that in the medical field to save lives,

14 which we do right now but the only people who

15 have access to it are people with money and

16 people who know about it. That's the real

17 definition of a divide. You either know about it

18 or you can afford it or both.

19 I'm here to close that gap with this

20 body, putting together perhaps something called

21 the Broadband Matters Act or Everyone Act,

22 however you want to do it, I bring the humanity

23 to it. And I'm bringing this all to this session,

24 because I know if we don't do it, we fall behind

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2 and we see it already in Harlem where 40 percent
3 of the homes do not have broadband in the home,
4 40 percent. That's outrageous. I see people
5 saying it now. I know where the statistic came
6 from it came from Pew Research, which I was a
7 part of.

8 So I'm saying to this committee and to
9 all who may end up listening to this afterwards,
10 that we should rally together like they did in
11 1935, when there was no electricity in New York
12 rural areas. In ten years as part of the new
13 deal, every single one of these rural areas had
14 electricity. That's what broadband is today.
15 Broadband is the electricity of today. Without
16 it, you're in the dark.

17 Why would we want to leave anybody
18 behind? Even the kids in the street of Harlem who
19 know how to hook up a stereo to a light pole or
20 build bikes and ride them all over the place, we
21 have geniuses in areas of our city that we are
22 ignoring. So, I'm actually almost pleading to
23 this body to put this at the top of your
24 legislation.

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2 The governor has tried, the mayor has
3 tried, everyone has tried. The mayor, in 2015,
4 came to talk to me. I got on his broadband task
5 force, talked about having everyone connected by
6 20205. That gives us five more years to make that
7 happen. So I'm just ready and I hope that this
8 helps. This is a solution. It will help with the
9 health, it will help the seniors. I do
10 [unintelligible] [07:27:02] for seniors. And let
11 me add one last story.

12 ASSEMBLY MEMBER BRAUNSTEIN: Please,
13 quickly. You're out of time. Go ahead.

14 MR. BANKS: I'm sorry?

15 ASSEMBLY MEMBER BRAUNSTEIN: Well,
16 finish up.

17 MR. BANKS: Just this one little thing.
18 So, in the projects in Harlem, I go in and I
19 teach kid how to code, some of the kids that are
20 most at risk. And I can tell you, those kids open
21 up their prism, when they get somebody in there
22 that cares about them even when there's a leaky
23 roof and you can go from there. A leaky roof
24 leads to a lot of problems but they learn how to

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2 code and now can actually get into the
3 socioeconomic ladder that we want all to be able
4 to get to.

5 ASSEMBLY MEMBER BRAUNSTEIN: Thank you
6 very much, Mr. Banks. Next Yvette Bairan, chief
7 executive office, Astor Services for Children and
8 Families. If I mispronounced your name, if you
9 could just correct me.

10 MS. YVETTE BAIRAN, CEO, ASTOR SERVICES
11 FOR CHILDREN & FAMILIES: Yvette Bairan, that's
12 fine, thank you. So, thank you so much for
13 allowing me this opportunity. I know it's been a
14 really long day, and I thank you for hanging in
15 there with us and for asking really important
16 questions. I am not only the CEO for Astor
17 Services for Children and Families, but I'm also
18 a Latina woman who was born and raised in the
19 Bronx, and who now lives in the Hudson Valley
20 area. However, all of my family members continue
21 to live in the Bronx. So what happens there is
22 very, very personal to me.

23 I lead Astor in the administration and
24 the oversight of children mental health services,

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2 child welfare services, school based and early
3 childhood development program and I do that in
4 the New York State mid-Hudson Valley region and
5 the Bronx. We serve about 10,000 children plus
6 their families annually and our organization
7 employ talks about 900 staff. We've been doing
8 this work of children services since 1953, so I
9 do consider us an expert in this area.

10 With this in mind, we have many, many
11 challenges in the area of mental health.
12 Throughout the day, you have heard already many
13 of them. Children and adolescents and teens who
14 struggle with emotional issues are going to come
15 back to schools. They're going to come back to
16 have communication with their friends and are
17 going to be in a lot of distress.

18 This pandemic, we already know has
19 affected communities of color in ways that have
20 been detrimental. We know the impact firsthand.
21 The majority of our clients reside in the areas
22 with the highest infection and the death rates.

23 This is all fueled by these social
24 determinants of health, which some of us have

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2 already discussed. I was reading something that
3 recently said, try to come to some understanding
4 of why blacks and Latinos and individuals of
5 color are suffering with this pandemic at higher
6 rates and it said that we live, many of us live
7 in what they call multigenerational households.

8 Well that's a nice way of putting that
9 many of us cannot afford the rent and have to
10 sometimes rent out a room in our apartment,
11 because we need to be able to feed our families.
12 So, we don't do multigenerational household by
13 choice. We do it because we have a need to feed
14 our families.

15 I want to make sure that we address the
16 inequities that exist in our communities. And
17 these inequities are further exacerbated by the
18 needs of the children and the families, as far as
19 mental health is concerned.

20 Shifting, we were able to shift to
21 telemental health services fairly quickly because
22 Astor had been providing telepsychiatry. I am
23 proud to say that since we started doing remote
24 work, which was on March 16, we've been able to

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2 have 20,000 telemental health sessions and we've
3 been able to enroll 514 new clients. We continue
4 to provide this work because we know that it's
5 critical to ensuring the success of these
6 children and their families, especially during
7 this pandemic.

8 However, let's be real here. The fact
9 that children's mental health and behavioral
10 health services continue to be at the bottom of
11 the agenda is completely unacceptable. If we're
12 going to meet the need of these children and
13 families, we have to do a better job.

14 Now, here's where you can help. You can
15 help by ensuring that there's access to care.
16 While I may not be an expert to health insurance,
17 I can tell you that access to care is critical
18 during this time. Medicaid services cannot be
19 cut. I want to make sure that my point comes
20 across, that services need to be available
21 through these health insurance companies. We need
22 to make sure that children's mental health
23 benefits, such as children family treatment
24 family support services become part of CHP,

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2 especially for immigrant kids. We need to make
3 sure that we hold Medicaid managed care and
4 commercial care accountable to paying the rates
5 that they should be paying for these mental
6 health services.

7 We talk about reopening plans. Well, we
8 need to make sure that if we're going to reopen
9 and reopen effectively, we have proper PPE and
10 incentive pay. We also need to make sure that we
11 have the staff in place to be able to provide the
12 services we're going to need. Some of may have
13 heard of the shortages that we have in the mental
14 health field as far as staff. We need to make
15 sure that licensed mental health counselors and
16 licensed professionals can diagnose children,
17 just like licensed clinical social workers can.

18 Now, more than ever, we also need the
19 flexibilities in our regulations that we
20 currently have to continue to be long-term. So,
21 please make sure that those regulations and the
22 flexibilities exist beyond just this pandemic,
23 because that'll be critical in the work that
24 we're doing. Thank you so much for supporting our

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2 work and we look forward to working with you in
3 the future of this pandemic.

4 ASSEMBLY MEMBER BRAUNSTEIN: Thank you
5 very much. We're going to move on to Alice
6 Bufkin, director of policy for child and
7 adolescent health at the Citizens Committee for
8 Children of New York.

9 MS. ALICE BUFKIN, DIRECTOR OF POLICY FOR
10 CHILD AND ADOLESCENT HEALTH, CITIZENS' COMMITTEE
11 FOR CHILDREN OF NEW YORK: Good afternoon. Thank
12 you for taking so much time for this really
13 important hearing today. My name is Alice Bufkin.
14 As you said, I am the director of policy for
15 child and adolescent health at Citizens'
16 Committee for Children. CCC is multi-issue
17 children's advocacy organization dedicated to
18 ensuring every New York child is healthy, housed
19 and safe.

20 It's undeniable that structural racism
21 and systemic racial inequities have created the
22 conditions including healthcare access,
23 unaffordable and overcrowded housing, job
24 insecurity that have in turn exacerbated the

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2 effects of COVID-19 on children and families of
3 color. The effects of this pandemic are numerous
4 and complex. And therefore, we as a state need a
5 multipronged approach to combat its effect on
6 children and its disproportionate effect on
7 communities of color.

8 I want to touch on some of these issues
9 today in the area of health, housing, education
10 and safety. But my written testimony does include
11 additional details.

12 To ensure every child is healthy, we
13 must first recognize the devastating impact this
14 virus is having on the mental health of children,
15 particular children of color. And I really want
16 to thank other panelists and other legislators
17 throughout today who really emphasized the
18 critical need to increase behavioral health
19 capacity within the state. Extensive research on
20 adverse childhood experiences tells us that the
21 kinds of trauma caused by COVID-19, including
22 economic and housing insecurity, disruptions in
23 mental health care, loss of loved ones, have long
24 lasting repercussions across the health and well

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2 well-being of children as they become adults.

3 Three-quarters of essential workers in
4 New York City are people of color, meaning that
5 the burden of fear, loss, and separation anxiety
6 is falling disproportionately on their children.
7 We applaud Governor Cuomo for his recent
8 announcement that insurance companies must waive
9 co-pays and fees for mental health and substance
10 use services for all essential workers. We
11 believe this waiver must be extended to the
12 children of essential workers.

13 We also urge the state to strengthen
14 behavioral supports in school before and after
15 students return to help screen and identify
16 children who have experienced trauma and connect
17 them to care. This must include support for whole
18 school healing centered approaches as well as
19 increase support for clinical care and strong
20 connections to community based services.

21 We also urge, as the previously panelist
22 indicated, making sure that children's mental
23 health benefits are covered in the Child Health
24 Plus Program and the Essential Plan, not just in

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2 Medicaid.

3 Additionally, the state must address the
4 injustice of the federal response to COVID-19
5 which has almost universally excluded
6 undocumented people from recovery benefits. As a
7 state, we can begin by expanding unemployment
8 insurance options and health coverage for
9 undocumented New Yorkers.

10 Finally, like many others we strongly
11 oppose Medicaid cuts and urge increased funding
12 for both emergency food assistance and for
13 outreach and education to connect New Yorkers to
14 federal nutritional assistance.

15 In the area of housing, New York must
16 provide short and long-term rent assistance to
17 cover arrears and support rent payments,
18 including strengthen and expanding housing
19 vouchers. Over two-thirds of job loss in New York
20 City has occurred to people of color and this
21 will continue to drive housing insecurity. New
22 York must provide rental assistance when the
23 eviction moratorium comes to an end.

24 In addition, expanded preventative

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2 services are critical to respond to families'
3 needs before a housing crisis. Preventative
4 services must include case management, eviction
5 prevention and rental assistance counseling and
6 service referrals for childcare, education,
7 training, workforce development and others.

8 In the area of education, the state's
9 fiscal year '21 enacted budget included no
10 increase for education funding for the first time
11 in six year. It's clear that the impact of
12 education reductions will disproportionately hit
13 students of color, particularly given extensive
14 new challenges related to learning loss and
15 digital divide, which we've discussed at length
16 today.

17 With the possibility of further cuts
18 coming during quarterly reviews, we urge the
19 legislature to find alternatives, including
20 revenue raising options and prevent further cuts
21 to education. Additionally, given that essential
22 workers in New York are overwhelmingly people of
23 color, more must be done to ensure childcare is
24 available to the essential workforce.

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2 While we applaud the governor for
3 creating a childcare scholarship for low and
4 middle-income essential workers, New York must
5 draw down more funding to ensure all essential
6 workers have childcare options.

7 Finally, we must protect youth
8 programming. Due to the economic impact of this
9 pandemic, New York City's proposed budget
10 eliminates all summer programming for youth,
11 leaving nearly 175,000 children in New York with
12 no option for summer engagement. Unfortunately,
13 communities of color will be disproportionately
14 affected by these cuts.

15 CCC urges the legislature to prevent any
16 further cuts in the state budget to afterschool
17 programs and youth services and to preserve
18 state's contribution to summer youth employment.

19 And finally to ensure every child is
20 safe, CCC and child welfare partners are calling
21 for greater investments in child welfare
22 preventative services to ensure that community-
23 based organizations can meet the basic needs of
24 family, achieve family stability and promote

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2 child safety.

3 The recently enacted state budget
4 reduced child abuse and neglect prevention
5 resources by \$25 million, a cut that will have
6 long-term consequences for many children and
7 families throughout the state. Now is the time to
8 ensure New York invests in preventative services,
9 particularly general prevention to support
10 recovery in the hardest hit communities across
11 the state.

12 So again, I really want to thank
13 everyone on this committee for this really
14 essential hearing today and I'm very happy to
15 answer any questions.

16 ASSEMBLY MEMBER BRAUNSTEIN: Thank you
17 very much. Now, we're going to move on to Felecia
18 Webb, vice president of NPower.

19 MS. FELECIA WEBB, VICE PRESIDENT,
20 NPOWER: Hello. And thank you. Thank you for
21 organizing this joint assembly. And I also want
22 to extend my sincere thanks to Assembly Member
23 Walker for the invitation to present. I'm Felecia
24 Webb, and I am the vice president of development

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2 and philanthropy at NPower. And we're tech
3 workforce training organization that's been
4 providing tech training, and for free, for New
5 Yorkers, young adults for more than ten years.

6 And so, as my panelist and others have
7 said earlier today, the digital divide is very
8 real. And the most at risk have been negatively
9 impacted by the economic gap, which feeds into
10 social determinants of health. And so as we spoke
11 of earlier with prior panels, the social
12 determinate of health is something that we must
13 address. But at the root of that, it comes down
14 to income inequality and job opportunities. So
15 therefore, I just want to impress upon there is a
16 need for investment in tech workforce training
17 for minority communities.

18 So, inequality is magnified during times
19 of national crisis and communities of color long
20 endured structural inequalities of economic,
21 social and civic systems. So, we know that like
22 30 million people applied for unemployment. In
23 New York alone we're almost reaching two million
24 people impacted by COVID-19 applying for

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2 unemployment. The service industry has been the
3 hardest hit. But I just want to also bring forth
4 the data, again, around 58 percent of the
5 frontline workers are people of color. And that's
6 representing 66 percent of the essential workers.
7 And I also want to address the fact that 53
8 percent of the women of color in the United
9 States work in these industries that are the
10 highest impacted.

11 For all of these workers, the COVID-19
12 crisis puts their health and their lives further
13 at risk. So, I just want to say that this
14 disruption of employment and the cause of COVID-
15 19 is only going to worsen the longstanding
16 challenges that minority communities face and for
17 women of color.

18 So, and this is the time it prioritize
19 that investment in workforce training and
20 technology for communities of color. And I want
21 to give a point of comparison. When we look at
22 the 2008 recession, how unemployment was at a
23 high, overall employment rates peaked at 9.6. In
24 2010 for African-Americans it was 16 percent.

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2 And so, now today, chief economists have
3 estimates that that unemployment rates for
4 African-Americans may reach up to 19 percent.

5 So, the pandemic is changing the way we
6 live and work. And the future of work will be in
7 tech. And tech is going to drive the economic
8 recovery and the new economy that emerges out of
9 this crisis. So, before COVID we witnessed the
10 significant growth in tech jobs and minority
11 communities were stand to lose their job jobs to
12 automation. So post-COVID, we have to realize
13 that the families be further impacted.

14 Our recommendations would be in terms of
15 applying for the Dislocated Worker National
16 Reserve Fund, which was applied for in 2017 after
17 Hurricane Marie and Irma, to also include that
18 funding to go toward workforce programs because
19 we know the linear path will cease to exist for
20 career and post-secondary educations.

21 With that, that means also investments
22 in the digital divide with broadband and
23 technology for all. And then, in addition to
24 going back to where we started where New York has

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2 a 17 percent projected increase in technology
3 jobs by 2026, we have to understand that you
4 know, not addressing automation in AI and the
5 lack of opportunities for people of color will
6 disproportionately continually perpetuate the
7 health disparities, the economic disparities and
8 the overall social determinants that were at the
9 root of why people of color and minority
10 communities have been impacted most by COVID.

11 So I want to quote Dr. King and Assembly
12 Member Crespo, who said the urgency of now, so
13 this is the fierce urgency of now to think about
14 the post-COVID economy and how we want to move
15 people out of color out of poverty, generational
16 poverty and close the divisional divide. We need
17 to invest in job opportunities and job training
18 for them to reach those opportunities.

19 So with that, I'm excited to have this
20 discussion with everyone today and answer your
21 questions, especially related to women of color
22 who head up the households of this population.

23 ASSEMBLY MEMBER BRAUNSTEIN: Thank you
24 very much. Now we're going to go to Mallory

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2 Tompkins, chief learning and partnerships
3 officer, 82nd Street Academics.

4 MALLORY TOMPKINS, CHIEF LEARNING &
5 PARTNERSHIPS OFFICER, 82ND STREET ACADEMICS:

6 Good afternoon, and thank you for the opportunity
7 to speak with you today. There is strong
8 representation of our communities entrusted to
9 Senator Ramos, Assemblywoman Cruz, Assemblymen
10 Aubry and DenDekker and I'm really here to
11 amplify their message from a lens of a small
12 nonprofit.

13 I lead 82nd Street Academics, a school
14 supporting Queens' communities and today I'm
15 going to highlight our work specifically in
16 Jackson Heights, Corona and Elmhurst. Queens
17 represents 15 percent of last week's newly
18 confirmed cases in New York State and 70 percent
19 of the areas that serve come from Latinx and
20 black ethnicity groups.

21 Many of you have had an opportunity to
22 come and visit with our students and hear
23 directly from them about the ways that we advance
24 their paths to college. We have 105 staff members

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2 that bring that mission to life and at great
3 sacrifice, none of them have lost the opportunity
4 to work in their regular hours remotely during
5 this crisis.

6 Normally, 60 percent of our students
7 attend through government funding, and 40 percent
8 attend on a family tuition and scholarships. We
9 have returned all family tuition for the last
10 semester of school and are providing online
11 learning for free to all of our families.

12 While this sacrifice means that we are
13 extended on a line of credit with the bank and
14 we've lost the savings account that we've built
15 over the last three years, it also means that our
16 students can continue to participate as their
17 families experience death of parents and job
18 loss. It means that our staff team can at least
19 finish this school year without getting behind on
20 their rent bills.

21 I'm going to speak with you for a moment
22 about Johan, who is one of our fifth grade
23 students. He comes from a single-parent household
24 with a mother who's recently been laid off. He

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2 has just joined our online tutoring program in
3 math that we started earlier this month as a
4 result of the students not returning to school.
5 And one thing Johan recently taught me was the
6 availability of Google during online learning. He
7 was in a lightning round in his tutoring session
8 the other day, and he looks away from the camera,
9 and it looks like he's really thinking about the
10 multiplication problem, and soon I can hear on
11 the other end of the screen, Siri is confirming
12 that five times does equal 35. And in the moment,
13 it's an amusing anecdote and gives me a little
14 does of what happens when a smart phone comes to
15 school. But beyond this one moment, my heart
16 really hurts for Johan and students in his
17 situation. Through online learning I am
18 determined to make sure that Johan is ready for
19 middle school. But what happens to all the other
20 Johans?

21 Whether you're looking at the lines in
22 the street in front of food pantries at
23 Assemblywoman Cruz's office or on Roosevelt
24 Avenue or you're hearing hard facts from other

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2 advocates, you know that are families thinking
3 tonight how they will stretch their next paycheck
4 to keep food on the table. There are no permanent
5 food pantries in our neighborhoods and we don't
6 have the systems in place to address the long-
7 term impact of this virus.

8 Families have lost dignity and choice
9 only to be replaced with lines that are six and
10 ten blocks long. Many of our community members
11 approached the culmination of Ramadan, which is
12 typically celebrated with the sharing of food.
13 But those same families this evening will eat
14 school lunches for dinner.

15 We are a small business, but more
16 importantly, we are a school. I must now prepare
17 my staff members that have worked with us more
18 than four years to have a summer that does not
19 include a paycheck from our school. I must
20 maintain high engagement with them through the
21 summer in hopes they will return in the fall,
22 though we risk losing their talents to other
23 available jobs with increased security.

24 Over three-quarters of our staff are

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2 women of color and we've spent our entire savings
3 and reserve protecting the valuable efforts of
4 those employees and the life changing impacts
5 that an education has on community of color. We
6 are at zero. There is a solution in partnership
7 between small businesses, nonprofits, and
8 government funding. Keeping our team employed
9 will help them stay on top of their rent bills,
10 keep them off the overwhelmed food pantry lines
11 and maintain the relationships for student
12 success.

13 I'm speaking this evening on behalf of
14 Johan and his friends. In the diversity of
15 Queens, Johan is not the exception, he is the
16 rule. Fifth grade for him will end next month but
17 there's still time to prepare him for his middle
18 school. We are ready to be part of a solution and
19 we thank you so much for your time and
20 opportunity to listen with you today. Thank you.

21 ASSEMBLY MEMBER BRAUNSTEIN: Thank you
22 very much for all the witnesses, for your
23 testimony. We're going to start with Assembly
24 Member Maritza Davila, who is the chair of the

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2 task force on Puerto Rican and Hispanic
3 Americans.

4 ASSEMBLY MEMBER DAVILA: Yes, hi, thank
5 you once again, chairman, for allowing me to get
6 back on. This question will go to Yvette Bairan.
7 I certainly do understand that you have your job
8 cut out for you at this point. I am very familiar
9 with the children and family services and how
10 they work very closely with ACS and other
11 agencies to ensure that children that are at a
12 loss or even abused, or taken away from their
13 homes, you guys immediately intervene, and you
14 find sort of a good setting for them, right,
15 until there's a disposition, court disposition
16 made.

17 I know you talked about teleconferencing
18 with psychiatrists and keeping the family engaged
19 in that sense with technology. But I'm curious to
20 find out what are your social workers at this
21 point doing and how are they engaging? Because I
22 know they have to literally knock on a door and
23 see if a child is safe or a family is safe or a
24 child is safe. And I'm not sure how that's

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2 working now. And this is why there's so worry
3 about a lot of child abuse, right, a lot of
4 domestic violence, a lot of things that can
5 definitely slip under our noses. But I really was
6 curious to find out how are you handling that
7 because it's such a huge overtaking, and I'm sure
8 you had to switch, but what are you doing right
9 now to address these issues?

10 MS. BAIRAN: So what we're doing right
11 now is going out with the PPE that we've been
12 providing our staff, to knock on those doors and
13 to still do that community work. The option for
14 us to do telemental health in that setting does
15 not exist. Telemental health services are
16 wonderful, and they've provided the level of
17 flexibility for us to reach thousands of
18 children, but when you're talking about children
19 that are at risk in terms of abuse and foster
20 care, those are not options that we have. So our
21 prevention workers under, our ACS contracts are
22 still required to go out into the community.

23 What Astor has done is provided them
24 with the PPE that we have spent thousands and

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2 thousands of dollars to acquire because it's
3 something that we have dedicated that we would
4 spend time ensuring that our staff were being
5 secured. So to your point, we're out there. We're
6 out there in the community, and we are considered
7 an essential worker. So we're still going out to
8 the homes, and we're still visiting the families
9 that we need to visit. We're just making sure
10 that -- we're asking them the questions that the
11 CDC has recommended that we ask, is anyone in
12 your home ill? Has anyone have fever? Has anyone
13 -- all of those critical questions are being
14 asked of the families before we do the visit, and
15 then we're also providing the protective
16 equipment to our staff.

17 ASSEMBLY MEMBER DAVILA: Are you also
18 giving the families PPE, or are you in need of
19 also giving out to the families? Because it's
20 important if we're going to contain this virus,
21 those people that literally having to have a
22 contact should be able to give out those PPEs,
23 and I know there's a big shortage.

24 MS. BAIRAN: Yeah. But if the family has

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2 indicated that they don't, then we will make it
3 available for them as part of the work that we're
4 doing because obviously we want to make sure that
5 they're safe and that our staff are safe. But it
6 is a shortage, and every day, we have a stockpile
7 that we keep trying to get so that throughout the
8 next couple of months, we're able to do this work
9 effectively but we are out there in the community
10 for those clients.

11 ASSEMBLY MEMBER DAVILA: Thank you, I
12 appreciate that. Thank you all, thank you.

13 MS. BAIRAN: Thank you.

14 SENATOR JACKSON: So next, we're going
15 to hear from state Senator Brian Benjamin from
16 Manhattan. Senator Benjamin.

