CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON CRIMINAL JUSTICE

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HELD AT: Remote Hearing - Virtual Room 1

B E F O R E: Carlina Rivera
Chairperson

COUNCIL MEMBERS:
Shaun Abreu
David M. Carr
Shahana K. Hanif
Mercedes Narcisse
Lincoln Restler
Lynn C. Schulman
Althea V. Stevens

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

Akeem Browder
Kalief Browder Foundation

Melania Brown
Halt Solitary Confinement

Madeline Feliciano

Candy

Louis Molina
Department of Correction Commissioner

Kenneth Stukes
Department of Correction Chief of Department

Melissa Guillaume
Department of Correction Deputy General Counsel

Rabiah Gaynor
Department of Correction Executive Director of Health Affairs

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CHS Chief of Mental Health

Patricia Yang
CHS Senior Vice President

Claudia Forrester
Brooklyn Defender Services

Natalie Fiorenzo
Corrections Specialist at New York County Defender Services

Zakya Warkeno
Bronx Defenders

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

Robert Quackenbush
Legal Aid Society Prisoners' Rights Project

Jennifer Parish
Urban Justice Center

Simmi Kaur
Youth Represent Attorney

Kelly Grace Price
Close Rosie's

Sarita Daftary
Freedom Agenda

Eileen Maher
Vocal New York

Melissa Vergara

Debbie Meyer
Arise Coalition

SERGEANT AT ARMS: Good morning and welcome to today's New York City Council hearing on Criminal Justice. At this time, will all panelists please turn on your videos for verification purposes? To minimize disruption, please place electronic devices on vibrate or silent mode. If you wish to submit testimony, you may do so at testimony@council.nyc.gov. Again, that is testimony@council.nyc.gov. Thank you for your cooperation. Chair, you may begin.

CHAIRPERSON RIVERA: Good morning. Hello everyone. I am Council Member Carlina Rivera, Chair of the Committee on Criminal Justice. Thank you for taking the time to join us remotely today for this important oversight hearing on self-harm and suicide prevention in New York City jails. The individuals who enter the City's jails under incarceration are exceedingly vulnerable to violence of all kinds, including but not limited to self-harm and suicide. While incidents of suicide in the jails decreased from eight reported between 2007 and 2011 to just one reported between 2018 and 2020. The veritable explosion in suicide incidents last year alone when at least five individuals took their own lives is

deeply alarming. As is last summer's spike in self-harm incidents. Research from the Vera Institute show that close to 15 percent of adults and 24 percent of young people engage in non-suicidal self-injury while in custody. For individuals with a mental health illness, the rate is closer to 61 percent. The US Bureau of Justice Statistics reported that suicides accounted for 24 to 35 percent of deaths in jails from 2001 to 2019, confirming a national problem that is acutely seen here in New York City jails. I would be doing a disservice to all of us gathered here today and to the people of New York if I did not mention that suicides and self-harm injuries increased as conditions in the jails steadily deteriorated. Through a simple-- though a simple correlation, it is certainly not a stretch of the imagination to say that jail conditions meaningfully contributed to the uptick in suicide and self-harm incidents that occurred last year. Further, the ongoing staffing crisis underpins many of the compounding problems at Rikers Island. Most relevant among them to today's hearing being a lack of access of medical and mental healthcare and the insufficient supervision of and support for

individuals at risk of suicide. A letter penned late last year by Doctor Ross McDonald, Chief Medical Officer at Correction Health Services makes this abundantly clear. Doctor McDonald wrote, "The unavailability of staff has resulted in delays in transferring patients to clinics for care, to mental health units or to hospitals, and has led to breakdowns in basic function such as the observation of incarcerated people placed on suicide watch." This observation remains true today. The number of missed medical appointments continues to climb month after month, and housing areas across multiple facilities remain under-staffed, or in some cases unstaffed as the Department continues to grapple with its well-documented staffing problem. Suicide prevention training is extremely important, yes, but such training for Correction Officers lagged early last year. It has been reported that very few officers received the refresher course, and regardless of whether officers have been trained, some are too slow to intervene or may not make any effort to intervene at all when they observe suicidal gestures from incarcerated people. The Department must create a culture that emphasizes the many ways

in which staff added to impact suicide prevention efforts. It is literally a matter of life and death. I do want to take a moment to mention that this committee recognizes and understands that Commissioner Molina has been in this role for only a matter of months, and he is not solely responsible for the decades of dysfunction and neglect that have contributed to the current crisis. There are some signs that the Department is taking self-harm and suicides in the jail seriously. For example, last year the Department of Correction updated its suicide prevention policies and expanded the number of incarcerated people serving as suicide prevention aids. These efforts will save lives, but there is so much more to do. This Administration can, should, and quite frankly, must deliver on the previous Administration's promise to create more PACE units which have been delayed for nearly two years, despite ample evidence that these units reduce self-harm injuries and increase medication compliance. I look forward to having a constructive conversation with the Department, and of course CHS, regarding their efforts to address self-harm injuries and suicides in the jails, including the Suicide Prevention Plan, the

deployment of suicide prevention aids, and suicide prevention training for staff as well the impact of the staffing crisis on this work. We will also hear my bill, Introduction 30 and Introduction 181, sponsored by Council Member Powers. Introduction 30 would require the Department to create and implement policies to address medical needs during and after lock-ins. And Introduction 181 would require DOC to publish all its rules, policies, and directives. We look forward to hearing testimony from the Administration, advocates, the families of those impacted, and the public on these two important pieces of legislation. I want to take a moment to note that today we will have a slight change in procedure. Instead of starting with the Department, the first panel we will hear from is comprised of people who have been impacted by self-harm and suicide at Rikers Island. It is out of immense appreciation for their advocacy and tremendous respect for their grief, healing and time that we welcome them to be the first to testify this morning. Thank you to Committee Counsel Agatha, our Policy Analyst Keeshawn [sp?] for helping put together this hearing, and thank you to all the Council Members in

attendance today. We have been joined by Council Members Hanif, Cabán, Schulman, Narcisse, Restler, Stevens, and I'm sure we will be joined by others in the coming minutes and hours. I will now turn it over to Committee Counsel to go over some procedural items. Thank you.

COMMITTEE COUNSEL: Thank you. I'm Agatha Mavropoulos, Counsel to the City Council's Committee on Criminal Justice. Before we begin, I want to remind everyone that you will be on mute until you are called on to testify. When it is your turn to testify, you will receive a prompt to unmute. Please listen for your name to be called as I will periodically announce who the panelist will be. The first panel will consist of members of the public. Next, we will hear from members of the Administration. Then we will hear from additional members of the public. During the hearing, if Council Members would like to ask a question, please use the Zoom raise hand function, and I will call on you in order. Committee Members will be limited to five minutes including responses. For panelists, once your name is called, a member of our staff will unmute you and the Sergeant at Arms will give you the

go-ahead to begin upon setting the timer. Please wait for the Sergeant to announce that you may begin before delivering your testimony. We will now turn to our first panel. Please listen for your name. Once your name is called, please accept the prompt to unmute yourself, and the Sergeant at Arms will set the time and announce that you may begin. Your testimony will be limited to five minutes. I would like to now welcome Akeem Browder to testify, followed by Melania Brown, followed by Candy Hailey, followed by Madeline Feliciano [sp?]. Akeem, you may begin when ready.

SERGEANT AT ARMS: Time starts now.

AKEEM BROWDER: Good morning everyone. As we get into this conversation about why the matters that happen in Department of Corrections, whether it be Rikers or any other jail, please keep in mind that we as advocates, we as parents and family members, we have our stories. Everyone has heard, and this isn't the first of our stories to be heard, but we do know that conversations have been happening. Now, conversations are great. Conversations move forward efforts, but action means everything. Let's take action at the end of all of

this. Take action to preserve and uphold life and humanity. Kalief Browder, my youngest brother did not deserve nor does anyone deserve to be tortured, and what we are facing is torture in these correction facilities. Correction has not been given. Treatment has not been given, and we do know the results of these non-given or non-present help or support or corrected behaviors. One, we are innocent until proven guilty. So to even assume the thought of correction is half-- is less than half-hearted. But what Kalief experienced and what everyone experiences is torture. And when they enter into solitary confinement whether it's for their own good, whether it's for the good of the staff or anything else, we can find difference. We can find humane ways to do things. However, this has not been the case for many people, and unfortunately it's too late for many people, and unfortunately it's too late for Kalief Browder. My youngest brother did not go into the system with a mental illness, but he came out with mental illnesses, and those mental illnesses was due to the treatment given and inflicted on him, although he attested that "I did not do this. I did not do this, so why am I being treated this way?"

and he-- for that matter, he wasn't the only person, but Kalief suffered being beaten and then lied about. Kalief suffered being told-- the public being heard that Kalief tried to escape. Well we then found the videos and realized that the officers lied. How do we keep on allowing stuff like this to happen? And yet, it's been seven years since my brother died. May 25th is his birthday, coming up soon, and we're still talking about solitary confinement. Although we've gotten promises, promises from the Mayor, promises from many elected officials throughout this state of New York to say that we can do something. Now, I'm personally conflicted. I have suffered from the Department of Corrections myself. To then-- that one in three, one in three black men or black people to be arrested, then happens to my youngest brother, I see the issues with the Department-- with the Department to be that regulate our society, but realistically life needs to be upheld to the fullest. When we see something happening, we should do something. If we see torture happening on the street, immediately we call 911 and something happens. What do we do when we see and hear of the nonstop neglect on Rikers Island? Do we call 911?

Do we call our Council Members? Do we say that, hey, we made this call and yet our complaints are being-- fallen on deaf ears? It seems like that, because Kalief seven years ago took his life due to the conditions that he lived through and actually made it out being someone that had their charges dropped and wrongfully accused, and yet, still committed suicide. And then to have my mom find him who then lost her life due to her heart attack of seeing what happened to her child. We-- I beg you first to understand this from a humane point of view. Our family members are tortured and we can't do anything about that while we're sitting back in our free stance and watching this happen, going to visits, and realizing this happened, but we can't get justice for them. I mean, I can't keep on asking. Sometimes we have to start taking, and that take is to take action. Shut down not just Rikers, shut down solitary confinement as a way to just like show humanity that we can make-- we can do right by people. We can come up with humane alternatives to incarceration or we can come up with real corrective behavior, but this starts with everyone here taking action. So I ask all of you here, please, let us know as family members that

they didn't die in vain. Let us know what action you'll be taking and not just a conversation. Thank you, everyone.

COMMITTEE COUNSEL: Thank you. Next we will hear from Melania Brown followed by Candy Hailey [sp?] followed by Madeline Feliciano.

SERGEANT AT ARMS: Time starts now.

MELANIA BROWN: Good morning everyone. Thank you for having me today. My name is Melania Brown, Criminal Justice Advocate and member of Halt Solitary Confinement. [inaudible] My sister was Layleen Polanco. My baby sister Layleen Polanco died alone in solitary confinement on June 7th, 2019. She was placed there against medical staff advice suffering-- after suffering from a seizure caused by a medical condition that should have kept her out of solitary confinement. Instead she was placed there to die alone. I released some video through NBC News which proved that the Correction Officers weren't doing their job. They are required to do round every 15 minutes. Instead, they checked on my sister an hour and 45 minutes later. When they finally realized that something was wrong, they opened the cell and instead of helping her, they stood steps

away from her and laughed as she took her last breath. The Department of Corrections needs correction, not no more stops [sic]. There's no rehabilitation in New York City jails. There's only deaths and monster in the making from their inhumane treatment they are receiving. How will our world ever be a better place under these conditions? My sister didn't only suffer from epilepsy, she also suffered from mental health problems, which a lot of our neighbors incarcerated suffer from, or end up suffering from by the conditions they are under in these facilities in Rikers Island, which end up in suicidal attempts. My sister was a vibrant human being. She was my sister. I am my sister's keeper. Coming to these meetings really did a number. People in our-- in the facilities that are ran by New York Jail-- New York City. These jails, Rikers Island, don't only cause mental health problems to the people that are living under that condition, but also family members, as myself who are left behind with a grieving heart. I will forever have to live a painful life sentence of not having my baby sister with me. I will forever have the image of that video, of these Correctional Officers laughing at my sister

instead of helping her. My sister was a vibrant human being who deserved to be alive today. My sister died because of an appointment that she missed at a meeting. She was placed in solitary confinement which later claimed her life. My sister was a ham being. She was not an animal, and not even animals are treated this way. Nowadays our animals eat at the table with us, but my sister died alone like one. My sister deserves to be here today. My family deserves justice. There's no amount of money that could ever been thrown at us that would be considered justice. Justice would be ending solitary confinement, ending these tortures that are ending humans' lives. There will never be no correction as far as they keep living under these conditions. There are monsters in the making. Our world will never be a better place. It's almost like it was designed for these humans to go in the system and come back worse, just so they could end up right back in. There's no rehabilitation. There's only torture. There's only families suffering. There's more-- a higher mental health crisis going on. I will forever be my sister's biggest advocate. I have to take steps back. It's been a few months since I last showed my

face to advocacy. Why? Because of a mental condition that I'm under from not having my sister with me. From watching her last moments and seeing that our elected officials are not doing anything about it, our Mayor, our Governor. Instead of going in there and fixing and correcting the problem, they want to bring more torture into these facilities. That's not going to change anything. That's not going to solve anything. You don't get anything. You get more bees with honey than you get with torture. How can our system ever be corrected when these humans are living under these conditions? How will deaths ever stop when they're dying? They're dropping like flies right before our eyes, and nothing is being done about it. I will forever continue to show up. And I send my condolences to everyone that has suffered in solitary confinements or under the inhumane practice in these facilities. I send my condolences to those family members that have lost loved ones in these facilities such as myself. I will continue to show up, and I do hope that this time around you guys really do something about it. Less talk and more action. Thank you.

COMMITTEE COUNSEL: Thank you. Next we will hear from Candy Hailey followed by Madeline Feliciano.

SERGEANT AT ARMS: Time starts now.

CANDY HAILEY: Hello, thank-- can you hear me?

COMMITTEE COUNSEL: Yes.

CANDY HAILEY: Okay. Hello, good morning. Thank you for letting me testify this morning. My name is Candy. I go by the alias of Solitary Survivor, and the reason why I use the alias Solitary Survivor is because I survived being in solitary confinement. I can't tell you about jail, but I can tell you about solitary confinement. Out of 1,168 days that I spent on Rikers Island-- excuse me, Rikers Guy-land [sic], I spent 1,122 days consecutively in solitary confinement. Solitary confinement is absolute torture. When I was in there I tried to commit suicide every single day, every moment that I can. I would take pencils, pens, cups, forks, anything I could to cut my wrists. I would hang myself in my cell, but for some reason every time I tried to hang myself, whatever I used would pop and I wouldn't be able to hang myself. I remember

officers used to stand in front of my door and laugh at me, and tell me, "Oh, hurry up and kill yourself. Oh, we have eight hours until your body gets cold. Leave her in there." I swallowed pills. I used to save my medication and swallow all of the pills and they would sit there and watch me swallow the pills, but I still didn't die. I would swallow industrialized detergent, soap powders, and I still wouldn't die. Sometimes they would give us food and the food would be absolutely cold, or it would have maggots, worms in it. So, even if they do starve you, sometimes it's a blessing when they starve you, because you don't want to eat maggot-filled food. What I'm speaking-- I might be grotesque and I might sound like, you know what I mean, I'm saying a little bit too much, but this is the truth. I was raped in solitary confinement. I was tortured in solitary confinement. I was starved in solitary confinement. One time I had-- I was found-- I went to the clinic and I had food poisoning. Out of all the women and out of all the trays of food I was served, I was the only one that got food poisoning, which means it was done deliberately. It was done intentionally. They was trying to poison me to kill me. Solitary

confinement is still in practice, and I don't understand why. It's absolute torture. Kalief Browder didn't commit suicide, no. The police killed him. The Department of Corrections killed him. He was killed. I think about committing suicide every single day, but with the help from my therapist, my psychiatrist and medications that I'm taking, it helps me to cope. Just last night, I thought about hanging myself, but I took a nice hot shower just to ease the pain, because there's no-- there's no cure for nightmares. I have nightmares every single day about being in solitary confinement. Some days I just think that I'm still in solitary and this is a dream that I'm free. Speaking of free, I was found not guilty of all charges. So I sat there tortured for over three years just for them to say, "Oh, you know what? Not guilty. Go home." But I had no home to go to. I slept on the train. I slept in parks. I slept in abandoned buildings until I was able to find stabilized housing. Solitary confinement is absolute torture, and I don't understand why it's still being practiced. I am a living survivor of it. I can tell you everything in and out. I was not raped by the gang members. They said there's gangs inside there.

