



Testimony

of

Chinazo Cunningham, MD, MS
Executive Deputy Commissioner, Division of Mental Hygiene
New York City Department of Health and Mental Hygiene

before the

**New York City Council Committee on Mental Health, Disabilities and Addiction and
Committee on Women and Gender Equity**

on

Oversight - The Mental Health Impact of COVID-19 on Women as Caregivers

October 8, 2021
New York, NY

Good morning, Chair Louis, Chair Diaz, and members of the Committee on Mental Health, Disabilities and Addiction, and the Committee on Women and Gender Equity. I am Dr. Chinazo Cunningham, Executive Deputy Commissioner of the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene. On behalf of the Health Commissioner, Dr. Dave Chokshi, thank you for the opportunity to testify today alongside Executive Director Ebanks from the Commission on Gender Equity about the mental health impact of COVID-19 on women as caregivers.

The COVID-19 pandemic has brought unprecedented loss of life, financial distress, and social isolation to the lives of New Yorkers, and we know the burden has not been felt equally. Prior to the pandemic, Health Department survey data from January 2020 showed that there was no significant difference in the prevalence of having probable anxiety or depression among adults with children under the age of 18 in the household compared to adults without children in the household. In comparison, during the pandemic, Health Department survey data from April and May 2020, found that healthcare workers and adults with children in the households were more likely to report experiencing adverse mental health.

As New York City continues to respond to and recover from the COVID-19 pandemic, the Health Department is committed to sharing reliable information and resources, collaborating with behavioral health partners across the city, and strengthening existing resources to support the mental health and well-being of all New Yorkers. Let me share a few highlights of the work the Health Department is doing to help New Yorkers during this time, with a focus on those who have been disparately impacted.

Throughout the pandemic, the Health Department has promoted the use of NYC Well, the city's 24/7 talk, text, and chat service for mental health and substance use support, counseling, and referrals to additional services. In addition to connection to counseling, NYC Well offers a wealth of resources in their online database of behavioral and substance use services, many of which are tailored to healthcare workers, caregivers, those who are pregnant, and new parents. Additionally, we have also promoted use of New York's Project Hope emotional support helpline, which provides crisis counseling, connection to local providers and social services including medical, housing, food and financial assistance. All New Yorkers, including women who are caregivers, can contact either of these resources to speak with a counselor if they are feeling stressed or overwhelmed and can receive referral to an experienced local provider, or connect with other behavioral health, substance use, and social resources if needed. We have also focused on sharing information about these services in the communities that need it most.

The Health Department has also supported the mental health and resiliency of communities most impacted by COVID-19 through the COVID-19 Community Conversations initiative, also known as 3C. This program holds structured discussions with communities about the impact of the pandemic, including structural racism, provides coping and resiliency skills, and informs residents of available mental health resources. Over twenty thousand New Yorkers have joined these conversations so far, with more scheduled; helping people disproportionately impacted, including women, learn skills to cope with the mental health effects of the pandemic. For several of these programs, our data show that while these programs are available to everyone, they are mostly utilized by women.

Furthermore, we contract with a network of specialized early childhood mental health clinics that provide family-based, trauma-informed treatment and family peer support to young children and their families. We also fund family peer services to support parents/caregivers of children and youth experiencing mental health challenges. Finally, we contract with two training centers that build the capacity of staff who serve families in a variety of settings, including clinics, community-based organizations and peer programs.

We also recognize the mental health toll the pandemic has taken on people in caregiving professions, particularly healthcare professionals. The Health Department partnered with Health + Hospitals and the Greater New York Hospital Association to develop the Healing, Education, Resilience, and Opportunity program for New York's frontline workers (also known as HERO-NY). This training addresses the mental health and wellness needs of frontline healthcare workers as they respond to COVID-19 and is used in healthcare and first responder settings across the city.

I'd also like to take a moment to note that the Health Department's work to support the health of women who are caregivers extends to many parts of our agency. For example, the Nurse-Family Partnership program (NFP) provides support for low-income, first-time mothers, by pairing them with specially trained nurses who provide information and guidance throughout the pregnancy and until the child's second birthday. Mothers also receive a mental health screening. In our Neighborhood Health Action Centers, every member of a family that visits the Family Wellness Suites can access services, health education, and be linked to cross sector care. Their Baby Cafés also provide ongoing breastfeeding education, lactation care and intervention along with a place for parents of young children to access social support and receive referrals for a wide range of social and health needs. Throughout the pandemic, and well before and after COVID-19, the Health Department has remained committed to protecting the physical and mental health of mothers and caregivers citywide.

