

**Testimony of JoAnn Kamuf Ward, Deputy Commissioner of Policy & External Affairs  
New York City Commission on Human Rights  
Before the Committee on Civil and Human Rights on Int. 474  
June 30, 2022**

Good morning, Chair Williams and members of the Committee on Civil and Human Rights. I am JoAnn Kamuf Ward, Deputy Commissioner of Policy and External Affairs of the New York City Commission on Human Rights. It is my pleasure to join you today to testify regarding the protections available under the City Human Rights Law related to reproductive health decisions, as well as Intro 474, which mandates that the Commission conduct an outreach campaign to inform the public about the protections in the Human Rights Law. Today's hearing also touches on access to reproductive health care facilities, which is set forth in the Public Safety provisions of the Administrative Code. I am joined by Kajori Chaudhuri, Deputy Commissioner of the Community Relations Bureau, and CCHR is pleased to testify alongside the NYPD.

We are here at a time when rights related to reproductive and sexual health are under clear threat. The highest court in the United States has rolled back rights that were hard won fifty years ago to protect basic bodily autonomy. The Commission stood on the steps of City Hall last Friday with sibling agencies, the Mayor, and members of this Council to demonstrate that New York is and will remain a city where sexual and reproductive health and rights are not only protected, but that they are prioritized.

In this context, I am proud to be here to underscore that the Commission is aligned with City Council's goals to ensure that all New Yorkers, especially those who are pregnant and seeking sexual and reproductive health care, know their rights, regardless of where they work or live. We support efforts to ensure that access to reproductive health and abortion is strengthened in New York City, and that this city is welcoming for all those in need of safe healthcare.

**Agency Mandate & Structure**

The Commission is the local civil rights enforcement agency that implements the New York City Human Rights Law, one of the broadest and most protective anti-discrimination and anti-harassment laws in the country, with 27 protected categories, and which covers housing, employment, and public accommodations. The Commission's Law Enforcement Bureau enforces the City Human Rights Law by investigating complaints of discrimination from the public, initiating its own investigations on behalf of New York City, and utilizing testing to help identify violations of the Law. Complementing the Commission's Law Enforcement functions, the Community Relations Bureau provides workshops and trainings on New Yorkers' rights and the obligations of businesses, employers, and housing providers under the City Human Rights Law, working with community partners and sibling agencies. Seven years ago, the Commission established the Office of the Chair, which houses the agency's policy and legislative functions, as well as communications.

The goal of the City Human Rights Law is to ensure that all New Yorkers live in dignity, have their basic needs met, and fully enjoy their human rights. The Law applies to private entities and

government agencies. Covered employers cannot discriminate against job applicants and employees based on their age, immigration status, arrest or conviction record, caregiver status, color, credit history, salary history, disability, gender, gender identity or expression, marital or partnership status, national origin, pregnancy, race, religion/creed, sexual orientation, status as a current or former military service member, status as victim of domestic violence, sexual violence, or stalking, and unemployment status. Employment protections apply to employers with four or more employees, and those who employ domestic workers, as well as to employment agencies and labor organizations. Most employees and job applicants have rights, regardless of whether their position is full-time, part-time or an internship. Independent contractors are also protected by the City HRL.

Since 2015, the City Human Rights Law has been amended by the City Council 38 (thirty-eight) times. More than a dozen of these amendments relate to employment. In addition to prohibiting discrimination, the Human Rights Law prohibits employers from retaliating against an individual for reporting discrimination.

### **Protections Regarding Pregnancy, Childbirth, Related Medical Conditions, and Sexual and Reproductive Health Decisions**

Pregnancy discrimination has long been a focus of the Commission. City Council codified the right to reasonable accommodations on the basis of pregnancy, childbirth, and related medical conditions in 2014. The agency first published guidance on pregnancy discrimination in 2016, guidance which has been updated to reflect additional legislation that requires employers to provide lactation accommodations. Employers are required to ensure that pregnancy protections are implemented, as well as to post notice of protections, and have lactation policies for when individuals return to the workplace. More recently, in 2019, City Council passed an amendment prohibiting employers from discriminating against employees on the basis of any decisions about sexual or reproductive health.