17 SENATOR BENJAMIN: Thank you, Chair
18 Jackson and Braunstein. I want to commend my good
19 friend Clayton Banks for all the hard work he's
20 doing on broadband in our community. I agree with
21 him, that broadband is like electricity, so I
22 want to thank him for all of his hard work in
23 Harlem. Let me ask a question to Felecia. You
24 mentioned, Felecia, the conversation around the

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2 post-COVID-19 economy, and I completely agree
3 with you. We've got to be preparing folks for the
4 future, not the past.

5 My question for you is when you said you
6 want to prepare for opportunities in the future,
7 can you give us a little more color on what you
8 see that looking like? You know, retail is going
9 to be completely different going forward. There's
10 so many industries that are going to have a hard
11 time coming back, you know, people like my
12 parents now shop online, which she would have
13 never done that in a non-COVID environment. I'm
14 very concerned about what that means for what our
15 world looks like going forward. Can you just give
16 us a little color of what you believe the
17 opportunities of the future are that we should be
18 preparing communities of color for those types of
19 jobs?

20 MS. WEBB: Absolutely. We have seen that
21 every company at this stage has become a tech
22 company, and there are some level of technology
23 needs, and so we're moving beyond just being desk
24 top support but in addition to information

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2 securities and so we're seeing those jobs that
3 would have been, you know, retail service
4 frontline jobs moving to online, and it's online
5 in a digital way.

6 And so those are opportunities for our
7 populations of people of color who necessarily
8 don't go through the college track, but are
9 looking for these entry-level jobs that we can
10 train them in those skills and, you know, I think
11 investment in apprenticeships in New York State
12 to take on those type of IT generalist roles will
13 be key and critical for young adults who are
14 looking for employment and employment
15 opportunities and need those skills.

16 So it's going to touch across all
17 industries, the telemedicine, the retail service
18 industries. We now know that people are doing
19 apps, minority businesses in Harlem, like the
20 Frederick Douglass district, they've had to
21 transition to being curbside delivery businesses.
22 And so, therefore, you know, they need technology
23 for that. So as we move --

24 SENATOR BENJAMIN: Sorry to cut you off

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2 but I'm about to lose my time, so I just want to
3 ask a quick question before my time goes, I try
4 to respect the time. But what do you think that
5 means for education, right? I mean how are we
6 going to have to change the way we teach our
7 kids, particularly those in high school. I mean,
8 what are your thoughts about how this impacts how
9 we look at education going forward?

10 MS. WEBB: Absolutely, remote learning.
11 We transitioned our program to online remote
12 learning, and we're actually implemented how to
13 give opportunities for our students who are in
14 our programs to understand what it means to be in
15 a remote work environment, and digital learning
16 and remote learning is going to be the key parts
17 of moving forward. And they need that discipline
18 and that broadband access for that and the tools.

19 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
20 you.

21 SENATOR BENJAMIN: Thank you.

22 ASSEMBLY MEMBER BRAUNSTEIN: We're going
23 to move on to Assembly Member Catalina Cruz.

24 ASSEMBLY MEMBER CRUZ: Thank you. Thank

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2 you Mallory, this question is going to be for
3 you, and a little bit of a statement. Can you
4 guys hear me, because it says that I'm muted.

5 ASSEMBLY MEMBER BRAUNSTEIN: Yes, we can
6 hear you.

7 ASSEMBLY MEMBER CRUZ: Okay, perfect.
8 Mallory and I actually live in the same building.
9 We're neighbors, and we've had several
10 conversations at our doorstep about what our
11 community is going through and how we've
12 individually worked to help through the process.
13 One of the things that it was very clear to us
14 from the beginning is that, unfortunately, in the
15 39th District, there is absolutely not a single
16 food pantry run by the government or run by a
17 nonprofit that's permanent. And that has led to
18 many of her students and many of my constituents
19 to have to find her, to have to find our office
20 and other places to get food.

21 One of the things and I've reiterated
22 this because I said it before, that it is
23 unbelievable to me that there is not a single
24 city or state agency taking part of this hearing

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2 answering the many questions that we have. I

3 can't understand why that's okay for them.

4 My constituents are people of integrity,
5 and I thank Mallory for the work that she's doing
6 but when you have four to five families being
7 forced to live in a house together, you know, we
8 have to think about the fact that they can't self
9 isolate. So I know I only have about a minute
10 and-a-half and so I want to ask Mallory. Mallory,
11 has anyone from the state or federal government
12 approached your office, your students, your
13 parents to say how do we help to make sure that
14 you can self isolate? How do we help to make sure
15 that you have the food that you need, that you
16 have the healthcare that you need? Has anyone
17 approached you and said, other than elected
18 officials, has anyone said, how can we help?

19 ASSEMBLY MEMBER BRAUNSTEIN: Mallory,
20 you're on mute. You have to unmute.

21 MS. TOMPKINS: So unmute me. There we
22 go. Thank you, Assemblywoman Cruz. The answer is
23 no. The only reason that we have gotten as much
24 as we have gotten is because I have done a lot of

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2 background work, and I already understood some of
3 the background work that needed to be done. I
4 speak with my colleagues, who are also preschool
5 and Pre-K operating small businesses and
6 nonprofits as Pre-K and preschool centers, and
7 they are closing because they don't have some of
8 the groundwork that I just happen to already
9 understand, and that's not fair, and they're
10 smaller than we are, they don't have the
11 resources to keep their doors open. So not only
12 are they not getting the outreach that they need
13 to keep their doors open when the students do
14 have to go back to school and their parents do go
15 back to work, but they're also not receiving the
16 understanding of how to get even the resources
17 that are available.

18 ASSEMBLY MEMBER CRUZ: Thank you,
19 Mallory. You know, it's incredible that in a
20 country where my constituents have paid billions
21 of dollars in taxes, when we most needed the help
22 of the federal, state, and city government,
23 they've turned their back on us. And so I want to
24 close with a quick statement rather than a

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2 question and kind of remind people, Dr. Mossy
3 [phonetic] from Elmhurst Hospital at a recent
4 chat that we had, virtual, one of the things that
5 he said is if we can't find housing solutions for
6 these folks, we're going to end up with more
7 epicenters, like Corona, Jackson Heights and
8 Elmhurst because people can simply not afford to
9 live individually. And so, this is, which I'm
10 hoping to eventually watch it, but I'd like to
11 invite our state and our city to leave some of
12 their politics to the side and continue to
13 finally talk to each other, because I've about
14 had it.

15 I've about had it from having to ask
16 questions after questions, where are the money
17 that was promised to our community? Why are we
18 not helping the nonprofits? Let's stop playing
19 politics and simply help people because people
20 are dying, and we need their help.

21 ASSEMBLY MEMBER BRAUNSTEIN: Thank you,
22 assembly member. We're going to go to Assembly
23 Member Michaelle Solages.

24 ASSEMBLY MEMBER SOLAGES: Thank you to

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2 all the panelists. We know that COVID-19 will
3 leave a mark on our youngest New Yorkers, our
4 children. So I appreciate all of you fighting for
5 our youngest New Yorkers. In New Yorkers have
6 seen an increase of intimate partner violence,
7 substance abuse, and mental health issues, which
8 in turn is going to leave trauma to our children
9 or, you know, more cases of ACS.

10 Especially, I'm just concerned for the
11 children of immigrant parents or undocumented,
12 and Alice, in your proposal, in your testimony, I
13 noticed that you talk about extending the child
14 and family treatment support system to CHIPS and
15 the Essential Plan, which is very important, and
16 like I mentioned before, there's really an attack
17 on the federal government. They're not giving
18 resources to mixed-status families.

19 So can you talk about your proposal, and
20 in addition to any of the panelists, you know,
21 we've seen that there's a 54 percent drop in
22 child abuse reports in New York City, and that's
23 because children are not having access to their
24 helpers in their life, whether it's a teacher,

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2 educator, childcare professional. So can anyone
3 speak to how we can tackle that?

4 MS. BUFKIN: Sure, thank you so much for
5 that question. I can start on the question around
6 child and family treatment and support services
7 or CFTSS. And these are really critical services
8 that were a real core component of the children's
9 Medicaid redesign, and we are still in the
10 process, I know many of you know, of rolling
11 those services out. They are designed to be
12 community-based. They're designed to be family-
13 focused. They were created with enormous thought,
14 and they're enormously important for children.
15 But right now, they're only available to children
16 who have Medicaid.

17 And so these CFTSS services, we really
18 do feel like it's important to extend them to the
19 Child Health Plus Program as well as the
20 Essential Plan, especially as we know as
21 unemployment is increasing, more and more
22 families who will need to access CHIP and who
23 need to access the Essential Plan. And so we need
24 to do everything we can to maximize the mental

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2 health supports available, in all the programs,
3 especially those that may be available for
4 undocumented workers and their children in a way
5 that Medicaid is not.

6 MS. BAIRAN: Can I just add also -- I
7 don't know can folks hear me?

8 ASSEMBLY MEMBER BRAUNSTEIN: Yes.

9 MS. BAIRAN: Yes? Okay, so I would just
10 add that as far as those CFTSS services, those
11 are great services to have also in school
12 settings, and I know that Astor provides those
13 CFTSS services, and in the Bronx, we provide them
14 primarily in schools. So to be able to open the
15 access in terms of health insurance, that would
16 be really wonderful. But also I just want to note
17 that we've had a lot of providers who have pulled
18 out of those services because the Medicaid rates
19 are so poor that we just can't afford to provide
20 them, especially in other settings outside of New
21 York, so it's really critical to expand the
22 insurance.

23 ASSEMBLY MEMBER BRAUNSTEIN: Okay, thank
24 you. Now we're going to go to Assembly Member Al

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2 Taylor. You there, Al?

3 ASSEMBLY MEMBER AL TAYLOR: Is that
4 better.

5 ASSEMBLY MEMBER BRAUNSTEIN: There you
6 go. Go ahead, Al.

7 ASSEMBLY MEMBER TAYLOR: Let me repeat
8 myself. Good evening, good night, hello. It's
9 been so long, I'm kind of losing track of what
10 time it is. But it's so [unintelligible]
11 [08:03:39] and thank you all for the sacrifices
12 that you have made to be here today. And I want
13 to follow up. I definitely want to maintain the -
14 - I don't want to become too compassionate
15 because I'm getting a little frustrated because
16 we know what the problems are. We've seen the
17 areas that are problematic, but at the same time,
18 I still don't have any testing sites in my
19 district. So the people in Harlem, Washington
20 Heights, in the 71st Assembly District, they've
21 got sparse people coming and testing. I think we
22 can level the playing field if we're talking, and
23 my good friend Banks here, if we're using
24 technology sooner than later, then why not use

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2 that apparatus if there are devices in the homes
3 that we can use that maybe with the folks that
4 wanted to weigh in and see if there's child abuse
5 or something going on, figure out how these
6 agencies can work together. And my question, if
7 that's doable, does it create too many legal
8 problems, but to Clayton, what's the immediate
9 way that we can move forward from the state
10 perspective so that we're not talking about
11 something that will take boots and fly in 20
12 years. We barely have 20 days to survive this,
13 and I think it's going to be a lot darker than it
14 was before we started, if we're not all on the
15 same page doing it. And I think people are always
16 telling us how we can do our communities, and
17 it's just not happening from the top-bottom. It's
18 got to be from the bottom-up. So Clayton, if you
19 could answer that.

20 And then someone was talking about child
21 abuse, the numbers, is the technology a way that
22 we can get into the homes and utilize what we
23 have as we expand?

24 MR. BANKS: All right, so first of all,

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2 assemblyman, it's so good to see you and thank
3 you for hanging in there with us today. In our
4 district, one of the things that I'm finding to
5 be very important is what you've been doing
6 throughout your own oversight, is we have to do
7 an ecosystem that involves not only the public
8 sector, but it has to involve the private sector,
9 the universities, as well as our stakeholders.
10 And then we get to hear what the citizen has to
11 say, and the reason why I'm saying it like that
12 is because, I in a blasphemous way, I'm actually
13 a for-profit. I think almost everyone else has
14 been a nonprofit on this call. I'm a for-profit
15 and the reason why is because of that what you
16 just described.

17 The lack of infrastructure is really a
18 level of telecommunications, and, of course,
19 telecommunications is a for-profit business. So
20 I'm here to sort of help bridge that gap for so
21 many people, but it has to be in collaboration
22 with nonprofits because the nonprofits can create
23 the digital literacy and mitigate all those gaps
24 you just described.

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2 MS. WEBB: Which, of course, NPower is
3 the nonprofit that helps with that digital
4 literacy, because we do cultural competent
5 programs for minority populations and young
6 adults so I completely agree with you, Mr. Banks.

7 MR. BANKS: Yeah, we're very big fans of
8 empower, and we have always followed you and
9 collaborated and everything else. So this is how
10 the ecosystem works. What the Assembly and what
11 you guys can do in Albany, is put together
12 resources, especially for things like NPower,
13 which has done a great job to get so many people
14 back into the job force and all that kind of
15 stuff.

16 ASSEMBLY MEMBER BRAUNSTEIN: Okay, thank
17 you very much, and we know it was a long day. We
18 greatly appreciate everybody's time. We're going
19 to move on to the next panel. Senator Jackson,
20 are you there?

21 SENATOR JACKSON: I'm here. Thank you.
22 Hi, everyone. So we are at panel number seven,
23 which deals with the area of food and shelter and
24 security. And we have Dr. Melony Samuels, the

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2 executive director of the Campaign Against
3 Hunger, Sherry Tomasky, director of public
4 affairs for Hunger Solutions New York, Pilar
5 Moya-Mancera, executive director, Housing Help,
6 Inc. And that's it for now. We've had several
7 panel members that, because of the time had to
8 leave but this is the panel that deals with food
9 and shelter and security, and with that, I will
10 turn to Dr. Melony Samuels, the executive
11 director for the Campaign Against Hunger.

12 DR. DR. MELONY SAMUELS, EXECUTIVE
13 DIRECTOR, THE CAMPAIGN AGAINST HUNGER: Good
14 evening, everyone or should I say, well, it's
15 definitely good evening, everyone. Thank you for
16 the opportunity to testify and to just share
17 what's been going on in our community. I am Dr.
18 Melony Samuels, I'm the executive director and
19 founder of the Campaign Against Hunger, and it's
20 one of the largest anti-hunger organizations
21 located right there in Brooklyn, on Fulton
22 Street, 2010 Fulton street, and we are sharing 21
23 years of experience with you.

24 Since COVID-19, I want to talk to you

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2 first about what we looked like pre-COVID-19, so
3 I just want to get right to it. Of course, we are
4 serving the black and brown community,
5 immigrants, those that have of course been have
6 been food insecure before and still is. Before
7 COVID-19, we served 250 families per day, 30,000
8 individuals averaging 30,000 individuals per
9 month, infusing three million meals into about
10 151 zip codes in the city.

11 Now, let's look at what has happened
12 since COVID-19 and we are talking about
13 approximately eight weeks or seven weeks since we
14 really went into full gear to distribute. And in
15 all cases, I must add that we have had a lot of
16 difficulty getting resources into the hands of
17 those that need it the most and I've been
18 listening all morning to all the panels, and I've
19 heard them echo every time food insecurity,
20 unable to reach access to healthy food. And I'm
21 hopefully, I can address some of that to see how
22 we can work together to make changes.

23 So now, after we used to serve 250
24 families per day, we are now serving 2,600

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2 families per day. We have a 900 percent increase
3 and, yes, we are struggling to get resources, but
4 that's what we have been doing. Since March 16th
5 until present, we have successfully distributed
6 2.9 million meals to 321,871 individuals. We have
7 established, and we could not have done it
8 without our partners, our policymakers, we have
9 established since COVID-19 100 new partners on
10 the ground from public housing, shelters,
11 churches, senior centers, working with ACS, and
12 what is unique now is additional pantries.

13 Pantries are coming to us asking us for
14 help. We had to hire 50 new staff members. We
15 changed into a curbside distribution, 30 percent
16 of the soup kitchens are now closed, and that
17 means there is a serious problem.

18 Quickly, let's look at some of the
19 solutions that I think, or recommendations that I
20 think must take place, is that we must, I believe
21 it's time to work on a task force, working on a
22 coalition that would help us on the ground to
23 help us with distribution, build a new
24 infrastructure, get families involved, create a

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2 food hub, and I've been saying this for awhile,
3 for healthy food to vulnerable constituency, a
4 warehouse is needed in the neediest boroughs. Six
5 months of food must be stored. Healthy food,
6 rotating our food, moving it from one area to
7 another, structured in ways of pinpointing the
8 most vulnerable community in our districts,
9 expanding our own mobile market, and we can talk
10 a little bit more about that, prepare other
11 drivers because one of the things that we found
12 that was difficult, restructure how we deal with
13 our seniors. And I heard about the broadband, and
14 we have it here, keeping in mind the seniors have
15 special dietary needs, [unintelligible]
16 [08:12:18] time, online food ordering, it's been
17 working, we have used that. It's been effective,
18 we need to expand on that. Work with upstate
19 farmers. That's still, I think there's still work
20 to be done there. Working with you, of course,
21 policymakers to see how we can get access in our
22 food, so that those pre-diabetes, diabetic,
23 hypertension, obesity individuals are not at risk
24 in time of crisis, restructure our present

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2 communication system, which I just heard. Create
3 community zone with the ability to pinpoint, or
4 to contact those that are in disaster areas, but
5 we have to have that on the ground. So there
6 should be a new zoning, how we do this.

7 Participating organization, the task force should
8 be able to testify quarterly on our improvement.
9 We need to have a better way of getting funding
10 and with this, support non-for-profits by hiring
11 local. We need support to hire local, unemployed
12 individuals, funding for food and social media,
13 where we can access. 311 is overwhelmed. We need
14 to look at something different.

15 And I want to thank you for the
16 opportunity to speak and I applaud you for your
17 effort in taking this step and ask if anyone
18 wants to visit us, we are welcome to it.

19 SENATOR JACKSON: Well, thank you,
20 you're doing God's work on behalf of the people,
21 so we are blessed. I appreciate that. So next,
22 we're going to move on to Sherry Tomasky,
23 director of public affairs, Hunger Solutions, New
24 York.

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2 MS. SHERRY TOMASKY, DIRECTOR, PUBLIC
3 AFFAIRS, HUNGER SOLUTIONS NEW YORK: Thank you
4 very much, thank you, senator and thank you all
5 of you for your patience today during this very
6 important hearing. We're very glad to be part of
7 this. Hunger Solutions New York is a statewide
8 organization that is focused on maximizing
9 participation in federal nutrition assistance
10 programs. Those include SNAP, WIC, the Summer
11 Food Service Program, school breakfast and lunch,
12 and the Child and Adult Care Food Program.

13 So my comments are going to actually be
14 a great compliment to those of Dr. Samuels, who
15 is focused on more of an emergency feeding model
16 and helping people meal by meal, and I'd like to
17 speak about ways that we could also strengthen
18 the safety net and the infrastructure to help
19 people have access to food benefits for a longer
20 period of time.

21 If we learned nothing from the recession
22 in 2008 and 2009, we learned that it took years
23 for many people who are low-income to recover to
24 the point of financial security, and SNAP was one

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2 of the most important and cost-effective
3 investments that was made during that time. In
4 fact, research has shown that investments in SNAP
5 had the largest return on investment of any other
6 federal program during the recession of '08-09,
7 and that will prove to be true again during this
8 pandemic if that is how our federal and state
9 governments choose to approach federal nutrition
10 programs.

11 So with this caveat, my recommendations
12 with a few points, number one, the pressure on
13 the emergency food system is unsustainable right
14 now. We cannot sustain the level of demand that
15 is on our food pantries and our food banks and
16 the lines that are miles down the road is not
17 where anybody wants to find themselves. We can
18 relieve some of the pressure by making sure that
19 eligible people are enrolled in SNAP and WIC, and
20 that they're receiving benefits to help get them
21 through a month using those programs.

22 The second thing that I'd like to say is
23 that many people who are applying for federal
24 nutrition assistance programs are doing so for

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2 the very first time, and, therefore, application
3 assistance and outreach is critical to help
4 people understand their eligibility, and
5 understand how to accurately and completely fill
6 out an application, so they can get the benefits
7 that they are due.

8 A third point that I'd like to make is
9 that for many people who are receiving
10 unemployment right now, including the \$600
11 federal pandemic unemployment payment, those
12 benefits make many people income ineligible for
13 federal nutrition assistance programs. So the
14 lines of folks that you're seeing at Dr. Samuels'
15 locations and many others across the state are
16 people who have yet to receive those benefits or
17 cannot receive them for any reason or who are
18 probably food insecure for quite awhile and this
19 situation has exacerbated it.

20 But when those federal payments go away,
21 we are going to see an incredible crush of people
22 who are newly eligible for federal nutrition
23 assistance and who need emergency food help as
24 well. And if that happens towards the end of

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2 July, we have to be prepared with a safety net
3 that will help those people come August.

4 So what I'd like to make are just a
5 couple of recommendations about ways that the
6 state can help shore up the federal nutrition
7 assistance safety net, even though these programs
8 are regulated at the federal level and
9 administered at the state level, there's a lot
10 that communities can do around SNAP.

11 It's very important that communities are
12 maximizing their SNAP outreach programs and
13 working with their SNAP outreach coordinators in
14 all of their communities. Our organization runs
15 the Nutrition Outreach and Education Program,
16 which is the state's largest SNAP outreach
17 program in the state. Unfortunately, our contract
18 for renewal happens to be hung up with all of the
19 other contracts that are at the Department of
20 Budget. And our services are at risk right now,
21 and that will be a big loss for communities if
22 those services can't continue. But it's critical
23 that SNAP outreach be part of every community's
24 response so that people can receive the federal

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2 benefits that they are due.

3 My recommendations for WIC are very
4 similar. Even though we've seen a lot of
5 flexibility and relaxing in the federal nutrition
6 assistance program rules, we are not seeing a
7 corresponding increase in the number of people
8 who are receiving WIC benefits, and that's very
9 concerning. WIC may be a program that people need
10 extra help to understand. There may be a lot of
11 preconceived notions around it, and outreach can
12 help combat that.

13 And the last program I'd like to speak
14 about quickly is the Summer Food Service Program,
15 which is a program that will start providing
16 meals to low-income children when school meals
17 have ended for the year, and we expect a pretty
18 significant disruption in the network of
19 providers for that program across the state, and
20 it's going to be imperative that communities
21 coordinate their efforts to make sure that there
22 is a robust network of providers for the summer
23 food service program to feed children who are
24 eligible.

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2 The rest of my recommendations will be
3 in my testimony that I will submit late tonight
4 or tomorrow morning.

5 SENATOR JACKSON: Thank you. I mean
6 obviously, this is so important overall in the
7 whole scheme of things, and we appreciate
8 everything you're doing to make sure that
9 everyone knows what they're entitled to in order
10 to help feed those that are in need. So let me
11 move on to Pilar Moya-Mancera, the executive
12 director of Housing Help, Inc. Pilar.

13 MS. PILAR MOYA-MANCERA, EXECUTIVE
14 DIRECTOR, HOUSING HELP, INC.: Thank you. Good
15 evening, everyone. First of all, I would like to
16 begin by thanking the New York State Senate and
17 the Assembly chairs for giving me the opportunity
18 to share with you what my experiences are working
19 right now with low-income families in the
20 Huntington Station area and surrounding areas,
21 Huntington Station being one of the hot spots of
22 COVID-19.

23 As I stated before, I'm Pilar, I'm the
24 executive director of Housing Help, Inc. And yes,

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2 you heard right, housing. It's a housing
3 consulting agency, a neighborhood preservation
4 organization, and our mission is to create
5 affordable housing and prevent homelessness.

6 Unfortunately as a result of COVID-19,
7 we have been bombarded with phone calls of former
8 clients, of our clients, who were informing us
9 that there was just no food available. And as a
10 result of that, ended up starting a program in
11 partnership with the Suffolk County Police
12 Department, the second person, as well as another
13 church, where using all private funding, right,
14 we have been able to provide 1,000 prepared meals
15 per week. We are also providing 1,200 bags of
16 groceries per week, and also, we are doing door-
17 to-door grocery deliveries to families in the
18 amount of 75 families per week.

19 As I stated before, I'm not in the food
20 business. I'm in the business of preventing
21 homelessness, right. Unfortunately, the need is
22 there. One of the biggest concerns that I have
23 right now in terms of the food, right, it's that,
24 unfortunately, we do know there are several

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2 programs available, but unfortunately, if
3 immigrants are afraid to apply for these
4 programs, right, because there is such huge fear
5 that actually came from the administration
6 regarding the public charge rule, right, so many
7 of the immigrants have been so afraid to apply
8 for any of these programs. Although we tried to
9 clear this for them as much as we can, we just
10 have been very, very -- we have been not been
11 successful.