I thank the committees on Mental Health, Disabilities and Addiction, and, Women and Gender Equity for your ongoing partnership and support as we continue to address the mental health impacts of the COVID-19 pandemic and care for the health of New Yorkers. I am happy to take your questions.



Testimony

of

**Jacqueline M. Ebanks
Executive Director, Commission on Gender Equity**

before the

**New York City Council
Committee on Women and Gender Equity
Committee on Mental Health, Disabilities and Addiction
Oversight Hearing**

on

The Mental Health Impact of COVID-19 on Women as Caregivers

**Friday, October 8, 2021
Virtual Hearing**

Introduction

Good morning, Chair Diaz, Chair Louis, and members of the Committees on Women and Gender Equity and on Mental Health, Disabilities and Addiction.

I am Jacqueline Ebanks, Executive Director of New York City's Commission on Gender Equity (CGE). In this role, I also serve as an advisor to the Mayor and First Lady on policies and issues affecting gender equity in New York City for all girls, women, transgender, and gender non-binary New Yorkers regardless of their ability, age, ethnicity/race, faith, gender expression, immigrant status, sexual orientation, and socioeconomic status.

My colleague, Dr. Chinazo Cunningham, Executive Deputy Commissioner for Mental Hygiene at Department of Health and Mental Hygiene and I welcome this opportunity to discuss the Administration's efforts around the mental health impact of COVID-19 on women as caregivers.

The de Blasio Administration is steadfast in its commitment to promote equity, excellence and fairness for all New Yorkers. From combatting workplace sexual harassment and discrimination on the basis of sexual orientation or gender identity, to enshrining rights for pregnant and parenting New Yorkers, to ensuring access to inclusive services and paid safe leave for survivors of domestic and gender-based violence, the Administration has converted its words into action to become a leader in protecting the rights of all New Yorkers regardless of gender identity, gender expression, or background.

It is within this context that CGE works to create a deep and lasting institutional commitment to tearing down equity barriers across New York City. CGE carries out its activities across three areas of focus within a human rights framework and using an intersectional lens. These areas of focus are:

1. **Economic Mobility and Opportunity.** The goal is to create a City where people of all gender identities and gender expressions live economically secure lives and have access to opportunities to thrive.
2. **Health and Reproductive Justice.** The goal is to foster a City free from gender- and race-based health disparities.
3. **Safety.** The goal is to foster to a City free from gender- and race-based violence.

Gender Equity and the COVID-19 Recovery Survey Findings

By March 2020, the COVID-19 virus was spreading aggressively within New York City. As the City developed and implemented its emergency and longer-term responses to the pandemic, the Commission on Gender Equity (CGE) focused on how best to inform and shape a gender equitable recovery, resulting in the development of CGE's Gender Equity and COVID-19 Recovery Survey. This longitudinal survey was designed to better understand the COVID-19 recovery needs and experiences of New Yorkers and was distributed twice in 2020 and once in 2021. While we continue to prepare a full analysis of the data, I would like to share some insights we gained from the first survey distributed on June 10, 2020.

This survey was open for two weeks and solicited New Yorkers to provide feedback on their needs and experiences related to the pandemic from the previous four months. The survey included both qualitative and quantitative questions that addressed CGE's three focus areas of Economic Mobility and Opportunity, Health and Reproductive Justice, and Safety.

Respondents

Of the 1366 responses from the non-random sample, 64% were submitted by female identified individuals; 34% by male identified persons, and 2% by transgender and gender non-binary New Yorkers. The household income of respondents varied as well with 16% being from \$0-\$35,000; 24% being from \$35,000-\$75,000; 14% being from \$75,000-\$100,000; 20% being from \$100,000-\$150,000; and 26% being from \$150,000 and above.