The gang members didn't rape me. The Crypts, the Bloods, [inaudible] the Latin Kings, they didn't rape me. It was the Department of Correction that raped me. They raped me of my soul. They raped me of my emotional health, physical health. I went in there with no mental health diagnosis and I came out with several mental health diagnoses. I went in there with no physical ailments, and I came out with several physical ailments. I never wore glasses before. I have to wear glasses now. I never had-- I didn't have scoliosis. I developed scoliosis in my back because they wouldn't give me a mattress. For three years I didn't get a mattress, three years. No pillow, no mattress, just a hard bed frame. This is absolute torture. People say, "Oh, if you commit suicide, you're going to hell." Well, if you've been in solitary confinement that is hell. It doesn't get any worse than that. It doesn't get any-- a person in solitary confinement is not thinking about going to hell. What they're thinking about is going to heaven to get away from solitary confinement. Solitary confinement is hell on earth. That's where hell is. If I could describe it, it's hell. From

the smell, from the smell of urine, to the smell of vomit to the smell of feces, it's absolute torture.

SERGEANT AT ARMS: Time.

COMMITTEE COUNSEL: Thank you. Next we will hear from Madeline Feliciano.

SERGEANT AT ARMS: Time starts now.

MADELINE FELICIANO: Hi, good morning. Thank you for having me. My name is Madeline Feliciano, and I'm the grandmother of Nicholas Feliciano. Nicholas was in custody at Rikers Island in November 27 of 2019. Nicholas, growing up he always suffered mental health issues and suicidal attempts, and he used to receive treatment and was on medications for his mental health and suicidal attempts. On November 27, 2019, Nicholas was put in a holding pen where a week before another person had attempted suicide with a pipe on the ceiling in that same holding pen, holding pen 11. On November 28, 2019, I got home to find a written note on my mailbox saying for me to contact a number in reference to Nicholas. I felt immediately a fear in my heart that something had happened. I call the number, and I was told that Nicholas was at East Elmhurst Hospital, that something had happened. I asked if I can go and

see him, and they said that I needed to get transferred to DOC Prison Ward at East Elmhurst Hospital. They said I couldn't visit him until the next day. I had to visit according to DOC visiting hours and days. While Nicholas was in ICU on a ventilator fighting for his life, which I wasn't even aware of his condition or what happened to Nicholas. When I spoke to the doctors, they said that why nobody had contacted me. It was already the third day when I seen Nicholas being in the hospital, and when I seen him at the hospital, my heart just got ripped out. I was heartbroken when I seen the condition my grandson was in. He was on a ventilator and he had bruises, and he was in an induced coma, and nobody had explained to me what had happened to my grandson. Once again, DOC failed us. My grandson was left alone for seven minutes and 51 seconds by officers. Nicholas was left hanging while a Captain and other officers ignored him and encouraged him from the holding pen that Nicholas was in, which is a cell made with steel bars all around where every officer that was there was able to see Nicholas hanging and they didn't intervene to help Nicholas. The Board of Corrections did an investigation and the

conclusion of this investigation concludes that Nicholas' suicide attempt has many troubling aspects of New York City jail system relating to young adults' mental health treatment, self-harm, dangerous intake conditions, and poor supervision. These conditions persist today. It is the Board's hope and the public of DOC and CHS can learn from our findings and the agencies could implement our recommendations for future tragedies. Meanwhile, Nicholas has spent two and a half years at the hospital undergoing treatment for his anoxic brain damage. Nicholas gets occupational therapy, physical therapy. Nicholas has a cognitive impairment, speech impairment. He has been diagnosed with anoxic brain damage due to the amount of time he didn't get oxygen to his brain for seven minutes and 51 seconds. This could have been prevented if these officers would have done their job and not leave Nicholas hanging for seven minutes and 51 seconds. And these officers are still at Rikers Island working, even after there was a Board of Corrections investigation done where all findings are on the Department of Corrections' fault. Every day I see my grandson suffering, fighting to live day to day. No on will ever understand the suffering that

Nicholas is going through and the pain that he is going through. The pain I have in my heart seeing my grandson trying to walk, trying to talk, trying to eat, not being able to get some air or even some sun is a struggle. Our lives will never be the same. He is not the same young man that he was. He's unable to play basketball, football, family activity, activities, finish school or even work. Our holidays have not been the same. These officers have caused damage to my grandson and our family. I am asking for justice for my grandson and every other life that's been affected at Rikers Island. These officers need to be held--

SERGEANT AT ARMS: [interposing] Time.

MADELINE FELICIANO: Yes. These officers need to be held accountable for the neglect and effortless [sic] and premature investigations, its irruptive behavior by the Department, and for that reason this is why it is a constant problem at Rikers Island. These officers need to be held accountable immediately. I will continue to be my grandson's voice and every other life that has been lost or impacted by the neglect of the Department of Corrections. How much longer it's going to take for

the system to make changes? This is an ongoing problem at Rikers Island. The City, the Mayor, the Governor need to make changes so that no more lives can be affected. It is in humanitarian [sic] and it deprives people's lives. After Nicholas' tragedy, many more lives have been lost and have been affected. The Department of Corrections' supervision needs to make changes. I ask the City for justice for what has happened. These officers continue to work and not have accountability. That is not right, and it's not okay, and changes need to be implemented. Thank you.

COMMITTEE COUNSEL: Thank you. We will now turn it over to questions from Chair Rivera. Panelists, please stay unmuted if possible during the question and answer period.

CHAIRPERSON RIVERA: I just want to thank you all for being here. I know we were together earlier this morning, and you have been counsel and being a great advocate for your families. You've done this consistently, and I know reliving and retelling the stories and experiences is not easy, and I know why you do it. And we're very thankful. I want to see if any of my colleagues have any

questions for the families here today, and I know we all want to her from the Department who I'm grateful to for being here and listening.

COMMITTEE COUNSEL: Thank you. First we will hear from Council Member Cabán. If any other Council Members would like to ask a question, please use the Zoom raise hand function now.

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER CABÁN: Good morning. First of all, Akeem, Melania, Candy, Ms. Madeline, thank you. Just thank you. I know-- or I don't know how difficult it is each and every time you show up and bear your trauma and pain, and you continue to do it, and you do not owe a single person that. So I don't take it lightly. I don't take it for granted, and I just want to start by assuring that I will certainly, and I think many of my colleagues, will fight to make sure that your pain translates into change. But the one thing that I want to-- one thing that I want to add to this, and in part, on my colleagues specifically, is that what you heard here today, and all of you know this, but what you heard here today is not an outlier. These re not the few families that were uniquely impacted by our

correctional system. This happens every single day to the majority folks on Rikers Island. I spent seven years as a public defender, and unfortunately, these experiences are far from unique, and the stories that many of us could tell. And I so I just want to make sure that we are focusing on the fact that this is not about bad apples. It's not about individuals, but this is about a system, and a system in which this is the inevitable outcome of how these things work, and we need real whole sale, transformative change here, and again, that is my commitment to y'all, and I just want to thank you again for the work that you do, and I'm sending you a lot, a lot of love. Thank you. I appreciate y'all.

COMMITTEE COUNSEL: Thank you. Next we will hear from Council Member Narcisse followed by Council Member Abreu, followed by Council Member Hanif.

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER NARCISSE: sorry, [inaudible] I'm the-- I'm showing my face. I just want to echo what Council Member Cabán just mentioned. We are listening to you, and thank you Chair Rivera, for doing the work and be committed.

I'm listening to you, too. It's hard. It's heartbreaking for a country where we're talking about freedom. We're talking about opportunity, and we taking the jail cell for like putting people-- for me, it's a nightmare just visiting, just visiting there. And thank you for Council Member Rivera, Chair, that took us there. And I could not believe my eyes, and up to now it's a nightmare for me just seeing it. I just cannot imagine you going through the process. So, if one thing, we are committed to look for a different way of doing business. We cannot talk about the greatest city, the greatest country in the world and we're treating our people like that. It's unacceptable. It's not supposed to happen. We-- in 2022, it should be a place where we rehab people. Rehabbing patient is important. We need to give people opportunity. And I'm not saying that we can fix it overnight, but we are committed. This City Council members all we talk about is opportunity to have the best-- we going to make this. And you can rest assure we're not going to go and ignore it. We not going to go and might just continue the same thing as usual. That's the reason that you have a chair like Carlina Rivera asking the

right question, and we're all here to support we have a better system in place. And people don't believe [inaudible] jail. People need to be a place where they can have the rehabilitation they need, whether it's mental-- we need to have more set-up to educate, to continue giving the opportunity. That's all I can say. Just, I can feel you, Madeline. I can feel your pain. Hailey, I can feel it. And brother, so your brother Akeem, I can hear you. We are here for you and we're going to do everything we can do to support. So, thank you for coming here. I know it's not easy. Thank you.

COMMITTEE COUNSEL: Thank you. Next we will hear from Council Member Abreu, followed by Council Member Hanif.

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER ABREU: I just want to thank you Madeline, and thank you Candy. Thank you to Akeem. Thank you to Melania. Your powerful testimony today was very courageous. I just wanted you to know that we're listening to you. Under Carlina Rivera's leadership, she's going to make sure we're asking all the right questions to help tackle this issue head-on. There's a better way, and we

know that. We need to send solitary confinement. It's that simple. Thank you.

COMMITTEE COUNSEL: Thank you. Next we will hear from Council Member Hanif.

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER HANIF: Thank you. First, I just want to appreciate Chair Rivera for opening today's hearing with the testimonies of impacted families and impacted people who've experienced solitary confinement. We have to abolish this practice. We have to end solitary confinement. The last 20 minutes, listening to your testimony, was extremely painful. Like my body is fuming hearing your truths, hearing the violence that your family endured, Candy you endured, and the ways in which families have been experiencing the devastating repercussions and consequences. I'd love to learn a little bit more, Candy, from you about the support services that you described. I think that would be really good for me to understand a little bit more about day-to-day what kinds of services are helping you, what additional resources that you need, that this Council can continue to speak up about and invest in. Candy, thank you. Thank you for sharing.

Your testimony was the hardest for me to sit through. That was really hard to hear. And so I can't imagine what you're going through day to day and the-- if healing is even possible. So, I'd love to hear from you just a little bit more about your story and the resources that you need. I'm committed. This committee is committed. This Council has been standing up to the Administration since the beginning, led by Council Member Cabán when we had put out a letter saying that we need to halt solitary confinement. That's where we stand. That's what we're committed to. So, Candy, if you feel comfortable to expand on your testimony, I'd love to give you the floor.

CANDY: Can you hear me? Hello? Can anyone hear me?

SERGEANT AT ARMS: Yes, we can.

CANDY: Okay. Well, right now I'm speaking to a therapist every month, and I speak to a psychiatrist every month. That really helps me to cope with my suicidal ideations. And sometimes I just take a nice warm bath or a nice hot shower, and that will, you know, pretty much get me through the day. Sometimes it-- my eating habits. Sometimes

I'll go get some ice cream to make me feel better. Little simple things like a shower, a ice cream, that'll help me cope, because you can't get that in solitary confinement, ice cream, nor a shower.

COUNCIL MEMBER HANIF: Do others want to chime in? I know the families talked about just your own experiences with mental health issues or just the impact of needing to retell these stories over and over, whether at the hearings or rallies. Akeem, I saw your hand up.

UNIDENTIFIED: Yeah, we should unmute Mr. Browder.

AKEEM BROWDER: Thank you. As long as you can hear me. I know for solitary confinement victims, the thought is in the moment, even though we can try to piece together things afterwards, like try to get them therapy, try to get them some kind of relief, but the relief is-- the damage is already done. And so we-- even though we appreciate, and I'm sure it's still needed, that a lot of us, even the families, family members that-- of the directly impacted need aftercare, if you want to call it. But in the moment, you know, when someone's calling out for therapy-- at the Kalief Browder Foundation, my

organization, we're on Rikers, we are-- they are in the moment on Rikers. And yet, you know, a lot of my youth, they ask for therapy, and there's a mandate that within five hours of asking, they are supposed to get to speak to someone. Yet, I can tell you, I have people to this day, like right this very moment, that have not seen a counselor in two months. And so, the amount of money that we spend on-- kind of in-- just housing a person, more than half a million, 550,000 dollars to house a person at Rikers Island, and yet the amount of mental health, the budget for mental health is not nearly enough. I mean, we're talking about a couple thousand dollars dedicated to mental health services or medical services or dental services even, and yet, that doesn't scratch the amount that I as a tax payer, you as a tax payer, and everyone on this call, in this meeting is paying towards getting them that-- the services they need. I have youth that need medication that haven't gotten it in a month and a half. This adds to the inevitable fact that they will have mental health issues. If not even physical, psychological issues. I'll stop there.

SERGEANT AT ARMS: Time expired.

COMMITTEE COUNSEL: Thank you. Next, we will hear from Council Member Schulman.

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER SCHULMAN: Thank you. Thank you very much. I want to-- first, I want to thank the Chair for this amazing hearing today and for allowing all of you testify first before the Administration. I think that that's really important, and you're-- all of your testimonies were extraordinarily compelling and heartfelt, I want you to know that. And I want to thank you for the courage for doing that. I want to thank you. I know it's painful probably to do this, because it's public. You know, everybody sees this. I will tell you that my late life partner worked for the Fortune Society with-- for a long time she was a case manager there, and so she would talk to me about the fact that people-- so she took care of people that came out of Rikers, and also they have alternatives to incarceration, but let's talk about the Rikers piece which is a lot of her clients had mental health issues, and when they came out there was no provision for them to continue to get whatever services, whatever little services they were getting at Rikers,

on the outside. And at the time, I worked at Health + Hospitals, and so I made phone calls to get her clients into a program or into one of the public hospitals. And there's a real disconnect on mental health issues. About 50 percent of those on Rikers have mental health issues, and that's something-- I'm Chair of the Health Committee. It's something I'm extraordinarily committed to, as ae the rest of my colleagues who have spoken today and how are here today, and so I want you to know that there's a commitment on my part to make sure that people get the services they need, because once we get them in care and they get the right medications and all of that, I think that's going to go a long way to helping people. And so I just want you to know you were heard today, and I want to thank you very much for coming.

COMMITTEE COUNSEL: Thank you. We will now turn back to Chair Rivera for any additional questions.

CHAIRPERSON RIVERA: I just want to thank you. I want to thank my colleagues for their comments. I know that they'll bring this same focus to questioning the Department of Correction, and to

the Department of Correction for being here and listening. Thank you again. Thank you for your time for this morning, for again, engaging in this hearing with us, and as always, looking forward to working with you as you lead this movement for change. Thank you.

COMMITTEE COUNSEL: Thank you. Now we will turn to our next panel of the Administration. I will administer the oath to all members of the Administration. After I say the oath, please wait for me to call your name and respond one by one. Please raise your right hand? Do you affirm to tell the truth, the whole truth and nothing but the truth before this committee and to respond honestly to Council Member questions? Commissioner Louis Molina?

COMMISSIONER MOLINA: I do.

COMMITTEE COUNSEL: Chief of Staff, Kat Thompson.

COMMISSIONER MOLINA: She's not present.

COMMITTEE COUNSEL: Chief of Department, Kenneth Stukes?

CHIEF STUKES: Yes.

COMMITTEE COUNSEL: Deputy General Counsel, Melissa Guillaume?

DEPUTY GENERAL COUNSEL GUILLAUME: Yes.

COMMITTEE COUNSEL: Executive Director of Health Affairs, Rabiah Gaynor?

EXECUTIVE DIRECTOR GAYNOR: Yes.

COMMITTEE COUNSEL: Chief of Mental Health for CHS, Doctor Bipin Subedi?

DOCTOR SUBEDI: Yes.

COMMITTEE COUNSEL: And Senior Vice President for CHS, Doctor Patricia Yang?

DOCTOR YANG: Yes, I do.

COMMITTEE COUNSEL: Thank you. We will now proceed with testimony from the Administration. First we will hear form Commissioner Molina followed by Doctor Subedi. Commissioner Molina, you may begin when ready.