As a result of the 2019 amendment, it is a violation of the City Human Rights Law for an employer to treat a person less well because of their actual or perceived sexual or reproductive health decisions.

The term “sexual and reproductive health decisions” is defined as any decision an individual makes to receive services for their sexual and reproductive health, reproductive system, and its functions. This includes, but is not limited to, fertility-related medical procedures, STD prevention, testing and treatment, family planning services and counseling, for example birth control drugs and supplies, emergency contraception, sterilization procedures, pregnancy testing, and abortion. This includes hormone therapy or other transition related care for transgender New Yorkers, or other decisions involving reproductive systems. This protection builds on Human Rights Law protections on the basis of gender, and gender-identity, among others.

It is a violation of the City Human Rights Law for an employer to (a) enforce policies or practices treating employees less well because of their actual or perceived sexual and reproductive health decisions; (b) use judgments and stereotypes to exclude employees from employment projects or as pretext for unlawful discriminatory decisions in employment; (c) make offensive jokes, singling out, and engaging in other harassment of individuals on the basis of sexual and reproductive health decisions; or (d) engage in other adverse employment actions.

I will mention two examples. Employers are not allowed to fire an employee after learning that the employee is considering or had an abortion, nor can an employer avoid meetings with one of the employees on their team after learning the employee sought preventative treatment for HIV. Further, an employer cannot repeatedly criticize an employee for pursuing in vitro fertilization treatment (IVF), which the employer believes is not “natural.”

While employees are not specifically entitled to reasonable accommodations for their sexual and reproductive health decisions, they are entitled to such accommodations on the basis of pregnancy, childbirth, or related medical conditions, which encompass lactation and some sexual and reproductive health decisions. For example, people who have experienced miscarriages, abortions and fertility treatment, must be provided reasonable accommodations unless they present an undue hardship. This might look like a period of unpaid or paid sick leave, or a flexible schedule for a period of time to account for additional appointments related to the procedure or experience.

### **Remedies for Violations of City Human Rights Law**

Experiences of discrimination in employment and discriminatory harassment can be vindicated by reaching out to the Commission. Violations of the City Human Rights Law can result in an award of damages to the complainant, and civil penalties to the City of New York. Other affirmative relief is also available, such as restorative justice interventions, anti-discrimination training, among others. Where there is a finding that discrimination occurred, the Commission will work to craft a remedy that is meaningful to the complainant and other members of the impacted community.

In the arena of pregnancy and related medical conditions, the largest number of cases fall into the category of a failure to accommodate, followed by claims of discriminatory discharge, and then hostile work environment. Cases in this area are often resolved through damages, through provision of accommodations to schedules and duties, requirements of managerial trainings, and policy changes.

### **The Commission’s Outreach on Sexual and Reproductive Health Decisions**

In order to educate New Yorkers on their rights, the Commission continuously seeks outreach opportunities. In addition to developing the guidance I mentioned previously, the Commission has a one-page fact sheet on the protections against employment discrimination on sexual and reproductive health decisions. Protections related to sexual and reproductive health and pregnancy are included in our most frequent training, Human Rights 101. Moreover, in 2019, the Commission, along with the Department of Health and Mental Hygiene, and the NYC Commission on Gender Equity, hosted a public hearing on pregnancy and caregiver discrimination, where the Commission compiled legislative and policy recommendations to improve on reproductive health. Over the past three years, the Commission has worked to operationalize many of these recommendations, including improving protections for domestic workers and conducting public education and outreach on pregnancy and caregiver discrimination, in addition to educating employers about their obligations under the City Human Rights Law. Since 2019, the Commission has conducted 582 Human Rights Law trainings that

educate on these protections. In addition, the agency joins and organizes panels and other events to highlight the protections. For example, in 2021, we held a discussion entitled Stories from the Delivery Room: Health Equity, Pregnancy, and the Maternal Health Care of People of Color. Dr. Uché Blackstock, Founder and CEO of Advancing Health Equity, which addresses bias and racism in healthcare, headlined this event. The Commission continues to partner with the Neighborhood Health Action Centers of DOHMH to conduct outreach to pregnant people.