Economic Mobility and Opportunity

Financial hardships stemming from unemployment or fear of job loss, were prominent in survey responses. **Sixteen percent** of respondents indicated they were unemployed—**fifty one percent** of whom attributed that job loss to the pandemic. Responses showed a tension between the desire to find work and feelings of unsafety in the workplace, forcing participants to make an uncomfortable choice between a loss of income and the risk of illness. Wealthier respondents generally were able to avoid this choice, as they were more likely to be able to work from home, and in some cases, temporarily leave the city.

The relevant predominant themes shared by participants included:

- Stress around an inability to pay rent with fears of eviction
- Concern that individuals will not be able to pay their bills once the extra \$600 unemployment benefits run out.

Caregiving

In their July 2019 report on Family Caregivers in New York City, the Center on Poverty and Social Policy noted that 16% of New Yorkers are family caregivers. For our non-random sample 25% respondents indicated they were caregivers. These respondents indicated that between March and June of 2020, the childcare services that parents and caregivers previously relied on were suddenly either unavailable or perceived as unsafe in the face of the COVID-19 pandemic. This created additional stress, especially for those with limited social support and/or an inability to work from home. Participants described many challenges with childcare ranging from feeling that remote education was a second job to feeling pressured between choosing to continue to work or care for their children in the home. In those early days of the pandemic, many participants expressed fear around returning to the office because of concern about contracting the virus and bringing it into the home, or leaving their children alone for remote education.

One respondent left the following comment:

“My spouse has not lost his job during the pandemic, but I was supposed to return from maternity leave, so while our household has been generally stable, I was not equipped or prepared to provide full time childcare and exacerbating this is that our old daycare is essentially providing us with minimal assistance and still charging us money. Not only that no one has assured us or given us the impression that any expert knows how children fit into the pandemic puzzle and the result is that the government seems to be green lighting our childcare provider into stealing our money while giving us no reason to trust them to reopen safely. Additionally I was on maternity leave at the start of the pandemic and now my job can't take me back but there is no other job out there for me at the moment. I would have to interview and find a job while I have 2 children to manage on my own and the result is that I'm not going to be able to look for a job and may get pushed out of my industry entirely. My male counterpart also is able to walk away at any moment for work and now my only job is maintaining house and children like I belong in the 1950s and signed up for this.”

Health and Reproductive Justice

In the Health and Reproductive Justice segment of our survey, many participants indicated that their overall health was “good” or better. However, the majority of respondents indicated struggling with significant mental health burdens in the first four months of the pandemic. Ninety-two percent (92%) of respondents indicated feeling anxious (92%) and eighty-four percent (84%) of respondents reported feeling depressed every day or nearly every day since the pandemic, with transgender and non-binary people and women reporting comparatively higher rates than their male counterparts. Respondents gave myriad reasons for experiencing anxiety and depression. The most prevalent themes were:

- Loneliness and isolation
- For those who contracted COVID-19, many described not only the physical burden of the illness itself, but also expressed fear and anxiety around lingering symptoms, spreading the virus to someone else in the household, and lack of access to testing to confirm the infection.
- Many participants who cared for either elderly family or immunocompromised members of their household also experienced greater anxiety, as the risk burden for going out to public to get groceries or other necessities left them wondering if they would bring the virus back into the home.
- Lastly, many participants lost a family member or loved one to COVID-19 illness. Compounding the grief for the death itself, participants also shared the pain and sorrow for the inability to say goodbye in person.

Safety

Finally, in the Safety segment of the survey, New Yorkers reported being deeply fearful about their safety as the COVID-19 virus rapidly spread throughout New York City during the early months. Many participants expressed that concern about the lack of reliable information from government (city, state, and federal) regarding safety protocols for the pandemic. Seven percent (7%) of respondents reported feeling unsafe at home, 53% reported feeling unsafe at work, and most predominantly, 70% reported feeling unsafe in public. Many respondents indicated that they felt much better working from home and hope teleworking options will continue in the future.

Recommendations

Through their quantitative and qualitative responses, survey participants showed how COVID-19 affected and exacerbated hardships across all aspects of their lives, lives which were too often already impacted by histories of systemic oppressions and exploitation. As we consider their responses, we are also looking ahead to an equitable COVID-19 recovery and post-COVID reality. We must strengthen and advance new priority policies and programs that ensure that all women, and transgender and gender non-binary individuals, can live safe, healthy and economically secure lives. To that end, CGE made the following recommendations in its 2020 Annual Report: Advancing Gender Equity during Crisis.