COMMISSIONER MOLINA: Good morning Chair Rivera, and members of the Committee on Criminal Justice. I am Louis Molina, the Commissioner of the Department of Correction. I am joined today by Chief of Department Kenneth Stukes, Deputy General Counsel Melissa Guillaume, Executive Director of Health Affairs Rabiah Gaynor, and I thank you all for this opportunity to discuss these important matters and my commitment to addressing them. I want to thank the

family members for sharing their stories and experiences. I know it's not easy to discuss the tragic events and experiences that you experienced and your loved ones in a public setting. I take your experiences and the experiences of your loved ones to heart, and you have my sincere commitment as the leader of this agency to enacting meaningful change within our city's jail system, so that tragedies like these do not occur again. While I have never experienced the pain from the loss that the family members described, I do understanding the feeling of despair. I myself remember like it was yesterday, even though it was more than 20 years ago, as I have shared with this committee before, a member of my own family experienced incarceration. And I remember feeling despair that they had lost all hope to survive their incarceration at that time which still had years to go before ending. I can remember traveling across the country while other family members travel for hours by bus in the Bronx to visit them. And by the grace of God, it was my family members' visit day, and that family visit, that family intervention allowed them to survive incarceration. So, while I do not pretend to know

the pain of the loss the family members experienced and described this morning, I recall my own despair of the possibility of losing my family member to self-harm, and possibly never having another moment to tell them how much I loved them. As the family members that were on the panel have laid bare, it is undeniable that the past two years have brought about immense hardship, anxiety, and grief. Five individuals in custody have lost their lives to suicide since the beginning of the pandemic: Ryan Wilson, Javier Velasco, Wilson Diaz-Guzman, Segundo Guallpa, and Brandon Rodriguez. These deaths are tragic and my condolences go out to their families and loved ones. I understand that the lack of information in the deaths that have occurred over the past two years has been painful and frustrating for the family and loved ones of these individuals. They deserve answers, and we are working with the partners-- with our partners in the Bronx DA's office, the Department of Investigation, and the New York State Attorney General to ensure that these matters are investigated fully. In order to preserve the integrity of the cases and ensure that outcomes are fair and just for everyone involved, the

Department is unable to comment or provide information related to these incidents until all investigations have been closed. However, we are committed to working with family members and loved ones and providing them with information that is readily available to us, or directing them to the appropriate authority that is best positioned to provide a response. Our jails, like jails everywhere, are a reflection of our community. The people that work and live in our jails come from our communities, and bring issues experienced by our communities with them to our facilities. Because of this, we cannot talk about issues related to mental health within our city jails without acknowledging the larger context, which is that all New Yorkers have collectively experienced tragedies and loss over the past two years. Our lives were utterly upended, in all likelihood, forever changed by the global pandemic. We lost family, loved ones, co-workers and community members across the city. New York City jails were not spared. In the face of all this, Department staff continued to report to duty and people from our communities continued to be admitted into custody, into facilities that were not designed

or equipped to handle the impact of a pandemic. As a result of the pandemic, the Department was forced to fundamentally change how our jails operate. Programs and services that supported people's wellbeing and hope for the future were suspended, leaving them with little to do and fewer means of coping with increased stressors. Visitation with family and loved ones was abruptly suspended during a time of incredible anxiety and many unknowns. When many of us wanted more contact with family and loved ones than ever, quarantine protocols further isolated individuals within the jails. The impacts of the pandemic were felt throughout the justice system, which led to delays in court processing, increasing lengths of stay. While many New Yorkers were able to shift to remote work, to grieve and adjust to the challenges of the pandemic from afar, the majority of our staff came to work during the height of the pandemic and continue to do so today. Neither our jails nor our staff were ever intended to support a population under these circumstances; these measures and the systematic disinvestment in our city jails and workforce had a profound impact on the mental health and overall wellbeing of those in our care and those

that work in the jails. I do not think these challenges are insurmountable, but I do acknowledge that we have a lot of work ahead of us. We must all, collectively as a city, work together to improve conditions within our jails. My vision for this agency is to create a culture of discipline and service to persons experiencing incarceration, working collectively with all stakeholders throughout the city and the justice system, to create an operational ecosystem of safety and rehabilitation. Some of this work has already begun. While staffing is still not where I want it to be, over 1,300 officers have returned work since the beginning of the year, which has allowed the Department to shift five out of eight facilities back to eight-hour tours of duty. These shifts have allowed us to begin normalizing operations and will enable us to move forward with strategic reforms that will create safer, more humane jails. As COVID positivity rates have come down, we have worked diligently to reinstate vital programs and services for people in custody. External programs returned to the facilities in January, in-person visitation resumed in February, and in March we held congregate

religious services to celebrate Purim, Ramadan, Easter, and Orthodox Easter. We look forward to resuming more congregate programming in a safe, gradual manner in the coming weeks to help restore a sense of normalcy for the people in custody and provide them with the support they need and deserve. Although programs and services can provide an important baseline for wellness and stability, over the past several years, we have seen a significant increase in the percentage of the New York City jail population that struggles with mental illness. Today, roughly 50 percent of the jail population is receiving mental health services while in custody. Many of these individuals are entering our jails with pre-existing conditions, such as mental illness or substance abuse, and must contend with the psychological and emotional dysregulation of incarceration. We are proud to partner with Correctional Health Services, who provides health and mental health services across our facilities, to support these individuals while they are in our custodial care. In addition to health services, healthcare services provided by CHS, the Department also partners with a number of contracted program

providers to afford access to programming that enhances behavioral coping skills, supports anger management, addresses substance use, and encourages productive and prosocial behavior. It is our goal to address the needs of the whole person while in our custody, which includes providing various levels of mental health support that meets the unique need of the individual. For individuals in need of enhanced support, the Department runs several specialized housing units in collaboration with CHS. Safe and inclusive housing options are part of an evolving conversation about how to best to meet a wide spectrum of needs. There is no one size fits all approach, and the Department has worked tirelessly with CHS to ensure that we provide a responsive plan of action for incarcerated individuals with significant mental health needs. Although all individuals have access to mental health providers, certain individuals may require structured support and more frequent observation. For that population, we operate Mental Observation units. Mental Observation units operate under the guidance of a multi-disciplinary team of unit-based mental health providers who conduct daily rounds, provide group

programing and individual psychotherapy, and oversee medication treatment. These MO units are not punitive and afford the same out-of-cell time as General Population units. For individuals with serious mental illness we require intensive support but who do not require hospitalization, the Department works in conjunction with CHS to operate the Program for Accelerating Clinical Effectiveness, known as PACE. PACE focuses on enhancing coping skills, improving communication abilities, and promoting insight and competency in managing one's mental illness, emotions and behavior. CHS advises the Department on which individuals are suited for PACE placement based on their clinical need. The Department recognizes that individuals with serious mental illness do not belong in any form of restrictive housing. Individuals with guilty adjudications for serious infractions may be assigned to Clinical Alternative to Punitive Segregation, CAPS units, based on a clinical determination made by CHS. The CAPS units provide intensive mental health treatments for individuals with serious mental illness who have been adjudicated for a serious infraction but do not need to be hospitalized. Like

PACE, CAPS units are staffed by both DOC and CHS personnel who support residents by helping them enhance their coping skills, improve their communication skills, and develop insight and competency in managing their mental illness as well as their emotions and behavior. In addition to providing appropriate therapeutic housing, the Department also recognizes that maintaining robust policies and procedures for the prevention of suicide and self-harm is critically important to supporting those entrusted to our custodial care. During the pandemic, suicide rates rose across the United States for people aged 10 to 34, as well as for Black and Latino men specifically. Our jail population converges on three of these demographics: 57 percent of the overall NYC jail population is comprised of individuals aged 19 to 34, and the overwhelming majority of the population are Black and Latino men. In addition, roughly 80 percent of the Department's uniform workforce identify as Black or Latino, and they certainly have not been spared from the stress of the pandemic or the failings of this agency over the past few years. All uniform members of service receive training in mental health, mental health

first aid, suicide prevention, and CPR certification at the Academy. In addition, they are trained on the Department's suicide prevention policies, which are reiterated to them constantly through our rollcall, posters placed throughout the facilities, and other means. These trainings educate staff on how to identify individuals who may be in distress or crisis, and instruct staff on the steps they must take to make timely and appropriate referrals to CHS for mental health evaluation, to monitor individuals who may be at risk of self-injury or suicide, and to immediately intervene if these behaviors are observed. All staff are equipped with a special duty knife to facilitate rapid disabling of ligatures that may be used as a means of self-injury or suicide. Individuals entering the Department's custody are screened at intake for risk of suicide, and evaluated by CHS. Individuals who appear to be at risk for self-injury or suicide are immediately referred to CHS, who makes a determination as to whether that individual should be placed on suicide watch. Individuals in need of constant supervision, as determined by CHS, are placed in designated housing areas that can support enhanced observation and a

higher level of mental healthcare. In addition, the Department maintains a work detail of Observation Aides, also known as Suicide Prevention Aides or SPAs. These are individuals in custody who are vetted and trained to identify unusual or suicidal behavior and immediately report these behaviors to a housing unit officer. They are deployed throughout housing areas in the Department where individuals may be at higher risk for suicide, as well as in the intake areas. They do not supersede an officer's duty to maintain supervision or intervene if an incident arises, but they offer a tangible means of safety and connection for individuals in our custody who are experiencing acute distress and are in need of additional support. Tragically, despite our best efforts, some individuals succeed at taking their own lives. Whenever an individual in custody passes away, we deploy our Ministerial Services staff to make an in-person notification to the next of kin that has been identified by the individual. Our chaplains deliver this terrible news with compassion and stay with the family member or loved one to process the loss, pray, and help them cope. In addition, we have recently instituted a policy

whereby DOC social workers and counselors will respond to a housing area or other affected area following a loss of life to engage with the people in custody who may have witnessed the event and provide support and trauma-informed care. DOC staff will also make referrals to CHS mental health staff for further treatment and follow-up. While these efforts provide a safety net for individuals in our custody experiencing profound mental distress, the reality is that a jail setting is not appropriate for individuals with acute mental health needs. As a City, we need to support efforts for alternatives to incarceration which will divert certain eligible people away from jail with appropriate supervision in the community in place of pre-trial detention. We should be supporting efforts to increase the presence of mental health and substance abuse courts. These courts provide a holistic approach at case processing and in conjunction with treatment programs and case managers, these courts support people who enter into the criminal justice system as a result of mental health or substance issues and who should be treated as such during the criminal justice process. I believe we also need to bolster supportive housing,

which I know is a focus for this City Council. For my part, you have my continued commitment to improvement and reform. I know that implementing best practices and sustaining minimum standards cannot exist without a timely and meaningful discipline process for our staff, which quite frankly has never existed in this Department. For all the public rhetoric of the prior Administrations, when comparing the same initial time in office to the prior two Commissioners, I have closed out and administered final disciplinary dispositions in over 725 disciplinary cases, while the prior two Commissioners closed only 322 and 208 disciplinary cases respectively in the same timeframe. If leadership at its highest level does not hold people accountable that lack of accountability trickles down to all supervisory ranks, and does nothing but normalize mediocrity. This attitude, and the environment it has created in our jails, has led to failures of the past two years and include the tragic losses of life, and it will not continue. Now I will address the two pieces of legislation being heard today. Regarding Intro 30, related to medical access during lock-ins, my team is reviewing the language and looks forward

to working with Council on this important issue. We are committed to providing access to healthcare to all people in custody, and we work closely with CHS to make this happen. Regarding Intro 181, related to publicly available Departmental policies, we are also reviewing the language of this bill and are certainly willing to do a review of our current policies and determine if there are more than can be posted online in the meantime. Before I conclude, I would like to remind the Council and the public that my team in the very limited ways in which we can publicly discuss any specific case related to self-harm or suicide. Regardless, we appreciate the opportunity to discuss mental health support and self-harm and suicide prevention efforts within our jails, and we welcome any questions you have at this time.

COMMITTEE COUNSEL: Thank you. Now, we will turn to Doctor Subedi. You may begin when ready.

DOCTOR SUBEDI: I am Dr. Bipin Subedi, Chief of the Mental Health Service at NYC Health + Hospitals Correctional Health Services, also known as CHS. I appreciate the opportunity to testify today on the topic of self-harm and suicide prevention in New

York City jails. While Commissioner Molina has spoken to the prevention of self-injury and suicide among incarcerated individuals from an environmental and operational perspective, I can address the clinical risk factors for these behaviors and contextualize self-injury in the jail setting. Even before the pandemic, persons detained in jail were more than five times more likely than the community, and almost two times more likely than prisoners, to experience serious psychological distress. According to data from the Bureau of Justice Statistics, in 2019, national jail suicide rates were more than twice that of the community and almost double state prison rates. The jail environment is [inaudible] psychological instability, self-harm, and suicide for several reasons. Individuals enter jail with high levels of stress due to their recent detention, separation from family, disruptions in care, and loss of autonomy and access to usual outlets for coping. Uncertainty about the outcome of legal cases and the unpredictability of the jail environment can cause additional tension and anxiety. All these factors can exacerbate symptoms of an existing mental illness, as well as induce psychological distress and

new self-injury in individuals without a history of mental health problems. The above conditions also contribute to suicide being the leading cause of death in jails across the United States, with a rate of about 49 deaths per 100,000 individuals in 2019. While some incarcerated individuals harm themselves because of a desire to die, others self-harm to express and manage distress or to communicate an unmet need. In addition to relieving tension or anxiety, self-injury in a jail environment can also be a pathway for immediate attention when an individual does not believe other forms of communication would be successful. The majority of the self-harming behavior in jails is defined as non-suicidal self-injury, or NSSI, which is self-inflicted damage to one's own body, for example cutting, without the intent to die. Literature suggests that individuals in the criminal-legal system report NSSI at higher rates than people in the general population. The lack of lethal intent does not make NSSI any less serious or concerning because it can be fatal, even if not intentional. NSSI is particularly concerning in a population with extensive histories of trauma, which can lead to

impulsivity and rapid emotional changes. This is why CHS uses a broad definition of self-injury when assessing and caring for patients. Understanding these challenges, in 2016, when CHS, as a new division of New York City Health + Hospitals, became the direct health care provider in NYC jails, it implemented a robust mental health system of care. CHS hired additional mental health professionals with a focus on strengthening oversight and supervision; created a strong clinically based suicide prevention program centered around early detection, individual risk assessment, and treatment planning, as well as the close monitoring and investigation of all self-injury regardless of severity, and established specialty units for individuals with serious mental illness, otherwise known as SMI, which improved access to care and medication adherence and decreased injury due to violence. These interventions significantly improved the mental health services available to people incarcerated in New York City. As Commissioner Molina discussed in his testimony, the COVID-19 pandemic destabilized the jails in profound and impactful ways at both the individual and systemic level. Since the spring of 2020,

detained individuals have contended with court delays, restricted communication with family, friends, and attorneys, and health concerns for themselves and for loved ones. The ongoing and far-reaching disruptions in the functioning of the jail throughout 2020 and 2021 served to exacerbate the pressures and stresses on detained persons. Although rate of self-injury decreased during the first three months of the pandemic, it subsequently increased approximately 75 percent in the subsequent quarter across all housing areas and several age groups, peaked during the spring of 2021, and remains elevated from pre-pandemic levels. This increase in self-harm has been driven by non-suicidal self-injury in non-SMI population and the percentage of individuals requiring referral to the hospital for self-injury has not changed. Yearly suicide rates have remained generally stable since 2019. The global increase in non-suicidal self-harm and the fact that the percentage of patients self-injuring with SMI has decreased by more than 40 percent since the pandemic began, strongly suggests that systemic factors are inducing this phenomenon. Since the pandemic, CHS has taken significant additional steps

to minimize risk of self-harm and suicide related to, and independent of, mental illness. This includes focused efforts to ensure individuals with mental health needs are assessed early in the course of incarceration; the creation of additional mental health therapeutic housing areas, including one in the intake facility; central mechanisms to identify and escalate known high-risk individuals for evaluation; and instituting a lower threshold for referring and placing patients on suicide-watch observation and more stringent criteria for transferring them to general population. CHS has also provided education to clinical staff on suicide-risk assessment and to correctional officers on suicide prevention and the importance of taking all NSSI seriously. CHS also works with the Department of Correction and other City partners to advance criminal-legal reform efforts. This includes the creation of more normative and humane borough-based jails, in which approximately 50 percent of the housing units will be therapeutic, and hospital-based jail units for those who have significant medical and mental health needs. CHS also continues to support alternatives to incarceration and greater access to

community-based mental health services and supports. Prior to the pandemic, CHS was able to demonstrate that the implementation of robust clinical interventions could help mitigate the harms associated with the jail setting. Notably, from 2016 to 2020, the yearly rate of jail suicide in New York City was significantly lower than the national average, the one completed suicide during a four-year period between 2016 and 2020. There were four confirmed in-custody deaths from suicide in 2021, and one suicide-related death occurring just after release from custody. Since and in part due to the pandemic, there has been a significant increase in the environmental and systemic stressors throughout the entire criminal legal system that have negatively impacted the people we treat. Healthcare staff will continue to utilize all the tools we have to try to mitigate and manage the self-injury risks to our patients; however, it is crucial that all stakeholders recognize the inherent risks of involvement in the entire criminal legal system up to and including jail detention, especially during public health emergencies, and that a myriad of factors contribute to the distress and self-harm of

incarcerated people. Regarding Intro 30, related to medical access during lock-ins, CHS will work with the Department in reviewing the legislation. We, too, look forward to working with Council on this important issue, as ensuring our patients can access healthcare services is vital to their care and our operations. I will close by taking a moment to acknowledge the remarkable work of CHS' healthcare workers. I am here representing a large team of professionals who remain committed to treating people, our patients, during extremely difficult times. These past two years have been especially challenging, and I want to thank them for their ongoing dedication and sacrifice in performing this meaningful work. Thank you.