### **Intro 474**

Intro 474 falls in line with the continued efforts of the Commission to ensure reproductive and sexual health is available for all New Yorkers. We support initiatives to inform the public about their sexual and reproductive health rights. It is our goal to increase outreach and awareness of fundamental rights, particularly for those most impacted by sexual and reproductive health decisions.

We believe that a sexual and reproductive health rights campaign would be most impactful and effective if it is part of a joint agency strategy in collaboration with sibling agencies that can speak more closely to the laws regarding physical access as well as the services that sexual and reproductive health facilities provide. We also look forward to working with Council to incorporate the campaign we are discussing today with the other public education campaigns that have been recently introduced by the Council, including Intro 478, sponsored by Council Member Hudson, requiring a public education campaign about the services offered by doulas and midwives; and Intro 506, sponsored by Council Member Rivera, requiring DCWP, among other mandates, to implement a media campaign to raise awareness about the issues around “Pregnancy Service Centers,” and the Public Advocate’s Intro 86.

### **Conclusion**

The Commission will close by emphasizing our commitment to ensuring all people are able to make the sexual and reproductive health decisions that are essential to dignity, autonomy, and the exercise of human rights, regardless of their identity.

Thank you again for the opportunity to speak today. My colleagues and I look forward to continuing to discuss Intro 474 and exploring the possibilities of a coordinated citywide effort.

**STATEMENT OF ASSISTANT COMMISSIONER CARRIE TALANSKY  
NEW YORK CITY POLICE DEPARTMENT****BEFORE THE NEW YORK CITY COUNCIL  
COMMITTEE ON CIVIL AND HUMAN RIGHTS****COUNCIL CHAMBERS  
JUNE 30, 2022**

Good morning Chair Williams and members of the Council. I am Carrie Talansky, the Assistant Commissioner of Criminal Matters for the New York City Police Department's Legal Bureau. I am joined here today by Michael Clarke, the Department's Director of Legislative Affairs. On behalf of Police Commissioner Keechant Sewell, we are pleased to testify regarding the NYPD's role in ensuring individuals access to reproductive healthcare facilities.

In the shadow of the Supreme Court decision in *Dobbs v. Jackson Whole Women's Health*, it is important to reiterate that the right to access an abortion and reproductive health services in New York State remains protected and the NYPD remains committed to safeguarding an individual's right to access reproductive healthcare facilities. In 2009, the City Council passed local law 24 to protect New Yorkers' right to access reproductive health care. The law delineates and prohibits activities aimed at preventing a person from accessing reproductive healthcare facilities. This local law recognizes the convergence of protected rights outside of reproductive health care facilities and seeks to strike the balance of protecting the right to access reproductive health care and an individual's right to express their opinion.

The New York City Police Department is tasked with ensuring the safety and rights of all New Yorkers. The Department seeks that same balancing of the rights of free expression with the need to safeguard access to reproductive healthcare facilities as was codified by the council. When responding to First Amendment activities, the Department's goal is to not intrude upon the rights of expression or association of attendees while remaining neutral and maintaining the peace. We will attempt to establish a rapport with the group leaders to foster cooperation and to attempt to have these group leaders intervene before the activities become unlawful and before we have to take enforcement measures. Further, when responding to these demonstrations, the Department plans for the possibility of counter-demonstration activities that are often found at these events.

To be clear, the department will not tolerate any attempt to prevent a person from accessing a reproductive health care facility. To that end, officers have been instructed to do directed patrols at reproductive health care facilities and our critical response command teams have been rotating assignments at clinics. We will continue to monitor the situation and will readjust resources as necessary.

Thank you and we look forward to answering any questions you may have.



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## **Testimony of Council Member Shahana Hanif to the Committee on Civil & Human Rights- June 30, 2022**

Good morning, I'm Council Member Shahana Hanif and I represent the 39th District in Brooklyn. Thank you to the Committee on Civil & Human Rights and to Chair Nantasha Williams, for holding this critical hearing and for including my bill, Intro. 474, on today's agenda.