12 In terms of housing right here, what we
13 have found is that many of the families that are
14 the most, at the higher risk of being infected
15 with the virus, unfortunately live in overcrowded
16 conditions. Overcrowded conditions,
17 intergenerational housing, however we want to
18 call it, we're talking about 15 individuals, 18
19 or 20 individuals living in just one house,
20 sharing one kitchen, and sharing one bathroom.
21 Obviously, as a result of that, it's horrible.
22 People are getting sick. Kids are getting sick,
23 and it's just very, very, very difficult.

24 Another issue that we're seeing is the

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2 fact that although there is an eviction
3 moratorium, unfortunately, there are some
4 landlords, not all, there are some landlords that
5 are unscrupulous landlords that are evicting
6 immigrants, they're illegally evicting vulnerable
7 immigrants. We have heard cases of landlords who
8 are locking out tenants, landlords who are
9 disconnecting utilities, and we recently heard a
10 case of a landlord that sexual assaulted a
11 tenant, and after assaulting her, put all her
12 belongings on the street.

13 What is the solution to that? The
14 solution to that is calling the police, right.
15 But how do we expect these communities who are so
16 afraid to call the police, and that was one of
17 the reasons we partnered with the Suffolk County
18 Police Department. If there's a silver lining
19 that I could see from here, from Long Island, is
20 the fact that we have police officers
21 distributing meals every week to those that are
22 the most needed, to those who are the most
23 vulnerable, has really helped to build trust
24 between the police and the immigrant community.

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2 In terms of the changes that we are
3 proposing, is on the statewide rent assistance
4 program inclusive of undocumented immigrants.
5 That is extremely important to prevent
6 homelessness. We are also requesting that this
7 rent assistance program be at least 75 percent of
8 the tenants rent payments. We also suggest these
9 payments be made directly to the landlord to
10 prevent the risk of foreclosure.

11 And we also would like to share with you
12 guys that it will be great if the State will
13 allow the housing boards to appoint arbitrators
14 and mediators for the housing cases, because when
15 we know the eviction moratorium is lifted, the
16 housing courts are going to be too many cases
17 that they won't be able to handle. And I guess by
18 having an arbitrator or a mediator that will
19 actually help both parties try to come into a
20 repayment agreement. And I guess that's it.

21 SENATOR JACKSON: That is a mouthful.
22 And thank you for all of the advocacy work that
23 you're doing and being able to be flexible enough
24 to transition because the bottom line is you're

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2 helping people to live and survive, and thank you
3 for that. Is that in Nassau County or Suffolk or
4 all of Long Island?

5 MS. MOYA-MANCERA: So my agency serves
6 all of Long Island, but the food insecurity right
7 now is being met in the area of the township of
8 Huntington Station, which is like Western
9 Suffolk.

10 SENATOR JACKSON: Okay, very good. Thank
11 you. Assemblymember Braunstein. Are you there?
12 Okay. So then let's go to Assembly Member Maritza
13 Davila first. Assembly member?

14 ASSEMBLY MEMBER DAVILA: Yes, this is
15 going to be very quickly. I just want to commend
16 Melony Samuels. I think we met during the course
17 of this year sometime at the Brooklyn delegation
18 meeting, and I was impressed then. But I do want
19 to first thank you because we have been working
20 with you. The Bushwick Generator has been working
21 with you. Sun, who is the Sustainable United
22 Neighborhoods, and so together, we have been able
23 to muscle up some food and give out almost 2,000
24 meals a day, a day. And that's thanks to World

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2 Chef's Kitchen.

3 But there is a lot of food insecurity,
4 and I want to go back to my brother, Al Taylor
5 from Manhattan, and my friend Catalina Cruz from
6 Queens. Not everybody, listen, I was never into
7 gathering food and giving it out until Puerto
8 Rico suffered its massive hurricane Maria, and I
9 learned very quickly.

10 But we need to set up a system that is
11 going to be sustainable because at the end of the
12 day when this food runs out, we're going to have
13 bigger problems. People need to be fed, and if
14 you can feed 2,000 people a day in one
15 neighborhood, right, and spread it out, that
16 means there's a huge food insecurity all over the
17 city. So I'm just saying that we need to get
18 together. We need to start talking with each
19 other as members and as agencies as yourself,
20 that know how to get this food and be able to
21 spread the love throughout the entire city.
22 Because it's just not fair, it's not fair that
23 some people get to eat, and others don't. We're
24 in New York City. It should never happen, so I

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2 want to thank all of you, even Monica, for all
3 your help with the housing situation. I want to
4 thank all of you for being in the forefront of
5 what you do. Thank you. It was just a comment.
6 Thank you, senator.

7 SENATOR JACKSON: Thank you, I'm going
8 to go with Senator Jim Gaughran, who is the co-
9 chair of the local government committee from Long
10 Island, and then I'm going to turn it over to my
11 colleague, to the co-chair of this hearing, Ed
12 Braunstein. So, Jim, you have the floor for five
13 minutes.

14 SENATOR GAUGHRAN: Thank you, senator,
15 and you're doing a great job. And we thank you to
16 all the witnesses. But I do want to ask a few
17 questions to Pilar, and I want to thank Pilar for
18 joining us here today, but really to thank you
19 for what you're doing on the frontline. I visited
20 the other day where you're distributing the food,
21 and the volunteers and the outreach and
22 everything that you're putting together is
23 amazing. And the difficult thing is that food
24 that gets filled up is going out every single day

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2 and needs to be replaced so, you know, I thank
3 you for that.

4 I think one of the issues you raised, of
5 course, was some of the difficulties that
6 everybody is running into with the immigrant
7 community and the landlords, who are just
8 blatantly violating the law. And one of the
9 things that I know that you work well with is our
10 Suffolk County Police Department who, you know,
11 are out there not just delivering food but also
12 working with the community and trying to break
13 through and get through, you know, this fear that
14 we have, that folks have in this country right
15 now.

16 So I'm just wondering, what can we do on
17 the housing situation when they're just totally
18 violating the law, kicking people out and doing
19 some of the horrible things that you mentioned.

20 MS. MOYA-MANCERA: So I what I think
21 could be done at this point is that the state,
22 right, could be in touch with the local
23 townships, and actually, each township,
24 especially on Long Island, they have a public

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2 safety department. And they are aware, the
3 municipalities are aware of who are the
4 landlords, which landlords have several tenants.
5 If we could get the word out to the landlords
6 stating to them, a message from the state or the
7 county or the township, stating there will be
8 severe consequences to these illegal evictions.

9 One of my frustrations is that I'm
10 spending a tremendous amount of time trying to
11 get the community and the police together and,
12 yes, some of the community members are no longer
13 afraid to call the police, and to me that's
14 success. But still, it needs to come from both
15 parts, from the tenants and also from the
16 landlords.

17 As I stated before, also from the state,
18 I am so concerned about the tremendous number of
19 housing related cases and evictions we're going
20 to have when the moratorium is lifted. It would
21 be great if we could start appointing arbitrators
22 and mediators that help the landlord and the
23 tenant come together to try to work out a
24 repayment agreement that will prevent, from the

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2 landlord's point of view, will prevent a
3 potential foreclosure, and from the tenant, it
4 will prevent an eviction.

5 One also needs to be and have this,
6 sometimes we tend to forget that not all
7 landlords are rich and wealthy and not all
8 landlords are evil, as well as not all tenants
9 are bad tenants. And it is very important that we
10 work with the landlords, especially right here on
11 Long Island where most of the rental housing, not
12 most, the very little rental housing that is
13 available, it's owned by the small homeowners.
14 Right, these are all very small landlords.
15 They're small business owners, so I would suggest
16 to keep that in mind too.

17 SENATOR GAUGHRAN: Okay, and you also of
18 course, mentioned unfortunately the big problem
19 we have with overcrowding within the community as
20 well, which Huntington had a very high case,
21 especially early on, of COVID because of it. I
22 mean I guess really the answer is we just need to
23 figure out ways we can provide more affordable
24 housing so that, you know, we don't have such

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2 overcrowding conditions.

3 MS. MOYA-MANCERA: Absolutely, yes,
4 absolutely. I mean we absolutely need more
5 affordable housing, and also if we could ease up
6 on the regulations for the accessory apartments,
7 that might also help create more rental housing
8 for them, you know, for many who really need it.
9 But even that, getting the paperwork necessary to
10 have an accessory legal apartment, that process
11 is very long, it's lengthy and it's costly.

12 SENATOR GAUGHRAN: Thank you, Pilar. And
13 thank you, everybody.

14 ASSEMBLY MEMBER BRAUNSTEIN: Okay, thank
15 you. Now, we're going to go over to the assembly.
16 We'll have Assembly Member Michaelle Solages. Can
17 we unmute assembly member, good.

18 ASSEMBLY MEMBER SOLAGES: Thank you to
19 our panelists. The next shockwave of COVID-19 is
20 the food crisis and especially for communities of
21 color who are already challenged with accessing
22 healthy nutritious food, really it shows that our
23 food system and the whole way we organize
24 providing food and supplemental food for

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2 individuals is at stress.

3 I know that the USDA has a new program.
4 It's called the Farmers to Families Food Box
5 Program, and recently they doled out the
6 contracts and I noticed that the northeast region
7 received the short end of the stick. We have some
8 of the lowest monies that were allocated in the
9 federal level. Have any of your, and just for
10 background, some of that money is used to support
11 farmers, to buy their food and also to give local
12 community groups food boxes that come with the
13 locally sourced food, keep it regional. So has
14 any of your organizations seen any benefits from
15 the USDA work? None?

16 MS. TOMASKY: I can speak on behalf of,
17 not that particular program. I know of it, but
18 I'm not well versed in it. USDA has been in a
19 position to have to grant waivers and
20 flexibilities to the state to operate the
21 programs in a variety of different ways. There
22 have been some cases where USDA waivers came
23 swift, and they were effective, and in other
24 cases, it was not swift and not effective.

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2 New York waited six weeks for its
3 pandemic EBT program to be approved, and that
4 happened last week. That's a program that will
5 provide food benefits on a card to every single
6 child getting free and reduced priced meals from
7 school, 2.1 million children will receive this
8 benefit between now and August and our state
9 agency has the completely unenviable task of
10 standing this up in a short period of time. But
11 USDA spent an awful long time getting that waiver
12 approved and families are missing out on those
13 benefits as a result just because of the six-week
14 delay.

15 We do think that there are a number,
16 there are actually two waivers pending at USDA
17 right now from New York State Education
18 Department, one to waive the area eligibility
19 requirement for summer meals so that just like
20 schools are right now, summer meals can serve
21 children all throughout their community and not
22 just those individual students eligible for free
23 and reduced, so that would open up another food
24 program in the summer, but USDA has not approved

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2 that waiver.

3 The other waiver that's pending is to
4 increase the reimbursements for the Summer Food
5 Service Program, to make that program viable for
6 programs that want to run it locally, because the
7 food packaging costs and transportation is not
8 reimbursable and it's making that program
9 completely unsustainable. You know exactly what I
10 mean.

11 ASSEMBLY MEMBER SOLAGES: Yeah, we see
12 the farmers upstate dumping the dairy, and it's
13 no fault to their own or getting rid of produce.
14 But they're saying that they have no means to
15 package it and all the New York packagers are not
16 providing any support, so definitely. Have any of
17 you seen a need for diapers increasing?

18 DR. SAMUELS: Yes, there is a need for
19 diaper increase but of course we don't have the
20 resources.

21 ASSEMBLY MEMBER SOLAGES: Okay, and food
22 hub idea I think is essential. We need to open up
23 a food hub in every region, and six months is a
24 doable, you know, goal to ensure that we get

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2 healthy food that is culturally sensitive to
3 different areas and different communities. So
4 thank you, kudos. Let's fight hunger.

5 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
6 you.

7 DR. SAMUELS: I just want to add if
8 possible that presently we're in a temporary
9 warehouse. And that has allowed us to increase
10 our distribution, I would say, maybe 400 or 500
11 percent in the sense that we can social distance,
12 we have far more staff, far more volunteers, and
13 trucks are moving in and out at a rapid speed,
14 and churches and everyone else is coming in and
15 picking up. And like I mentioned, it is strange
16 to see pantries are actually coming to us for
17 food because they don't have enough and we are
18 one of the only pantries that are distributing a
19 high volume of fresh fruits and vegetables.

20 ASSEMBLY MEMBER BRAUNSTEIN: Okay, thank
21 you. Now, we're going to move on to Assembly
22 Member Latrice Walker.

23 ASSEMBLY MEMBER WALKER: So thank you.
24 Dr. Samuels, you know, the president of your fan

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2 club, at least for this line, is over here, and I
3 just wanted to note though that with all the
4 tremendous work that you're doing and feeding
5 nearly two million individuals, can you tell me
6 how much of those resources that you've received
7 actually came from the state? That's what I'm a
8 little unclear on.

9 DR. SAMUELS: We have not gotten any
10 state funding.

11 ASSEMBLY MEMBER WALKER: So there was,
12 I believe, in our last budget round, I believe
13 there was \$25 million that we allocated to go for
14 food resources and food distribution. And so I'd
15 like to know where the money is and why it is
16 that it's not on the ground where it needs to be,
17 because clearly, if there's a need, and also to
18 make a point that not only are you doing work and
19 were ready to do the work during this, because
20 you've been doing it for so long without any
21 state resources, that there is also some need
22 with respect to mobility to move the food around
23 as well. And so could you speak to your needs
24 when it comes to sort of transportation and

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2 mobility as well?

3 DR. SAMUELS: Okay, so thank you,
4 Assemblywoman Walker, I appreciate that. What we
5 have done different is that we have been working
6 on the ground, doing individual delivery. We
7 increased the online services, but for the vast
8 amount of deliveries, we have to be renting
9 trucks, because we cannot as an organization, we
10 don't have enough vehicles to move in all these
11 boroughs. And we are not only in Brooklyn. We are
12 in Rockaway, we're in parts of Queens, we're in
13 South Bronx. And so we have to rent and it costs
14 us in one vehicle per week costs us over \$1,000
15 easily.

16 So it's been very difficult. It's been
17 very trying. And we don't have enough support,
18 and I have mentioned the six months hub, and we
19 need one in Brooklyn. We have seen it too many
20 times in crisis, and the thing is that with that
21 hub, we want to make sure we have sufficient,
22 lean meat, because that's important to the diet
23 of those that we are serving. We also want to
24 make sure we can at least have a lot of fresh

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2 fruits and vegetables and staples of course, six
3 months ago, six months rotating, moving. I
4 believe that we can really make a difference.
5 Transportation is going to be a key component,
6 and at this time, I'm looking to purchase, we
7 have to purchase a 26 foot food truck ASAP.

8 ASSEMBLY MEMBER BRAUNSTEIN: Okay, thank
9 you, everybody, from panel number seven. We
10 appreciate your time and patience, and thank you
11 very much. We're going to move now to panel
12 number eight. This panel will consist of Alice
13 Fontier, managing director, the Neighborhood
14 Defender Service of Harlem. Youngsoo choi, chair,
15 Korean-American Civic Empowerment Legal Task
16 Force for the Protection of Immigrants, Adriene
17 Holder, attorney in charge, civil practice, Legal
18 Aid Society. Deborah Axt, co-executive director,
19 Make the Road New York, and Carolyn Martinez-
20 Class, organizing and policy coordinator,
21 Communities United for Police Reform. We'll start
22 with Alice Fontier, managing director of the
23 Neighborhood Defender Service of Harlem.

24 MS. ALICE L. FONTIER, MANAGING DIRECTOR,

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2 THE NEIGHBORHOOD DEFENDER SERVICE OF HARLEM:

3 Thank you. You are pronouncing that correctly.

4 And I'm glad there's still some people still here
5 this late in the evening. It's good to see all of
6 you. As noted, I am the managing director of the
7 Neighborhood Defender Service of Harlem. NDS is a
8 public defender office serving the Northern
9 Manhattan community. Our clients all come from
10 the communities in Northern Manhattan, that is
11 Harlem, East Harlem, Washington Heights, and
12 Inwood.

13 Serving just these communities for the
14 last 30 years, we have seen over these three
15 decades the disparate impact of the economic and
16 racial injustices that have always existed. The
17 current public health crisis has heightened these
18 realities, and unless the City and State dedicate
19 resources to our community, the negative toll
20 will be devastating and long lasting.

21 As the number of those infected and
22 killed by the coronavirus continues to
23 disproportionately impact communities of color,
24 we are also seeing the devastating impact of the

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2 legal system on our community. There is no doubt
3 that public health measures implemented by the
4 governor and mayor are essential to health and
5 safety of our entire city. Yet the most
6 vulnerable communities are experiencing a more
7 profound impact.

8 The existing challenges of poverty made
9 worse by this crisis are compounded by systemic
10 injustices within the family, civil, and criminal
11 systems. These issues will be further amplified
12 when the court system begins operating at full
13 capacity again.

14 Even worse, we are now seeing the legal
15 system being weaponized against communities of
16 color in the name of health and safety. Just two
17 weeks ago, we saw that the NYPD add officers for
18 the purposes of enforcing social distancing.
19 Immediately, as many of you know and have
20 commented on today, images and videos of officers
21 assaulting, pepper spraying, and intimidating
22 people of color emerged. These stood in sharp
23 contrast to images of park workers and police
24 officers in wealthy white neighborhoods politely

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2 distributing masks to people who were outside
3 gathered, enjoying the sun.

4 The enforcement of social distancing
5 rules is not the only example of the racially
6 biased impact of the legal response to COVID-19,
7 but it is one of the most visible. This is
8 ultimately a health crisis. Issues like these
9 should not be left to law enforcement. One of the
10 things that we need to immediately do is look at
11 how we are enforcement social distancing and how
12 we are treating people. We should be treating
13 this as a health crisis and people enforcing
14 these measures should not be law enforcement, but
15 should be from the Health Department or any other
16 institute that does not have powers to arrest.

17 The administration for Children's
18 Services has long operated from the presumption
19 that people of color are inherently less capable
20 parents. ACS and the family court are continuing
21 to separate families despite the fact that family
22 support is even more critical during these times
23 of forced isolation. We have seen newborns
24 separated from their mothers, sometimes without a

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2 court order. ACS accuses our clients of being
3 noncompliant with supervision, when they are
4 simply trying to enforce social distancing rules
5 by asking ACS workers to stay at the door. Yet at
6 the same time, many of our clients who have
7 children in the foster care system have been
8 unable to actually see their children since the
9 crisis began. The foster care agencies are
10 shutting down and stopping all in-person visits,
11 permitting only visitation by phone or by Zoom,
12 which as you may have experienced from this very
13 long hearing today, a Zoom appearance is not the
14 same as an in-person visit. That is particularly
15 true with small children.

16 Despite the eviction moratorium, our
17 clients are still not guaranteed the safety or
18 stability of their homes. We have seen landlords
19 attempted to circumvent the law and illegally
20 evict tenants. Even for those to remain housed,
21 landlords have refused to provide services like
22 bathrooms, heat and mold abatement, basic
23 essentials that are ever more vital when there is
24 no choice but to shelter in place.

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2 Our clients were living on the edge of
3 extreme poverty prior to the current crisis. Now,
4 the economic toll on our community has yet to be
5 fully realized but almost certainly when the
6 eviction ban is lifted, there will be a
7 substantial housing crisis in need of immediate
8 protective action by legislature and the courts

9 I realize I'm almost out of time so I
10 quickly want to say that the crisis of COVID-19
11 in the jails is absolutely still happening. It is
12 at a peak, 81 percent of people across the state
13 who have died from, or been diagnosed from COVID
14 in the jails are people of color. We need the
15 governor to grant clemency. We need to pass the
16 HALT Solitary Confinement bill. Solitary
17 Confinement is worse during the coronavirus. It
18 is not an actual isolation. They are forced to be
19 escorted at all times and in close contact with
20 officers who are bringing the virus into the
21 facilities.

22 So there are many things that we can do,
23 and I will just close by saying that, you know, I
24 live in fear that there are cuts coming from the

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2 state budget and that in the name of equality,
3 there will be cuts across the board, which is
4 what we keep hearing, but we live in an
5 inequitable world. If there are cuts that are
6 made just across the board, they will hit the
7 vulnerable communities the hardest. Nonprofits,
8 legal defense organizations must remain funded
9 because the need is going to be greater when this
10 crisis ends, and I'm sorry I realized I went a
11 little over time.

12 ASSEMBLY MEMBER BRAUNSTEIN: You got it
13 in. Thank you very much. Now we're going to move
14 to the next speaker, Youngsoo Choi, chair of the
15 Korean-American Civic Empowerment's Legal Task
16 Force for the Protection of Immigrants. Mr. Choi,
17 please go ahead.

18 MR. YOUNGSOO CHOI, CHAIR, KOREAN
19 AMERICAN CIVIC EMPOWERMENT'S LEGAL TASK FORCE FOR
20 THE PROTECTION OF IMMIGRANTS: Thank you, good
21 evening, everyone. Taking this opportunity, I'd
22 like to express my gratitude to all the
23 colleagues nonprofit organizations, as well as
24 elected officials who are doing critical works

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2 for the minority and immigrant community day and
3 night. I'm Youngsoo Choi. I'm the chairperson to
4 the legal task force for the protection of
5 immigrants, under Korean-American Civic
6 Empowerment, a New York City-based nonprofit
7 organization.

8 To cope with the community crisis, KACE
9 has created a new task force consisting of five
10 volunteer attorneys to assist Korean-Americans,
11 small businesses and unemployed individuals for
12 about two months now, at home and assisted over
13 the phone about 700 callers, primarily from the
14 Korean-American community, which is in the
15 highest small business rates of, you know, that
16 community, almost, you know, less good command of
17 English. So we generated information and provided
18 information to the community, on information on
19 federal assistance programs including EIDL and
20 PPP, stimulus check, mortgage payment, and
21 statement unemployment insurance, rent pavements.

22 Based upon our experience during these
23 critical times, we have witnessed some degree of
24 systemic and structural issues in all levels. In

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2 the executive and legislative levels and all
3 federal, state, county, and city levels, which is
4 getting improved, especially under this cruel
5 anti-immigration taken even amid the pandemic,
6 including, suspension of immigration and revised
7 public charge rule in effect right now, which,
8 ultimately disproportionately providing adequate
9 information and financial assistance during this
10 pandemic and taking all the preventive actions
11 and providing health safety.

12 And we are also seeing some degree of a
13 similar pattern among American people. Hate
14 crimes, racism, noncompliance with wearing masks,
15 social distancing rule and protesting for
16 premature opening of businesses.

17 These unprecedented and unwanted events
18 appear to be happening from the lack of proper
19 government functions and the vacuum in government
20 services created by government closure. With
21 that, not only new green card holders, mixed
22 status family and undocumented individual, but
23 also United States citizen immigrants are
24 especially vulnerable during this pandemic, in

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2 terms of their ineligibility and inability to get
3 an access to government financial assistance and
4 health and safety due to the immigration status.

5 With that, further pondering over the
6 role of the government, I'd like to recommend the
7 following to protect this disproportionately
8 affected minority community from the perspective
9 of first-generation Korean-American based upon my
10 individual observation. These recommendations are
11 directed to state elected officials and state
12 government.

13 We have not seen direct and collective
14 efforts from New York State government and
15 elected officials so that I feel the elected
16 officials in government must proactively engage
17 with nonprofit organizations and community
18 leaders in more aggressive manner. Personally
19 speaking, I see more community engagement in
20 election years or season than during this
21 pandemic. That's my personal observation.

22 So with that, I'd like to recommend some
23 of the actions. The New York State government and
24 elected officials, as an representative of an

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2 immigrant community, is to set up a more reliable
3 and more accessible state system with a full
4 mobilization of government functions from all
5 relevant departments effectively and directly
6 disseminating information with the residents in
7 various languages, providing information on
8 government disaster assistance and public safety
9 and therefore mitigating the fear of further
10 public charge rules.

11 Secondly, I'd like to ask the government
12 elected officials to expand the state health
13 program, expanding New York State Family Health
14 Plus and Essential Plan to ultimately reduce the
15 spread of disease, like COVID-19, and to mitigate
16 impact from public charge rule.