COMMITTEE COUNSEL: Thank you. I will now turn it over to questions from Chair Rivera. Panelists, please stay unmuted if possible during this question and answer period.

CHAIRPERSON RIVERA: Good morning. Thank you for being here. Thank you for listening to the families who testified before you all and for remaining with us throughout the duration of the hearing. So, where are Suicide Prevention Aids

deployed in the facilities, and how many are in restrictive housing and new admission?

COMMISSIONER MOLINA: Good morning, Chair. I'd like to have our Executive Director Rabiah Gaynor respond to your question.

EXECUTIVE DIRECTOR GAYNOR: Good morning. My name is Rabiah Gaynor. I am Executive Director of Health Affairs. So, to answer your question, the Suicide Prevention Aids, also known as SPAs, they are within the MO unit. My division specifically tests and trains the Suicide Prevention Aids, and then there's a series of steps afterwards. So, they're throughout the Department in the MO units wherever people are on suicide watch. Now, they're in intake areas as well.

CHAIRPERSON RIVERA: Could you provide the number of officers needed to supervise an individuals on suicide watch?

EXECUTIVE DIRECTOR GAYNOR: The number of officers, there's usually a suicide watch officer, Correction Officer, but you also have the Suicide Prevention Aids which are other detainees in custody that are also present in the area.

COMMISSIONER MOLINA: And ma'am, just for a point of clarification, the number of officers required is really driven by the number of patients that CHS designates needs to be on suicide watch. So today, that number-- do we have that number today?

EXECUTIVE DIRECTOR GAYNOR: We have yesterdays, because today's is probably promulgated, but I can't look at it now, but as of yesterday we had 40 individuals in custody on suicide watch. Today, the numbers may be slightly different.

CHAIRPERSON RIVERA: Okay, 40 individuals currently. So you mention there is an officer and the aid, but have there been any instances where only one officer was on suicide watch?

EXECUTIVE DIRECTOR GAYNOR: I mentioned there's an officer that is supposed to be provided when someone is determined be in need of suicide watch, and then you also have the Suicide Prevention Aids which one person in the area as well.

COMMISSIONER MOLINA: And just so that we're clear, ma'am, taking notes, Suicide Prevention Aids do not do enhanced constant supervision for these patients. It's Correction Officers that do that work. They're there as an extra layer if they

observe behaviors that might be indicative of self-harm or suicide, and they're to alert the housing officer so that they can respond to that individual's needs.

CHAIRPERSON RIVERA: So, my question as to whether there is only one-- is there a ratio-- do you use your discretion? For example, if there are 40 individuals right now, how many officers are there? I understand the Suicide Prevention Aids, but I'm asking specifically about the officers, because I'm also curious to know what happens when the officers leaves the post or responds to an emergency? Is the individual on suicide watch left unattended?

COMMISSIONER MOLINA: Okay, yeah, so I'll have Chief Stukes speak in more nuanced details about the constant supervision of these patients.

CHIEF STUKES: Yes, hi, good morning.

CHAIRPERSON RIVERA: Morning.

CHIEF STUKES: When a person is placed on suicide observation by clinical staff, a Correction Officer is assigned to conduct constant supervision. So for each person that is on suicide observation, a Correction Officers is assigned to constantly watch that person in custody. If that person has to depart

the area for any reason, that Correction Officer follows that person on that unit. So they have two type of settings when it comes to how the units who have person in custody are assigned that may be on suicide observations. It may be what is defined as a cell area, where the person's assigned to a cell, or it might be assigned to a dormitory setting where there are multiple people, but in an open congregate-style setting. So for each person that is assigned to a cell area, there is one person who is dedicated to watch that person in custody.

CHAIRPERSON RIVERA: So, while staff absences are a huge problem, we also heard testimony today about how various staff members failed to intervene for eight minutes when they observed Nicholas Feliciana who was in a cell, which the Board of Correction extensively reported on. What specific actions have been taken to hold staff accountable and to prevent such a horrible situation from ever happening again?

COMMISSIONER MOLINA: Chief?

CHIEF STUKES: when it comes to staff discipline, we have a disciplinary process. As it pertains to discipline, when a person is in engaging

self-injurious behavior resulting in death, these serious incidents including death in custody are investigated internally, and externally, and dependent on the case externally and discipline may be pursued depending on the outcome of that investigation. Discipline may be issues for failure to adhere to one of many departmental policies during the course of the incident or related to the actual incident. If the Department policy is violated, is identified and subsequently verified, staff are referred to appropriate discipline which may include loss of annual leave time, suspension, and a form of charges that my result in future disciplinary action including termination.

CHAIRPERSON RIVERA: I think, you know, you kind of alluded to this, but that the Board of Corrections is absolutely instrumental in having a balance and accountability measures within the Department. you mention investigations, you know, the Council is putting forward and ask to make sure that he Board of Corrections has the proper expertise, specifically medial expertise to help them conduct their investigations. So I hope you will join us in that call for resources to the Board. The

Board has also-- their minimum standards require that people in custody receive written communication about the availability of mental health services, the confidentiality of those services and procedures for gaining access. Is this being done and when do people in custody receive information about mental health services? Is it just that intake?

COMMISSIONER MOLINA: so ma'am, I'd like to refer that question to CHS since it's very medically related to people's healthcare.

DOCTOR SUBEDI: For individuals that are presented to CHS for evaluation, we do inform them about their right to treatment and available services as well as pathways for connecting with us.

CHAIRPERSON RIVERA: Can you give us a little bit more detail on these services? I think you've heard some very compelling testimony on availability. So a bit more detail on the mental health services? Kind of the process if someone is identified, if someone is observed. You know, what is the process from there?

DOCTOR SUBEDI: Sure, absolutely. So, we begin our screening of individuals in the system prior to arraignment through our EPAC services. Then,

you know, that-- we do screenings there for both medical and mental health needs and services and can divert people to hospitals if needed. For those that are brought to the City jail system after arraignments, we both look at screening forms performed by DOC with regard suicide and mental health needs. Medical intakes are then performed within 24 hours of being brought to the jail, or hours of being brought to the jail. During the medical intake, there's a screening for mental health needs. Then that guides referrals to mental health. In mental health we see all individuals who are referred within 72 hours that have pathways to expedite people to be seen earlier if they have more urgent needs, and this includes acute suicidality. Once mental health evaluates an individual, we then perform a complete clinical evaluation as well as determined clinical risks, and that really guides a level of care that we can refer that individual to. So, that can include general population care, which means that an individual may be in general population housing and then come to a clinic for their needs, so psychiatric or in terms of therapy. For individuals with serious mental illness or more functional risk

in the jail settings, we then refer them to our mental health therapeutic housing unit, and there's two levels, MO and PACE, and where someone goes really depends on the level of care that they need.

CHAIRPERSON RIVERA: Thank you. I just want to acknowledge, we've been joined by Council Members Brewer, Abreu, and Carr. So, thank you for that. And, you know, we heard testimony about how the devastating harm of solitary led Kalief Browder to die by suicide even after he was released from jail. In line with studies that show that solitary increases death by suicide post-release. How many incarcerated people are currently on suicide watch? You mentioned 40 individuals in custody, but I wanted to make sure I understood that number. And where are they housed? How long on average does an incarcerated person remain on suicide watch, and what are the criteria to place a person on suicide watch? I know you touched on that, but would appreciate more detail. And those criteria are developed exclusively in consultation with CHS?

EXECUTIVE DIRECTOR GAYNOR: Yeah, so I'll answer. First of all, we-- the Department, DOC, does not determine who goes on suicide watch. It's

determined by Correction Health Services. So, once they notify us through a transfer notification form, we are notified that we are to find and assign a officer to provide one-on-one watch to the individual. So, as I stated earlier, as of yesterday, we had 40 people on-- currently on suicide watch, and they are housed-- to answer your question-- in the mental health housing, whether it's the mental observation housing or any other specialized housing that we discussed earlier such as CAPS or PACE.

CHAIRPERSON RIVERA: So, what changes have been made to make mental health services readily and frequently available to incarcerated persons, including the young adults on Rikers?

EXECUTIVE DIRECTOR GAYNOR: Well, we provide opportunity access to care to mental health. So, as determined by CHS, once a person has an M [sic] designation and they're known as a [inaudible] class member, which means they're under mental healthcare, then we follow the protocol to get them [inaudible] care according to the appointments that mental health schedules and/or in emergency cases where others reach out to the Department and say the

person needs to be seen. So that's something that we provide, you know, produce them to services in the clinic to be seen by mental health, and mental health readily sees the patient, which is very helpful to us.

COMMISSIONER MOLINA: Yeah. I mean, our department and Health Affairs Unit under Rabiah is constantly in consultation with CHS periodically concerning individuals who are continued suicide watch status, but ultimately, it is a clinical determination to keep or remove someone from suicide watch.

CHAIRPERSON RIVERA: So, does DOC conduct joint internal investigation with CHS following a suicide incident, and how about for serious suicide attempts, that is those requiring medical treatment or hospitalization?

EXECUTIVE DIRECTOR GAYNOR: Yes, we do conduct joint meetings with CHS, as the-- you know, who they identify to discuss the individuals' suicide attempts, and we discuss it. We also monthly collaborate with CHS to keep up to date and report [inaudible] to SCOC [sic] to make sure that we're reporting out accurately any suicide attempts deemed

accurately by CHS. So we communicate with CHS a 100 percent of the time ongoing basis.

CHAIRPERSON RIVERA: Could you then explain the high number of missed medical appointments, because of-- in terms of not being that person-- people being produced? Can you explain why the number of missed medical appointments were so high?

COMMISSIONER MOLINA: Yeah, Chair, I'll have Chief Stukes talk about that. That's a direct operational issue. Chief Stukes?

CHIEF STUKES: Yes. Good morning. As it pertains to person who missed medical appointments of scheduled clinics, one of the main reasons that persons miss medical appointments is a person in custody right to refusal. The majority of our unproduction [sic] of missed appointments is as a direct result of the person in custody in being afforded the opportunity for the interventions, they refuse from the housing unit.

CHAIRPERSON RIVERA: Do you have-- I realize the majority, what the majority means, but do you have like actual numbers as to how many appointments and the percentage of those that were

because of those reasonings, and whether after this or during the hearing, can you send us that breakdown?

COMMISSIONER MOLINA: Absolutely, ma'am, and I'll have Executive Director Gaynor go over some of those numbers for you.

EXECUTIVE DIRECTOR GAYNOR: Yes, I have March 2022 numbers in front of me. So, given-- I must elaborate that. The numbers are going to be high, but it doesn't tell you the total amount of appointments that were scheduled in comparison for you to understand. But for March of 2022, we had a total of 12,745 missed-- non-production appointments to produce, and this is throughout all of the facilities. The reasons vary from people being unavailable because they were out to court, people being unavailable because they preferred to go see their loved ones during a visit. The majority of the numbers, and I have the numbers to share with you and I will also forward it, were production refusals just as Chief Stukes stated that the individual didn't want to come out of the housing areas to come down for whatever reasons. Some of the non-production had to do with walk-outs. We produce them DOC to the

clinic, but the individuals didn't want to wait and they refused to wait, and they wanted to be brought back to the housing area. In those cases, we honor that because we don't want to have any violence or any chaos going, so we do bring them back. Many of occasions were due to programming, they had other programming going on. They wanted to go to that. A few were barber shop and a few were recreation, and then a few were other. And so, we-- you know, so that total amount added up to 12,745.

COMMISSIONER MOLINA: And Madam Chair, we'll send you the reports for your team, but the reports are also published on our website.

CHAIRPERSON RIVERA: How long does it take on average for the Department of Corrections to complete an internal investigation, specifically for those involved medically with self-harm or suicide attempt?

COMMISSIONER MOLINA: We do conduct preliminary investigations with our partners with CHS. What I would tell you is that a lot of that preliminary work is then shared with the oversight bodies who are conducting those said investigations. Those oversight bodies include the State Commissioner

on Corrections, also known as SCOC, the Board of Corrections, and may also involve the Bronx DA's Office Department of investigations, as well as the New York State Attorney General's Office. So, on average, it really depends on the situation, but we don't really control the timeline of when those investigations are completed with those other oversight bodies.

CHAIRPERSON RIVERA: When you conduct an investigation, are the families informed of your findings?

COMMISSIONER MOLINA: We can help with the families to direct them with the other oversight bodies that can provide them with additional information. Likely, that information, what I think would be provided when those investigations have been concluded, but because we want to ensure a fair investigation, we don't release any of that information, but we do release it to the oversight bodies, and it's included in part of larger investigation that they're conducting.

CHAIRPERSON RIVERA: Understood. I saw an article in the Daily News this week detailing how difficult it is for the family of people who died

while in custody to get any information. Have there been any death reviews from 2022 released publicly? I ask not only for public accountability, but in consideration of the family members who do deserve to know what happened to their loved ones?

COMMISSIONER MOLINA: As of now, none have been. You know, it's still early, its status as far as the investigative process is going. And I don't want to speak on behalf of those other oversight bodies.

CHAIRPERSON RIVERA: Do you-- for those individuals who-- actually just generally for missed medical appointments, what progress has been made towards collecting video documentation of refusals regarding mental health screenings?

COMMISSIONER MOLINA: Well, regarding-- so when we have a patient that refused to go to a medical appointment, what we have started doing is having that refusal videotaped just so that we have an extra layer of accountability that is the refusal of the patient. So that is being done. I don't have the number off the top of my head how many of those videos we have, but we can follow up with your team.

CHAIRPERSON RIVERA: What--

EXECUTIVE DIRECTOR GAYNOR: [interposing] also, just wanted to add, we also try to encourage to get people down, many occasions to do a verified refusal in the presence of Correction Health Services, because many times people just don't want to come, and we explain to them, "Please come down with us so that you can tell Correction Health Services yourself." And sometimes they do, you know, agree with us, and they'll come down and refuse in the presence of CHS.

CHAIRPERSON RIVERA: How many were refusals because of Department of Corrections refused to transport?

COMMISSIONER MOLINA: I'll let the Chief answer that, but we don't-- we would not refuse to bring someone to any type of medical appointment.

CHAIRPERSON RIVERA: Or they could not produce the person because there wasn't any staff available. Let me rephrase it.

CHIEF STUKES: With regards to a person who having a medical appointment being produced-- medical is a priority for the agency-- we make all efforts to produce persons for medical appointments. When a facility is experiencing an insufficient

amount of staff that may preclude them from getting a person to a scheduled appointment timely, we assist the facility by providing escorts. So, to be fair, it's not that we don't have staff available to produce that person to appointment. There may be a delay in getting that person to appointment due to some, perhaps, staff challenges for that immediate time.

COMMISSIONER MOLINA: You're on mute, Madam.

CHAIRPERSON RIVERA: Sorry. Are there plans to move the current PACE units? We have reports that yesterday a DOC staff member stated that they are moving current PACE units to make space for restrictive housing.

COMMISSIONER MOLINA: Chief Stukes?