I want to express gratitude to the co-prime sponsors who introduced this bill alongside me: Public Advocate Williams, Chair Williams, Council Member Hudson, and Council Member Cabán. I also want to thank a majority of Council members, including Speaker Adams, for signing on as sponsors. Finally, I want to thank the thousands of everyday New Yorkers who have taken to the streets over the past week to support abortion rights in response to our illegitimate Supreme Court's despicable decision to overturn *Roe v. Wade*.

In this fraught moment, City government must step up and do all we can to promote reproductive autonomy within the five boroughs. Thankfully, the City has already enshrined a number of key protections as law. However, these protections are underutilized, due to many New Yorkers not being aware that they exist. Intro. 474 would address this issue by requiring the City Commission on Human Rights to conduct a language-accessible and culturally competent outreach campaign to inform the public about the following:

1. Protections against obstruction or harassment when entering a reproductive health care facility. *You cannot be blocked from entering an abortion clinic.* This is critical, as "pro-life" protestors have consistently sought to intimidate those obtaining abortions.
2. Protections under the Human Rights Law against discrimination in employment, housing, or other settings on the basis of reproductive health decisions. *You cannot be fired or evicted due to your decision to obtain an abortion.*
3. And the right to file civil action if either of these protections are violated.

While abortion rights are under attack on the federal level and in other States and municipalities, residents and those who travel here for abortions need to be fully equipped with the knowledge of the rights they are guaranteed in New York City. This bill, in tandem with the suite of bills being heard this month, will further cement New York City as a bastion for reproductive justice.

Thank you and I look forward to hearing from the administration, my colleagues, and the public.



PUBLIC ADVOCATE FOR THE CITY OF NEW YORK

# Jumaane D. Williams

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**TESTIMONY OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS  
TO THE NEW YORK CITY COUNCIL COMMITTEE ON  
CIVIL AND HUMAN RIGHTS  
JUNE 30, 2022**

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 Williams and the members of the Committee on Civil and Human Rights.

Less than a week ago, our nation experienced a stunning reversal of settled case law in existence for 50 years by the United States Supreme Court. Five of the nine Justices stripped away fundamental rights to privacy and autonomy, and denied women and pregnant people across the country the right to choose what to do with their bodies. As I said at the time, despite the strong reproductive rights afforded to New Yorkers, its residents, and its visitors, we can still do more.

We have an obligation to secure rights for our communities, an obligation I know we all are committed to uphold. At the same time, we have an obligation to inform our communities of their rights. Even before the Supreme Court's decision, access to reproductive health information has proved a barrier to proper care for New Yorkers. Without proper access to information, our communities cannot exercise the rights they have fought for.

Intro 0474-2022 would ensure that all New Yorkers seeking reproductive healthcare or employed at a reproductive health care facility are aware of their rights and remedies under New York law. Importantly, this information would be provided to New Yorkers both online and through a comprehensive public health campaign. Individuals seeking to exercise their rights secured under New York law should not be forced to comb through a series of interlocking websites. This bill would require the Human Rights Commission to house reproductive healthcare rights, remedies, and facilities on their website. At the same time, Intro 0474 would capitalize on the Commission's expertise and past excellence in creating a public outreach campaign to inform all New Yorkers of their reproductive healthcare options.

Like so many crises, barriers to equitable reproductive healthcare are most acutely felt by transgender individuals and women in communities of more color. Creating accessible outreach programs is another rung on the ladder that the Council can provide to overcome the barriers fueled by persistent misogynoir and discrimination that permeates our healthcare system.