17 Thirdly, I'd like to ask government and
18 elected officials to revisit the fundamental
19 problem within the government function by
20 implementing program to educate public servants
21 who appear to be prioritizing safety of their own
22 over public services, on spread of public
23 services and build a program to monitor
24 performance, increased job performances. And by

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2 updating outdated online system, especially
3 Department of Labor online system for
4 unemployment --

5 ASSEMBLY MEMBER BRAUNSTEIN: Mr. Choi,
6 we're over, we're well over five minutes. Are you
7 almost done?

8 MR. CHOI: Almost done, yes.

9 ASSEMBLY MEMBER BRAUNSTEIN: Okay.

10 MR. CHOI: I've got two more things.
11 Fourthly, I would like to ask all the elected
12 officials in government to quickly introducing
13 and passing relevant bills in partisan manner,
14 especially I'm saying the rent cancellation bill,
15 which has been helping with the state for a long
16 time.

17 And lastly, I would like to ask all New
18 York State government and elected officials to
19 establish some kind of a channel and ways to
20 communicate with the federal level, elected
21 officials for disproportionately affecting
22 federal assistance program and policies under the
23 pandemic. Thank you for all listening. I look
24 forward to some questions and your position you

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2 may have about recommendation I made, opening
3 some discussion on what state and elected
4 official can do.

5 ASSEMBLY MEMBER BRAUNSTEIN: Thank you
6 very much, Mr. Choi.

7 MR. CHOI: Thank you.

8 ASSEMBLY MEMBER BRAUNSTEIN: Now we're
9 going to go to Adriene Holder, attorney-in-charge
10 of civil practice at the Legal Aid Society.

11 MS. ADRIENE HOLDER, ATTORNEY-IN-CHARGE,
12 CIVIL PRACTICE, LEGAL AID SOCIETY: So, good
13 evening. Can everyone hear me?

14 ASSEMBLY MEMBER BRAUNSTEIN: Yes.

15 Ms. HOLDER: Great. So we have a lot of
16 ground to cover here and I know I have a limited
17 amount of time. I'm Adriene Holder, I'm the
18 attorney-in-charge of the civil practice of the
19 Legal Aid Society and I'm representing the entire
20 organization, our criminal defense and our
21 juvenile rights practice. You heard from some of
22 the previous witnesses who testified today and
23 even on this panel what are some of the
24 challenges that are facing our clients. And it

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2 should come as no surprise to anyone when you
3 think about the systemic issues that our clients
4 face as being low-income and people of color that
5 the COVID-19 has just brought our communities to
6 their knees.

7 But I'm actually here because I actually
8 feel really good about the fact that I'm actually
9 testifying before so many of you all who
10 understood what those issues were before this
11 pandemic, who understood such that half of my
12 recommendations are to pass legislation that you
13 have already introduced, that we have worked with
14 you all for years, some of you all, I've known
15 for years when you were activists and now you're
16 public servants. And we have worked together to
17 do m so wonderful things in the state. And we ask
18 that we be able to push forward and use this as
19 an opportunity to actually have some real
20 reforms.

21 Crisis demands redefinition and I think
22 there's room here for a lot of things to be
23 redefined. The housing crisis is huge. And it's
24 not just an issue of kicking the can down the

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2 road. The issue is that we need to talk about
3 what is it we are going to do to be able to not
4 only make sure that housing is affordable but
5 actually keep people in place.

6 What we're looking at right now with in
7 health crisis, is we're looking at a public
8 health issue that people need to remain in place.
9 So the housing insecurity impacts are far broader
10 than the households that we're talking about and
11 that we even represent. Because, with this kind
12 of pandemic, the fact that people become homeless
13 becomes an issue or have to live overcrowded and
14 doubled up, becomes a health issue for all the
15 rest of us.

16 And so we would ask the legislature
17 should enact the Safe Harbor Bill. And this bill
18 would amend the RPAPL to provide it during the
19 state of emergency and through six months after
20 the state of emergency is lifted. No tenant can
21 receive a judgment of possession for a case
22 brought by his or her landlord for nonpayment of
23 rent.

24 And another piece of legislation would

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2 actually, or the same legislation would allow the
3 tenant to remain in their home, but allow the
4 landlord to pursue a money judgment against the
5 tenant.

6 The legislature should also enact the
7 Good Cause Bill and I'm so happy to see our folks
8 here who have been wonderful advocates in this
9 their area. But I would extend the right to
10 renewal lease and protection from unconscionable
11 rent increases to all tenants across New York
12 State, even those living in owner occupied
13 buildings with four or few units.

14 We also would like to see that the Home
15 Stability Support Bill, that would create a
16 statewide housing supplement program providing
17 payments up to the fair market rent. Again, you
18 all have been visionary on this. So many of you
19 all, even on this call and so we're saying we
20 already have these bills introduced, why don't we
21 pass them?

22 The legislature should also enact the
23 Housing Access Voucher Program, which I testified
24 about I think at the end of the February, before

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2 we all had to start to sequester from within,
3 which would create a statewide Section 8 Program
4 and provide homeless and low-income New Yorkers
5 with access to stable, safe and affordable
6 housing by providing housing vouchers and capping
7 rent at 30 percent of household income.

8 We also understand there needs to be
9 more emphasis, we're so happy we've been able to
10 advocate with so many of you all and with the
11 state to request waivers from OTDA on the ways in
12 which people can apply for emergency assistance.
13 We've seen there has been a tremendous amount of
14 food and security, I don't need to tell you. But
15 there, it has gotten even worse in the last two
16 weeks. And we would like to see there would be
17 ways in which immigrants and other folks who
18 might find themselves without the ability to get
19 some safety net benefits that they would also be
20 able to benefit from that.

21 We also think on the side of employment,
22 and what you're dealing with low wage workers and
23 the disparate impact that this crisis has had
24 with them, that we would like to address some of

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2 these systemic problems with raising the
3 unemployment insurance rate. The State is the
4 lowest around its neighboring states, but also
5 now that the federal government has created a
6 pandemic unemployment assistance program for
7 workers eligible for UI, including independent
8 contractors, the State seems to have taken an
9 unlawful position Uber drivers and Lyft drivers
10 and other similarly gig economy employees can't
11 get it, which is in contravention of a case, the
12 Postmates case that has shown these folks are
13 actually employees.

14 I know I'm running out of time and I
15 haven't even gotten to the some of the criminal
16 and the juvenile rights issues. But I guess on
17 the terms of weaponizing of things that are going
18 on in our community, we should also know that not
19 only are we looking to roll that back in making
20 sure that our communities are protected, but
21 we're also very much concerned that what we're
22 seeing and what we've been able to do in terms of
23 getting folks out, is that we'll continue to see
24 that, the idea that we've got hundreds and

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2 hundreds of people out of the state prisons and
3 out of Rikers, and that fact that we, along with
4 some of our partners have gotten over 150
5 immigrants out, just shows that it was
6 unnecessary for those folks to be in the first
7 place.

8 And so we need to continue to build on
9 that, not only because it's safe and safer for
10 these folks to be out in the community, where
11 they don't have to be in these hot beds of
12 disease and with the pandemic. But, also, because
13 it just doesn't make any sense that we had so
14 many people being held, and with their loss of
15 ability to be around their family and in the
16 communities.

17 In conclusion, we just look forward to
18 working, I look forward to the questions that we
19 can talk about, but we look forward to working
20 with you all. Because again, this is a real
21 opportunity that we are sitting here and we are
22 ready, I think, to implement so many of the
23 things that you all have already started to do,
24 even before this pandemic to try to deal with

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2 racial equity and actually doing what's best for
3 all of New York State.

4 And it's especially critical during this
5 time of the pandemic, which we're going to have
6 to live with, not only the effects on our
7 economy, but we're going to have to live with the
8 idea that there will be no return to normal. And
9 normal didn't work anyway. But at least for
10 another year, and there's a lot of things that we
11 can do to try to help out all New Yorker through
12 dealing with these issues that you all have
13 already identified. And I thank you for your
14 time.

15 ASSEMBLY MEMBER BRAUNSTEIN: Thank you
16 very much. Next we're going to going to Deborah
17 Axt, co-executive director, Make the Road New
18 York.

19 MS. DEBORAH AXT, CO-EXECUTIVE DIRECTOR,
20 MAKE THE ROAD NEW YORK: Thank you so much for
21 sticking around to the end of the day. The
22 substance of this rotation has really given me a
23 lot of strength and hope. And thank you from
24 allowing me to testify on behalf of Make the

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2 Roads' 25,000 members, most of whom are black and
3 brown community members living in epicenter
4 communities, including a huge portion in Jackson
5 Heights and Corona, Queens.

6 We work in New York City, Long Island
7 and Westchester and our staff, English teachers,
8 community organizers, health access case managers
9 and attorneys are reporting, guiding and
10 representing thousands of families and workers
11 weekly and are leading hotlines, text blasts,
12 robo-calls, mass town hall meetings and huge
13 webinars to reach tens of thousands more.

14 I guess it's safe to say the situation
15 is ugly for our members. Every week, we
16 commemorate those among our member leaders that
17 we know we have lost to COVID-19. This week the
18 list surpassed 60. I can only hope to carry their
19 spirit and that of their families to you a little
20 bit this evening.

21 Last week, we released a report excluded
22 in the epicenter based on a study that we
23 conducted of several hundred of our members. The
24 results are horrifying, 92 percent of households

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2 have lost at least one breadwinner and 84 percent
3 of all folks interviewed were unemployed. Five
4 percent received unemployment benefits in the
5 last month. More than half couldn't pay April
6 rent, 89 percent couldn't pay May rent. You know
7 what happens in June.

8 Our people are working in essential
9 jobs, delivery, cleaning, home healthcare, Amazon
10 warehouses where the richest man in the history
11 of world is about to be a trillionaire but
12 workers don't have time or supplies to sanitize
13 and can't even take unpaid time off. Don't come
14 home to our neighborhoods and say, we couldn't
15 afford to help.

16 Undocumented workers cannot get a single
17 penny from the unemployment insurance system or
18 pandemic unemployment assistance. When our
19 undocumented brothers and sisters lose their
20 lives or their jobs, how do we expect their
21 families to stay home and maintain social
22 distance? Their families are running out of food.
23 Their landlords are banging down the doors.

24 Last week Jessica Ramos and Carmen De La

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2 Rosa held a briefing and we heard from two men
3 with very different stories. Morris Pearl, a
4 millionaire who shared that April was one of his
5 best months in recent memories and that none of
6 the income he received was taxable. And Patricio
7 Santiago, a car wash worker who usually works 12
8 hour days to feed his four citizen children had
9 an April where his job was gone and his family is
10 now destitute.

11 You can afford to help. Federal funding
12 will help. The mark to market billionaire wealth
13 tax would provide that Ramos and De La Rosa
14 proposed, would provide around five to five-and-
15 a-half billion this year. You carried interest
16 loophole. And this is an emergency. Use the
17 Federal Reserve's Municipal Liquidity Facility.

18 And what we need you to do, I'm going to
19 focus just on the absolute emergency
20 interventions to stave off death and homelessness
21 in our neighborhoods. We need a \$3.5 billion
22 excluded workers emergency fund and we need it
23 now, income replacement for excluded workers and
24 immigrants who have lost their family bread

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2 winner to COVID. We need weekly or monthly
3 benefits. It can be simple and easy. But it
4 should match what a typical low-wage worker makes
5 in unemployment, about \$750 through a week
6 through the end of the crisis. The mark to market
7 tax and worker bailout fund that Senator Ramos
8 and Assembly Member Carmen De La Rosa have
9 introduced fulfills that need.

10 You need to cancel rent and suspend
11 mortgage payments, extend the eviction moratorium
12 for the rest of the emergency plus two months to
13 let people get out of it. And the rent solution
14 must make sure that the landlords who get relief
15 trade it for tenant protections, the right for a
16 new lease and the right to no renewal of their
17 rent. And, of course, include renters regardless
18 of immigration status and cover workers in the
19 informal economy, too.

20 And, please, we must decarcerate rate
21 folks. The folks who are not at home, imprisoned
22 and without income are in jails, are in detention
23 centers, are in cages and we must rescind fines
24 and civil and criminal penalties that exacerbate

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2 that situation.

3 Thank you so much for standing with our
4 communities. We're counting on you now, and we
5 need you badly.

6 ASSEMBLY MEMBER BRAUNSTEIN: Thank you
7 very much. Now, we're going to go to the last
8 speaker on this panel Carolyn Martinez-Class,
9 organizing and policy coordinator, Communities
10 United for Police Reform.

11 MS. CAROLYN MARTINEZ-CLASS, ORGANIZING &
12 POLICY COORDINATOR, COMMUNITIES UNITED FOR POLICE
13 REFORM (CPR): Thank you for inviting us to
14 participate in today's hearing. My name is a
15 Carolyn Martinez-Class and I'm testifying on
16 behalf the Communities United for Police Reform.
17 My comments will focus on the issue of abusive
18 policing action and enforcement during COVID-19
19 and its damaging impact on the New Yorkers of
20 color.

21 In this time of heightened fear and
22 anxiety, it's outrageous that our communities
23 must contend with abusive policing as well. Over
24 the last few weeks, we have seen viral video

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2 after viral video pertaining to NYPD's so-called
3 social distancing enforcement. The limited data
4 that has been released by the City tracks with
5 what we're watching in these videos. In one
6 report, 92 percent of social distancing related
7 arrests were black and Latinx New Yorkers.

8 However, the disturbing trends we see in
9 these videos and the data are only the tip of the
10 iceberg. CPR and CPR member groups have done
11 intake on multiple disturbing and violent
12 incidents where excessive force was used,
13 individual were pepper sprayed, officers
14 retaliated against individuals for asking for
15 officers' identification, even though that's
16 within their legal rights in New York City. There
17 have been unconstitutional stops and searches.
18 And in many of these infractions, no arrests or
19 summonses were issued.

20 The thing is these bad practices are not
21 new. Before the start the pandemic, it was
22 overwhelmingly black and Latinx New Yorkers who
23 were being stopped. Year after year, 80 to 90
24 percent of reported stops were brown and black

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2 New Yorkers. These practices are being rebranded
3 during COVID.

4 The state legislature has a critical
5 role to play in efforts to address this issue.
6 When the Senate and Assembly reconvene, we urge
7 you to reprioritize the passage of the Safer New
8 York Act, including the repeal 50-A, the Police
9 STAT Act, the Marijuana Regulation and Taxation
10 Act and the Perry/Bailey Special Prosecutor bill.

11 One the tools police departments use to
12 hide information from the public about misconduct
13 and discipline is 50-A. 50-A allows departments
14 to block information, including misconduct
15 complaints made to civilian oversight agencies,
16 and outcomes of police disciplinary trials.

17 New York is one of two states in the
18 country that has a law on the books specifically
19 prohibiting the public release of police
20 misconduct information. The lack of police
21 transparency and accountability continues to be a
22 serious issue in COVID and it is exacerbating
23 tensions in communities of the color, because of
24 the special secrecy rights afforded to police.

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2 Many of us saw the video of Donni Wright
3 being beat and arrested by an NYPD officer in the
4 lower east side. Officer Francisco Garcia has a
5 history of wrongdoing. He has been named in seven
6 separate civil lawsuits since 2015, the
7 settlements of which have cost taxpayers
8 \$200,000.

9 Because of the 50-A, it's unclear
10 whether Officer Garcia ever went through any
11 disciplinary processes related to those lawsuits,
12 what the outcomes of those processes were if they
13 occurred or whether there are other instances of
14 misconduct in his record.

15 This is just one example of why 50-A
16 must be repealed. Officers like Francisco Garcia
17 should not be empowered to be engaging in social
18 distancing enforcement. On the other hand,
19 officers who have patterns of being in abusive
20 interactions with the public should not be on the
21 force at all.

22 In the same incident involving Donni,
23 NYPD claimed that they approached two people
24 initially for social distancing enforcement. One

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2 of those people wound up be arrested for
3 marijuana possession. This is one of multiple
4 incidents where social distancing enforcement was
5 used as the pretext to initiate and escalate
6 interactions, which resulted in unrelated charges
7 and people being physically harmed.

8 That's in the context of marijuana
9 procession having been decriminalized since 1977
10 and further decriminalized by the legislature in
11 2019. That's why the legislature needs to pass
12 the Marijuana Regulation and Taxation Act

13 Another key issue that has become more
14 apparent during the crisis is the lack of
15 comprehensive police enforcement data of social
16 distancing enforcement, especially as related to
17 low level encounters. The Police STAT Act is a
18 bill that would require statewide reporting on
19 low level enforcement, for violations and
20 misdemeanors and comprehensive reporting on
21 deaths and killings occurring during police
22 activity.

23 New Yorkers of color not only dealing
24 with devastation through the loss of lives in

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2 this pandemic, they're also contending with
3 abusive and discriminatory policing. The viral
4 videos of police violence resulting from social
5 distancing enforcement we've seen over these last
6 few weeks should outrage all of us.

7 But it's necessary to name that these
8 types of interactions are too commonplace for
9 black and Latinx New Yorkers. The only way to
10 meaningfully move forward is to prioritize police
11 transparency and accountability. The legislature
12 must repeal 50-A, must pass the Police STAT Act,
13 the Marijuana Regulation and Taxation Act and
14 Perry/Bailey Special Prosecutor Bill.

15 On behalf of our allies at the Releasing
16 Aging People in Prison Campaign, we also urge the
17 legislature to pass the legislation they have
18 prioritized to help save lives and mitigate the
19 racially disparate harm that COVID continues to
20 inflict on communities of color impacted by our
21 state's prisons. Since the first COVID-19 related
22 death in the New York State prison system, 81
23 percent people who have died behind bars in New
24 York State prisons are people of color. While

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2 black New Yorkers make up roughly 14 percent of
3 the state's population, they've represented
4 nearly 60 percent of deaths in state prison
5 custody in the area ra of COVID. It's time to
6 act. Thank you.

7 ASSEMBLY MEMBER BRAUNSTEIN: Right on
8 time. Thank you very much. So I'm going to take
9 an opportunity to ask a question now that our
10 witnesses are over. My question is for Mr. Choi.
11 We've heard several panelists today discuss the
12 impact that the public charge rule at the federal
13 level is having on non-citizens seeking out and
14 obtaining benefits. Can you expand on what you
15 see with the Korean-American community with that
16 and if there's anything that we can do at the
17 State or City level to ameliorate the problem?

18 MR. CHOI: Yes. As you all know,
19 starting on February 24th, the revised federal
20 public charge rule has been in effect right now.
21 So a lot of [unintelligible] [09:14:40] some
22 educational seminars in the community education
23 sessions. We're feeling that most of the
24 immigrant, you know, especially undocumented,

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2 fear of applying for what is allowed to apply.

3 And so under these circumstances, we have some of

4 the funding coming from federal governments. The

5 food pantries and also other benefit that

6 undocumented immigrant can receive. So I would

7 like to focus on the state action to expand the

8 state [unintelligible] [09:15:37].

9 ASSEMBLY MEMBER BRAUNSTEIN: Well, let
10 me ask a question just so I can understand it
11 myself, because I'm not entirely familiar with
12 the public charge rule. So, if you're green card
13 holder who has aspirations to eventually obtain
14 citizenship and you seek out and obtain benefits,
15 whether it's Medicaid or SNAP, you're hindering
16 your chances to obtain citizenship under the
17 public charge rule? Is that how it works?

18 MR. CHOI: Yes. Once you have a green
19 card, you don't have to worry about getting
20 public benefit. But if you're undocumented
21 status, non-immigrant visa holders seeking for
22 adjustment of status, to apply for a green card,
23 that is the most critical factor to apply for
24 green card applications.

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2 ASSEMBLY MEMBER BRAUNSTEIN: So it does
3 hurt your chances to get a green card if you are
4 obtaining benefits? So it's --

5 MR. CHOI: Yes.

6 ASSEMBLY MEMBER BRAUNSTEIN: Okay.

7 MR. CHOI: Especially starting on April
8 24th, the Medicaid is part of the big problem.
9 There's a lot of restriction on receiving
10 Medicaid. So I would like to ask the elected
11 officials to focus on expanding the Family Health
12 Plus and Essential Plan, which are the New York
13 State health programs that are considered to be
14 not a problem to public charge rules.

15 So I'd like to ask the elected officials
16 to investigate ways to support immigrant
17 community, not putting them into this kind of an
18 immigration trap, so they ultimately cannot
19 receive immigrant benefit in the long term.

20 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
21 you very much for that recommendation. And now to
22 you, Senator Jackson.

23 SENATOR JACKSON: Thank you. So we have
24 quite a number of senators and people wanting to

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2 speak, so we turn to Julia Salazar, the chair of
3 women's committee in the state senate.

4 SENATOR SALAZAR: Thank you, chair.

5 Thank you all for your testimony. First, I really
6 want to express my deepest condolences to the
7 families of the 65 Make the Road members who have
8 lost their lives to the pandemic. I want to talk
9 a little bit about the NYPD enforcement of social
10 distancing that Carolyn spoke about.

11 As you all probably know, a few days
12 ago, the mayor announced the NYPD is not going to
13 continue to enforce social distancing rules, that
14 they won't be issuing summonses at least and
15 making arrests specifically for social
16 distancing. But instead are launching a pilot
17 program in public spaces to monitor crowds, et
18 cetera. What is your opinion on, you know, is
19 this enough?

20 Certainly, it doesn't speak to the
21 policy recommendations that you made, but do you
22 think that this will have a positive impact? That
23 this will effectively reduce the number of
24 arrests of people of color, at least the

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2 disproportionate number of arrests of people of
3 color during the pandemic and for as long as we
4 have to be social distancing?

5 MS. FONTIER: I'm happy to take that
6 question. Okay. So quickly, my answer is, no. I
7 don't think it's enough. I don't think it will
8 solve the problem. Until there is a very clear
9 rule that the NYPD cannot approach people because
10 of social distancing rules, they will continue to
11 use it as an excuse. It was, immediately in the
12 first weekend that the NYPD was enforcing these
13 rules, it was clear that it was the new version
14 of stop and frisk. They made 40 arrests in one
15 weekend, 39 were people of color. There were over
16 20 videos that surfaced on social media in that
17 first weekend of brutal interactions, pepper
18 spray and assaults, as I mentioned, all people of
19 color.

20 If we're saying we don't enforce it, it
21 doesn't mean the NYPD can't use it as a reason to
22 stop and talk to somebody as reasonable
23 suspicion. There are videos of NYPD just sitting
24 in their cars on blasting over their loudspeakers

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2 in public housing units that people had to go
3 inside, to stay out. And in this time, the idea
4 that people can't step outside of their home, get
5 some fresh air, it's simply cruelty.

6 And I think as long as the police are
7 enforcing these rules in any way or allowed to
8 address these rules, there will continue to be
9 disparate and unacceptable impacts on communities
10 of color.

11 Ms. MARTINEZ-CLASS: The other thing
12 I'll add is that Communities United for Police
13 Reform has actually calling for an end to low
14 level enforcement and broken windows enforcement
15 since mid-March. I haven't identified that this
16 would be an issue and part of the problem is the
17 mayor's language that was released around the end
18 of the NYPD's social distancing enforcement
19 explicitly says that enforcement will continue if
20 there are other kind of behaviors or violations
21 that are found. And so it actually does not
22 address kind of what the core issue is.

23 And we've seen repeatedly in so many of
24 these cases that interactions that began as

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2 social distancing enforcement have resulted in
3 separate charges, if people are charged at all.
4 We actually know of a few cases where folks have
5 been pepper sprayed, where folks have been like
6 physically harmed that haven't resulted in any
7 summonses or any arrests. So that's kind of the
8 place that we're at in this moment.

9 SENATOR SALAZAR: All right. I have a
10 little bit more time, so I'll try to fit in one
11 more quick question for Mr. Choi, because you
12 mentioned the term cancel rent. There are
13 multiple bills proposed in the legislature that
14 would effectively suspend rent payments. They
15 differ in terms of scope, I guess.

16 One of the, as part of the resistance
17 that I've heard to at least the legislation I
18 introduced, for example, is how the state would
19 cover the potential fiscal impact perhaps more
20 than a billion dollars that would be needed to
21 provide relief for property owners or mortgage
22 servicers? What's your response to that? And what
23 might you propose for addressing the fiscal
24 impact?

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2 SENATOR JACKSON: Who are you addressing
3 your question to?