To address issues of Economic Mobility and Opportunity, we recommend:

1. Institute universal healthcare and childcare
2. Raise the minimum wage and expand workers’ bargaining rights
3. Eliminate gender and racial pay gaps

To address issues pertaining to Health and Reproductive Justice, we recommend:

1. Expand mental health services
2. With all health services, prioritize marginalized communities and those most vulnerable, including the aging

And finally, to address issues concerning Safety, we recommend:

1. Invest in restorative programs, in accordance with “Using Restorative Approaches to Address Intimate Partner Violence: A New York City Blueprint” released by the Center for Court Innovation in 2020. These programs should begin with a pilot and must have the following qualities:
 - Be predicated on an individual survivor’s voluntary desire to engage in a restorative process.
 - Be based in communities rather than referred through legal entities.
 - Address structural oppression and incorporate community- and culturally-specific components.
 - Have a dedicated funding structure that includes a mix of public and private funds.

Thank you for this opportunity to address this critical issue. I look forward to addressing any questions you may have. At this time, my colleague, Dr. Chinazo Cunningham [Executive Deputy Commissioner for Mental Hygiene] of DOHMH will now provide testimony.



PUBLIC ADVOCATE FOR THE CITY OF NEW YORK

Jumaane D. Williams

**TESTIMONY OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS
TO THE NEW YORK CITY COUNCIL COMMITTEE ON WOMEN AND GENDER
EQUITY AND COMMITTEE ON MENTAL HEALTH, DISABILITIES, AND
ADDICTION
OCTOBER 8, 2021**

Good morning,

My name is Jumaane D. Williams, and I am the Public Advocate for the City of New York. I would like to thank Chair Diaz, Chair Louis, and members of the Committees on Women and Gender Equity and Mental Health, Disabilities, and Addiction for holding this hearing today.

Caregivers are an important part of long-term care for people who need ongoing assistance on a daily basis. These individuals can be children, young adults, or senior citizens, and can have a chronic illness or disabling conditions. The informal or unpaid caregivers who look after these individuals are often family members or friends. And although caregiving is an act of service that comes from a positive place, the impact it can have on the caregiver can be negative. According to the Center for Disease Control and Prevention, informal or unpaid caregiving has been associated with heightened levels of depression and anxiety, an increased use of psychoactive medications, worse self-reported physical health, compromised immune function, and an increased risk of early death for caregivers caring for elderly people. The CDC also reported 53 percent of caregivers indicate that a decline in their health compromises their ability to provide care. It is also important to note that 2 out of every 3 caregivers in this country are women. These statistics tell us women who are caregivers are at greater risk of declining physical and mental health. The COVID-19 pandemic has taken a toll on the mental health of many New Yorkers; we can only imagine the psychological impact it has had on those who are caregiving.

Last year, researchers conducted a study of the COVID-19 impact on 576 family caregivers and nearly 3,000 non-caregivers in Pennsylvania with a national supplement between April and May. Family caregivers reported having higher anxiety, depression, fatigue, sleep disturbance, lower social participation, lower financial well-being, higher levels of food insecurity, and increased financial worries. Caregivers who were female, younger, lower income, providing both personal and medical care, and giving care for cognitive, behavioral, and emotional problems reported more adverse outcomes. This data demonstrates family caregivers need increased support during this pandemic, especially that of support groups and counseling services.

In New York City, the Department for the Aging funds 12 community-based caregiver programs throughout the five boroughs. These community partners provide a number of services, including support groups, counseling, and financial assistance for certain devices, like medical alert systems. The DFTA also operates Aging Connect, the agency's information and referral contact center, which caregivers can contact for support. Although DFTA's website says these services are readily available for caregivers in need, it is unclear if the agency has increased these programs, or added new additional services, in response to the COVID-19 pandemic. The agency should increase counseling and support group services that are available for caregivers, and financial assistance should not only be limited to assistive devices, but for necessities like food and groceries as well. It is important to remember that family caregivers are unpaid, and therefore may need financial assistance to avoid food insecurity during this public health crisis. A lack of financial stability can impact a caregiver's mental wellbeing, in addition to the other stressors that come with caring for someone who has a chronic condition or debilitating disease. Moreover, the DFTA should connect any caregiver who contacts them seeking mental health services to a support group and/or a psychologist or therapist. The agency's Aging Connect center could provide a hotline to facilitate these services to caregivers.