Intro 0474 can make sizable steps in closing the racial reproductive health gap. People of color face reproductive health disparities across all of its measures, including contraceptive use, Pap smears, mammograms, access to HIV prevention medication (commonly referred to as PrEP) in addition to





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unintended pregnancy and maternal mortality.<sup>1</sup> This lack of proper care is shocking but not surprising. It is also dangerous, given that racism increases the need for reproductive healthcare. Over 25 years of research has shown that Black and Brown women reach menopause 8.5 months earlier and experienced more severe symptoms than white women, but received lower access to hormone therapy and medical services than white women.<sup>2</sup> A future public campaign should prioritize Black communities. It should also communicate clearly that racism and discrimination is not tolerated within our city's clinics, hospitals, and examination rooms, and there are resources available for redress.

The contours of this campaign should be reflective of the specific avenues of care that have been shown to support Black maternal health. Black women have a maternal mortality rate three times that of white women.<sup>3</sup> In New York City, Black women account for over half of the maternal deaths each year, despite making up less than a quarter of the births in this city.<sup>4</sup> The Commission's public campaign must include alternative and supplemental pregnancy care available to birthing people. This includes the roles of midwives and doulas. Doula and midwives are important caregivers for Black mothers and often serve as advocates within other institutional spaces that we know fail to listen to and address Black pain.<sup>5,6</sup> Including these resources in our campaign familiarizes not only pregnant persons with the reproductive health options within this city, but normalizes a support-structured framework to the pregnancy process within hospitals.

New York should be proud that we are leaders in providing affirming healthcare for our transgender and non-binary (TGNB) community, but this pride must not blind us to the reality we must do more to make these resources available. We must be clear in our messaging that New York City has supportive affirming reproductive care for persons of all gender identities and all gender expressions.

This commitment to affirming care extends to reproductive choice. According to a study from Rutgers University, up to 30 percent of transgender males have unintended pregnancies.<sup>7</sup> It is estimated that

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<sup>1</sup>Madeline Y. Sutton, et al, 'Racial and Ethnic Disparities in Reproductive Health Services and Outcomes 2020,' *Obstetrics & Gynecology* 137(2) (2020).

[https://journals.lww.com/greenjournal/Fulltext/2021/02000/Racial\\_and\\_Ethnic\\_Disparities\\_in\\_Reproductive.5.aspx](https://journals.lww.com/greenjournal/Fulltext/2021/02000/Racial_and_Ethnic_Disparities_in_Reproductive.5.aspx)

<sup>2</sup>Sioban D. Harlow, et al., 'Disparities in Reproductive Aging and Midlife Health between Black and White women', *Women's Midlife Health* (2022).

<https://womensmidlifehealthjournal.biomedcentral.com/articles/10.1186/s40695-022-00073-y>

<sup>3</sup> Donna L. Hoyert, 'Maternal Mortality Rates in the United States, 2020', Centers for Disease Control,

<https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm>

<sup>4</sup> Anika Michel, 'White Paper: Equitable Pregnancy Outcomes for Black and Brown New Yorkers', Office of the Public Advocate, (2021)

<https://files.constantcontact.com/1c58f85b001/12ddd072-50eb-45ec-8bb7-28ab09ed45ce.pdf?rdr=true>

<sup>5</sup> Natalie L. Amran, et al., 'How Birth Doula Help Clients Adapt to Changes in Circumstances, Clinical Care, and Client Preferences During Labor,' 23(2) (2014). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3976643/>

<sup>6</sup> Nora Ellmann, 'Community-Based Doula and Midwives', Center for American Progress (2020).

<https://www.americanprogress.org/article/community-based-doula-midwives/>

<sup>7</sup>Patti Verbanas, 'Pregnant Transgender Men at Risk for Depression and Lack of Care, Rutgers Study Finds,' Rutgers University (2019).

<https://www.rutgers.edu/news/pregnant-transgender-men-risk-depression-and-lack-care-rutgers-study-finds#.XVGaNZJKi4Q>



PUBLIC ADVOCATE FOR THE CITY OF NEW YORK

## Jumaane D. Williams

between 450 and 550 TGNB individuals obtain abortions each year, yet less than a quarter of providers had transgender-specific care.<sup>8</sup> At the same time, 48 percent of LGBTQ millennials are actively planning to grow their families and TGNB millennials are just as likely to be considering expanding their families as their cisgender peers.<sup>9</sup> No matter what type of reproductive care our TGNB community is seeking, the information must be easily accessible and clearly disseminated to them.