4 SENATOR SALAZAR: Mr. Choi.

5 MR. CHOI: Oh, sorry. We've been
6 monitoring the progress in the state assembly and
7 senate. I know there has been about 45 days since
8 that bill was introduced. I just want to find out
9 if anyone can answer on that bill's status right
10 now? A lot of people has to worry about the
11 paying the rent. When we end this pandemic
12 period, so this will be the key of, you know,
13 installation to immigrant community, especially
14 in the Korean community where small business
15 owners simply pay their lots of rents. Not many
16 people owning their commercial lease, I mean
17 commercial properties, to do business with. So I
18 just want to find out if you can answer some
19 progress made in that particular bill?

20 SENATOR SALAZAR: I'm unfortunately out
21 of time. But hopefully one of my colleagues can
22 respond to that or speak to that, if they're
23 willing to use some of their time. But I
24 appreciate your response.

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2 ASSEMBLY MEMBER BRAUNSTEIN: Thank you.

3 SENATOR JACKSON: Ed, let me just
4 respond quickly. Mr. Choi, we have two work
5 groups in the New York State Senate. One deals
6 with COVID-19 housing workgroup and COVID-19
7 revenue workgroup. We're going to be discussing
8 those, I believe, in conference tomorrow. We're
9 considering all things to try to help not only
10 tenants and homeowners and small businesses.
11 We're going to try to do our best and obviously
12 Gustavo Rivera had mentioned throughout his
13 tenure throughout this hearing process revenues,
14 revenues, revenues. So we have to raise revenues
15 in order to get the job done.

16 And it takes three to dance in the state
17 legislature. The three leaders and over 150 state
18 assembly members and 63 state senators or the
19 majority thereof. So that's what we have to do
20 and you should be hearing what we're doing within
21 the very near future.

22 ASSEMBLY MEMBER BRAUNSTEIN: Okay, thank
23 you, senator. We're going to go Assembly Member
24 Mike Reilly, the ranking member of the city's

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2 committee.

3 ASSEMBLY MEMBER REILLY: Thank you to
4 the panel. First, I know I said this earlier
5 today, but I wanted to make sure that I address
6 this in this panel. The social distancing
7 enforcement by the NYPD, as I've said from the
8 beginning, they should never have been charged
9 with enforcing social distancing and facial
10 coverings. I thought immediately that that was
11 going to drive a wedge between communities and
12 obviously, it has. I think they should have been
13 strongly encouraging social distancing and
14 wearing facial masks.

15 Ironically, back in 1918 with the
16 Spanish flu in New York City, the mayor of New
17 York City authorized the health commissioner at
18 the time, Copeland was his name, and health
19 department workers were given police status to
20 issue summonses and arrests for people spitting
21 on the sidewalk. So, this is nothing new. This
22 has been something that obviously has been an
23 issue in communities, in society, for a long
24 time.

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2 But I do believe that this did open the
3 opportunity for some oversteps and definitely
4 something that I don't agree with. I also was
5 deeply troubled by watching the videos. It was
6 unnecessary interactions that didn't have to rise
7 to that level. And being a former supervisor in
8 the NYPD and an officer, I truly do feel that way
9 and I want you to understand that.

10 You touched on, some of the conversation
11 here touched on 5-Aa. Now, I want to be clear
12 there's another side to 50-A. Now, and I do
13 believe that we should weed out officers that
14 definitely should not be on the force, but
15 remember, those lawsuits that you mentioned, a
16 lot of them are frivolous. I received two to
17 three lawsuits as a police officer. I did not
18 even get a chance to represent myself in court
19 with the Corp. Counsel to defend myself against
20 those lawsuits that had no factual basis. I
21 wanted to go to court. I was not allowed to. They
22 settled out of court.

23 So, if you looked at my record, you
24 would have thought, wow, he got sued three times

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2 for excessive force. I was willing to defend
3 myself. I could not. The city automatically
4 settled. That is something that needs to change.
5 So you have two things at City Hall and the
6 executive in the state as well, they're the ones
7 that put the charge for the police departments to
8 enforce social distancing. They're the ones that
9 decide who's going to settle those lawsuits.

10 Now, on the other end with 50-A, you
11 have Civilian Complaint Review Board. I received
12 four civilian complaints as a police officer, two
13 from the same individual. That individual, on the
14 second one was filing the complaint because we
15 arrested him. He tried to take my firearm. I had
16 to hit his hand numerous times after he pulled me
17 down in an SRO. We were on top of him, he's
18 trying to get my gun and the reason why he was
19 being arrested he assaulted and he brutally beat
20 his prostitute wife. He was her pimp.

21 In order for me to get him to stop
22 getting my gun, I had to punch him in the face
23 and I knocked out two of his teeth. I admitted
24 that in CCRB and told them exactly what happened.

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2 CCRB did not exonerate me. They said

3 unsubstantiated. Unsubstantiated if you look at

4 it, you will think that wow, it couldn't be

5 proven or disproven. So now, I had a CCRB against

6 me. You would look at my record and you would

7 think, wow, he used excessive force. That's the

8 other angle to this.

9 There's also the angle of 50-A when you

10 have off duty incidents, say a family squabble,

11 right, husband and wife arguing. That goes into

12 your record, even if it's a he said-she said,

13 that, a full repeal of 50-A gives you insight

14 into that record.

15 Now, that's one of the things that I

16 want to make sure that we approach with a

17 balanced effort, because if we don't, it's going

18 to put too much forward on the other end. And I

19 do understand that there need to be reforms. We

20 just need to make sure that it's balanced and

21 fair, and that's all I ask.

22 And I think that will go a long way in

23 improving relations in all our communities. And

24 I've worked in many, many communities across the

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2 city. I worked in East Flatbush, I worked in
3 Williamsburg, I worked in Midtown Manhattan. So I
4 wanted to give you some insight into the other
5 end. Thank you so much.

6 SENATOR JACKSON: Thank you. So next is
7 senator Brad Hoylman of Manhattan, and Brad, you
8 have three minutes.

9 SENATOR HOYLMAN: Thank you. Yes, thank
10 you assembly member for your perspective on 50-A.
11 I know there's a lot of us who want to see it
12 repealed. I'm one of them. We would love, you
13 know, to have a discussion about how to get that
14 done in a way that you think is fair, but so far,
15 we haven't had much dialogue. But I wanted to
16 thank in particular my senate colleague Jamaal
17 Bailey for having the hearing this summer on the
18 issue, which is very illuminating. And I think
19 it's more important than ever given the current
20 suns that have been raised during this hearing.

21 A quick question, though, to Adriene. As
22 Adriene knows, I carried a legislation in the
23 Senate called Protect Our Courts Act, which would
24 protect the undocumented and others from ICE

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2 arrests in and around courthouses. I wanted to
3 know what your thinking was in terms of ICE
4 enforcement actions. They've obviously not
5 occurred because the courthouses haven't been
6 open for the most part. Are you concerned that as
7 soon as those doors are flown open, you're going
8 to see ICE taking these illicit and damaging
9 actions against our immigrant community?

10 SENATOR JACKSON: You have to unmute.
11 Adrienne, you have to unmute. Host, you want to
12 unmute Adriene Holder, please.

13 MS. HOLDER: Thank you. Yes, it kept
14 saying I couldn't unmute myself. Yes, I am very
15 concerned about that. And when you actually think
16 about some of the actions that ICE has taken and
17 also that the Justice Department has had the
18 immigration court continue and the proceedings
19 that our detained clients find themselves in.

20 It's a scary proposition at that they're
21 still persisting with some enforcement now and I
22 think it's going to get even worse if and when
23 the court should reopen. But just the idea that
24 in so many jurisdictions, especially here in New

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2 York, immigrants just don't have anyone to
3 represent them, so I remain very concerned about
4 that.

5 I also wanted to add because one of my
6 clients is here, right. During the pandemic, the
7 Legal Aid Society has continued in our leadership
8 role in trying against the public charge
9 immigration rule, which punishes immigrants for
10 using certain government benefits.

11 And so Make the Road New York is our
12 client. And I want folks to know just really
13 quickly, I mean there's so many horrible things
14 that are going on to our immigration community
15 and the lack of support even before the pandemic
16 and as it stems now. But in April we filed a
17 motion together, with the State and City of New
18 York, seeking an injunction to set aside the
19 public charge rule during the remainder of this
20 crisis so that noncitizens of New York and across
21 the nation will not hesitate to use healthcare
22 and other government benefits that they're
23 eligible for and need to get through this public
24 health and economic crisis.

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2 And I can't stress enough that when
3 we're talking about this, we're not just talking
4 about, which we care about of course, our client
5 community, but it's all of us. It's about public
6 health. And even today, we were in court on an
7 oral argument on the public charge case, arguing
8 against the government's motion to dismiss.

9 SENATOR HOYLMAN: Thank you for that.
10 And I just want to finish up by emphasizing the
11 point that you said. As long as the courthouses
12 are closed, ICE and evictions, for example,
13 cannot occur. But once the courts start opening,
14 we're going to see a tsunami of those types of
15 actions and we need to be prepared for that.

16 And I want to shout out Senator Benjamin
17 for leading a group of senate colleagues in terms
18 of opposing NYPD actions on social distancing and
19 encouraging community-based responses to make
20 sure that the public stays safe. Thank you, Mr.
21 Chair.

22 MS. MARTINEZ-CLASS: Senator, may I just
23 add one thing to the immigration question?

24 ASSEMBLY MEMBER BRAUNSTEIN: Go ahead.

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2 MS. MARTINEZ-CLASS: I just wanted to
3 say quickly during this crisis we have actually
4 seen ICE arrests at home increase. They're
5 happening more often than they were happening
6 prior to the crisis, because immigration is
7 operating pretty much at full capacity. And they,
8 the reason they go into courts is because people
9 are easy to find. When people are now told to
10 shelter in place, they're going to their homes.
11 Protect our courts is incredibly important when
12 these reopen because that will, again, become the
13 easiest place to find people. So we do continue
14 to support protect our courts.

15 ASSEMBLY MEMBER BRAUNSTEIN: Thank you
16 very much. Now, on the assembly side, we'll have
17 Assembly Member Yuh-Line Niou, co-chair of the
18 task force on Asian-Pacific Americans.

19 ASSEMBLY MEMBER NIOU: Hi. Can you hear
20 me?

21 ASSEMBLY MEMBER BRAUNSTEIN: Yes.

22 ASSEMBLY MEMBER NIOU: I just wanted to
23 say thank you to everyone for testifying. I also
24 wanted to say that I'm very sorry for the loss of

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2 so many of our friends and family, especially so
3 sorry to hear from Deb on Make the Road losses. I
4 wanted to kind of clear up if -- I'm a little bit
5 confused about some of the stuff that was said
6 about public charge, so I know that folks
7 probably are a little bit confused as well. I
8 wanted to clarify and see like if there was
9 anybody who wanted to say something a little
10 different because I think there was mixed
11 messaging on it.

12 MS. HOLDER: I'm sorry?

13 ASSEMBLY MEMBER BRAUNSTEIN: I think
14 Yuh-Line asked if someone could just clarify some
15 of the issues around public charge because
16 perhaps because of a discussion earlier, it got a
17 little confusing. I would suggest Ms. Holder, if
18 you want to explain to us the problem with the
19 public charge, just so we understand a little bit
20 better.

21 ASSEMBLY MEMBER NIOU: Yeah, there was a
22 little bit of mixed messaging going on --

23 MS. HOLDER: Yeah, the problem is we
24 usually have a group of our immigrant clients --

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2 hello?

3 ASSEMBLY MEMBER BRAUNSTEIN: Yeah, we're
4 getting frozen.

5 MS. HOLDER: So, I guess I'm not sure.
6 The public charge rule would say that immigrants
7 who would accept certain types of public benefits
8 would therefore then jeopardize their ability to
9 actually have legal status. And what I was
10 saying, I don't know what the confusion, but what
11 I was saying what that we're trying to do as we
12 continue, we began litigation against public
13 charge prior to the pandemic, along with the New
14 York State Attorney General's Office, with CCR,
15 with the City.

16 What we're saying is that we have
17 continued to press on with that litigation, but
18 in April, we also filed a motion together with
19 the State and the City to seek an injunction to
20 set aside the public charge rule because the
21 federal court is being told, has said that the
22 government can go ahead in implementation of it.
23 And we think that during the pandemic that the
24 charge rule needs to be suspended or set aside.

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2 The decision about public charge being able to
3 move forward during this crisis, so that
4 noncitizens in New York and across the nation
5 will not hesitate to use the healthcare and other
6 government benefits that they are eligible for
7 and need to utilize whilst they get through this
8 crisis.

9 That's the problem. And we don't -- and
10 it's not only something at that we feel very
11 strongly about because people are dying, our
12 communities are already so many of our
13 communities are already, you know, falling away
14 and dying and not getting what they need. But it
15 is the issue that this is what's best for the
16 public and we want to make sure that everybody,
17 our immigrant clients are protected.

18 MS. AXT: And I just wanted to add that
19 there is some real complexity. So, public charge
20 is certainly a horrific and racist wealth test
21 that's been expanded by the Trump Administration,
22 which we need to stop. But it also is true that
23 immigrants get misinformation and believe that
24 they will be found to be a public charge when it

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2 is not actually the case. So emergency medical
3 assistance is not covered, disaster relief is not
4 covered, national school lunch programs, so there
5 are a lot of benefits and supports that people
6 can safely access. But people are being confused
7 and terrified into avoiding safety net supports
8 that they desperately need.

9 And it's important to mention the \$3.5
10 billion excluded worker fund that we have
11 designed also is safe for people to accept
12 because unemployment-type income replacements and
13 disaster relief supports are all fine and safe to
14 accept to get through moments like this.

15 ASSEMBLY MEMBER NIOU: Amazing. Thank
16 you. I just wanted to make sure that that part
17 was said on the record, so thank you, Deb and
18 thank you, Ms. Holder.

19 SENATOR JACKSON: We are now going to
20 hear from Senator Gaughran, the chair of the
21 local governments committee.

22 SENATOR GAUGHRAN: Thank you. Senator
23 jackson and everyone on the panel. You have been
24 terrific. Ms. Holder, I have another question for

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2 you. You've been getting a lot of questions, but
3 your expertise, I would love to hear on a topic
4 that I don't think I heard in this panel but it
5 came up in the prior one and some others. And
6 that is, landlords are unscrupulously using self-
7 help in evicting tenants who are immigrants
8 during, it seems a lot more during this crisis.
9 And one of the witnesses is from my district and
10 I've been working with her directly on this
11 problem. And the issue is their remedy of going
12 to the police, some of them are doing that and
13 some of them are getting some relief, but many
14 are just fearful because of their immigration
15 status, of doing that.

16 Is there something we should consider
17 doing in terms of legislation? I mean, I'm
18 thinking should we increase sanctions, penalties?
19 Is there something we could do to deal with these
20 unscrupulous landlords to maybe put something
21 over their heads so they might think twice?
22 Because obviously, they don't have a problem
23 doing this from a moral basis, but is there
24 something we can do with a sanction that might

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2 make them think twice?

3 MS. HOLDER: That's a very hard
4 question. I have to say, though, the lion's share
5 of cases that we have seen that are emergency or
6 essential cases that have been going into housing
7 courts have had do with illegal evictions. But we
8 know, even before the pandemic that there were so
9 many and that so many of our clients who are
10 immigrants, so many of our clients who are
11 marginalized, never even get into court, right.
12 They just get harassed out of their homes.

13 You know, how we do that, I mean I'm so
14 grateful for a lot of our community-based
15 organizations and others that try to disseminate
16 real information, which is power and the idea
17 that there are places where folks can go when
18 they're being harassed and the fact that we, you
19 know, increasingly are able to work with
20 organizers and other folks. But it has been more
21 difficult because of the idea of having to deal
22 with folks remotely.

23 But I mean it's a very good question of
24 what additional penalties there could be. But

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2 there has been a real increase in the number of
3 folks who have been harassed out of their homes
4 for a bunch of reasons and so many of them are
5 immigrants and people of color who find
6 themselves in those situations. But it is a tough
7 issue, and especially when you just don't know
8 about it, people just leave and you just don't
9 hear about it and they don't come to legal
10 services or to elected officials.

11 SENATOR GAUGHRAN: Thank you very much.
12 Thank you, Mr. Chairperson.

13 MS. HOLDER: I just want to add it is
14 the most heinous thing, right, for someone to be
15 driven out in normal times but particularly, now
16 the idea that people would lose their homes
17 during the time of a pandemic, when people are
18 being told that they have to shelter and stay in.
19 And the idea that people are being kicked out and
20 being harassed out with no place to go and with
21 the homelessness crisis statewide, and in
22 particular, in the city being what it is.

23 I mean it has always been a very scary
24 and heinous issue to have to deal with, but it's

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2 particularly deadly at this time and it's going
3 to be for a long time and it's very upsetting to
4 see that there is no urgency in which to try to
5 really address all these issues about keeping
6 people in place.

7 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
8 you. Now, we're going to move to the Assembly.
9 We'll go to Assembly Member Cruz.

10 ASSEMBLY MEMBER CRUZ: Hi, thank you
11 very much, Deb. Can you hear me?

12 ASSEMBLY MEMBER BRAUNSTEIN: We can hear
13 you.

14 ASSEMBLY MEMBER CRUZ: All right. Thank
15 you so much, Deb, my sincere condolences to your
16 members. You have done incredible work and have
17 often had to pick up the slack of, frankly what
18 government should have been doing. So I want to
19 ask you something that generally doesn't get
20 asked, is how is your team doing? And what has
21 this done to your ability to do your job? And I
22 think that the second question is, I want to talk
23 a little bit about the folks who have passed away
24 and how difficult it probably has been because

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2 many of them called our office and that's how the
3 bill that you are helping us with was born. How
4 are they coping with how expensive it is to bury
5 someone when one, you don't have a job, two, you
6 don't have access to a lot of the bailouts that
7 everybody else has access to. Yet you have a
8 loved one who has passed away. And so those are
9 my two questions for right now.

10 MS. AXT: Thank you. It's ugly. I've
11 been incredibly grateful. Our team has such a
12 culture of love and care in the way that we work
13 and so we have been holding each other and
14 supporting each other. It was insanity for weeks
15 and then there was something particularly
16 gruesome about the week that we had to train all
17 of our frontline staff to walk people through how
18 to get a body removed from your apartment if
19 someone has died and they're still sitting there.

20 And then of course, the flip side is how
21 do you claim a body that's in a hospital before
22 they get moved to a mass grave and how do you do
23 that within the 14-day deadline when you don't
24 have money for funeral expenses and only one

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2 funeral home in all of Queens is even open and
3 accepting calls.

4 And so it has been horrific. And I think
5 the folks that we talked to in our survey that
6 said five percent were receiving unemployment
7 insurance, 13 percent said they had received some
8 sort of government facilitated support and 67
9 percent said they had gotten some basic cash
10 support through not-for-profits.

11 And so we've been able to set up a
12 modest fund to be able to distribute a few
13 hundred dollars to families to get by with food.
14 It's not enough to make rent. And the modest
15 funds that foundations are supporting are not
16 enough to make rent.

17 And so unless we're going to provide
18 income support and income replacement that is
19 similar to what other eligible workers receive.
20 It's people are going to be destitute and they're
21 going to heading out to look for work when they
22 shouldn't. And they're going to be accepting
23 incredibly dangerous jobs with no protections.
24 And that's what we are seeing happening with our

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2 folks and the death toll is going to keep
3 mounting.

4 So I'm sorry to end on that tone but I
5 hope that the love and appreciation of our
6 members carries to all of you, too, to help us
7 fight with us.

8 ASSEMBLY MEMBER CRUZ: Thank you, Deb. I
9 think, you know, just hearing that, reminds us
10 that unfortunately while many of us have been
11 lucky enough to not have suffered the personal
12 loss, it is a loss for our community, it's a loss
13 for our neighbors, for our friends. And while we,
14 as electeds, probably for the most part could
15 afford to give our loved ones a proper burial,
16 our constituents often cannot.

17 And so I urge folks to be supportive of
18 the bill that Senator Skoufis and I have put
19 forward because all it looks to do is at the
20 worst time in someone's life, which is to have to
21 deal with a loss of their loved one, to give them
22 a little bit of dignity, just so that they can
23 get by and thank you to your team. Deb, they have
24 been fantastic and our community continues to be

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2 here for you.

3 MS. AXT: Thank you so much for your
4 leadership.

5 SENATOR JACKSON: Thank you. Next up is
6 Jessica Ramos, the chair of the labor committee
7 in the State Senate and she is from Queens.
8 Jessica.

9 SENATOR RAMOS: Hey, Uncle Bob. What's
10 going on everybody? I know it's getting late.
11 We've been here all day. We're powering through
12 this. So I, because the breadth or the scope of
13 this panel is very broad, I'm going to ask two
14 questions. One is for communities, for police
15 reform, I would like to know about some
16 alternatives to police being the enforcers of
17 social distancing. Have you thought about
18 alternatives to policing during this pandemic?

19 And for Make the Road, I want to ask
20 about something that has not been mentioned
21 during this hearing at all. How has our
22 transgender community been impacted by COVID? I
23 mean, I know anecdotally because of the district
24 I represent, so many of my transgender neighbors

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2 are sex workers and because of the pandemic,
3 aren't able to work, are much more susceptible to
4 housing discrimination and obviously are much
5 more vulnerable than many other groups and it
6 probably merits a hearing on itself, but I would
7 love to know a little bit more about that. Those
8 are my questions, thank you.

9 MS. MARTINEZ-CLASS: Thank you for your
10 question, Senator Ramos. For Communities United
11 for Police Reform, our position has that social
12 distancing form should be handled by health
13 organizations as well as community-based
14 organizations, like religious leadership and some
15 of the cure violence organizations and violence
16 prevention organizations and stuff.

17 SENATOR RAMOS: Have any protocols been
18 drawn up that can be shared?

19 MS. MARTINEZ-CLASS: I don't believe so,
20 no.

21 SENATOR RAMOS: I'd be curious.

22 MS. MARTINEZ-CLASS: I'll make sure to
23 send them your way.

24 SENATOR RAMOS: Thank you.

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2 MS. AXT: On the transgender community,
3 as you know and imagine, the impact has been
4 really horrific on our transgender members.

5 SENATOR RAMOS: We lost Lorena Borjas.

6 MS. AXT: Yes, an incredibly high
7 proportion of the member leaders that we've lost
8 have been transgender members and, you know, your
9 design of the worker bailout funds has been
10 really thoughtful to keep in mind workers like
11 that who are barred from receiving unemployment
12 insurance not just based on immigration status,
13 but for other reasons, including working in
14 informal sectors of the economy. So that's
15 another critical thing. And needless to say, the
16 discrimination, the housing conditions and the
17 really, really bad healthcare that our
18 transgender members have received just creates a
19 really awful situation for them in the face of
20 COVID.

21 SENATOR RAMOS: Thank you. I'll cede my
22 time so we can speed up.

23 SENATOR JACKSON: Okay. Thank you. Next,
24 we're going to hear from Gustavo Rivera, the

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2 chair of the health committee from the Bronx.

3 Gustavo.

4 SENATOR RIVERA: All right. I thought
5 that Brian was before me, so I went to prepare
6 myself a little bit of dinner. For me, that just
7 means warming up something, but it is what it is.
8 But here we are. I wanted to make sure that we
9 had an opportunity to talk about folks that are
10 incarcerated. We haven't done that enough. And I
11 know that Ms. Axt talked about it for a little
12 bit, but I wanted to make sure we had an
13 opportunity to talk about it. There's some people
14 that I suggested for this hearing, obviously it
15 is a long one and a lot of things didn't make it
16 on to it. We could talk about this for weeks as
17 Robert said, all the way back at 10:00 a.m. in
18 the morning, so I will -- well, at 11:00,
19 actually, 10:45 or something like that.

20 So as far as incarcerated individuals, I
21 wanted to make sure that we talked about those
22 since I will remind everyone this hearing is
23 about the disparate impact that COVID-19 has had
24 on communities of color all across the state. And

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2 if we are talking about particularly around
3 communities of color and around incarcerated
4 individuals, most incarcerated individuals are
5 people of color from communities like the ones
6 that I represent. So, if we could talk a little
7 bit about the impact that it's had on them, I
8 really would be appreciative, anybody that wants
9 to chime in, please do.

10 MS. AXT: Senator. Thank you for
11 bringing this back up. Yeah, I have more in my
12 written marks and more that I actually wanted to
13 say.