It is also important for the State to expand the programs that pay family caregivers. If the individual receiving care is a Medicaid recipient, the family member or friend caring for them can receive payment through the Consumer Directed Personal Assistance Program, also known as CDPAP. Through the CDPAP, a beneficiary can choose to receive care from family members, including adult children, or friends, but not spouses, as they are prohibited from being hired. For individuals receiving care who are not eligible for Medicaid, there is New York State's Expanded In-Home Services for the Elderly Program, also known as EISEP. The EISEP has consumer directed in-home services that allow program participants to hire and pay the caregiver of their choice, including family members. Given the financial strain that caregiving can pose to family members, the State should expand the CDPAP and EISEP to provide more opportunities for beneficiaries to enroll and allow for more informal caregivers to receive compensation.

Caregiving is truly a selfless act of service. Yet, even in the midst of being selfless, our caregivers need to know that they can prioritize self-care, which includes their mental health. I am eager to hear from the Administration today what efforts have been taken to ensure caregivers have access to mental health services.

Thank you.



Preliminary Budget Hearing Testimony Before the New York City Council
Committees on
Mental Health, Disabilities, and Addiction;
Women and Gender Equity
October 8, 2021

Presented by:
Cal Hedigan, Chief Executive Officer
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Community Access expands opportunities for people living with mental health concerns to recover from trauma and discrimination through affordable housing, training, advocacy, and healing-focused services. We are built upon the simple truth that people are experts in their own lives.

www.communityaccess.org

Thank you Chairs Louis and Diaz, and to the other members of these committees for convening this hearing. As the CEO of Community Access, I lead an organization that has long been at the forefront of efforts to transform our public mental health system into one where the voices of people living with mental health concerns are centered and play a vital part of the design, delivery, and evaluation of services. Our organization was founded in 1974 in response to the closure of psychiatric facilities to support individuals who were transitioning into community living. We are one of the leading providers of supportive housing in NYC, and are the pioneers of an integrated housing model, which has become a best practice nationally: affordable housing where families live alongside people living with mental health concerns.

The reason I am lending my voice to the conversation today—focused on the impact the pandemic has had on women as caregivers—is because the population being discussed at this hearing is the same population that makes the work of Community Access possible: overwhelmingly, Black Indigenous or other People of Color (BIPOC) women.

Caregiving takes many forms. According to the City of New York, there are as many as 1.3 million people who identify as caregivers living in the five boroughs¹. They provide care to family members, neighbors, and other New Yorkers. Their work is compassionate and purpose-driven, and these caregiving responsibilities fall overwhelmingly to women. According to the Family Caregiver Alliance, more than 75% of caregivers are women and women are likely to spend more than 50% of their time providing care to another.² Hispanic (non-white, non-African American) caregivers have the highest reported prevalence, followed by African Americans, Asian Americans, and then whites.

At Community Access, 57% of our staff are BIPOC women. Across our city, the nonprofit sector employs more than 600,000 New Yorkers, the majority of whom identify as BIPOC women. City contracts are structured in such a way that nonprofits cannot pay our workforce a living wage. The nonprofit sector, and particularly the human services sector, has been underfunded for decades. Having worked in New York City in this sector since 1989, I speak from experience.

The workers in question are the very workers who have been showing up every day for the last 19 months, to provide essential services to some of our City's most vulnerable people. Many of them are tired, and worried about the ongoing risks they are facing. Many are burned out, and they all deserve to be appropriately compensated for their labor. Their work is essential and invaluable, and the way each and every one of them has stepped up during this pandemic has only underscored that fact.

It is long past time for them to be compensated at a level that is commensurate with their service. City-contracted human services workers, on average, earn less than half the wages of those outside of the sector with similar credentials and experience. The human services

¹ <https://www1.nyc.gov/site/dfta/services/caregiving.page>

² <https://www.caregiver.org/resource/caregiver-statistics-demographics/>

workforce is our City's second lowest-paid labor force, after restaurant workers. This is shameful. City funding levels must increase to address the inequitable salary structure in this sector. In the last calendar year, the City failed human services workers when it allowed the COLA for human services workers to expire in the middle of the pandemic. The day to day costs of living in New York City are high, and the city must contract with nonprofit providers at levels that enable our staff - particularly our direct service staff - to live with dignity.