CHIEF STUKES: Yes, as it pertains to remodifying two PACE units to support our efforts with risk management accountability systems which will commence on July the 1st. We collaborated with CHS clinical staff with regards to this move. CHS agreed with the Department with the new locations, and made several requests regarding modifications which would be needed in those units that were

previously enhanced suicide idealization [sic] housing. So, the two units that would be removed from PACE units and moved to different parts of the facility would be building 17 and 19, which are currently our PACE units, and they would be removed into a section of the GRVC, which is the George R. Vierno Center, into building eight and 10.

CHAIRPERSON RIVERA: Is the planned implementation of RMAS to be fully operational by July 1st on track?

COMMISSIONER MOLINA: Yes, ma'am, that has been my commitment.

CHAIRPERSON RIVERA: This week, the Mayor explained a planned increase in uniformed officer headcount by saying they were needed due to punitive segregation plans. How would you describe the purpose of the RMAS units you are planning?

COMMISSIONER MOLINA: The staff that's going to be in restrictive housing, which is going to be RMAS, the Risk Management Accountability System, is not punitive segregation housing, as punitive segregation housing is defined. I would classify it as restrictive housing, and as we move away from our current model of restrictive housing to RMAS to

comply with the Board of Corrections rule. What it is individuals that are going to be placed in those restrictive housing units are going to be placed there because of violent acts that they have committed to other detainees or other staff members that work for the Department. But they will be given the opportunity to be out of cell at level one, a minimum of 10 hours. In order to ensure the safety of not only the detainees that are going to be in that restrictive housing unit, but also the clinical and social work staff that's going to be providing service to them so that they can-- we can assist them with unlearning responding to incidents of conflict in a violent way requires significant staffing. That is also the opinion of our classification consultant that was recommended to us under the Federal Monitor, and that's how those staffing numbers came into play.

CHAIRPERSON RIVERA: I also think that there's been recommendations to work with the resources that you have, seeing as to how many officers are already on staff. How much capacity are you planning for the RMAS units? How many people do you anticipate being held in a unit on a given day? And this'll be my last question, because I see I have

my colleagues here. What total number of staff, both uniformed staff as well as program and healthcare staff-- you mentioned social workers-- will be assigned to these units? Do you-- can you give me some numbers?

COMMISSIONER MOLINA: I can provide you a breakdown in a follow-up to give you all those numbers regarding the RMAS availability, the different levels, but we'll also break down the programming staff that's going to be dedicated to those units as well.

CHAIRPERSON RIVERA: Alright, well, we're looking forward to receiving some of these numbers and information today in addition to the reporting you mentioned just a few minutes ago. So with that, I see a number of my colleagues with their hands raised, so I do want to turn it over to them. So I'll let the Committee Counsel call the--

COMMITTEE COUNSEL: Thank you. I will now call on Council Members in the order they have used the Zoom raise hand function. If you are a Council Member and would like to ask a question and you have not yet used the Zoom raise hand function, please do so now. Council Members, please keep your

questions to five minutes. The Sergeant at Arms will keep a timer and will let you know when your time is up. You should begin once I have called on you and the Sergeant has announced that you may begin. First we will start with Council Member Cabán, followed by Council Member Brewer, followed by Council Member Hanif, Council Member Narcisse, and Council Member Stevens.

SERGEANT AT ARMS: Time starts now.

COUNCIL MEMBER CABÁN: Thank you. I have a series of questions, and we'll see how many I get in, but before I do that I just wanted to point out something that I actually brought up at a previous hearing in relation to the numbers being given to us on officers' return. The testimony included saying that 1,300 officers had returned at the beginning of the year, and again, I think that this is a bit of a red herring considering these numbers include the 1,100 to 1,200 officers that went out over the holidays over the Christmas break who then returned end of the year. So I don't think that that demonstrates a significant improvement on that front. But my first questions have to do with just basic numbers. I'm hoping that we can get quick succinct

answers. And I'd like to know how many people are in punitive segregation today? How many people are in ESH Level 1 today, and what's the longest period of time that someone has been in punitive seg, solitary, or ESH Level 1 who is currently there?

COMMISSIONER MOLINA: Stukes?

CHIEF STUKES: Yes, as it pertains to punitive segregation, as of April the 1st, the Department ceased its operation of punitive segregation resulting in having no persons in punitive segregation as of today. With regards to ESH Level 1 which is at GRVC, the maximum capacity for each unit is 24, in each unit. That's building 15, which is Level 1 ESH, and building 13A and 13B, which is ESH Level 1.

COUNCIL MEMBER CABÁN: So how many people are there right now?

CHIEF STUKES: In--

COUNCIL MEMBER CABÁN: [interposing] Are they-- both units at maximum capacity?

CHIEF STUKES: Yes.

COUNCIL MEMBER CABÁN: Okay, and again, my last question there was what's the longest period

of time that someone has been in ESH Level 1 who is currently there now?

CHIEF STUKES: I don't have that information with me. I could follow up with you with the length of stay of the longest person, ma'am.

COUNCIL MEMBER CABÁN: Okay. And can you describe to me what a typical day is like for a person in ESH Level 1? And specifically, when, where, in what conditions, including with respect to the restraints, what types of programs, how many hours? A person in ESH Level 1 has out-of-cell programming with other people in the same shared space on a typical day.

CHIEF STUKES: Yes. A typical day in ESH Level 1 starts with persons in custody on those units being afforded the ability-- excuse me-- exit their cell to be exported to the programming chairs for a maximum amount of time of seven hours. The persons that's in those units are also afforded the ability to participate in recreation if they choose. Those persons in those units are afforded a shower. They are entitled to in-person visits on the days of visitation or video visitation. They are partners that provides program services to those persons on

those units if they wish to participate. Those persons have access to phones that they can make contact with their counsel and loved ones, in addition to being able to be escorted to the clinic for medical and mental health services if they wish to participate.

COUNCIL MEMBER CABÁN: Well, I just want to point out that I recently visited Rikers and the ESH units and what I saw and what I heard from people was in pretty direct contradiction to some of the things that you're sharing here today. People reported not being able to access the shower for sometimes as long as a week at a time, not having out-of-cell time, not being brought out to programming, not getting medical attention for weeks at a time. Some folks who did make it into the shower actually while I was there had been locked in the shower for many hours and had just been left there while we were there. And so those things are deeply, deeply concerning to me. and then the last thing I will ask is that-- you know, studies including the New York City jails show that people in solitary confinement are between seven and 12 times more likely to engage in acts of self-harm. Would

you agree that various forms of lock-in, and again, these units sounded-- ESH, when I viewed them were functioning like the functional equivalent of solitary. Would you agree that these various forms of lock-in, whether it's due to COVID, staff shortages, punishment or other reasons, and the lack of access to basic services or meaningful human engagement have contributed to the reported surging levels of self-harm over the past two years? That's just a simple--

SERGEANT AT ARMS: [interposing] Time expired.

COUNCIL MEMBER CABÁN: yes or no. Is it possible to get a yes or no answer to my question?

COMMISSIONER MOLINA: Yeah, I would--

COUNCIL MEMBER CABÁN: [inaudible]

COMMISSIONER MOLINA: recommend that CHS answers those questions, that they're specifically related to things that could contribute to self-harm.

DOCTOR SUBEDI: Can you please repeat the question?

COUNCIL MEMBER CABÁN: Sure. So, for the context for the question was that, again, when I visited ESH, they were functioning, like the

equivalent of solitary confinement in terms of the conditions despite what was just testified to here. And so, you know, pretty simply, right? Like, studies show that people in those kinds of conditions are between seven and 12 times more likely to engage in acts of self-harm. And so would you agree that various forms of lock-in, whether due to COVID, staff shortages, punishment or other reasons and the lack of access to basic services or meaningful human engagement have contributed to the reported surging levels of self-harm over the last two years?

DOCTOR SUBEDI: Well, I think, you know, there are many factors which are influencing self-harm rates as we discussed. I think for individuals for any form restrictive housing, CHS does work to ensure that there are-- you know, mental health and clinical needs are met. So that includes, you know, making-- you know, reviewing charts and working with DOC and escalating any issues of production, you know, for individuals who have a higher risk of mental health and medical need.

COUNCIL MEMBER CABÁN: So, yes?

DOCTOR SUBEDI: Yes, I think that isolation can be a factor, you know, in someone's

mental health, and I think we work to mitigate that risk and work with DOC to ensure the clinical needs in the jail, including in restrictive housing, is met.

COUNCIL MEMBER CABÁN: Thank you.

COMMITTEE COUNSEL: Thank you. Next, we will turn to Council Member Brewer, followed by Council Member Hanif, followed by Council Member Narcisse, and then Council Member Stevens.

SERGEANT AT ARMS: Time starts now.

COUNCIL MEMBER BREWER: Thank you. Okay, thank you very much, Madam Chair and everyone. So I have a few questions. Only because particular in terms of when somebody leaves Rikers-- since 2002 when Margarita Lopez [sp?] was head of this committee, we've been having the same conversation, just-- you heard earlier from one of the wonderful testimonies how important it is for therapy and a good psychiatrist and a good psychologist. What is-- is there opportunity for a Medicaid card and follow-up to be part of the release. What is that status now? Maybe I should know it, but what is that status, so when you leave you have a Medicaid card?

COMMISSIONER MOLINA: Thanks for he question. I'll refer to CHS to respond to that because it's a medical-related question for discharge planning.

DOCTOR SUBEDI: So, CHS of the Mental Health Department has a robust social work and re-entry Department. They work closely with the clinical staff on the island to be sure that we anticipating and meeting the needs of individuals for being released from custody. So, that includes not only clinic appointment sand ensuring people have medications, but also Medicaid and working on making sure services are in place for individuals who are leaving.

COUNCIL MEMBER BREWER: Okay, so do you have data as to how many people actually possess a Medicaid card when they leave, and do you also have data as to who goes to an appointment with a qualified either at H+H or maybe a federally qualified health center afterwards? Who does the follow-up? I don't mean rude only that I've heard this for 30 years, and I don't think that that combination actually works. So I'm just wondering does it? And what exactly data do you have? What

data do you have to that effect? It's not easy but it needs to happen.

DOCTOR SUBEDI: Yeah, so CHS is responsible for providing care in the jails, and what we do if we felt someone needs, then of course, anticipate those needs and refer them to the appropriate care in the community. We think rely on Health + Hospital or other, I should say, other agencies and communities to then provide that care.

COUNCIL MEMBER BREWER: so you don't know how many people have insurance when they leave. You don't-- I'm just tasking. You don't do anything to help them get insurance as they leave, and you don't actually know if they go to that appointment after they leave. I'm not saying it's your responsibility. What I'm saying is too many agencies-- we operate in silo. We don't talk to each other. We don't actually follow the person. So I want to know who is supposed to that? Not you.

SENIOR VICE PRESIDENT YANG: Hi, Council Member Brewer it's Patsy Yang. We do, since 2002, have made-- actually since 2016 when we came over to-- Health + Hospitals had made significant improvements, and now run the most robust discharge

planning and re-entry support service of any jail in county. We begin day on, begin to assess the need for public assistance, in particular Medicaid, and we assist in applications and work very closely with the State ad with HRA to ensure that people who are leaving custody have active Medicaid unsuspended. We also make appointments and referrals to people-- for people who need care after leaving, and I think you may-- you'll recall that a few years ago that CHS established our points of re-entry and transition services practices. We have clinics now at Bellevue and at Kings County where the CHS providers, the same doctors who will take care of you while you're in jail can see you after release. It's a very accessible service where we have community health workers, we have lived experience, we'll meet you and facilitate your ability to make that appointment that we've made and to get you into care and to stay in care. And you can see the same doctor who saw inside as you can see outside.

COUNCIL MEMBER BREWER: Okay, two questions. Can you get us data, though, as to how many people do leave with Medicaid over the last year or so?

SENIOR VICE PRESIDENT YANG: Yeah, we can-- yeah, we'll follow up with that.

COUNCIL MEMBER BREWER: Okay. And then second, those that are-- I know 12,000+ missed appointments. How many people actually got an appointment? And then secondly, do you do any kind of equality surveys so that the person who's getting the services has some opportunity to evaluate them? Is that something that's part of your mode of operandi?

[inaudible]

COUNCIL MEMBER BREWER: Do I like my psychiatrist? Do I like my health professional? I'm glad that you took over for [inaudible]. I'm delighted, but do you-- because they were horrible, sorry. But what is it that you-- like, how do you evaluate based on the person who's getting the service? Like, when I leave, I'm always getting these surveys for your patients? Do they get opportunity to evaluate the health service?

SERGEANT AT ARMS: Time.

DOCTOR SUBEDI: So, patients, we don't perform surveys, but you know, patients can communicate through us-- to us any concerns they have

through the patient relations hotline. In addition, there's the health triage hotline which is available so patients can contact us and let us know if they have concerns about the healthcare that they're receiving, and we follow accordingly.

COUNCIL MEMBER BREWER: You know, people may not do that. It's something to think about. We always want an evaluation. We always hear that this is-- and the Chair deserves credit-- biggest mental health facility is Rikers Island. It's not Bellevue. It's not Kings County. It's not Creedmoor. So, this is the most important topic. So all I'm saying is, we need a lot more data in my opinion than what you're providing. I know-- I'm glad it's Health + Hospitals, and there are lots of issues, but this data would be helpful, and I don't know that there's that much follow-up. Bellevue, Kings County, they're great, but where else are people going and what kind of services they're getting, and we cannot be siloed [sic]. So, I'll leave it at that because I know my time is up, but every single person needs to be followed. What kind of service? When did they go? And they need help getting there. Thank you.

COMMITTEE COUNSEL: Thank you. Now we will turn to Council Member Hanif, followed by Council Member Narcisse and Council Member Stevens.

SERGEANT AT ARMS: Time starts now.

COUNCIL MEMBER HANIF: thank you. I'd like to know if any death reviews from 2021 or 2022 have been released publicly, even from 2020?

COMMISSIONER MOLINA: Thank you for your question. I'll have our Acting General Counsel respond.

GENERAL COUNSEL GUILLAUME: Good afternoon. This is Melissa Guillaume. The Department does not release the death reviews due to privacy reasons. The family has the opportunity to be notified by contacting the External Review Agency. As indicated during the Commissioner's testimony, we can provide the family member or loved one with the contact information for that external agency in order for them to obtain additional information.

COUNCIL MEMBER HANIF: So, is the onus entirely on the family to do this work to get the information, or does the agency reach out to the families accordingly.

GENERAL COUNSEL GUILLAUME: At the time of the death, the family gets notified of the incident through our [inaudible] services, but in terms of the investigation and the outcome of the investigation, we cannot disclose that. Of course, the family, if they choose to, they could, but due to their own personal privacy reasons, if they wanted to get additional information, we can assist them with getting them in contact with that external agencies.

COUNCIL MEMBER HANIF: Understood. And then, just to clarify again, no public report is released?

GENERAL COUNSEL GUILLAUME: No, we communicate with the board of Correction, and then he New York City Board of Correction would be the one that would provide a public report.

COUNCIL MEMBER HANIF: And then aside from the privacy concerns, or could you actually delineate more what those privacy concerns are? What is preventing from a public reporting?

GENERAL COUNSEL GUILLAUME: The public reporting is done by the New York City Board of Correction. So, we provide the information to our

oversight agency, and then they will then release it publicly.

COUNCIL MEMBER HANIF: Okay. And then my second question. Is there an RMAS and programming? Evidence has shown that alternatives to solitary confinement, other forms of separation that involve full days out of cell, congregate programming, and engagement both reduced violence and reduced self-harm. CAPS is a good example of that. Do you believe that implementing alternatives to solitary confinement that involve out-of-cell congregate programming and activities will help reduce the amount of self-harm in the city jails, and if so, how?

COMMISSIONER MOLINA: Thank you for your question, Council Member. So I'll tell you, that's exactly what we're doing with the Risk Management Accountability System. In Level One, individuals that are placed in that restrictive housing do have 10 hours out-of-cell time. In addition to clinical and social service and other programmatic support that's going to be designated to those housing units, those individuals will be-- have the opportunity afforded to them to have a-- be in a congregate

setting and interact with other individuals that are in the housing unit and interact with staff. In Level Two, the out-of-cell time increases to 12 hours, and in our RRU [sic] units, our restorative housing units, the out-of-cell time in those units is 14 hours, which is similar and alike to general population with out-of-cell time is now 14 hours, full congregate setting.

COUNCIL MEMBER HANIF: And could you describe the out-of-cell programming? How are incarcerated folks spending their 10 hours or 12 hours?