14 SENATOR RIVERA: You've got it now.

15 MS. AXT: So thank you for giving me a
16 little bit more time to do that. The coronavirus
17 crisis is, we have been ignoring it happening in
18 the prisons and jails, to deadly effect. There
19 are just as Rikers Island, hundreds and hundreds
20 of people who have been tested and have tested
21 positive. They report that three people have
22 died. It is more than that.

23 We have a client who was, we made
24 multiple bail applications, filed a writ, tried

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2 to get him out. He contracted COVID while in
3 Rikers, finally we got an emergency bail fund to
4 pay his bail. He died two days after being
5 released, so he doesn't count as a statistic of
6 somebody who died because of the conditions in
7 the jail facilities.

8 DOC is taking the position that the
9 jails are now safe, that they have reduced, that
10 the population has been reduced enough. It has
11 not. They're simply not testing people. But if
12 you look at even the Bureau of Corrections
13 statistics, they say that there are over 300
14 people now that have tested positive, but there's
15 another, I believe about 1,300 that they believe
16 have been likely exposed. That's over half, about
17 half the population, according to the Bureau of
18 Corrections, either has tested positive, is
19 showing symptoms but has not tested or they
20 believe have been exposed.

21 We don't know what is happening in the
22 prisons across the state. We do know, as I
23 mentioned very quickly, that about 81 percent of
24 the people who have tested positive are people of

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2 color. It is absolutely impacting people of color
3 and the simple fact of the matter is that most of
4 the correction officers that are coming in and
5 out of these facilities are also people of color,
6 returning to communities of color. The infection
7 rate amongst the corrections officers is
8 unbelievably high.

9 And so these are still pockets where it
10 is impossible to social distance and that the
11 infection rate is high and is going to continue
12 to be high until something is actually done about
13 it. The governor has granted almost no petitions
14 for clemency. He has the ability to do that. You
15 know, the mayor took the step of releasing a few
16 hundred people on to work release who are serving
17 very short sentences. The governor could do the
18 same for state prisoners. We have to do
19 something.

20 SENATOR RIVERA: And the last minute, I
21 have 58 seconds so I will just say once again,
22 for those of you who thought I might have gone
23 away, more revenue! We need billionaires and
24 millionaires to pay their fair share. Everything

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2 that we've heard in the entire eight or nine
3 hours that we've been in this hearing has been
4 about the fact that communities of color and poor
5 and working class people across the state are
6 bearing the brunt of this. Millionaires and
7 billionaires.

8 Governor Cuomo, I know you got one of
9 your people watching, so I'm going to tell one of
10 your people, whomever it is that is watching,
11 tell the governor that Senator Rivera said get
12 taxes for billionaires and millionaires, and for
13 God's sake do not cut Medicaid. Do not cut
14 Medicaid because every one of the communities
15 that we've been talking to, folks coming out of
16 prison, poor working class people across the
17 state, those folks are what? Medicaid patients.
18 So please, for the love of God, don't cut that
19 and pass the New York Health Act this year. Thank
20 you, Mr. Chairman.

21 SENATOR JACKSON: Thank you. And next
22 we're going to hear from Senator Brian Benjamin
23 from Manhattan, one of our leaders who leads the
24 floor in our conference.

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2 SENATOR BENJAMIN: That's a tough act to
3 follow. I kind of wish [unintelligible]
4 [09:58:52] Robert. But first of all, I just want
5 to A, just say, I mean this is a really
6 impressive panel by the way. I probably could ask
7 30 questions to all of you. But, unfortunately I
8 only have three minutes so I'm going to have to
9 train my fire.

10 Let me start by saying, you know I want
11 to talk about the social distancing because to
12 me, it's really important, given the trauma our
13 communities are going through, to add on top of
14 that in this COVID-19 environment, NYPD trauma,
15 to me, is just unbearable. And so I just wanted
16 to say, I know there was a mention earlier that
17 the police are not enforcing social distancing
18 and they're doing a pilot program.

19 While some of that's true, there's a
20 caveat which is that unless there is a serious
21 danger to the public. And the NYPD determines
22 what serious danger to the public is, which to me
23 is completely unacceptable. So we already know
24 that the NYPD can safely and easily enforce

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2 social distancing downtown, but they have a hard
3 time enforcing it uptown. And so my point is that
4 they should be out of the business entirely,
5 because we need fairness across the board.

6 Here's my question that I think it kind
7 of builds on what I think Senator Ramos was
8 asking. One of the things that a number of us
9 have called for, we sent a letter to the mayor
10 and the police commissioner calling for them to
11 transfer social distancing facilitation, I don't
12 like the word enforcement, because I think we've
13 got to really to really focus on education, not
14 enforcement. But transfer that to community
15 groups, cure violence groups who can work
16 together to sort of make sure that people are
17 educated and we try to do social distancing in a
18 way for public health.

19 My question to anyone on the panel who
20 cares to answer it is, are there other ideas that
21 you think besides the one that I think is useful
22 that possibly could also help in this front?
23 Obviously, we do not want the police to do it, or
24 at least I don't and a number of us on this call

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2 don't. But is there is something that we should
3 be thinking about that's not cure violence groups
4 or community groups, faith-based groups, et
5 cetera?

6 MS. FONTIER: Parks department
7 employees? You know, that's where most of the
8 issues are happening is in and around parks. I
9 mean they are there. They're taking care of the
10 grounds. Have parks department people speak to
11 people as well. Anybody who is working in a
12 public setting that is a city or state employee
13 should be able to educate people about social
14 distancing, be provided with masks and PPE and
15 hand them out.

16 SENATOR BENJAMIN: Anyone else?

17 MS. MARTINEZ-CLASS: I would also add
18 that one of the key parts of the solution is that
19 the folks' basic needs need to be met, right. And
20 so something we haven't had an opportunity to
21 talk about today, during the course of our
22 conversation, is the Homeless Can't Stay Home
23 cCmpaign and the call to end police sweeps in
24 this period, which is a CDC like recommended

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2 guideline and are still ongoing throughout the
3 city. And if we are not offering people permanent
4 housing and if we're not even offering people
5 short-term solutions to the housing crisis,
6 right, the fact that we're still engaging in
7 these policing practices are actually putting all
8 of our communities at greater risk.

9 And so we can't overstate like the fact
10 that folks' basic needs have to be met for like
11 the dynamic to change around enforcement. And so
12 that's my pitch.

13 SENATOR BENJAMIN: Perfect, thank you.

14 MS. FORTIER: I just want to throw one
15 other thing out while we have -- I just can't
16 forgive myself if we don't say it. When we get
17 infection tracking, it cannot be surveillance.
18 The information cannot go to law enforcement. It
19 cannot be -- the police cannot have access to it.
20 It must be a health only tracking.

21 SENATOR BENJAMIN: You're talking about
22 the contact tracers?

23 MS. FORTIER: Yes, contact tracing
24 cannot be accessed by law enforcement.

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2 SENATOR BENJAMIN: Good point, very good
3 point. Thank you.

4 ASSEMBLY MEMBER BRAUNSTEIN: We have a
5 couple assembly members. We'll go to first Dick
6 Gottfried, chair of the Assembly health
7 committee.

8 ASSEMBLY MEMBER GOTTFRIED: Just very
9 quickly, I agree with Gustavo Rivera 100 percent.

10 ASSEMBLY MEMBER BRAUNSTEIN: All right,
11 that was great, that was great. Now we are going
12 go to Assembly Member Jo Anne Simon.

13 ASSEMBLY MEMBER SIMON: And thank you
14 all for being such a great panel. I have a very
15 quick question because it's something that keeps
16 coming up in various ways and that is messaging.
17 There is obviously conflicting messaging between
18 the state and the city, but also how do we get to
19 what I think are a lot of young people who are
20 not wearing masks and why they believe they don't
21 need to, or what is going on for them that
22 they're not getting on board with this? I know
23 this is an issue in my district, certainly I see
24 this in a variety of communities in my district.

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2 And I'm not sure how we are able to get through
3 to people about why this is so important. And I'm
4 curious whether any of you who are working with
5 people directly on the ground in community-based
6 organizations have any guidance for us in terms
7 of messaging.

8 The message is also who is the
9 messenger, which I know is very important and I'm
10 curious if you have any guidance for us on that?
11 Any of the panelists.

12 MS. FORTIER: I was hoping somebody
13 younger would speak up. There is no answer
14 because it's a very difficult question. I mean I
15 think obviously one of the biggest problems is
16 that there is conflicting messaging from the
17 top all the way down to what this means and
18 whether it is dangerous or not and the only thing
19 I can think is the same way I talk to my toddler,
20 we just have to keep saying it. We have to keep
21 repeating it and keep enforcing it until
22 hopefully it sinks in.

23 ASSEMBLY MEMBER SIMON: Okay.

24 MS. MARTINEZ-CLASS: I think the

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2 question of who is the messenger is such a
3 critical one, because it has to be folks who are
4 credible in the community. And so what we have
5 now identified, right, is that the appropriate
6 response is not sending NYPD to like violently
7 arrest folks in a health crisis. And so I think,
8 you know, for different communities, who the
9 right messenger is and how they're receiving the
10 message is going to matter. And so I don't think
11 there is one standard answer, but I think the
12 number of the things that folks have talked
13 about, including Senator Benjamin about
14 empowering community organizations, empowering
15 folks who belong to credible health
16 organizations, right, empowering community
17 members with the information and resources, so
18 that they can actually do that themselves.
19 Because policing is not going to be the right
20 answer to this crisis.

21 ASSEMBLY MEMBER SIMON: Yeah. And just
22 one other quick thing, I know the City has gone
23 to this ambassador program, which is not NYPD,
24 but other ambassadors that are supposed to be

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2 intervening. I don't know actually whether that's
3 started or if it has, whether anybody has any
4 intelligence on how that is working? Okay. So
5 nobody has, okay. All right. Thank you very much.

6 ASSEMBLY MEMBER BRAUNSTEIN: Thank you,
7 senator. If you want to do the next panel?

8 SENATOR JACKSON: Thanks. So I'm going
9 to ask everyone to please stay on board. This is
10 the last panel. These individuals have waited to
11 speak and I want you to hear what they have to
12 say and this is about access to care. And so we
13 have Elizabeth Ryden Benjamin, vice president of
14 health initiatives at Community Service Society
15 of New York, we have Cecilia Gentili, board chair
16 of New Pride Agenda, Jawanza James Williams,
17 director of organizing, VOCAL-NY, Tracey Gardner,
18 vice president of policy advocacy at Legal Action
19 Center and Reggie Nance, associate state director
20 of AARP. So with that, let me turn it over to
21 Elizabeth to start the ninth and last panel.
22 Elizabeth.

23 MS. ELISABETH RYDEN BENJAMIN, MSPH, JD,
24 VICE PRESIDENT, HEALTH INITIATIVES, COMMUNITY

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2 SERVICE SOCIETY OF NY: Well, thank you, first of
3 all I want to thank everybody who stayed this
4 whole long day. I for one have found it
5 incredibly fascinating and I'm just so impressed
6 by our legislature, who is willing to have a
7 very, very long panel on perhaps the most
8 important topic of our time. [unintelligible]
9 [10:08:31]

10 SENATOR JACKSON: What happened
11 Elizabeth? We can't hear you.

12 MS. BENJAMIN: Oh, my goodness. I'm
13 unmuted.

14 SENATOR JACKSON: Okay. Go ahead.

15 MS. BENJAMIN: Can you guys, can you
16 hear me?

17 SENATOR JACKSON: Yes.

18 MS. BENJAMIN: Okay. Rewind the tape?

19 SENATOR JACKSON: Yeah.

20 MS. BENJAMIN: All right. Thank you. So
21 I had a whole long big thank you to thank you all
22 for being here. You know, I feel really lucky to
23 live in the State of New York where such an
24 important group of members of our legislature are

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2 willing to stay at this for whatever it's been,
3 nine, ten hours on the most important topic of
4 the day quite frankly. I work at the Community
5 Service Society of New York. It's 175-year-old
6 organization. Each year, we are committed to
7 working on low wage worker and low-income and all
8 income peoples in New York's issues and we try to
9 bring their voices to the policy conversation.

10 Each year, our health programs which I
11 run, see around 130,000 New Yorkers in every
12 single county of this state, this great state.
13 And it's have been a very trying time. We've been
14 very lucky to work remotely. We see people
15 through 50 community-based organizations around
16 the state and through a live answer help line
17 that has an over 95 percent call answer rate,
18 even during the COVID pandemic.

19 My first half of my testimony is really
20 dedicated to just sort of outlining all of the
21 disparities. I'm going to skip that because I
22 know this is a solution oriented team that is
23 still left here tonight. I did want to say that
24 the reason why we're having these health

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2 disparities is a multi-decade policy, structural
3 policy, racist structural policies in the making.

4 So we did some really bad moves in, I
5 guess the '90s, when we took steps to essentially
6 eliminate 20,000 hospital beds and boy did we
7 need those 20,000 beds. So because we deregulated
8 our hospital reimbursement system and gutted our
9 health planning system, we no longer have 20,000
10 beds. We went from 74,000 beds to 55,000 beds and
11 where did those hospitals close? They closed in
12 Queens, four of them in the last 20 years. They
13 closed on Staten Island, they closed in the
14 Bronx, they closed. Our safety net institutions
15 have closed.

16 And so it's these decisions that have
17 really led to there being a disparate impact on
18 people of color in New York State. And the thing
19 that's happened as a result is that we are seeing
20 incredible medical debt by people of color and
21 it's disparate impact on people for of color.

22 So, for example, in Onondaga county 41
23 percent of people of color have medical debt, 14
24 percent white In Albany, 26 percent people of

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2 color, ten percent white. Rochester 27 percent
3 people of color, seven percent white. That's a
4 huge problem and we need to address it.

5 I wanted to go to my solutions because I
6 have a lot of solutions and I think it's just
7 really important to note and I'm going to put a
8 pin in this, that's there are other financing
9 issues that have caused these disparate impacts
10 on how people are able to access care. The
11 federal government's funding, people in Clinton
12 County, for example, are getting around \$370 per
13 person. I think Senator Little might have left my
14 now, but in Queens we get \$13 per person, for the
15 Bronx \$58 per person in these federal healthcare
16 funds. So we have a problem.

17 COVID for immigrants healthcare program,
18 I think it will cost around \$15 million. It's a
19 temporary expansion of the Essential Plan to
20 immigrants so they can get it. We need to enact a
21 moratorium on debt collections. We did a recent
22 search of e-Courts and found that 11 hospitals
23 who are the most aggressive debt collectors, who
24 get more in charity care funding than they

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2 actually spend have filed 122 lawsuits against
3 people who can't defend themselves in March of
4 this year. And they're still going for it. And
5 people cannot appear in court virtually.

6 We need to get rid of the nine percent
7 medical debt interest rate. The federal funds
8 rate has been like one percent for 20 years
9 practically. We need to make a uniform financial
10 assistance program platform, we need to have
11 hospitals use the funds they are able to get to
12 take care of uninsured patients, not sue them.
13 And we need to help consumers have an extension
14 of the time to pay their health insurance
15 premiums.

16 The most important thing we need to do
17 as, Senator Rivera said is raise revenue so we
18 can enact the bigger structural solutions, which
19 is the New York Health Act and universal
20 coverage, and number two, if we can't do that, we
21 should at least restore global budgeting, so we
22 can protect our safety net hospitals because they
23 will not survive this pandemic and we need them.

24 I have constituent resource list at the

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2 back of my testimony if anybody needs it. That
3 was really hard to do in five minutes.

4 SENATOR JACKSON: You did it,
5 congratulations. Thank you. So next, we're going
6 to hear from Cecilia Gentili, board chair of New
7 Pride Agenda.

8 MS. CECILIA GENTILI, BOARD CHAIR, NEW
9 PRIDE AGENDA: Hi, everybody. Thank you so much
10 for the time, and I'm very excited, a little
11 tired after about 11 hours, but still with the
12 energy to do what we have to do. My name is
13 Cecilia Gentili. I'm the chair of the New Pride
14 Agenda, an organization trying to look out for
15 LGBTQ communities and their intersections with
16 race in the state of New York.

17 Yesterday, May 17, was international day
18 against homophobia, transphobia and biphobia, so
19 I have to say that I counted and it took 10 hours
20 and 40 minutes for the word transgender to be
21 mentioned in this meeting. And I'm a little bit
22 upset about that, because it happens to be that
23 many of the people that we serve when we talk
24 about communities of color happen to be

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2 transgender like myself.

3 Discrimination in high rates have been
4 coming our way as people of color in the
5 intersection with also being transgender. I
6 personally had to twist the arm of many community
7 members to access medical care when they did not
8 want to and it is many, many reasons for what
9 trans people choose not to access medical
10 services. It is like a history of discrimination
11 in the medical settings for what trans people
12 have a hard time accessing services. You know in
13 the case of my very good friend, Lorena Borjas,
14 thank you, Senator Ramos, for mentioning her. You
15 know, I called her. She was like for a week with
16 fever and coughing and she was not going to go to
17 the hospital. You know, I had to actually you
18 know, call 911 and then tell her that an
19 ambulance was going go for her because she did
20 not want to go. I know this is not the best time
21 to criticize the medical settings because they're
22 doing an amazing job but I have to say that while
23 she was there, you know, she did not receive any
24 services in Spanish, most of the time I had to be

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2 on the phone with her translating with the
3 doctors about what was happening to her. So it is
4 many, many issues for what trans people choose
5 not to go to the doctor and sometimes, you know,
6 when you intersect the problems of trans people
7 with people who are Spanish speaking language
8 only, it can become even much harder to access
9 medical services.

10 We are facing many issues as trans
11 people. A lot of trans people had planned
12 surgeries for a long time, and those surgeries
13 have been canceled at this time. And nobody knows
14 when they're going to happen. Because many of us
15 lost our jobs, some of those surgeries were going
16 to be covered by our insurances and we don't have
17 those insurances anymore, so that means we will
18 not be having those surgeries at all.

19 So, we are facing many, many issues as
20 trans people and LGBTQ people in general. Our
21 community has centers and other safety net
22 providers fighting HIV and [unintelligible]
23 [10:18:27] and AIDS and Hep-C and the opioid
24 epidemic are under severe financial strain as

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2 they struggle to serve vulnerable communities
3 during the COVID-19 pandemic.

4 These hospitals and community-based
5 organizations will continue to be critical to
6 expanding testing and eventually ensuring
7 equitable access to COVID-19 treatment and
8 vaccines whenever these vaccines become developed
9 and available.

10 I have to say that in the trans
11 community, a big part of the community, because
12 of discrimination in the workplace have -- were
13 forced somehow into using their body to provide
14 what they need. And for that, we have many
15 members of the trans community who are sex
16 workers. These folks who are sex workers of
17 course are not able to apply for unemployment.
18 And some of these people who are undocumented
19 also are not receiving any stimulus check.

20 For that, we have people in the trans
21 community and specifically in Queens who have
22 been experiencing a lot of mental health issues a
23 lot of depression. We have a community member who
24 tried to commit suicide because she doesn't know

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2 how she is going to pay her rent. We have many
3 trans people who have been facing sexual
4 harassment from landlords because they can't pay
5 their rent.

6 Now more than ever we need to come
7 together to build a more equitable healthcare
8 system that prioritize COVID-19 testing in
9 neighborhoods where people of color live and work
10 and make sure that the critical supplies and
11 requirement and get to hospitals serving our
12 communities.

13 I had a much better idea of what I was
14 going to say but that was 11 hours ago. I hope
15 that helps. Thank you.

16 SENATOR JACKSON: And please send
17 anything that you have in writing, that would be
18 good, also. And thank you for staying the course
19 with us. I hope you had, during the course of the
20 day, had something to eat and drink and what have
21 you and so forth.

22 MS. GENTILI: I did.

23 SENATOR JACKSON: Jawanza James
24 Williams, the director of organizing of VOCAL-NY.

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2 But before you do that, my screen was frozen and
3 Cecilia, did you hear what I said about --

4 MS. GENTILI: I did, I did.

5 SENATOR JACKSON: Oh, okay. I hope you
6 had something to eat and to drink during this
7 marathon that we had. Okay, Jawanza James
8 Williams.

9 MR. JAWANZA JAMES WILLIAMS, DIRECTOR OF
10 ORGANIZING, VOCAL-NEW YORK: Hi, my name is
11 Jawanza again, and I'm the director of organizing
12 at VOCAL-NY, and VOCAL-NY is a grassroots
13 organization working to end AIDS, mass
14 incarceration and the drug war and homelessness
15 by building the political power of low-income
16 people across New York State and providing public
17 health services for people who use drugs in
18 Brooklyn. On behalf of VOCAL-NY, I want to thank
19 the committee chairs and members of the New York
20 State Senate and New York State Assembly involved
21 in today's hearing for the opportunity to provide
22 testimony.

23 Before I begin, I would be remiss not to
24 mention that several committees are not a part of

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2 this hearing. The Senate and Assemblies
3 corrections, housing, social services and alcohol
4 and substance use committees should be present in
5 a conversation about racial disparities and
6 COVID-19. The issues I will be talking about
7 today fall largely within the responsibility of
8 these committee.

9 Additionally, many grassroots
10 organizations that work on exactly the issues
11 that should be discussed today requested to
12 testify and were denied the opportunity to
13 participate. We cannot begin to impact the impact
14 of COVID-19 and disparities of color if the
15 [unintelligible] [10:22:18] working closest with
16 the communities are not involved.

17 We cannot begin to talk about the
18 impacts of COVID-19 on black and Latinx
19 communities across the state without
20 acknowledging the structural violence our
21 communities faced long before this epidemic.
22 Jails and prisons have been used as a catchall to
23 manage our most pressing crises, record
24 homelessness, unmet mental health and behavioral

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2 health needs, substance use, joblessness and
3 poverty.

4 On any given night before COVID-19, over
5 92,000 people slept in shelters or in the streets
6 and our state's historic overdose crisis claiming
7 over 23,000 people under Governor Cuomo, 43,000
8 people are caged in New York State prisons.

9 Whether or not New York State will use
10 the COVID-19 public health crisis to take action
11 towards transformational change remains very much
12 in doubt. In fact, what we've witnessed so far is
13 further harm to black and Latinx New Yorkers
14 without a significant shift in the state's
15 approach to criminal justice, drug use and the
16 overdose crisis, and homelessness once centered
17 on addressing structural social issues we will
18 never get there.

19 Homelessness disproportionately impacts
20 Black and Latinx New Yorkers. In New York City,
21 Coalition for the Homeless reports 86 percent of
22 all homeless single adults identify as black or
23 Hispanic, while just ten percent identify as
24 white. Homelessness is unequivocally a racial

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2 justice issue and it's one manifestation of
3 historic and persistent housing discrimination
4 bias, economic and housing policies, extreme
5 income inequality and disproportionately high
6 levels of poverty among people of color as well
7 as bias policing and incarceration of communities
8 of color.

9 I'm going to skip through what I have
10 written here and just hit some points so I hit
11 all of our issues. So for two months, homeless
12 New Yorkers' advocates and healthcare
13 professionals and local elected officials have
14 demanded 30,000 of the city's 100,000 vacant
15 hotel rooms be offered to homeless New Yorkers
16 living in crowded shelters and those on the
17 streets. FEMA confirmed it would pay for hotel
18 rooms on April 3rd, the city's own Department of
19 Health commissioner ordered it to happen on March
20 25th, yet Governor Cuomo and Mayor de Blasio have
21 refused.

22 Instead, the mayor and governor shut
23 down subway stations and law enforcement has been
24 ordered to force homeless New Yorkers off trains

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2 in the middle of the night and sometimes in
3 freezing temperatures. So, all levels of
4 government are implicated in the inhumane, cruel
5 and utterly horrifying circumstances that
6 homeless, majority black and Latinx New Yorkers
7 are facing. And refusing to open up hotel rooms
8 or house homeless New Yorkers in permanent
9 housing is an acceptance that black and Latino
10 lives don't matter.

11 On policing and jails and prison
12 disproportionately targeting and impact black and
13 Latinx New Yorkers, I'm just going to skip to our
14 set of recommendations here because I'm running
15 out of time. Okay. My testimony is pretty long so
16 I'm trying to like cut through what I can.