Reproductive healthcare is an essential part of preventative care. In approaching our public campaign, we must be cognizant that nearly half of transgender men (48%) postponed preventative care due to disrespect or discrimination at their healthcare facilities.<sup>10</sup> Discomfort with providers is linked to underutilization of cervical cancer screenings among TGNB populations, especially since these examinations can leave TGNB individuals experiencing anxiety or trigger depression.<sup>11</sup> This should be alarming to all of us. Cervical cancer screenings are lifesaving for people with cervixes and aid in the sexual health of all persons. We must ensure that our outreach includes culturally competent providers and that our messaging is inclusive.

For this city to be fully supportive of reproductive freedom, we must do more to ensure all New Yorkers are aware of their rights. This includes where they can find culturally appropriate reproductive healthcare. It also includes ensuring that individuals know their rights are enforceable when they are violated. Intro 0474 is the first step to achieving this goal. Thank you.

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<sup>8</sup> Rachel K. Jones, et al., 'Transgender abortion patients and the provision of transgender-specific care at non-hospital facilities that provide abortions', *Contraception*: X, vol. 2 (2020).  
<https://www.sciencedirect.com/science/article/pii/S2590151620300022>

<sup>9</sup> Ed Harris & Amanda Winn, 'LGBTQ Family Building Survey', *Family Equality* (2019).  
<https://www.familyequality.org/resources/lgbtq-family-building-survey/>

<sup>10</sup> Jaime M. Grant, et. al, 'Injustice at Every Turn: A report on the National Transgender Discrimination Survey', *National Center for Transgender Equality*, (2011).  
[https://transequality.org/sites/default/files/docs/resources/NTDS\\_Report.pdf](https://transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf)

<sup>11</sup> Navdeep Dhillon, et. al, 'Bridging Barriers to Cervical Cancer Screening in Transgender Men: A Scoping Review', *Am J Mens Health* 14(3) (2020). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7271678/>



Coalition For Asian American  
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**New York City Council  
Committee on Civil and Human Rights  
June 30, 2022**

**Testimony of Amy Lin, Policy Coordinator  
Coalition for Asian American Children and Families (CACF)**

Hello, my name is Amy Lin, and I am the Health Partnerships Policy Coordinator at CACF, the Coalition for Asian American Children and Families. Thank you very much to Chair Williams for holding this hearing and providing the opportunity to testify.

Founded in 1986, CACF is the nation's only pan-Asian children and families' advocacy organization and leads the fight for improved and equitable policies, systems, funding, and services to support those in need. The Asian American Pacific Islander (AAPI) population comprises nearly 18% of New York City. Many in our diverse communities face high levels of poverty, overcrowding, uninsurance, and linguistic isolation. Yet, the needs of the AAPI community are consistently overlooked, misunderstood, and uncounted. We are constantly fighting the harmful impacts of the model minority myth, which prevents our needs from being recognized and understood. Our communities, as well as the organizations that serve the community, too often lack the resources to provide critical services to the most marginalized AAPI New Yorkers. Working with over 70 member and partner organizations across the City to identify and speak out on the many common challenges our community faces, CACF is building a community too powerful to ignore.

Nearly 19 million people reside in the New York City metropolitan area, and over 800 different languages are spoken. Because of New York's linguistic diversity, it is incredibly important to ensure language access. Language barriers are a huge obstacle faced by many folks in immigrant communities, and especially in the AAPI community. In New York City, AAPIs have the highest rate of linguistic isolation of any group, as 46% have limited English proficiency (LEP), meaning that they speak English less than very well, according to a recent report from the New York City Department of Health and Mental Hygiene. Moreover, more than 2 in 3 Asian seniors in New York City are LEP, and approximately 49% of all immigrants are LEP.

Language barriers can prevent folks from accessing vital services like healthcare. Despite there being 76 language access policies targeting healthcare settings in New York, many LEP patients still report facing difficulties like being unable to find an interpreter that speaks their dialect or being unable to fill out paperwork because a translated version in their language does not exist. A lack of linguistically accessible services in healthcare settings can have grave consequences: 52% of adverse events that occurred to LEP patients in US hospitals were likely the result of communication errors, and nearly half of these events involved some physical harm.