The mental health toll COVID-19 has taken on women caregivers cannot be disentangled from the low wages in our city's nonprofit sector. We know that when people's finances are more secure, they are more likely to thrive—at work, at home, and in their communities. We need urgent investments now, as well as a comprehensive strategy to ensure that human services workers finally earn fair pay for their essential labor in the years ahead.

Thank you for considering my testimony today. I look forward to working with the members of these committees and agency partners to advance policy changes that will support the health and mental health of New Yorkers who do essential and life-saving work, yet continue to be underinvested in. Together we can create a model of post pandemic recovery that will support human services workers and BIPOC women and offer an example for other cities to follow.

Hello,

I am a single mother of two years old twins. I have navigated being a first time mom and being a mother of multiples in these very trying times. My marriage fell apart as a result of being new parents of multiples during a pandemic being married to a first responder.

As a results, I returned to work for the City of New York on a part time basis at first. Which was great as we were working remote. I found a work life balance and was able to manage keeping myself and my children safe while still doing my job. I requested to come back to my full time position and OMB delayed my approval to return to work full time for 3 months. Now as i was approved to returned full time, I have to return full time to the office and have childcare in place with little to no notification. Ten day notification was an insult to all city employees.

The testimony ask how has the return to work affected my Mental Health? The question should be how has it not broke me down yet? As a caregiver this return to work policy is one sided and specifically is discriminatory toward women. We all know that the majority of the caregivers are women. We are the one who are left to struggle to juggle being on time to work, while worrying about daycare pick up and drop off when a lot of daycare or aftercare programs are struggling themselves. Women are being forced to choose between their careers and being mother and that affects our mental health everyday. I attempt to see my therapist every two weeks via telehealth appointment during my lunch because not only am I juggling working in a time of a pandemic but now I am being told I wasn't productive enough to stay home and keep my family safe while we continue to work together as a society to fight covid. Oh perhaps, I am not worthy to have a work life balance. Now today, I feel alone fighting covid and trying to ensure my children and myself stay safe as I juggle work, daycare pick up and drop off , ensuring we are safe at all times while feeling under appreciate by our Mayor for our hard work.

You ask how the return to work policy has affected my mental health? I say I pray every day that I am able to keep it together for my children, that I am able to keep myself safe because if I fall ... they will fall. If I break, my innocent children will have no one to care for them. So yes every day is a struggle just because I am a caregiver, because I am a woman. Yes my mental health suffers everyday because this RTO policy is discriminatory against women.

Sandrine Catano
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Covid pandemic and my mental health

Hi, my name is Elise

As a working single mother this pandemic has been trying on my mental health. I had finally adjusted to working from home, helping my child during remote school work and caring for my mom who has stage 4 cancer. With all that on my plate I was working really hard with maintaining my mental health which is something I have struggled with for years.

Once Mayor DeBlasio issued a return to work order for all city workers, my mental health has hit rock bottom! I am no longer able to sleep without prescription sleeping meds and during the day I have to take anxiety medication to cope with the stress.

As a city worker we are now no longer allowed to keep a hybrid schedule with the flexibility to work from home. So now with the stress of having to use my annual time for child care issues and knowing once I run out of annual time my pay will be deducted it put my mental health into a really unhealthy place. Once my paychecks are reduced; what will I do to earn enough money to support my family??

Yes the pandemic is still a challenge but Mayor DeBlasio's return to work order has put a devastating burden on working mothers and women in general. On some days I feel as though it is easier to keep my child home from school so I don't have to worry about losing hours and pay at work. Other days I feel as though once I run out of annual time and a full paycheck I will be forced to quit my city job because of child care issues and then what is my option?? Homelessness, losing custody of my child, etc???

This is entirely too stressing and the Mayor is not showing any care or concern for working mothers with this return to the office policy full time. The mayor claims to be so progressive when it comes to women's rights. But when it comes to working mothers his policies and return to the office full time order is setting back working mothers decades. This current policy is causing a severe setback with my mental health.

Thank you for hearing my concerns and experience during this pandemic.

Thank you