17 We hear the message loud and clear that
18 our incarcerated commune members, no matter the
19 race do not matter to this panel. I'm sorry, I
20 need to say what panel. I'm just going to start
21 over here. It's no secret that COVID-19 has
22 infected jails and prisons across the state and
23 that testing and response there is woefully
24 lacking. According to DOCCS, 450 incarcerated

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2 people have tested positive and 16 people have
3 died from the virus. This is surely an
4 undercount. Although black and Latinx make up 37
5 percent of the state's total population
6 respectively, they make up 70 percent of the
7 state's incarcerated population.

8 Although there is no death penalty in
9 New York State, since just January, 47 people
10 have died in New York State prisons, the vast
11 majority of people of color. Data published last
12 week in the Daily News exposed that people of
13 color account for the vast majority of those who
14 have died in custody since the outbreak of COVID-
15 19 over the past several weeks.

16 So some recommendations include passing
17 Elder Parole Senate Bill 2144, fair and timely
18 parole and the HALT Solitary Confinement Act. And
19 I want to just quickly talk about our drug user
20 health work. Given that COVID-19 has made it
21 difficult for people to make money and the drug
22 supply is unstable, many people are going through
23 intermittent withdrawal, which is not only
24 excruciating, but drastically increases the risk

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2 of overdose. Numerous studies have showed that
3 before COVID, black communities have less access
4 to buprenorphine than white communities.
5 Telemedicine should increase access to
6 buprenorphine for communities. But access
7 information to, access information on virtual
8 clinics and telephones remain an issue for some.
9 Because of barriers, many turn to the illicit
10 market to buy buprenorphine and study after study
11 illustrate that diverted buprenorphine is used
12 therapeutically to prevented withdrawal, 79
13 percent maintain abstinence or are self-weaned
14 off drugs. Yet even in COVID, arrests for buying
15 and selling buprenorphine are rising.

16 And let me close out with this. Our
17 state has been in grief for years from the mass
18 death that has been caused by the overdose
19 crisis. Now with COVID, our state is grieving two
20 crises. We demand the lives of people who use
21 drugs are not forgotten by our elected officials
22 or their policies to address the virus. We urge
23 you to take the hard look at the issues of
24 homelessness, drug use, incarceration and

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2 policing, especially in this moment. We need a
3 vision and plan of action for addressing these
4 interconnected issues that does not include the
5 police or jails and instead focuses on getting
6 resources into black and Latinx communities that
7 desperately need housing and vital public health
8 services. Thank you very much for your time and
9 consideration.

10 SENATOR JACKSON: Thank you. You were
11 going very fast, but you got everything you
12 wanted to say. Are you submitting that in writing
13 also.

14 MR. WILLIAMS: Yes, it's been submitted.
15 So anybody who needs access what I was speaking
16 about, I skipped a lot of the data. I tried to
17 cover the issues for four of our issue based
18 unions and so there's a lot of thought and
19 process that went into this document, so if you
20 could all read it to detail, because I wasn't
21 able to present it in five minutes.

22 SENATOR JACKSON: Thank you. And next,
23 we have Tracie Gardner, I believe, vice president
24 of Legal Action Center. Tracie, am I correct?

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2 MS. TRACIE GARDNER, VICE PRESIDENT OF
3 POLICY ADVOCACY, LEGAL ACTION CENTER: Yes, but
4 you promoted me. I'm vice president of policy
5 advocacy. Oh, what a long, strange day it's been,
6 huh? Okay. I am going to submit by testimony. I
7 am very appreciative to the legislature for
8 convening this discussion, for convening this
9 hearing, for soliciting recommendations and I'm
10 glad that the impact of COVID on the communities
11 of color is not as a surprise to you as it was
12 apparently to our president and our governor.

13 Jawanza, who is my heart, has said so
14 much of my testimony I almost don't have to talk.
15 We are colleagues and allies in the fight to help
16 people understand that where we are today is not
17 an accident. It is by design and it has been long
18 in coming.

19 I work with Legal Action Center and so
20 we are definitely seeing the impact of COVID on
21 the people and communities with and for whom we
22 work, individuals involved in the criminal
23 justice system, those with chronic illnesses or
24 substance use and mental disorders and HIV/AIDS.

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2 I'll talk about some recommendations toward the
3 end.

4 Fundamentally, and you know, my hero,
5 Dr. Robert Fullilove said it at the very
6 beginning. The COVID pandemic is testing the
7 state's and nation's system and exposing the
8 connections between poverty, mass incarceration,
9 race and poor health. And so it should not be a
10 surprise that it's hitting low-income people in
11 communities of color hard. It's ravaging people
12 who are incarcerated because in New York,
13 especially community health and correctional
14 health are inextricably linked. It probably
15 started before, but certainly its major origins
16 are in the Rockefeller drug laws. And so the very
17 same communities that have sent black and brown
18 bodies to the correction system for the last 40
19 years are the same communities that are
20 struggling with a -- because of a lack of
21 investment in health infrastructure and
22 acknowledging that 95 percent of people who go to
23 jail and prison return home. It is simply an
24 ongoing churn of illness and lack of investment

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2 and will yield probably an even worse health
3 emergency.

4 These are the same communities that have
5 weathered the opioid overdose epidemic that we
6 were just coming out of, HIV, Hep-C, MDRTB. You
7 name it, these are the same communities, the
8 overlay continues to happen. And so what we're
9 really talking about, particularly given the link
10 between community health and correctional health
11 is that acknowledging that connection. New York,
12 the legislature four years ago, acknowledged that
13 the we need to address reentry from corrections
14 in the same way that we do discharge planning
15 from hospitals.

16 And so while many people who are in the
17 correctional setting should not be in there,
18 because of COVID and other co-morbidities we've
19 got to build the infrastructure in communities to
20 ensure that they have the care that they need.
21 It's not enough to release them. We are releasing
22 people now to shelters and to the streets and we
23 are reaping the rewards of that.

24 One of the main issues that has created

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2 the situation is that for the past 50 plus years,
3 Medicaid has been restricted from being used for
4 people who are incarcerated. And that has created
5 a constant churn of people who are sick inside
6 and then when they come out and try to access
7 Medicaid or get covered by Medicaid their time in
8 the correctional system thwarts their ability to
9 connect with health.

10 So we advanced and been talking to the
11 state about working to remove that barrier, which
12 many states around the country, New York
13 included, have developed workarounds. It is not
14 an accident that people with addiction and mental
15 health issues are disproportionately represented
16 in the correctional system. It's not an accident
17 that they are mostly black and brown and Latinx
18 and it's not an accident that these are the
19 communities that are the hardest hit.

20 We've made the wrong investments. And so
21 if we don't learn from this, we will be
22 vulnerable to an even worse health emergency that
23 is completely preventable if we take the less
24 that we're in. I think I'm going to stop for now

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2 and cede my time to other folks who are going to
3 testify because we're sleepy.

4 SENATOR JACKSON: And you didn't have
5 any time left, but that's okay. The last
6 panelist, last but not least, Reggie Nance, the
7 state director of AARP. Reggie.

8 MR. REGGIE NANCE, ASSOCIATE STATE
9 DIRECTOR, AARP NEW YORK: Thank you, senator. And
10 first, just let me say on behalf of the 2.5
11 million New Yorkers who are AARP members across
12 the state, we thank you for this opportunity to
13 testify on their behalf. And certainly we share
14 the concern that you have about the disparate
15 impact that COVID-19 is having on communities of
16 color.

17 And to that end, we looked at a report
18 that said that the social determinants, things
19 like employment and access to healthcare are far
20 bigger predictors of who gets COVID-19 infection
21 than anything, including general health, profound
22 but not surprising. And it's those social
23 determinants that we speak to when we look at the
24 disparate impact that COVID-19 is having on

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2 communities of color.

3 In 2018, AARP launched the Disrupt
4 Disparities Initiative. We partnered with the
5 Hispanic Federation, the Asian-American
6 Federation, the NAACP of New York State, and the
7 New York Urban League to look at the enduring
8 disparities that affect people of color,
9 particularly looking at the 50 plus population in
10 the State of New York and looking at solutions.

11 And what did we find? We find a couple
12 of things. Older adults are the fastest growing
13 segment of the population in New York State.
14 People 65 years and older grew 26 percent over
15 the past decade. We also found that in addition
16 to the health disparities we found, we found that
17 New York State has the highest income inequality
18 out of any state in the entire nation. So add all
19 that to the mix and here comes COVID-19. No
20 surprise that lower income, older New Yorkers who
21 live in communities of color are dying at a
22 higher rate than anybody. Older New Yorkers, when
23 you look at the death rate are bearing brunt of
24 this virus.

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2 So what do we do? Number one, we talked
3 about, a lot of people have talked about testing.
4 Let me tell you about that from an AARP
5 standpoint. We believe that people who are 65
6 years old and older should be given priority when
7 it comes to testing. We are told that is
8 happening, but we don't know. We think that
9 should be policy across the board.

10 The second thing we want to look at is
11 access to food. You heard a lot about that today.
12 I will just say that through our Disrupt
13 Disparities report, we found that 330,000 people
14 60 and older are eligible for SNAP, yet they're
15 not reaping that benefit so we need to do
16 outreach to those 330,000 people who are eligible
17 for SNAP and don't have it. We need to expand
18 online grocers who can receive SNAP. That's clear
19 and obvious as to why we need to do that.

20 The next thing we want to look at is how
21 do we protect the health and safety of our long-
22 term care staff and residents? This virus showed
23 up first in a nursing home in Seattle,
24 Washington, well Washington State and it's wiley,

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2 it's cunning, it's tenacious. But it also
3 instructs us. It showed up first in a nursing
4 home. And what would it have happened if we had
5 shored up our nursing homes, given that it showed
6 up at a nursing home first.

7 And the one thing that we can do right
8 now is a long-term care task force. You see the
9 governor every day, major triage, a yeoman's job,
10 giving us the numbers of the hospitals, the
11 deaths and it's making a difference. Why not the
12 same thing for nursing homes and long-term care
13 facilities?

14 The second thing is that the governor
15 expanded testing in long-term care facilities but
16 that also needs to apply to assisted living
17 facilities, it needs to apply to hospices and it
18 needs to apply to home health aides, people who
19 go every day into the home to take care of
20 people. They need testing too as well.

21 And then the other thing is bring the
22 long-term care ombudsman program back, the people
23 who advocate on behalf of people in the nursing
24 homes, especially when the family can't see them.

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2 The other thing I wanted to mention and
3 I'm running out of time, so I'm going to go to
4 data. Data, data, data. We need as much racial
5 and ethnic data as we can get. Right now we are
6 not getting the data from nursing home deaths. A
7 newspaper organization had to file an open
8 records request to get data for nursing home
9 deaths by race and ethnicity and what they found
10 was of the 11 nursing homes with the highest
11 amount of deaths 46 percent of those people were
12 people of color.

13 Again, the governor said that when this
14 thing hits a nursing home it's like fire in a dry
15 grass. The fire is burning and it shows no signs
16 of abatement. And there are things that we can do
17 to take care of that.

18 And with that, I do want to make a final
19 plug for [unintelligible] [10:39:09]
20 organizations. We've talked about them today. We
21 need to make sure we are taking care of them in
22 the short-term. They struggle day in and day out
23 anyway in the absence of COVID-19. We need to
24 ensure that in the long-term, we are giving them

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2 the resources that they need to be here long
3 term. They are on the frontlines day in and day
4 out with COVID-19 and we need to make sure that
5 they're taken care of. So thank you on behalf of
6 AARP New York for this opportunity to testify
7 today.

8 SENATOR JACKSON: Boy, Reggie, you must
9 have practiced that because you finished with
10 three seconds left. Thank you.

11 MR. NANCE: I've done this before.

12 SENATOR JACKSON: So we're going to go
13 with Senator Gustavo Rivera, he raised his hand
14 first and then we're going to go to my co-chair
15 Assembly Member Braunstein to then call on the
16 assembly member that's next after that. And we're
17 rotating until we're out of here in about 15 or
18 20 minutes at the most. So Gustavo Rivera, you're
19 up.

20 SENATOR RIVERA: Thank you, Mr.
21 Chairman. I will say I think we said this over
22 Twitter the other day. You might be a marathon
23 runner, but I've done marathon hearings.
24 Gottfried and me did one that was 13 hours, so

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2 this one is not even close. That's some BS right
3 there.

4 Now, but in all seriousness, so we
5 started this day, we are almost 12 hours to the
6 point that we started. The reason for all of
7 this, and it is, this cannot be the last hearing
8 of this. At the same time that we all know and
9 most of the people that spoke today, if not every
10 single one of them and every single legislator
11 that spoke today or paid attention knows that
12 there is, there's a lot of stuff that we did not
13 need to, like we knew about this stuff already.
14 But it is becoming clearer, right. But this
15 cannot be last time we have this conversation
16 because this is not only about talking about
17 these issues and talking about what options we
18 have in policy to resolve it.

19 Now, I would say that, Jawanza, by the
20 way, you are dope like just went and went,
21 covered so much, and even after 12 hours, the
22 energy just kind of got into me. I was asleep
23 over here and you woke me up.

24 MR. WILLIAMS: I appreciate that,

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2 senator.

3 SENATOR RIVERA: So there's a couple
4 things that we have to do here. This is about how
5 we use the state to mobilize policy that actually
6 helps these things change. We've said it a couple
7 times during the day and we will say it one more
8 time, I will say one more time, this cannot be a
9 process between the old normal and the new normal
10 that is like the old normal. We cannot go back to
11 the way things were.

12 We need to change this in so many
13 different ways and today was a conversation in
14 which even though it was over 12 hours, it is
15 still not a full conversation of everything we
16 have to change. But as it relates to some of the
17 things I'm working on, and I'm going to go to
18 Elizabeth Benjamin in a second. We have to pass
19 the New York Health Act. I would tell every
20 colleague of mine that is not a sponsor on this
21 right now, to think about this because we need to
22 guarantee universal health coverage for every
23 single person. And is it complicated? Yes. But it
24 is not more complicated or more costly than what

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2 we have going on right now, which is a perfect
3 example of what happens when we do not have
4 universal access to coverage. So please, every
5 single one of you, consider this. This has to be
6 it. Your constituents need it. Every single New
7 Yorker needs it. We need to make sure that we
8 increase access while we get the New York Health
9 Act done. Immigrants are still people. They're
10 still New Yorkers, they still get sick, so we
11 need to make sure that we expand care to them, so
12 we expand care to immigrant New Yorkers.

13 And between now and then, so then I
14 talked about the very long-term, not very long
15 term but the longer term, which is the New York
16 Heath Act, we need to pass that, we need to
17 extend care to immigrant New Yorkers and we need
18 to make sure that for those folks who are now
19 going to be saddled with debt, medical debt,
20 which is something that is happening, whether
21 you're insured or not, whether you are insured or
22 not, you're getting that so those folks who are
23 saddled with debt. And the last minute I'm going
24 to give to Elizabeth Benjamin, and you are going

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2 have to talk very quickly. I'm going to have 44
3 seconds to day the following.

4 This cannot be last conversation we have
5 about this. This has to be a transformative
6 moment. We all have to say to ourselves
7 ourselves, we have to challenge ourselves, we
8 cannot go about, you know, lily-livered, half-
9 assed. We have to be bold. The only way to
10 resolve the issue is if we have propose bold
11 solutions to these issues. We cannot go back to
12 the way things were because the people that we've
13 been talking about this whole day, people of
14 color, poor working class people, folks
15 incarcerated, folks that are drug users, folks
16 that are sex workers, trans Americans,
17 transgender people. We cannot leave them behind
18 and if we go half assed, we will leave them
19 behind. So you get the last minute, Elizabeth
20 Benjamin, on medical debt. What are we doing on
21 medical debt that we can do in the state? There
22 you go, [unintelligible] [10:44:16], tell me, 53
23 seconds, go.

24 MS. BENJAMIN: We wrote this report that

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2 unfortunately came out in March, so no one
3 probably read it, but it's called Discharged into
4 Debt and it showed that our private -- you know,
5 every single hospital is a nonprofit in New York
6 State. Every one of our hospitals gets millions
7 and millions and millions of dollars of state
8 funding, but our so called private and voluntary
9 hospitals are suing our patients right, left and
10 center. We found over 40,000 medical debt cases
11 and people cannot defend themselves in court.
12 They don't go to court, they don't know how to
13 deal with it and it's a pernicious thing.

14 SENATOR RIVERA: If we can do something
15 legislatively, which is what we've done --

16 MS. BENJAMIN: Legislatively, we can
17 have a moratorium on debt collection,
18 legislatively we need to cut the interest rate
19 that hospitals can charge patient from nine
20 percent to one percent, the Treasury rate. Why
21 are we allowing nonprofit hospitals to charge
22 commercial rates?

23 SENATOR RIVERA: Make billionaires pay,
24 more revenue, more revenue, more revenue.

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2 MS. BENJAMIN: More revenue. More
3 revenue, more revenue.

4 SENATOR RIVERA: Mr. Chairman.

5 MS. BENJAMIN: And, you know, let's do a
6 small program for immigrant folks to have COVID
7 coverage and we can call it COVID coverage for
8 immigrants during this period, but we must cover
9 the people that don't access to care now.

10 SENATOR RIVERA: Thank you, Mr. Chairman
11 and thank you, Elizabeth.

12 SENATOR JACKSON: Thank you. Co-chair
13 Braunstein.

14 ASSEMBLY MEMBER BRAUNSTEIN: Thank you,
15 senator. We're going to go to Assembly Member
16 Mike Reilly, ranking member of the cities
17 committee.

18 ASSEMBLY MEMBER REILLY: Again, I thank
19 you, thank you Senator Jackson. You guys did a
20 tremendous job today. Long day, but you ran a
21 great meeting. For this panel, thank you. It was
22 really nice to listen to and get all the
23 information I actually wanted to touch on,
24 Jawanza that was great. The point that you

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2 brought up about the other committees, that was
3 going through my head today when I mentioned the
4 alcohol and substance abuse, because I'm on that
5 committee. I'm a member of that committee, so I
6 was thinking the same thing, that this ties in
7 with so many other committees. So it was great
8 that you pointed that out and I'm sure the rest
9 of my colleagues that are still at this hearing
10 now, who sit on her committees will bring this
11 information to them as well so I'm confident that
12 that'll happen.

13 The next thing I wanted to touch on was
14 the impact on nursing homes. And Mr. Nance, you
15 brought that up and it was totally, your remarks
16 were dead on, right, spot on. I think what we
17 really need is we need a full blown investigation
18 into the policies and the enactment of things
19 that went on in New York State during this time
20 period.

21 Unfortunately I think we've seen there
22 was a misstep at the beginning and the reason why
23 I say that we need a full investigation isn't
24 necessarily punitive, it's more about making sure

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2 we don't ever make those mistakes again. And for
3 that to happen, I think both the State Senate and
4 the Assembly have to have hearings on it and
5 flush out all those things specific to the
6 nursing homes. And if anybody can add to that
7 from the panel or would like to address it,
8 please, thank you.

9 MR. NANCE: Yeah, from an AARP
10 standpoint, certainly we support the
11 investigations and the governor has tasked the
12 attorney general to do just that. And we believe
13 there should be an investigation. But in the
14 meantime, we still do believe that the nursing
15 homes and long-term care facilities deserve the
16 same level of triage and attention that hospitals
17 are getting, because like I said, it started in a
18 nursing home. So yes, an investigation but in the
19 right here and now, form that long-term care task
20 force. We've sent a letter to the governor asking
21 just for that, so that we can deal with the fact
22 that, in his words, there's a fire, you know,
23 like fire to dry grass.

24 MS. GARDNER: I would suggest that maybe

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2 --

3 ASSEMBLY MEMBER REILLY: Before you go
4 on, I just wanted to touch on I know that the
5 governor and Madam Attorney General is looking
6 into, they're conducting an investigation. But I
7 actually think that we need something that may
8 require outside monitoring, maybe a special
9 investigator appointed by, if that were possible,
10 the legislature, because we need different eyes
11 on it. We can't have, I think, in my opinion,
12 someone who represents the state and the policies
13 that may have impacted those decisions. There
14 would be a little bit of a conflict of interest,
15 even if there really isn't and their heart is in
16 the right place, the perception is what we have
17 to avoid.

18 MS. GARDNER: Right. I think it's
19 important to say that the first reported case was
20 identified in the nursing home and I would bet
21 one of my favorite shoes that there were cases in
22 jail, in the correctional setting that just
23 weren't tested. I mean, at least nursing homes
24 ostensibly had an ability to provide that kind of

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2 space. But again it's another institution where
3 older people with co-morbidities were, so first
4 reported.

5 ASSEMBLY MEMBER REILLY: Okay. All
6 right. I mean listen, I heard from so many people
7 that it was and this isn't meant to slight
8 anyone, it's like here we are, we're releasing
9 people who are incarcerated based on COVID and
10 yet we were sending elderly back to nursing
11 homes, which was, in effect, a prison for this
12 pandemic. And it just, it just did not, the way
13 they approached it, did not align with what the
14 messaging was supposed to be about, in my
15 opinion.

16 Mr. Williams: can I add to that, I
17 think to that point about older folks that are
18 uniquely vulnerable to COVID-19, I think, I'm
19 pretty that the Releasing Aging People from
20 Prison, RAPP, the organization, was not on this
21 to testify. And there's a lot of folks across New
22 York State who are elder folks who, there's
23 legislation and a whole movement calling for
24 these folks to be released from prison. So, they

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2 were not sentenced to die, yet they're at risk of
3 dying. So we need to be able to have the kind of
4 leadership in the New York State that can hold
5 the complexities of what does it look like to
6 release our folks from out of these jails and
7 prisons which are petri dishes, get them not into
8 shelters, which are also petri dishes, but get
9 those folks into hotels and then build a pathway
10 to permanent and stable housing, like by passing
11 Senator Kavanagh's housing access voucher program
12 or Hevesi's Home Stability Support.

13 We have to be able to hold that
14 complexity and put forward the kind of solutions
15 that consider the unique vulnerabilities of
16 people of color, of people who are aged, of
17 people with co-morbidities and people that have
18 been systemically oppressed. That's where we are
19 right now in New York State.

20 SENATOR JACKSON: Thank you, Jawanza.

21 ASSEMBLY MEMBER BRAUNSTEIN: Senator
22 Jackson, you want to unmute? There you go.

23 SENATOR JACKSON: Sure, I did. So, next
24 we're going to hear from Senator Brad Hoylman

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2 from Manhattan and he has three minutes.

3 SENATOR HOYLMAN: Thank you. Thank you,
4 Senator Jackson. Thank you to the chairs, my
5 colleagues, for this hearing. I wanted to ask
6 Cecelia a quick question and give her as much of
7 my time as possible to describe the particular
8 experience of transgender women who are dealing
9 with human trafficking issues, health concerns
10 and possible deportation. How does that intersect
11 with the pandemic and how are you able to
12 quantify the ravages of this illness to this
13 particular community?

14 MS. GENTILI: Yeah, when it comes to
15 transgender woman, you know, I think like because
16 we have like a long history of distrust with the
17 healthcare system, it is, it has been like
18 really, really hard for us as organizers to get
19 trans women to go to the doctor to begin with,
20 right. You know, we passed GENDA, yay, that's
21 amazing. Nobody knows what GENDA is, you know. I
22 bet you go to a, I don't know, a doctor in
23 Buffalo and you say what is GENDA? They're not
24 going to know what it is, right. So GENDA passed

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2 but without any implementation, providers don't
3 know that they can't discriminate against trans
4 people and actually trans people don't know that
5 they can be discriminated against, right. So
6 because of that, accessing healthcare is still
7 something that takes a lot for people to go and
8 see a doctor, right.

9 When it comes to sex workers, like, you
10 know, most of the sex workers that I know are
11 people who exchange sex in a consensual way,
12 right. I'm not saying that it is not people who
13 are not being trafficked and that's a reality
14 that we also have to take under consideration.
15 But the problem is that people who exchange
16 consensual sex for money, food, housing whatever
17 it is, have been always criminalized, right. So
18 these people now are suffering terribly. Because
19 due to a history of criminalization of their
20 jobs, they're not able to, for example, apply for
21 unemployment. You can't go and say like oh, I'm
22 sorry, I can't do my job anymore because of
23 COVID-19 and you know, because I'm a sex worker.
24 You can't say that because it makes you instantly

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2 a criminal, right.