Our country is facing an abortion access crisis which will especially impact our most marginalized communities, including low-income, people of color, and immigrant folks. Cis-women, non-binary, and trans people from these communities deserve equal access to safe, affordable, comprehensive, and compassionate reproductive health care, which includes abortions. For abortion care to be truly compassionate, it must be accessible to all communities, including those that may be facing language barriers or other hurdles that make it more difficult to know how to safely access reproductive care. This is why CACF is in full support of Council



Coalition For Asian American  
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Member Hanif's Intro Bill 0474-2022 that would require the City Commission on Human Rights to conduct an outreach campaign to inform the public about the protections available to people and providers accessing reproductive health care facilities, and to also do so in the city designated languages.

Language barriers are a huge obstacle to care faced by many folks in immigrant communities, and especially in the AAPI community. In New York City, AAPIs have the highest rate of linguistic isolation of any group, as 46% have limited English proficiency (LEP), meaning that they speak English less than very well, according to a recent report from the New York City Department of Health and Mental Hygiene. Moreover, more than 2 in 3 Asian seniors in New York City are LEP, and approximately 49% of all immigrants are LEP.

Language barriers can prevent folks from accessing vital reproductive health services, including abortion, an important component of public health. Despite there being 76 language access policies targeting healthcare settings in New York, many LEP patients still report facing difficulties like being unable to find an interpreter that speaks their dialect or being unable to fill out paperwork because a translated version in their language does not exist. A lack of linguistically accessible services in all forms of healthcare settings can have grave consequences: 52% of adverse events that occurred to LEP patients in US hospitals were likely the result of communication errors, and nearly half of these events involved some physical harm.

A recent Guttmacher Institute study found that AAPI women make up a significant proportion of people who want and need abortion care in New York City. The study also highlighted that within the AAPI community, Indian-American women have the highest rates of abortion in New York City. Considering that many AAPIs seek abortion services and constitute for a significant portion of LEP persons in New York, it is critical that outreach is conducted with these communities and in multiple languages to ensure that all are informed on their rights and their access to reproductive health care.

Overall, CACF is in strong support of Int 0474-2022, and we strongly believe in reproductive justice for the AAPI community, alongside all marginalized communities.

Thank you very much for your time.



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**Testimony of the New York Civil Liberties Union  
Before the New York City Council Committee on  
Civil and Human Rights**

**Regarding**

**Oversight: Enforcement of the City’s Access to Reproductive Health  
Care Facilities Law**

**June 30, 2022**

The New York Civil Liberties Union (NYCLU) is grateful for the opportunity to submit the following testimony regarding New Yorkers’ access to reproductive health care. The NYCLU, the New York State affiliate of the American Civil Liberties Union, is a not-for-profit, nonpartisan organization with eight offices across the state and over 180,000 members and supporters. The NYCLU defends and promotes the fundamental principles and values embodied in the Bill of Rights, the U.S. Constitution, and the New York Constitution through an integrated program of litigation, legislative advocacy, public education, and community organizing. The NYCLU supports legislation under consideration by this Committee that improves access to non-discriminatory health care and provides these comments on the bill and resolution on the agenda today.

The NYCLU enthusiastically supports Resolution 0242 calling on the State Legislature to pass and the Governor to sign legislation proposing an Equality Amendment to Article 1 of the New York State Constitution. As the recent devastating opinions from the Supreme Court have made plain, we cannot rely on the federal constitution to uphold our rights. We must act on the state level to fortify New York’s constitution and ensure it covers everyone in our communities who have historically been excluded from our founding documents – including women, LGBTQ New Yorkers, disabled New Yorkers, and, urgently, pregnant New Yorkers. The Equality Amendment would fill the gaps in the NY Constitution to secure abortion rights in our state constitution; broadly provide equal protection for an inclusive range of classes

that have been excluded from its reach; include a meaningful disparate impact test to recognize systemic discrimination; and complement and retain our Constitution's existing robust protections for religious freedom. In this moment, passing the Equality Amendment is the most meaningful action the New York Legislature can take to protect New Yorkers' abortion rights, and we heartily support City Council Resolution 0242 urging it to do so.