COMMISSIONER MOLINA: so what I'd like to do is-- because we don't have a programming representative, but what I'll do is I'll have our Assistant Commissioner that's overseeing that prepare a document for you and I'll share it with you and the other members of the committee so that you could see the type of programming that's going to be available in RMAS when it opens July 1st.

COUNCIL MEMBER HANIF: Got it. I am looking forward to that. Thank you.

COMMISSIONER MOLINA: Absolutely.

COMMITTEE COUNSEL: Thank you. Next we will hear from Council Member Narcisse followed by Council Member Stevens.

SERGEANT AT ARMS: Time starts now.

COUNCIL MEMBER NARCISSE: Thank you, Madam Chair, and thank you Commissioner for being here and answering some of the question. Like I said, we live in the greatest country in the world and the most fastest [sic] city, but our criminal justice is going backward and we have a lot improvement. And understand that, if everything was perfect, everything was working, great report, but if everything was working we would not be here and listening to those powerful things that going on in our criminal justice, especially in Rikers. So, thank you for your time, and I know we're going to make progress and I'm very hopeful that things will change. I have a few-- couple of questions for you. What is the policy when responding to a suicide attempt by hanging or self-harm? We have heard some concerns that chemical spray is used during DOC's response. Can you speak to the DOC policy and how staff are trained to respond to suicide and self-harm?

COMMISSIONER MOLINA: Thank you for your question, ma'am. Chief Stukes, could you respond please?

CHIEF STUKES: Yes, good morning. Staff are advised during their training that all suicides and self-induced behavior is to be taken seriously. Regardless of whether the individuals has a history of such behavior on mental illness and be documented appropriately. If the individuals in custody is exhibiting suicidal behavior, staff are to immediately call for assistance. They then notify a supervisor, activate a body alarm, use a radio via a telephone. Staff are to immediately take action to prevent the individual from harming themselves including removing or disabling any ligature or instrument being used by the person in custody to harm his or herself. Further, our staff are required to carry an authorized duty rescue knife while on duty, and if necessary staff are trained and required to commence emergency first aid to individuals who is observed engaging in self-injurious behavior and who are to be provided with medical care without delay, and they are kept under constant supervision until such time.

COUNCIL MEMBER NARCISSE: I thank you, but it seems like it's not working, because we still have people hanging themselves. We still have-- we heard this testimony from folks that been under this process. It's not working. So that's-- apparently we need to do better, and I'm hoping that we can do better, because we live in the greatest city in the world. We have to do better for our people. And another question I have, are those on suicide watch monitored 24 hours? What is the ratio of guards to incarcerated individuals during monitoring process?

COMMISSIONER MOLINA: As I testified earlier, ma'am, when a person is placed on suicide observation by a clinical staff member, that person is assigned a one-on-one watch which is performed by a Correction Officer. And that person is assigned by Correction Officer to supervise them until they are removed from suicide observation by clinical staff.

COUNCIL MEMBER NARCISSE: I thank you. Once again, we have to do better, because we still have folks going to that and hanging themselves and killing themselves. But I hope, Commissioner, since you're new, and I pray to god that we have a better

system, and then we can prove to the whole world that we in New York City, in New York State, we can do much better, and the United States in general, because when you're looking at other countries, they're doing much better than us, and we're supposed to be ahead of the time. So let' improve. Let's do better for our people. Let's know that the system should not be used to handicap people, but to make them better and we have them. And I'm looking for our jail or Rikers not to be there. I want to end for people not to use Rikers for a place to put mental folks that have challenges in their lives, but to put-- give them opportunity, because we deserve better. Our community deserve better. And thank you for your time. Chair, thank you for the opportunity. Thank you.

COMMITTEE COUNSEL: Thank you. Next we will hear form Council Member Stevens.

SERGEANT AT ARMS: starting time.

COUNCIL MEMBER STEVENS: hello everyone. I just have a few questions. Many people who have been incarcerated have shared that peer-led programs, and program led by outside community volunteers can be some of the most effective programs for connecting

with people in supporting their engagement and growth. Do you agree about the values of peer-led and outside community-led programming, and are you planning to incorporate those components into RMAS?

COMMISSIONER MOLINA: Yes, Council Member. Thank you for the question. So, absolutely, I do agree with the statement you just made, that's why one of the first things I did was change our policy which prevented Credible Messengers, Violence Interrupters from being able to engage with our young adults. They have similar and alike lived experiences as our young adults that are experiencing incarceration in addition to-- as many studies have shown, you can almost determine a person's future, unfortunately by the zip code they're born in, and many of these Credible Messengers, Violence Interrupters are in the same zip code as many of the people that re incarcerated. We will also be introducing Credible Messengers into our RMAS programming so that they have access to these individuals as well, because as you may or may not know, programming is not a requirement of participation for the individuals. They have a choice whether or not to participate. So we're

leveraging the use of volunteers and Credible Messengers within RMAS to encourage those individuals that are in RMAS restrictive housing to participate in the program, to address issues of how they respond to conflict so that they're not-- they're unlearning of a behavior of responding to that conflict with violence.

COUNCIL MEMBER STEVENS: Thank you. How many individuals from outside program providers have been cleared since January to return to the jails to provide programs? How many individuals are still waiting for those clearances, and how many individuals currently have clearance to provide outside programming in the jails?

COMMISSIONER MOLINA: so, I don't have the exact number of all, because you have to remember, when I got here external program providers were suspended from coming into those jails. And we started allowing them back in, because we knew the importance of their interaction with those that are in custody have on their quality of life. We also have to give those external contract providers time to ramp up their operations to go back from having not been working in the facility to coming back in.

So, all of those contract providers already had clearance. When I reversed the policy regarding Credible Messengers, I can tell you 17 individuals have been cleared to provide that service, and we have a process in place where I work with the Deputy Commissioner of Programs and Community Partnerships to ensure that if there's any concern about any particular applicant seeking access to our facilities, that we have a discussion about that, and ultimately, the decision rests with her and I, if that person has access.

COUNCIL MEMBER STEVENS: Okay, thank you. I just--

COMMISSIONER MOLINA: [interposing] But we can follow up with you regarding the actual number of individuals that are contract providers and volunteers. And in that group is also faith-based community leaders that come to the facility.

COUNCIL MEMBER STEVENS: Ys, no, thank you. Please follow up with those numbers. I know me and the committee members would love to get that information, and I just want to just echo the importance of making sure that, you know, we are looking to look at outside providers to come in and

provide some of the services that we see, you know, Correction Officers are not able to provide, and peer mentorship is one of those things that are truly important that we need to continue to make sure that we're festering and growing as we're thinking about reimagining corrections in the City. Thank you.

COMMISSIONER MOLINA: Thank you, ma'am.

COMMITTEE COUNSEL: Thank you. Seeing no other Council Member hands, we will turn back to Chair Rivera for additional questions.

CHAIRPERSON RIVERA: I just have a quick question, I guess follow-up for CHS. Does CHS staff conduct follow-up assessments when people are removed from suicide watch and return to the general population? And how long after removal does CHS staff follow-up with the person? And how often after the initial follow-up does CHS staff check in?

DOCTOR SUBEDI: So we have an individualized approach to suicide risk assessment. So it's different for every individual. In general, someone who's taken off-- so suicide watch can only occur on our therapeutic housing units. So, when we remove suicide watch, often times individuals remain on the therapeutic housing unit where they continue

to have enhanced levels of observation and treatment. So, in that case, individuals would be see daily still. For any individual who has been off of suicide watch and also in addition is deemed to not need therapeutic housing unit level of care, they go into GP, and we follow up with them in accordance to what their needs are, and it's different for everybody.

CHAIRPERSON RIVERA: Agreed, I just--

DOCTOR SUBEDI: [interposing] And so it's really based on their clinical needs. That's just really what drives it on an individual level.

CHAIRPERSON RIVERA: Absolutely, I just feel-- I'm just trying to get an idea of how we can be you know, as proactive as possible, because the number 12,745 is haunting, and it is just missed medical appointments in the month of March alone. And I realized that you have mentioned it's-- the majority of it is due to refusal by incarcerated people, but you have also committed to providing that data to us, so I look forward to reviewing the report, because that number is incredible in the worst was possible. Also, the-- that proposal to hire 500 new Correction Officers, and you know, we do

need to know why additional staff is needed considering the resources that you have more than any other correctional system, and some of the comments that have been made by the Federal Monitor, etcetera. I know we haven't got an answer, and you've committed to also providing a breakdown of staff necessary for various posts and programs in the jails. So we look forward to getting that today. I thank you for being here, for listening to the families. That was, to me, the most important part is hearing from people directly impacted. So thank you for your testimony and thank you for answering the questions. We're looking forward to that data and to anything else you can provide so that we can move forward with increased transparency from the Department. Thank you very much.

COMMISSIONER MOLINA: Thank you, ma'am.

CHIEF STUKES: Thank you, ma'am.

COMMITTEE COUNSEL: Thank you. We will now turn to testimony from members of the public. Please listen for your name, as I will be calling individuals one-by-one and will also announce the person who is next. Once your name is called, please accept the prompt to unmute yourself and the Sergeant

at Arms will set the timer and announce that you may begin. Your testimony will be limited to three minutes. First we will hear from Zachary Katznelson, followed by Claudia Forrester, followed by Natalie Fiorenzo. Zachary, you may begin when ready.

SERGEANT AT ARMS: starting time.

ZACHARY KATZNELSON: Thank so much. Zachary Katznelson, Executive Director of the Lippman Commission. Thanks for hosting this hearing and giving me the chance to testify. Really appreciate hearing from folks from Ms. Hailey and family members of people who died at Rikers or who were deeply harmed at Rikers. Thanks for the opportunity for them to go first today. Like so many things that happened at Rikers that Council Member Narcisse was alluding to earlier, the issue is not really what's on paper about suicide or self-harm prevention. It's really about how things are implemented, and part of that is about training and part of that is about the support and the supervision and the accountability of that. You know, we know that training, suicide prevention training, isn't happening right now, and it's so wrapped up in the staffing crisis that's happened, right? If we're in a situation where

officers, there are unstaffed posts, and people are having to work doubles or triples, they're not going to be able to be pulled out of the jails in order to train. And then you have this issue of supervision and accountability, captains who are supposed to be the frontlines folks on that. First of all, they're not given strong management training, and that is really absent in the Department that really needs to be stepped up, but also many of them, as we know, are assigned to posts outside of the jails or outside of the housing areas. We need them on the front lines to serve as supervisors, as mentors, and hold-- and to really bring staff along. I think there's a bigger issue, though, here which is that right now Rikers cannot safely handle the number of people that are locked up in our jails, nor can they operate the number of jails that are growing [sic]. We got almost 5,500 people locked up in nine different jails, and we don't nine proper management teams. We cannot operate as a city this many jails. We have to shrink the population, and allow DOC to consolidate operations into fewer jails. And it really should start with focusing on the people who have been there and extremely long time pre-trial. Over 1,400 people

who have been waiting in jail pre-trial for over a year. And 64 percent of the men in that group have a mental illness, and a rather stunning 96 percent of the women in that group have a mental illness. We have to speed up the cases. People should be in care, not in Rikers, certainly not while they're just waiting for a trial in this incredibly expensive, dangerous waiting room in limbo. So there was a pilot project I just want to highlight in Brooklyn by the Center for Court Innovation which over-- you know, in the first six months of a case they sped up resolution of case by 68 percent, and that is something that could be expanded citywide for the cost of only about 600,000 dollars. That's just a little bit more than it costs to keep one person locked up for a year at Rikers. We can really make a difference of hundreds of cases for a very relatively small payment. Second thing is the 400 secure hospital beds that are being built in H+H facilities, we really need to expedite those so people can be in treatment and not in the jails. I also want to talk about supportive housing for second. You know, thank you so much, Chair Rivera--

SERGEANT AT ARMS: [interposing] Time expired.

ZACHARY KATZNELSON: and others for your advocacy on that front. I just want to say one other quick thing, please, which is that the regulations for the city right now which bar people from eligibility for that supportive housing, if they've been in Rikers for more than 90 days, that has to change. And we also support the intros that were here today. Critically-- critical steps forward. And so thank you for introducing, Chair Rivera and for Chairman Powers-- former Chair Powers for introducing [inaudible]. Thanks so much for you time.

COMMITTEE COUNSEL: Thank you. Next we will hear from Claudia Forrester followed by Natalie Fiorenzo followed by Zakya Warkeno. Claudia, you may begin when ready.

SERGEANT AT ARMS: Time starts now.

CLAUDIA FORRESTER: Good afternoon. My name is Claudia Forrester, and I have been a Jail Services Advocate at Brooklyn Defender Services for about three years. I want to start by thanking the families and affected individuals who have had to

share their pain time and time again. You should not have to go through this. Thank you also to Chair Rivera for hosting this critical hearing and for prioritizing affected voices. Rikers Island is a humanitarian crisis. Nineteen people have died in DOC custody in the last year and a half. Five we know are from suicide. The other 14 individuals we're still not sure, because we're still waiting on the BOC death reviews. I visit people on a weekly basis, and the reality behind the walls is that New Yorkers are being isolated without due process, programming is not existent, and access to medical and mental healthcare is limited at best. There's so much to talk about today, but I'm going to focus on how the failures of communication and collaboration between DOC and CHS have deadly consequences. Mr. A is diagnosed with schizophrenia and for months his legal team tried to meet with him, but were given excuses by DOC without documentation. Thanks to his medical records we learned after that despite protections in place preventing people with SMIs from entering solitary, DOC was locking him in his cell for weeks at a time. This resulted in Mr. A decompensating, leading to a suicide attempt where he

had to be intubated at the ICU. Our office raised concerns for weeks, and both agencies showed little urgency to address the crisis he was experiencing. DOC's policies make them the gatekeepers of access to care. It's evident the Department failed their responsibility to people in their custody, and we must hold this agency accountable. We've all seen the articles. The reports of people being taunted by officers as they're experiencing medical emergencies, DOC encouraging violence like fight clubs, DOC standing by as incarcerated New Yorkers lose their lives behind the walls. When an individual tries to hang themselves, DOC's response includes an officer deploying OC spray directly on to the individual in crisis. We heard CHS and DOC rattle off procedures and policies they have in place to provide care to those behind the wall. I cannot emphasize enough that this is not the lived reality of the people I talk with every day. We need you to act. Council Members must continue to visit the jails without notice and speak directly to incarcerated New Yorkers. Please hold DOC accountable for their failures, their inaction, and the way they actively instigate harm. Thank you.

COMMITTEE COUNSEL: Thank you. Next we will hear from Natalie Fiorenzo followed by Zakya Warkeno, followed by Robert Quackenbush.

SERGEANT AT ARMS: Time starts now.

NATALIE FIORENZO: Hi, good afternoon everybody. My name is Natalie Fiorenzo. I work at New York County Defender Services as a Corrections Specialist. Thank you Chair Rivera for hosting this hearing, and also I want to echo everyone else. I thank you and I commend all of the families and survivors who were able to relive their trauma and share their stories for us here and countless other times today. Thank you. Thank you very much. As a Corrections Specialist at New York County, my job entails talking to our clients and assisting them with any issues that they're having at Rikers Island. The most common type of problem that we deal with is the violations of our client's rights. I cannot tell you the amount of times I've heard a client say to me, "DOC is violating me. DOC is violating my rights every single day." Every basic service that one should be afforded while incarcerated is currently operating in a full state of dysfunction. The Halt Solitary Statute went into effect on April 1st, but I

can tell you that today we have a client who has been in a solitary cell, 24-hour lock-in for 22 days, despite the 17-hour, 15-day limit. This isn't just happening, though, to our clients in punitive settings. We have clients in general population that are going through similar things. There was a six-day lock-- six-day, 24-hour lock-in at RNDC just a couple of weeks ago, and even when our clients aren't in a 24-hour lock-in, they're not getting any outdoor recreation. I have clients that haven't seen the sun in more than six months, outside of being taken to court. Hopefully this context can help to paint a picture of the countless individuals who have developed suicidal tendencies and ideation as a direct result of the trauma of their incarceration. A client that I spoke to last week had a stable job and living situation before going to Rikers, but when I spoke with him, he told me it would probably be the last time, and that he wasn't sure he'd see me again. He told me that he himself is not a violent person and he's never been much of a fighter. So begin surrounded by the extremely violence, witnessing unprovoked slashings and stabbings and seeing fellow detainees being forced to fight in fight club. He's

in constant distress. He does not sleep. He feels that he can't let his guard down for a second fearing what might happen to him. Him developing suicidal ideation is not shocking at all. DOC today has done a great job of speaking on their policies and what should be happening, but not about what is actually happening with the people in their custody, and not about the fact that they are not enforcing the Halt statute on the ground, and thus are in open violation of the statute. As always, we are advocating for the City Council to adopt de-carceration as the ultimate solution. We are in support of Intro. 30 and Intro. 181, and we hope that you'll support Treatment Not Jails legislation. These are all key policies that would make dramatic and effective changes in our clients' lives, and we urge you to act in their support. Thank you very much.