3 Another thing that had happened, is
4 like, you know, I have to say many of my friends
5 who are sex workers had to break quarantine, you
6 know, and they had to see some of their clients
7 because they had no food, because they couldn't
8 pay their phones, because they couldn't pay their
9 rent, right, when we talk about some of these
10 trans women who are undocumented here, they're
11 not getting unemployment, they're not getting a
12 check from the government, right. So one of the
13 things that we have to do is somehow start
14 decriminalizing sex work for people who
15 consensually exchange sex for things and we have
16 to implement GENDA, right. GENDA is great but if
17 nobody knows about it, it doesn't mean anything.

18 SENATOR HOYLMAN: Thank you.

19 SENATOR JACKSON: Assembly member?

20 ASSEMBLY MEMBER BRAUNSTEIN: Thank you,
21 senator. We're going to go to Assembly Member
22 Cathy Nolan.

23 ASSEMBLY MEMBER NOLAN: I just wanted to
24 talk a little bit about hospital beds to this

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2 group of people who spoke earlier. First of all,
3 having been opposed to the cuts at the time, it
4 was Manhattan centric groups like yours that were
5 urging those Queens hospital beds to be closed.
6 And one of the rationales were the providers were
7 Catholic facilities, they didn't provide a full
8 range of women's reproductive health choices and
9 many of the hospital beds in Queens were
10 considered substandard because they were owned by
11 doctor consortiums. And still most of us opposed
12 the closing. I mean Dick could speak to this a
13 little bit more. But in the end, the reality was
14 that people do not say in hospitals the length of
15 time that they once did. And the hospitals in
16 Queens, not being nonprofits in the same way,
17 owned by these doctor consortiums, I'm sure Dick
18 can speak to it better than I. And then the
19 Catholic hospitals not providing a full range of
20 reproductive health choices, you know, they did
21 not continue.

22 But the reality is when I was a candy
23 striper at Wyckoff Heights, which we very worked
24 to keep open, they too were on the chopping block

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2 but we were successful in preventing that. When
3 people had a hip replacement, they were in the
4 hospital for six to eight months there. There was
5 no rehab to go to at that time. I had my hip
6 replaced ten years ago. I was at the hospital for
7 four days and I believe today sometimes it can be
8 faster than that.

9 So you can't -- I really have to take
10 issue with your comment, oh, we lost hospital
11 beds. I think that's like an oversimplification.
12 We've replaced those beds with rehab, with urgent
13 care and with other things. I'm not saying that
14 we were in a great position. Obviously, we needed
15 the beds for the pandemic and we were able, thank
16 god, to ramp it up.

17 But have I to say honestly, you know,
18 for those of us in Queens, the problem has not
19 been the hospital beds as much as it has been
20 clinics and other things that would allow people
21 to access primary care, especially when we talk
22 about our minority community.

23 We have a clinic, floating hospital, for
24 example in Long Island City. And in the middle of

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2 the pandemic they almost closed because we had to
3 contact people to arrange a loan for them, then
4 we couldn't get them a testing site initially
5 because of some other bureaucratic regulation.
6 Then there were some other problems.

7 So, it seems to me that though I
8 appreciate it and at the time I was very much
9 opposed and we worked hard to keep Wyckoff open,
10 and obviously hospital beds are important.

11 I just want to take a little bit not
12 issue, but kind of disagree with your statement,
13 because you don't have a context there. Those
14 beds in Queens were lost because they were owned
15 by doctor owned hospitals and they were not seen
16 as the wave of the future. So let's just put it -
17 - and it was groups like yours, you weren't
18 probably there at the time, that were very much
19 in favor of those closures, because I remember
20 that quite well. So I just want to say, sometimes
21 have you to put things in a context and I think
22 going forward the answer is not going to be we
23 are going to open up 20,000 hospital beds in New
24 York. The answer has to be what are we going to

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2 do to have a stockpile, so that we have an
3 ability to move quickly a clinic like a floating
4 hospital doesn't have ten road blocks in the way.
5 And I know Dick may want to speak about this. And
6 thank you. I apologize. It's too late to be
7 contentious, but I just couldn't let that pass
8 unremarked. Okay. Thanks.

9 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
10 you, Cathy. Senator Jackson.

11 ASSEMBLY MEMBER BRAUNSTEIN: Sure, and
12 Senators Salazar, the chair of the women's
13 committee, you're up.

14 SENATOR SALAZAR: Thank you, chair.
15 Thank you to the panelists. It has been really
16 inform informative. Thank you just for sticking
17 around this long. I want to actually just give an
18 opportunity essentially to elaborate on why, in
19 your opinion, any of you on the panel, it's a
20 loss and why it's detrimental to the quality of
21 care in our healthcare system for us to lose tens
22 of thousands of beds. I mean I can only speak to
23 what I've witness in Brooklyn and in my district,
24 where we have Woodhull, a safety net hospital

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2 that has been threatened with closure, that has
3 continued to suffer because of cuts and which has
4 had to make serious compromises to quality of
5 care as a result.

6 I'm curious if any of you would speak to
7 even why cuts like this are made in the first
8 place, when sometimes they seem counterintuitive
9 as are, in my opinion, the proposed cuts to
10 Medicaid that we saw in the state budget.

11 MS. GENTILI: Well, I'm a person who
12 lived undocumented in this country for ten of the
13 20 years that I've been here and you know, when
14 it comes to going and access health services, I
15 would feel more comfortable going to a hospital
16 instead of going to an urgent care. Because to a
17 hospital you know that you can go, you can get
18 your services and then you'll get the bill,
19 right. Then you deal however you deal with that.
20 But going to an urgent care is an expectation
21 that you have to pay in advance, right. And it's
22 an expectation that you have to pay a lot of
23 money to be seen by a doctor.

24 So when we say we replaced like beds

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2 with urgent care, I'm sorry, that's BS. That's
3 terrible and it doesn't do anything for people
4 like me, who has a history of being undocumented
5 in this country and living without health
6 insurance.

7 MS. BENJAMIN: Can I say something? I
8 think the point is when we -- maybe I spoke too
9 quickly. But when we went to a free market rate
10 setting system in the '90s, we used to have
11 health -- it was called New York Prospective
12 Reimbursement Mechanism. And what it did is it
13 set reimbursements for hospitals in a fair way,
14 so that not all the money went to the rich
15 hospitals, basically in bed pan alley. So in
16 Manhattan, for example, 6.4 beds per thousand
17 people but in Queens that ratio is 1.5. Right,
18 but in Queens we have 22 COVID cases whereas in
19 Manhattan we only have 12.

20 So we obviously don't have our hospitals
21 allocated in a reasonable way, in a way that
22 serves the geographic community. And we certainly
23 are in -- we've set up our system so it's almost
24 like a for-profit system, even though these are

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2 nonprofit hospitals, so it's survival of the
3 fittest. So only the richest and powerful
4 hospitals can prevail. And guess what? They're
5 not in Queens and they're not in Central
6 Brooklyn. And if you look at the map of where
7 people of color live and where the hospitals were
8 closed, those are the same damned districts.

9 And what we need to do as a state is
10 really rethink our health policy so that we are
11 fairly allocating our health resources so that
12 the safety net hospitals are saved and maybe
13 percent not every single hospital in Queens
14 should have been saved, but some of them should
15 have been. There isn't enough hospital bed
16 capacity in certain areas of Queens, in certain
17 areas of Brooklyn, in certain areas of Staten
18 Island and the Bronx. And that's where the people
19 of color live.

20 And this hearing is about health
21 disparities and we care about health disparities.
22 We must learn how to allocate our resources in a
23 just way so it doesn't just --

24 MS. GARDNER: What happened?

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2 MS. GENTILI: We can't hear you.

3 Elizabeth?

4 MS. GARDNER: You went off.

5 MS. BENJAMIN: Oh, I didn't touch a
6 thing, so maybe the -- can you hear me now?

7 MS. GARDNER: Yes.

8 MS. BENJAMIN: Okay. So we can't just
9 benefit the upper -- I don't know where you lost
10 me, but at the Upper East Side of Manhattan where
11 the white people live at the expense of where
12 people of color live and where low-income
13 communities live.

14 And have I no idea what the Community
15 Services Society said about those four catholic
16 run hospitals in Queens. But I'm sure we wouldn't
17 say that there shouldn't be hospitals serving
18 communities of color and I'm sure we never said
19 that, as I'm sitting here. As long as David Jones
20 was head of it and I don't mean to get testy
21 Assemblywoman Nolan, but I just I don't really
22 know all that history. It was before my time.

23 So, I just think we have to have a more
24 rational healthcare system. And if we can't have

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2 the New York Health Act we have to back to
3 regulating hospital rates so that true safety net
4 institutions that are serving communities of
5 color are supported. Otherwise we have just what
6 we have now. These are structural racist policies
7 and when you only finance the well healed at the
8 expense of the less well healed hospitals, we
9 have a problem.

10 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
11 you senator, obviously, yes, Cathy, I get the
12 impression you want to respond so we'll give you
13 a three minutes. Go ahead. If we could unmute
14 Cathy Nolan.

15 ASSEMBLY MEMBER NOLAN: Just quickly, I
16 am not suggesting by the way -- I opposed every
17 one of those cuts and I'm not suggesting that
18 urgent care is the way to go, nor am I suggesting
19 that the Community Services Society was evil in
20 some way. I'm pointing out that it happened. And
21 as someone involved with it at the time, frankly,
22 we did not have your organization with us. Maybe
23 Mr. Gottfried could speak to it because it's
24 still a bitter pill for me 20 years later. And I

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2 don't know if Maritza is still on the call, but
3 as someone who at that time, when she and I were
4 barely knew each other involved in the effort to
5 save Wyckoff, which Dick Gottfried came out too,
6 we were successful in saving Wyckoff, but these
7 others we were not.

8 And I just am trying to point out you
9 are not going to replace those 20,000 beds with
10 20,000 new hospital beds. Yes, there should be
11 more equity. I opposed every one of those things.
12 Maybe dick can speak to it, but I just felt that
13 your testimony was kind of that simplistic well,
14 we need 20,000 more beds in Queens. That's not
15 happening. So we need to come up with realistic
16 answers. Some of the things were opposed. They
17 happened anyway and some of them were, though, I
18 will say, somewhat the inevitable consequence of
19 differences in how healthcare is delivered, like,
20 for example, being in the hospital six months for
21 a hip replacement versus three or four days.
22 That's all I was trying to say.

23 ASSEMBLY MEMBER BRAUNSTEIN: Okay.

24 Cathy, okay.

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2 ASSEMBLY MEMBER NOLAN: I'm not
3 supporting urgent care, I'm not criticizing you.

4 ASSEMBLY MEMBER BRAUNSTEIN: You have
5 about two --

6 ASSEMBLY MEMBER NOLAN: Just trying to
7 give a reality. That's all.

8 ASSEMBLY MEMBER BRAUNSTEIN: You have
9 about a minute-and-a-half left. Dick, if you want
10 to respond to what Cathy said or not and then we
11 need to move on.

12 ASSEMBLY MEMBER NOLAN: Thank you. Thank
13 you. Peace to everyone. Thank you.

14 ASSEMBLY MEMBER BRAUNSTEIN: Dick, did
15 you want to say something?

16 ASSEMBLY MEMBER GOTTFRIED: I don't
17 think Community Service Society ever supported
18 the closing of a single hospital bed.

19 MS. BENJAMIN: I'm going to find the
20 paperwork.

21 ASSEMBLY MEMBER GOTTFRIED: And
22 Elizabeth is right that probably the biggest
23 single thing that has -- well a couple things
24 that have led to the extraordinary consolidation

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2 of wealth and hospital beds in a smaller and
3 smaller number of richer and richer hospitals.

4 One was the deregulating of hospital
5 prices in the mid '90s, which predictably led to
6 increased concentration in the hospitals that
7 have a high level of capital, namely the academic
8 medical centers. The over concentration of power
9 on the insurance company side led to mergers of
10 hospitals to try to defend themselves, that's
11 what this is all almost entirely about.

12 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
13 you. And Dick, you're on the list with your hand
14 raised. Do you want to continue to stay on the
15 list or was that the point you wanted to make?

16 ASSEMBLY MEMBER GOTTFRIED: I want to
17 stay.

18 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Thank
19 you. Now we're going to go to Assembly Member
20 Crespo, the chair of the labor committee for five
21 minutes. Go ahead, Marcos.

22 ASSEMBLY MEMBER CRESPOS: Thanks, Ed. I
23 may not need all five. I just wanted to kind of
24 reiterated where I started whenever we got

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2 started. It feels like a long time ago. None of
3 this that we have discussed all day in every
4 single panel, is new. And it's a big we told you
5 so. Again I'm going to rephrase that, because
6 time and time again in these panels, we've talked
7 about issues that have been brought up by members
8 of our community, legislators from our
9 communities advocacy organizations.

10 But in almost all of the recommendations
11 we're revisiting ideas that we have been pushing
12 for or discussing in legislative, you know,
13 years, a bunch of discussions and just end up at
14 the end of the list of priorities when it comes
15 down to budget crunching time. But now because of
16 COVID and the impact of these deaths we are
17 realizing the magnitude of the impact.

18 Look, in the time that I've been in the
19 legislature and I've seen in the Assembly when we
20 didn't have the right partnership in the Senate,
21 the Assembly has always been the house that has
22 pushed for these sort of progressive ideas and
23 moving it forward and bringing up minority
24 issues.

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2 I remember when [unintelligible]
3 [11:09:21] got shot in my district is when we
4 started talking about criminal justice reform and
5 the CJ package that members of color were
6 bringing up. I was an intern at the time and
7 we're are still on that fight.

8 I give a lot of thanks to, I don't think
9 he's been mentioned all day today, but Speaker
10 Heastie, when his leadership came on board,
11 prioritizing, finally making not only the
12 sentiment of the Assembly, but the actual budget
13 outcomes to be those priorities, minimum wage.
14 Imagine where we would be in this pandemic if we
15 hadn't done minimum wage increases, paid family
16 leaves and the criminal justice reform, how many
17 more people would be in a worse position or
18 situation.

19 And so, I'm just saying I'm really
20 grateful to have been a part of a House that has
21 led on those charges, and we have partners in the
22 Senate and we've seen what we can do and there is
23 so much more to be done. But I think just to
24 revisit this, one thing has to be made clear at

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2 the end of the conversation.

3 Number one, it's not the end of the road
4 of these discussions and I know that not every
5 chair is here and not every topic has been
6 elaborated on, but we all know there are going to
7 be times to move this data forward and it is
8 going to take time to address the issues. but it
9 is imperative and I'm grateful to our chairs and
10 all the members and all the panelists today for
11 participating in this conversation.

12 What I hope we take away is the fact
13 that the solutions that we are looking for don't
14 have to be redeveloped. They've been floating
15 around. It is a matter of putting political will
16 in prioritizing the right issues, as we move
17 forward, is making sure that we raise the
18 revenues that we need to spend where appropriate.
19 It's being really bold and rethinking the way we
20 approach some of these issues, whether it's
21 homelessness, whether it's the continued
22 discussions on criminal justice reform,
23 education, you name it.

24 Look, communities of color have always

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2 been at the short end of the stick. We've been
3 saying that for a long time. It's a matter of
4 making sure that we spend correctly. And look, I
5 do I want to mention this because a lot of things
6 have been alluded to, the second floor and the
7 leadership of the governor.

8 I will say this, in my experience in the
9 Bronx, I speak to the Bronx, I have been in touch
10 with them regularly from the beginning of this.
11 We've talked about testing. They've been asking
12 where the needs are. I've seen my colleagues,
13 community-based organizations mobilizing
14 resources, giving out supplies in the community
15 and the governor's office has been, I have to
16 say, very helpful in that regard. Have they done
17 a perfect job? Absolutely not. No leader has in
18 this situation. We all have lessons to be learned
19 and we can all critique each other. But I have
20 been amazed at and I've been grateful at the
21 participation of colleagues who have maybe
22 disagreed with us on policy when it comes to
23 votes.

24 But just hearing them today, it sounds

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2 like they're on our side on a lot of these things
3 and I hope they remain so when it comes time for
4 the vote and when it comes down to the budget the
5 other side, where we all take our normalized in
6 the sand as partisan politics, let's really
7 acknowledge this, communities of color are the
8 essential workers. We are the frontlines. We take
9 the brunt. We have had the short end of the stick
10 for a long time.

11 If you wanted to change the dynamic,
12 then you know what, just start listening to us
13 when it comes to our proposals, give us the
14 resources to execute that work and do not
15 disinvest in the very community-based
16 organizations that are on the frontlines and the
17 advocate that are on the frontlines who can
18 deliver that message, deliver the programming and
19 address the disparities.

20 That's what the lesson we have to take
21 away from what's happened. I, again, thank all
22 the chairs and all my colleagues and the staff
23 that are not seen today, that really put all this
24 together. I just want to say gracias. This has

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2 been an incredible way to discuss the issues but
3 I know more work needs to be done.

4 ASSEMBLY MEMBER BRAUNSTEIN: Thank you
5 very much. And we are all going to miss you.
6 You're going to be around until December though
7 so I have a feeling we're we'll hear from you.

8 ASSEMBLY MEMBER CRESPO: More like July,
9 but I got you.

10 ASSEMBLY MEMBER BRAUNSTEIN: Okay. Well,
11 thank you, Marcos. Now we're going go to Assembly
12 Member Catalina Cruz.

13 ASSEMBLY MEMBER CRUZ: Thank you. I'm
14 going to keep it short. I want to again reiterate
15 how disappointed I am and every time, just like
16 Gustavo's always asking for raising revenue, I'm
17 going to say it every time I get to speak, how
18 incredibly disappointed I am that no one from
19 either the state agencies or the city agencies in
20 the City of New York showed up to this hearing to
21 provide us with much needed testimony, so that we
22 could better understand. Because at some point,
23 we are supposed to be partners, yet it doesn't
24 feel like that when you don't show up and tell

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2 us, the elected officials what you're doing and
3 so we can give you feedback. And if you want our
4 support we are here to do it, but we can't do
5 that if you don't show up.

6 I believe Cecilia is still on. Cecilia
7 before I ask you the question, I just wanted to
8 highlight that the rates that came out today, yet
9 again indicate that Jackson Heights and Corona
10 have the highest rate of death and I believe also
11 of infection, so we continue to, unfortunately be
12 the epicenter of the epicenter while our elected
13 officials at the top level of the City and the
14 State fight each other and try to take credit for
15 the work our communities continue to suffer. We
16 don't have the resources that we need but they
17 still can't show up for a much needed hearing.

18 So Cecelia, that brings me to a
19 question, I've asked every single one of the
20 folks that I've had an opportunity to talk to,
21 did the City or the State, at any point reach out
22 to any of the organizations that you work with to
23 say you have a particular vulnerable section of
24 our community, how can we help?

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2 MS. GENTILI: Not that I know of. Of
3 course, like you know, I know that, you know, it
4 may be a little bit salty of me to just when I
5 mentioned it took 10 hours and 40 minutes to have
6 the word transgender in this forum, but that's
7 just a reflection of where the community is in
8 this in this matter, right. This is where we are
9 and unfortunately what we are used to and this is
10 what sometimes we came to understand that we
11 deserve, because many of our communities just are
12 complacent. We've been through all this hell
13 forever that we feel like this is just what we
14 deserve.

15 No, it has not been any outreach
16 whatsoever and I have to tell you assemblywoman,
17 you know what worked the most for our community?
18 Mutual aid. Us, with a little bit of an extra
19 coin how we call it, giving to those who didn't
20 have it, right. And it's a shame that we had to
21 just kind of tap into our own resources. And
22 thank God we have it, though. Thank God we were
23 able to, like you know, everybody was donating
24 like you know, everybody was giving something.

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2 But from the State, we had no help, from the City
3 we had no help. It was not mentioned that as
4 trans people having a hard time with this
5 pandemic and we had to do what we have to do
6 ourselves.

7 ASSEMBLY MEMBER CRUZ: And as our time
8 is done, on behalf of my colleagues and I, who
9 have always stood with the issues with our trans
10 gender communities, my sincere apologies because
11 our government has failed you. And you know you
12 can count on those of us who are here. Reach out
13 to us. You know where to find us.

14 MS. GENTILI: Thank you.

15 ASSEMBLY MEMBER BRAUNSTEIN: Thank you,
16 assembly member. And now we are going to Assembly
17 Member Jo Anne Simon.

18 ASSEMBLY MEMBER SIMON: Hi. Thank you
19 very much and thank you all for staying, my
20 colleagues for staying, and the witnesses. I know
21 you have been here since the beginning and this
22 has been an incredibly long day and I really so
23 much appreciate your testimony. I did want to
24 speak just very quickly, a question of Mr. Nance

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2 who mentioned a long-term care task force to look
3 into the issues of long-term care. And you know,
4 I have a bill that I called the Temporary
5 Commission investigating the effects of closure
6 of long-term care facilities. Now that may be a
7 little narrow, because it was about closure but
8 I'm curious if you would, take a look at that
9 bill and let me know what you think about it and
10 certainly there may be a way of modifying that to
11 address what is perhaps a broader need that you
12 identified in your testimony and that bill is a
13 A1418. It's something I have been trying to get
14 going for a while and I really think this is a
15 really important time to start pushing that
16 again. So I would appreciate your thoughts on
17 that.

18 MR. NANCE: Yes, we will. I mean I don't
19 know the bill obviously, but our advocacy folks
20 from Albany are texting me back and forth and
21 they have given me the green light, I've written
22 the number, that they're going to take a look at
23 the bill and we'll get back to you.

24 ASSEMBLY MEMBER SIMON: Great. Thank you

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2 very much. And again, thank you everybody. And to
3 all my colleagues, thank you.

4 ASSEMBLY MEMBER BRAUNSTEIN: Okay. I
5 think that's everybody. I want to thank all the
6 witnesses for hanging out. It was a very long
7 day. I want to thank all my colleagues and
8 Senator Jackson you want to take us out? You've
9 got to take your mute off.

10 SENATOR JACKSON: Well, it's been a long
11 day, but we finished and as Marco said, that this
12 is not the end of it. I think we're going have to
13 have a continuation of hearings to dealing with
14 so many issues in order to improve the lives of
15 New Yorkers, not only of people of colors color
16 but all New Yorkers. That's really what it's
17 about. And I say to you that I'm committed to go
18 the distance.

19 I've run three New York City marathons.
20 And I know what it takes to get it done. You have
21 to have the physical strength and mental capacity
22 to get it done. Are you willing to stand up and
23 so let's stand up and fight back. So with that,
24 Ed, thank you. I can't wait until we get back on

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2 the basketball court and playing basketball.

3 ASSEMBLY MEMBER BRAUNSTEIN: Me, too. I
4 enjoy it.

5 SENATOR JACKSON: Because I enjoy it. If
6 you don't know, Ed is a good, very good
7 basketball player. And I'm old and still trying
8 to play.

9 ASSEMBLY MEMBER BRAUNSTEIN: You're
10 still good, senator. You're still good.

11 SENATOR JACKSON: And Jessica Ramos
12 calls me Uncle Bob. And I take that with pride,
13 too, you know. But anyway, thank you all, but
14 especially thanks to staff for putting this
15 together on our behalf. Is it perfect? Nothing
16 is. But this was very, very good. Listening to
17 everyone who had something to say and now the
18 work continues because they have all of the
19 testimonies and they're going to summarize it in
20 order for I guess us to understand exactly what
21 the direction we are going, as far as all the
22 suggestions.

23 And one thing is talk, talk, talk as I
24 said many times before. Our constituents want to

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2 see action. And so with that, Ed, thank you as
3 co-chair, thanks to all the other chairs that
4 were involved. They were listed there, there were
5 about, including the other chairs and the caucus
6 and the task force, there were about 16 chairs
7 and let me tell you, it was a long hearing but
8 thank you. But thank you, I appreciate it. All
9 right. How do you turn off?

10 ASSEMBLY MEMBER BRAUNSTEIN: Thank you,
11 good night.

12 SENATOR JACKSON: Bye everyone. Thank
13 you all, the staff and moderator, thank you and
14 everybody for doing the job. I know that we're all
15 tired. Let's get something to eat and get some
16 rest. Tomorrow is another day. Peace be upon all
17 of you.

18 (The public hearing concluded at 9:20
19 p.m.)
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CERTIFICATE OF ACCURACY

I, Ryan Manaloto, certify that the foregoing transcript of Joint Public Legislative Hearing on Exploring solutions to the Disproportionate Impact of COVID-19 on Minority Communities on May 18, 2020 was prepared using the required transcription equipment and is a true and accurate record of the proceedings.

Certified By



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