Additionally, the NYCLU supports the proposed efforts to inform the public about their rights to safely access reproductive health care. Despite the climate of uncertainty and fear following the overturning of *Roe v. Wade*, New Yorkers should not be intimidated and deterred from seeking care. New York City must ensure that people are empowered with the knowledge that they have a right to access reproductive health care and facilities without harassment or interference, as provided by the Access to Reproductive Health Care Facilities Act. Moreover, as pregnancy and pregnancy outcomes are increasingly criminalized around the country, New York must do even more to assure people that they have a right to be free from discrimination—including discriminatory non-consensual testing or treatment<sup>1</sup>—because of their pregnancy status or reproductive health decisions.

Furthermore, the City should take this opportunity to make information more widely available about how people can efficiently and securely effectuate their reproductive choices. Indeed, as we expect an influx of people traveling to New York City to seek abortion care, it is more important than ever that the City inform pregnant people about where and how to obtain comprehensive reproductive health care within our borders. It is essential that this information is accessible to all communities, and we appreciate that the outreach campaign envisioned by Intro. 0474 will be available in all City languages. We further encourage the City to work collaboratively with community members and leaders who know how to craft messages and select messengers that are best able to reach New York's many diverse communities.

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<sup>1</sup> Currently, pregnant people and their newborns are frequently subjected to discriminatory non-consensual drug and alcohol testing in New York hospitals. See NYC Commission on Human Rights, *New York City Commission on Human Rights Launches Investigations Into Three Major Private Hospital Systems' Practices of Drug Testing Newborns and Parents*, Press Release (Nov. 16, 2020), [https://www1.nyc.gov/assets/cchr/downloads/pdf/press-releases/Hospitals\\_Press\\_Release\\_11-16-2020.pdf](https://www1.nyc.gov/assets/cchr/downloads/pdf/press-releases/Hospitals_Press_Release_11-16-2020.pdf). Additionally, pregnant people have been forced to undergo medical procedures, such as cesarean sections, against their will. *Dray v. Staten Island Univ. Hosp.*, 74 N.Y.S.3d 69 (2018); See also National Advocates for Pregnant Women, *Rinat Dray Decision Proves How Hard it is for Women Subjected to Forced Surgeries to Get Justice* (Apr. 23, 2018), <https://www.nationaladvocatesforpregnantwomen.org/rinat-dray-decision-proves-hard-women-subjected-forced-surgeries-get-justice/>.

As New York positions itself as an access state for people around the country seeking reproductive care, the City must ensure that all people are aware and able to take advantage of the rights, resources, and remedies available to them. The measures before the committees today represent important and necessary steps to fortify New Yorkers' ability to access the reproductive health care of their choosing in the face both old and new challenges to their reproductive autonomy. The NYCLU is grateful for the Council's commitment to working towards reproductive health, justice, and equity, and is eager to continue to collaborate with you in support of these and future efforts.

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: 06/30/2020

(PLEASE PRINT)

Name: Michael Clarke, Director of Legislative

Address: affairs

I represent: NYPD

Address: 1 Police Plaza, NY, NY 10038

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in favor  in opposition

Date: 06/30/2020

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Name: Carrie Tajanovsky, Assi. Commissioner

Address: criminal matters

I represent: NYPD

Address: 1 Police Plaza, NY, NY #10038

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in favor     in opposition

Date: \_\_\_\_\_

Name: SOAnn KAMUF WARD (PLEASE PRINT)

Address: \_\_\_\_\_

I represent: CCHR

Address: \_\_\_\_\_

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in favor     in opposition

Date: \_\_\_\_\_

Name: Kajori Chaudhuri (PLEASE PRINT)

Address: \_\_\_\_\_

I represent: CCHR

Address: \_\_\_\_\_

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