COMMITTEE COUNSEL: Thank you. Next we will hear from Zakya Warkeno followed by Robert Quackenbush [sp?], followed by Jennifer Parish [sp?].

SERGEANT AT ARMS: Time starts now.

ZAKYA WARKENO: Thank you for unmuting me. I appreciate that. Hello everyone. My name is Zakya Warkeno. I'm a social worker at the Bronx

Defenders. Our client, Mr. Raphael Rosado [sp?], whose permission we have to use his name and share his experiences, was emphatic about having his story shared with you all today. Mr. Rosado has struggled with suicidal ideation while in DOC custody at the loss of his son. He has been arbitrarily taken off suicide watch multiple times despite his legal team's repeated request to CHS and DOC to keep him under suicide watch due to his high risk. He said if it wasn't for the advocacy of his legal team while actively suicidal, he would not be here today. During a time while on suicide watch clinicians discovered that he had been without correct supervisions for days on end. Tragically, the neglect of Mr. Rosado's mental health needs led him to attempt suicide by hanging himself on March 4th, 2022. His suicide attempt was later labeled as a "manipulative gesture" on his medical records. As result of the incoherent, inconsistent and poor care Mr. Rosado was receiving, he attempted to take his own life two other times, with one of those attempts not being documented at all. Moreover, Mr. Rosado reports that a DOC supervisor has been negotiating with him to be taken off suicide watch yet again. As

described by Mr. Rosado, he was told that if he agrees to be moved to general population, the supervisor would make sure that he still gets clinical visits twice a day. Mr. Rosado shared that where he would be moved to would have a different supervisor who has worked with high-risk individuals. As Chair Rivera mentioned in the opener, DOC staff truly needs more training so that there's more compaction and understanding regarding folks who turn to self-harm and experience suicidal ideation. This is reflected in the fact that staff are negotiating with a person who was actively suicidal. While yes, Mr. Rosado needs these clinical visits, which he's currently getting, placing him among general population is a stressor and risk factor for someone with such vulnerable mental health. As Council Member Cabán mentioned, there are other stories like this. We at Bronx Defenders have countless other examples painfully similar to Mr. Rosado's. The reports released by CHS and DOC are insufficient in detail, and we are hopeful that Introduction 30 will offer more ciliary. Arbitrary and unreasonable long lock-in--

SERGEANT AT ARMS: [interposing] Time expired.

ZAKYA WARKENO: exacerbates suicidal ideations and self-harm behavior as do solitary confinement and restrictive housing placement. Bronx Defenders will be submitting written testimony. Thank you.

COMMITTEE COUNSEL: thank you. Next, we will hear from Robert Quackenbush followed by Jennifer Parish, followed by Simi Cower [sp?].

SERGEANT AT ARMS: Time starts now.

ROBERT QUACKENBUSH: Good afternoon. I'm a Staff Attorney at the Legal Aid Society Prisoners' Rights Project. We thank the Council for its attention to this issue. We are Counsel in Nunez with which you are all familiar and Agnew [sp?] which is challenging DOC's denial of access to medical care in which-- and in which a contempt motion is currently pending. Based on our decades of experience in jails and suicide prevention, we offer these recommendations: First, the City should retain an outside expert to assess jail suicide prevention policies, their implementation and the inter-agency cooperation needed to make these policies work.

Suicide Prevention is a core responsibility of both correctional leaders and medical providers, and it requires a high level of coordination. Over the years now we've seen too much finger pointing between DOC and CHS when systems break down. We recommend the City hire an outside consultant like Lindsey Hayes [sp?], the nation's foremost expert in suicide prevention in jails and prisons as the state prison system has done to give an individuals and unbiased view of what the agencies can do better. If a mere consultation proves insufficient, the City should create a suicide prevention czar with expertise and authority to cut through barriers to creating safer conditions. Second, through litigation, we've identified several practices, concrete practices that could save lives. Intake staff conducting mental health assessments must have access to records concerning a person's previous in-custody self-harm. Our litigation has shown that these records exist, but intake officers do not have access to them, and they instead make risk assessments based only on the self-reports of a person who may be in crisis. Let me clear, HIPAA explicitly permits this kind of information sharing in the correctional context, and

the City just take advantage of that HIPAA exception, just like Council Member Brewer was mentioning earlier about agencies operating in silos, and in this context, the silos kill, and we urge the City to take all measures appropriate to break those silos down. Also, every person entering DOC has engaged in self-harm should be referred for an emergency, not routine, an emergency mental health referral, no exception, and no matter how long ago the previous in-custody self-harm occurred. The City must also guarantee that all mental health referrals take place as scheduled without delay even during a lockdown. And third, turning to the pending legislation, we thank the Council for its attention to ensuring the medical services are not suspended during lock-downs. We're happy to work with the Council to address operational requirements that ensure this outcome and that create a clear duty for both routine and emergency mental health referrals to occur during a lockdown. While this would require substantial interagency cooperation, this is exactly why the agencies need an outside expert to show them how this could be done safely. We thank the Council for its

attention to this most serious issue, and we look forward to working with you in the future.

COMMITTEE COUNSEL: Thank you. Next we will hear from Jennifer Parish followed by Benny Carr [sp?], followed by Kelly Grace Price.

SERGEANT AT ARMS: Time starts now.

JENNIFER PARISH: Good afternoon. My name's Jennifer Parish. I'm the Director of Criminal Justice Advocacy at the Urban Justice Center and a member of the Jails Action Coalition and the Halt Solitary Campaign. Thank you for convening this oversight hearing, allowing family members and those who have been incarcerated to testify first, and for introducing the bills on the Committee's agenda today. Current jail conditions are appalling and it's devastating that these conditions resulted in so many people dying in custody this last year. At this point it's clear, DOC cannot keep people safe and cannot provide the healthcare people need. The City needs to take dramatic steps to de-carcerate. These steps were taken two years ago and we're still in a crisis and it must be addressed now. Now, de-carceration is not within the Council's power but there are actions you could take to address suicide

and self-harm in jail. First, you must pass legislation to end solitary confinement entirely. We know that more suicides occur in solitary confinement than in other units. The Council's legislation should prohibit all forms of solitary confinement by any label that DOC uses to disguise it, punitive segregation, enhanced supervision housing, or RMAS. As we speak, there are people on Rikers who spend all their time in a cell other than being taken an occasional shower or an hour of rec. the City Council must make clear that ending solitary confinement means that people have time out of their cell with other people engaged in congregate programming and recreation. You have the power to pass this legislation and you should do you part in ending the inhumane conditions in the jail. Second, it's critical that the system use what it learns from any death in custody to prevent future deaths. The current Administration does not appear to prioritize doing so, as it's not reconvened the Suicide Prevention Taskforce started during the previous Administration. The Taskforce had begun to formulate preliminary recommendations after meeting several times in 2021, but the Taskforce work has been on

hold since early January. The Council can promote investigation of deaths in custody and responding systematically by passing legislation codifying and enhancing Board of Correction healthcare minimum standards on deaths in custody. That legislation should include provisions that improve the process for notifying families and increase the amount of information shared with them, specify timelines with the Board to complete its investigation of deaths in custody. Require more transparency regarding the process, including posting of the results and Department of Corrections and CHS response to those. Provide for regular convening of a review board involving all the relevant agencies, and demand transparency about DOC and CHS efforts to implement the Board's recommendations and hold accountable the staff who are found to have committed wrongdoing. The Council must make sure that the system learns from tragic deaths in custody and makes necessary changes to policies and practices, and hold those involved accountable, and that families and the public know what if any actions have been taken. we know that the board can complete quality reviews given their investigation into the suicide attempt of

Nicholas Feliciano, but there have been no reviews of all the deaths that occurred-- that have been last year that have been released publicly. The board needs to be required to do so and it also needs to have those resources. Thank you.

COMMITTEE COUNSEL: Thank you. Next we will hear from Simmi Kaur followed by Kelly Grace Price followed by Sarita Daftary.

SERGEANT AT ARMS: Time starts now.

SIMMI KAUR: Good afternoon everyone. My name is Simmi Kaur. I'm an attorney at Youth Represent and we serve criminalized young people through direct legal services, impact litigation, and policy advocacy. I want to thank Candy Hailey, Melania Brown, Akeem Browder, and Madeline Feliciano, and I'm so sorry that you have to share that testimony. Prior to my time at Youth Represent I was a public defender for four and a half years, and I bore witness to the violence and suffering that my clients experienced at Rikers on the Boat on a daily basis. While the recent suicide and self-harm statistics coming out of New York City jails are alarming, they fail to capture the full scope of the harm that jails do to the wellbeing and mental health

of those caged there and those that love them on the outside. Even if they never attempted self-harm, the majority of my incarcerated clients expressed feelings of hopelessness, despair, and depression due to the conditions they were trapped in, and they express these feelings long after they were released as well. One young person I represented saw someone try to hang themselves during his very first week at Rikers. The same week he saw someone else be raped. He couldn't sleep or eat afterwards and received no mental health support or any other support. The charges against him were eventually dismissed, but the trauma of that experience has stayed with him long past his time there, and even if his case hadn't been dismissed, even if he had been convicted of something, he still did not deserve to go through that. No one deserves to go through that. In 2019, when Nicholas Feliciano attempted to kill himself at GRVC and was left hanging for over seven minutes, official DOC reports characterized his suicide attempt as a "manipulative gesture." Zakya Warkeno of the Bronx Defenders also spoke about this, and we know it's not a one-time occurrence. A "manipulative gesture." I think this speaks volumes about the

institution that we're talking about tweaking. It's an institution that is built upon devaluing the lives of poor black and Latin-x people, and in this system despair and hopelessness are not bugs, they're features. They are the point. And instead of holding DOC accountable and shrinking it's budget, the Mayor wants to reward the agency and has proposed giving even more funding and even more officers. The council must reject this funding increase in the budget. I also want to echo others who've spoken before me to say we must end solitary confinement and existing DOC funding should be reallocated to provide actual mental and physical healthcare to the people incarcerated there. Most importantly, though, our focus must remain on de-carceration and letting people go. And finally, instead of the Mayor's plan to continue sinking money into failed institutions that don't keep anyone safe, we endorse the Brooklyn Movement Center's reports on investing in black futures, which lays out a comprehensive plan for taking money from the bloated budgets of NYPD and DOC and reinvesting it back into housing, healthcare and education, and doing things that will actually keep all of us safe. Thank you.

COMMITTEE COUNSEL: Thank you. Next we will hear from Kelly Grace Price followed by Sarita Daftary, followed by Eileen Maher.

SERGEANT AT ARMS: Time starts now.

KELLY GRACE PRICE: Good afternoon. It's Kelly Grace Price from Close Rosie's. Thank you for holding this hearing, rough [sic] self-harm in city jails. Thank you to everyone that I have seen for years show up and pour out their hearts at these hearings, Candy, Akeem, Melania, Ms. Feliciano. I just want to mention that not since the mid-1970s has a hearing specifically been held to address the tragic topic of deaths in New York City jails or self-harm. The last time such a horrifically named hearing commenced was under the Page [sp?] Commission, resulting in a New York City Charter Amendment in 1977, specifically aimed to curb mayoral control of the New York City Board of Correction after a period of violent riots and murders masked as suicides in New York City jails. I was born in 1970, and I still remember the news, 15 Latin-x and brown men had been lynched in the jails, and the murderous hanging of Young Lords Puerto Rican activist Julio Roldan spurred a series of grand juries and

commissions that eventually led to the BOC Charter revision wrestling mayoral control away from the mayor and reattributing it to the City Council in the first and second judicial departments. Today, some 50 years later, this fate [sic] of death in our city jails is greater in number at 19 over the past year than it was in the 70's. The 15 murders that spurred the Page Commission and other grand juries to examine deaths in our city jails and spur the Charter revision giving the BOC more autonomy from the Mayor was done in vain. The offshoot of the Charter Revision was among a few other changes. And the number one thing that the Charter revision did to the BOC was given a rotating appointment mandate for board member appointments. Now, I've turned in my written testimony, and I go over ad nauseam how our last Mayor awarded the appointment process and kneecapped the Board of Correction, our most important and precious oversight vehicle. I really hope that the City Council reads my testimony carefully and considers how moving forward it can rest control its one-third control back over the board because the board is most important oversight vehicle. I've included in my testimony, my written

testimony-- there is links to Board of Correction members citing the importance of this change in the BOC Charter. I've included different FOILs with different documents proving that the way the last Mayor appointed BOC members was against the grain of the Charter.

SERGEANT AT ARMS: Time expired.

KELLY GRACE PRICE: And I very much hope that the City Council sees that this is the most important and precise thing that it can do to rest oversight and control over the jails. Thank you.

COMMITTEE COUNSEL: Thank you. Next we will hear from Sarita Daftary, followed by Eileen Maher, followed by Melissa Vergara.

SERGEANT AT ARMS: Time starts now.

SARITA DAFTARY: Thank you and good afternoon. I'm Sarita Daftary, Co-Director at Freedom Agenda. I want to thank the Chair and Council Members for convening this hearing, for introducing the bills that you have and for being allies. You've heard stories of torture, anguish, and human rights violations today and for the past several years from formerly incarcerated people and family members. It is because of their bravery that what happens on

Rikers is no longer hidden. But their bravery has to be rewarded with action. The Department of Corrections is still allowed to operate a penal colony where rules depend on the whims of staff who repeated abuse their power with impunity. Of course, a system that operates with no compassion will generate horrific amounts of trauma, self-harm, and suicide. You've heard so many stories today, but I think the more that we hear direct insight from what is happening in the jails, we-- there's never enough. So I'm going to share an experience conveyed by one of our members. This month, one of our members went to visit her son. He's 22 years old. He's been on Rikers for four years awaiting trial, since he was 18. Due to the suspension of visits during COVID and the difficulty of traveling to Rikers from her home in outer Brooklyn, this is the first time she had actually seen her son in two years-- in more than two years. Unfortunately, while she was there, a visitor was arrested on suspicion of bringing contraband, so they didn't allow anyone that day to have a contact visit with their loved one. After two years and traveling nearly two hours on three trains and a bus, she could not hug her son. This is in system where

everyone knows that officers are bringing in contraband every day, and they rarely face consequences. So New York City jails are in a state of acute crisis right now, but they were in a state of crisis before. The illegal strike, a sick-out, that guards have engaged in has had horrific impacts, but consider what staff have done when they're present in housing units. They failed to intervene for eight minutes while Nicholas Feliciano attempted suicide. They failed to check on Layleen Polanco, and they laughed when they found her unconscious. They beat Kalief Browder. Addressing mass absentee with accountability is essential and it will take a fight, and even that is not enough. It will only bring us back to an unacceptable status quo. We need to end solitary confinement. We need to de-carcerate using every tool we have. We need to invest to meet the full need in our city for supportive housing and healthcare, and I want to thank the Council for prioritizing that in the budget, and we will be fighting with you to get that protected and eventually passed in the final budget. We need to pass legislation to end solitary confinement. We also need to mandate public reporting of death

investigations and Office of Disciplinary Records, and we need to expedite the closure of Rikers. I also want to say publicly that COBA will fight every one of these urgent changes like they have fought every single effort at reform for decades. We need our electeds to be able to see that for what it is. It is fear mongering to protect decades of corruption that do a disservice to their own members, obviously, as well as incarcerated people. Balancing perspectives isn't a frame that fits here. This is about human rights. We don't balance between torture, abuse, and corruption on the one hand and human rights on the other hand. You stand on the side of human rights, and we need the Council to continue to do that with us. Thank you.

COMMITTEE COUNSEL: Thank you. Next we will hear from Eileen Maher followed by Melissa Vergara [sp?], followed by Debbie Meyer [sp?].

SERGEANT AT ARMS: Time starts now.

EILEEN MAHER: Can you-- can you hear me? Can you hear me?

SERGEANT AT ARMS: Yes.

EILEEN MAHER: Okay. Sorry about that. Good morning. Thank you for allowing me to testify

this afternoon. I am Eileen Maher and I'm a Civil Rights Union Leader with Vocal New York. I am also a woman who was a survivor of domestic violence and who was formerly incarcerated. Before I begin, I would like to show you my arm. This is one of my favorite spots. One of my favorite spots when relapsed into self-harm. I don't have the greatest lighting where I am, so it may be hard to see. I'm including a better photo with my written testimony. You will see that there are old scars in addition to much newer scars. With that said, I would like to begin by saying that suicidal ideations and sometimes the follow-through are not self-harming and self-harmers when doing so are not experiencing suicidal ideations. We don't wish to die when self-harming. As a self-harmer who has relapsed on and off for 30 years, I can attest to this, and as a woman who was detained on Rikers Island for over 420 days, I can also attest to the fact that after a long period of having been in recovery for self-harming prior to becoming a detainee, I relapsed within days of my detainment. And while yes, items that one can use to self-harm are taken within-- are taken away from detainee intake and not readily available in the

facility, where there's a will, there's a way. And I know of other men and women on the island and the boat who are self-harming as I was. I was not an anomaly. Why did I relapse? Self-harming is sometimes a means in which I have control over something, anything. When I lose and I lost control over everything when I became a detainee. Dehumanizing, ignorant, abusive, and despicable ways in which the so-called Correction Officers treat the detainees and behave in general were another reason. And finally, the completely inadequate mental and physical health services that are provided. It took well over a week to secure a correct psychotropic medication and other than a brief "how do you do it intake" see a mental health profession. When I finally did see a mental health counselor she only continuously asked me and said, "Cheer up. I don't know why you're so upset about being here." All I could say to that is, "Well, anyway, I mean it's jail. Come on." Of course I never divulged my secret to her or any staff there, as many did not. When I was detained and later incarcerated I lost control over everything, my home, my companion animals, relationships with my family and friends, my

own health, my finances, and even what bra I was allowed to wear. When self-harming, it becomes a distorted version of "me time" where I could be in my own head and have control over something. And you'll find this with many other individuals who self-harm. Contrary to what the physician testified today, I do not, nor have I ever self-harmed as a means to get attention. And I don't anyone who did, who has. That's not a thing. As for suicidal ideations and the follow-through, or at least the attempt to follow through, this can be a means to an end when one has also lost control over everything and sees no hope or light at the end of the tunnel. They've lost their children, their family,--

SERGEANT AT ARMS: [interposing] Time expired.

EILEEN MAHER: their home, their lives, and their humanity. The same poor mental and physical healthcare services, which are coupled with the ignorant, barbaric and abusive manner in which the corruption [sic] officers treat the detainees and behave in general are a breeding ground for someone who has lost all control of their life and facing the loss of, for example, their children, family, and a

possible long sentence or similar issues. I mentioned the barbaric ways in which the corruption officers behave and treat the detainees. This was never more clear to me when I would be in the intake pens awaiting an outside medical appointment or video court, and I saw and heard a fellow detainee in the "why me pen" in intake verbally threatening to take their own life, screaming it at times to have it met with a corruption officer yelling back something like, "Hey, just do it already." Or "Dumb bitch, no one cares about you, go ahead." Rather than having a mental health professional or really a psychiatrist brought into the fold. In fact, I witnessed this on a regular basis, and the women's cry of wanting to end her own life were always met with the same ignorant, abusive, and dehumanizing remarks at the hands of people who are supposed to be correcting, aka, helping the individual. The "why me pen" is a small one-person pen at intake where people who are experiencing mental health crises are in the midst of a verbal, physical aggression episode are basically thrown in rather than receiving any kind of mental health intervention. Like I said, I never saw a medical professional request it. Self-harming and

suicidal ideation and acts attempt-- acts in attempt and follow-through are vastly different in the sense that one group wishes to end their life while the other group, the self-harmers, wish to gain some control and numb some anger and pain. They are alike in the fact that individuals who are diagnosed or identify with either of these issues require intensive mental health services in an environment where he or she is not abused, belittled and dehumanized on a continuous basis by the officers entrusted to correct them. They should never be residing in an environment with physical and sexual abuse by said officers and staff are a part of the daily routine. These factors alone could cause a relapse for either issue. And since the correct services to help and treat the individual simply do not exist on Rikers Island and in the current borough facilities, all it does is turn into a nasty deterioration of one's mental and physical health. Rikers and DOCs simply does not nor have they ever had the services or appropriately trained officers who would be able to intervene in a life-saving healthy and compassionate manner. Instead, they encourage someone to do something so devastating and

permanent as ending one's life, and then laugh. An individual who has been self-harming does not need to also live in fear that he or she would be sent to solitary or the bing [sic], if their secret was discovered. Neither does a person who is experiencing suicidal emotions and ideations. Truthfully, no one does. In order to curb and hopefully end both of these issues on the island and in the borough facilities, the following needs to occur: Rikers needs to close immediately. The detainees must be transferred to smaller borough-based facilities or the like which are not staffed by any of the current officers and staff and medical staff. These individuals must have their employment with New York City DOCs ended immediately. New educated, psychologically "fit" and properly trained officers must be brought in and hired immediately and trained. This also goes for the medical and mental health staff. Also, at this time, I would like that the note-- note that the current plan when the closure of Rikers is completed to have the women and female-identifying detainees at a separate unit within the Queens facility is simply ridiculous. The women must get their own freestanding facility. The

old Lincoln and Bayview buildings are available now. A facility that is in Manhattan. Only a small percentage of female and female-identifying individuals have cases in Queens. Both the old Lincoln and Bayview building are in a more centralized location so that in addition to court appointments, their families and children would be able to visit their mothers, grandmothers, aunts and so-on in a more expeditious manner. I would like to note at this time that the law to end solitary confinement must be complied with by the New York City DOCs. I have a dear friend who spent over 12 years in solitary between New York City DOCs and New York State DOCs. While he was in the bing on the island, he was repeatedly raped by officers, male, which only causes mental health to deteriorate even more. And now 20 years later, he has died as a result of the PSTD [sic] that he endured in solitary being a main factor causing his death. Another lost a child. I lost one of my dearest friends, and the world lost a very special soul, which all stemmed from the bing, solitary confinement, whether they know it or not. Mainly due to--

CHAIRPERSON RIVERA: [interposing] I just want to-- we are actually also going to have a hearing on women specifically and the future of that facility and where it should be located. So, I just wanted to let you know that because I appreciate your advocacy--

EILEEN MAHER: [interposing] okay.

CHAIRPERSON RIVERA: tremendously. If you could just wrap up, and then we could make--

EILEEN MAHER: [interposing] Yep, I'm not--

CHAIRPERSON RIVERA: [inaudible]

EILEEN MAHER: This is the end of it. In conclusion, there's absolutely nothing that New York City DOCs offers and provides that can help, well, anyone, especially those who are suicidal or self-harming in any of the facilities. Instead, changes must be made of staffing and training of new officers and employees as well as the closure. There needs to be a mass termination of the current so-called officers, and then a hiring of individuals educated and trained rather-- trained to correct rather than to instigate violence and traffic in narcotics and weapons on a condition-- on a continuous basis, even

during the pandemic. Thank you again for allowing me to speak. I apologize for being so long. Thank you.

COMMITTEE COUNSEL: Thank you. Next we will hear from Melissa Vergara followed by Debbie Meyer [sp?] followed by Roger Clark [sp?].

SERGEANT AT ARMS: Time starts now.

MELISSA VERGARA: Good afternoon. My name is Melissa Vergara and I am a mother of a young man who is currently detained on Rikers Island and has been suffering there since May of 2021. My son has an array of challenges. He has been diagnosed with Disruptive Mood Dysregulation Disorder, Autism, [inaudible] disorder, and operates on borderline intellectual functioning. Since being on Rikers Island, my son has encountered significant mental and physical trauma. The whole system is traumatic and inhumane. First, the ADA denied my son-- my son-- I'm sorry. First, the ADA denied my son the opportunity for treatment, even with the recommendations of the psychiatrist from [inaudible]. Instead, they found it more appropriate to keep my son in a facility and a system that leads to abuse trauma and is the opposite of rehabilitation. Rikers Island is not equipped to rehabilitate anyone. I had contact with

the facility several times to inform them of my son's diagnosis, and unfortunately was hit with the reality that Correction Officers do not have any awareness or empathy to mental illness. I have heard, "You're calling me because your son gets mad," and, "ma'am, I don't know nothing about mental illness. Call 311." My son has been pepper sprayed during a mental health episode and locked in his cell with no food or mattress for several days. It took months for my son to get seen by a mental health provider. However, mental health on Rikers Island is a prescription to medication because they receive no form of therapeutic care. Currently, the system prior-- this system prioritizes hiring more officers which has proven to be ineffective rather than what is effective, and that's those with eh credentials and education in human behavior and development and rehabilitation. My son was placed in solitary confinement for over five weeks, a person whose diagnosis is known and documented in their system. However, because Correction Officers thought isolation would be more appropriate, he was placed there. My son would call me and tell me how he felt like he was losing his mind, and he couldn't take it

anymore. Do you know how hard it is for a mother to hear their child breaking down? Especially in a system that is known to break people down and to destroy them, a system that is known to kill people. People on Rikers Island continue to be treated as though they're no longer human beings. They're deprived of resources that are necessary for their basic human needs. Mental healthcare and medical care, decent food, a bed, fresh air, recreation, all those things are denied or a lack of access to them. These are not privileges. These are human rights. The protocol for getting medical and mental healthcare requires people to call sick call by 10:00 a.m. So if they miss that 10:00 a.m. deadline, they have to wait to the next day. My son has COVID--

SERGEANT AT ARMS: [interposing] Time expired.

MELISSA VERGARA: in December and time [sic][inaudible] call for three days. He only received medical care after passing out during a virtual visit with me, something I had to watch. Mayor Adams, City Council Members, we do not need any more Correction Officers. They are not able to rehabilitate, and therefore, we do not need anymore.

We need a system of professionals that treat people humane. We keep hearing about these tragedies and that continues to occur, yet we find Correction Officers to be the solution. That is absurd. Mental health issues and rehabilitation requires treatment from licensed clinical professionals. Our tax dollars continue to be allotted to this facility that puts people at risk. The reality is these jails do not keep people safe or alive. Many people leave Rikers with severe mental health issues and health issues. We need the quality of-- we need quality community-based programs to treat people, not to subject them to more torture of these jails and solitary confinement. These deaths alone should have led to the closure of Rikers Island. Why do we keep funding a facility that kills people and cannot protect people? Enough is enough. It is wrong and it needs to stop now. The correctional system needs significant correction. No more officers or money. COBA has a president that dodges any form of accountability. He's blamed COVID-- the rise of COVID cases solely on visitors and stated anyone who thinks officers are smuggling in drugs and contraband into their facilities must be on drugs. Yet,

recently we all just became aware of the arrest of two of their very own. Rikers Island can be fixed. It needs to be shut down, and we need to get a system that treats people and keeps people alive and rehabilitates people. Thank you and have a good day.

COMMITTEE COUNSEL: Thank you. Next we will hear from Debbie Meyer followed by Roger Clark.

SERGEANT AT ARMS: Time starts now.

DEBBIE MEYER: Thank you. Thank you to the panel and others whose stories just don't pull our heart strings, but frame our problems so well. So powerful. I keep feeling the pain coming from through my stream. My name is Debbie Meyer, and I'm a Layla Bundle [sic] Community Scholar at Columbia University. I'm a member of the Arise Coalition at Advocates for Children, and I'm a member of the Dyslexia Alliance for Black Children. Most importantly, I am the mother of a dyslexic son and the wife of a dyslexic man. I want to ask you all, did you know that 95 percent of people can learn to read? Do you know how few actually do learn? We teach just over one-third of our students to read at grade level. Do you know how many of these readers have parents that can outsource the reading

instruction because the school failed to teach these kids? The ability to read is not connected to intelligence. It isn't connected to poverty. It's not connected to race or home language. It's connected to reading and writing instruction. The ramifications of not learning to read are clear. Kids are frustrated. They ask for attention through poor behavior. They develop school anxiety leading to other mental health issues. They get behavioral IEPs that don't drive literacy instruction. They can't do grade-level work. Many drop out of school. They don't have college or career options, and the mental health problems that have begun and continue unless mitigated. It is heartening to hear Mayor Adams address the dyslexia to prison pipeline, and Chancellor Banks talk about the literacy crisis in their remarks. The statistics are shocking but not surprising. Eighty percent of prisoners are under literate, under sixth grade level, but several peer reviewed studies have shown that nearly 50 percent of prisoners are dyslexic and functionally illiterate. This is due to poor instruction and lack of recognition of dyslexia. Dyslexic kids do not need special instruction, rather they need more and often

repeated good instruction that benefits all students. Dyslexia is ten times more prevalent than autism. It's clearly the responsibility of the school system to teach students to read, and if we're teaching colleges to prepare teachers to teach kids to read. Until this happens, though, what can our criminal justice system do to make sure those involved in it can learn to read or receive the accommodations they deserve to access literacy. My son is lucky. He was illiterate in fourth grade. We had the resources for a private neuro-psych evaluation. We didn't wait for years for one from the public system. We had the resources for an attorney to help us navigate the education system and get our son into the Windward [sp?] School for Dyslexic Students. We had the resources to front two years of tuition at Windward while the DOE and Comptroller's Office held our reimbursement. It takes twice as long for a fourth grader to learn to read than it would take a first grader. My kid learned and we thank the taxpayers for supporting my son in his education. He's back in public school and he left so many kids behind.

SERGEANT AT ARMS: Time expired.

DEBBIE MEYER: I wonder where they are now. Let's invest in literacy screenings in the criminal justice system. Let's invest in reading instruction. With little funding, defense attorneys and social service organizations can offer screening. Clearly, there's time to screen and teach people to read in our jails and prisons. Let's let the under-literate in our prisons have a first chance at an education that can help them with health and mental health, career, and even college. Thank you.

COMMITTEE COUNSEL: Thank you. Next we will hear from Roger Clark.

SERGEANT AT ARMS: Time starts now.

COMMITTEE COUNSEL: Roger Clark? We've sent the unmute request. So, Roger was our last witness. So this concludes the public testimony. If we have inadvertently forgotten to call on someone to testify, if that person could raise their hand now using the Zoom raise hand function, we will try to hear from you now. Okay, seeing no hands, I will turn it over to Chair Rivera to close the hearing.

CHAIRPERSON RIVERA: Thank you so much everyone. That concludes today's hearing of the Committee on Criminal Justice. Thank you to Akeem

Browder, Melania Brown, Candy Hailey, and Madeline Feliciano for joining us to share their experience, to share your experiences with self-harm and suicide at Rikers Island. I am tremendously grateful for everyone's time and advocacy. And to those families, please know you have an ally on this committee in me. Thank you also to Commissioner Molina, Doctor Subedi, the Department of Correction and Correctional Health Services. I'd especially like to thank my colleagues in the Council and the advocates, the public defenders, and impacted people and families who shared their stories with us today. For years now people at Rikers Island have suffered lack of access of medical and mental healthcare and insufficient supervision of and support for individuals at risk of suicide. These failures have only been further exacerbated by the Department's mismanagement of staff and resources. This is unacceptable. It is abundantly clear to this committee and the Department, that the Department does not need additional resources. Rather, the Department must adjust its practices responsibly within its current budget in order to improve the conditions on Rikers Island for both staff and people incarcerated alike.

In all honesty, I'm still reeling from earlier testimony confirming 12,745 medical appointments being missed in the month of March alone. I cannot fathom how the majority of these misses could be attributed to refusal by incarcerated people, especially as the testimony shared by impacted individuals today tells a very, very different story. The legislation we heard today are our first steps we need to be taking. When passed, these bills will mandate that the Department publishes all of its rules, policies and directives and will require a plan being put in place for medical appointments during lock-ins which happen with some frequency. Our mandate is clear. The Administration must put an end to solitary confinement in totality. We are not interested in solitary by another name, not when people's lives are on the line. And finally, every single action taken from this day forward must censor the humanity of the people in the City's jails and further our efforts toward de-carceration and the closure of Rikers Island. So, again, thank you to everyone who has testified today. And with that, we will adjourn the hearing. Thank you so much.

[gavel]

C E R T I F I C A T E

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

Date June 15, 2022