

**Testimony of New York City Department of Homeless Services
Oversight: Food Access, Quality, and Inspections at DHS Shelters**

**Hearing before
New York City Council's Committee on General Welfare
November 21, 2019**

Good morning Chairperson Levin and members of the General Welfare Committee. Thank you for this opportunity to testify and speak on the important work to transform the haphazard shelter system that built up over many decades, and, in particular, food access, quality, and inspections at DHS Shelters. My name is Dr. Fabienne Laraque, and I am the Medical Director for the New York City Department of Homeless Services, joining me are our Administrative Nutritionist, Diana Salerno, and Corinne Schiff, Deputy Commissioner for Environmental Health, from the New York City Department of Health and Mental Hygiene (DOHMH).

Turning the Tide

As you know, in 2017, Mayor DeBlasio announced *Turning the Tide on Homelessness in New York City*, a plan that places community and people first in addressing homelessness: giving homeless New Yorkers, who come from every community across the five boroughs, the opportunity to be sheltered in their home boroughs, as close as possible to their support networks and anchors of life, including schools, jobs, health care, family, houses of worship, and communities they called home, in order to more quickly stabilize their lives. This will be achieved by ending the use of 360 "cluster" shelter and commercial hotel locations while opening 90 borough-based shelters in all five boroughs, which will shrink the Department of Homeless Services' footprint by 45 percent and allow us to implement a more equitable system that takes into account the individual needs of the children and adults we must shelter. And we continue to make good on this promise - just earlier this week, we announced the planned conversion of 14 cluster buildings, used to house homeless families into over 200 affordable permanent housing units.

Office of the Medical Director

Our efforts to transform the past approach to providing shelter has included investments in how DHS delivers and ensures health care for those seeking or residing in shelter. One of those investments was adding appropriately licensed and experienced clinical staff to the office I manage – The Office of the Medical Director. These additional staff allow DHS to better respond to those in shelter with medical and behavioral health needs and to design, plan, and oversee such services.

The Office of the Medical Director has oversight with regards to medical, health, and mental health standards and related consultation needs of the DHS system. My Office, comprised of an integrated and complementary highly-skilled team: has implemented a successful overdose prevention program; is working with DOHMH and DHS' Program teams to provide hepatitis A vaccinations to street homeless clients and clients residing in mental health and substance use shelters; is developing tools and mechanisms for increasing access to care; is improving the quality of food and medical services; and works to develop standard guidelines and procedures in collaboration with the DHS Facility and Logistics Division and Program Divisions which, respectively, conduct overall shelter inspections and have oversight of all aspects of shelter operations and shelter compliance with standards.

Food Safety

Foodborne illness, obesity, and heart disease are conditions that are impacted by the food a person consumes, and particularly for foodborne illness, a serious health concern, we take strong measures to ensure shelters meet the state sanitary code, federal guidelines, the New York City Health Code, and the NYC Food Standards. The health and safety of our clients are of the utmost importance. For this reason, we invest in providing guidance, training, tools, and technical assistance for proper food services in shelters.

All shelter employees responsible for receiving, storing, preparing, and/or distributing meals to DHS clients must follow guidelines set forth by the agency, based on NYC Health Code Article 81, and federal and state guidelines. For instance, shelter employees must be trained on food safety; free of communicable diseases transmittable by food, water, hands or air; and compliant with work requirements, such as wearing hair restraints and gloves, when serving food, and practicing good hand hygiene.

Sites that prepare, store, heat and/or distribute meals to DHS clients are required to obtain a food service establishment (FSE) permit from the Health Department and comply with the City Health

Code and the food and nutrition standards. Sites are annually inspected by the Health Department, and must communicate the inspection results with DHS. As with all food service establishments in New York City, the DHS sites must have a certified NYC food handler, who has received food protection training, present during all hours of the food service operation and when receiving meals and food ingredients. DHS is regularly monitoring the status of shelters' FSE permits - as they are annual permits, there is constant surveillance of permit statuses across the DHS system to ensure sites are abiding by the DOHMH permit requirement.

Along with regular food service inspections completed by DOHMH, DHS, as part of the Routine Site Review Inspection which is our primary tool to inspect and assess the physical plant conditions of our shelters to ensure they are in compliance with codes, regulations, and laws, also conducts semiannual food service inspections of all DHS directly-run and contracted shelters. If necessary, a corrective action plan must be submitted to DHS within 14 business days.

Shelters are required to develop and implement procedures to ensure meals meet the food safety standards outlined in local, state and federal food sanitation codes, and to conduct regular food safety quality tests to maintain high food safety standards.

An important point to underscore is that when food is delivered, good food safety management is essential. Shelters must ensure that all food ingredients and meals received are not expired, are properly labeled, are of acceptable temperature and quality, and are subsequently stored according to sanitary standards.

To assist shelters in their efforts to ensure food safety and abide by food sanitation codes, DHS has issued a procedure bulletin that outlines all the food safety points I have mentioned, as well as other important areas to prevent food-borne illnesses, such as:

- Proper heating, reheating, or cooling of meals
- Monitoring of served food, refrigerator and freezer temperatures
- Proper washing of cooking and serving utensils and sanitizing of dishes and food contact surfaces

To support shelters in their efforts to comply with food safety standards, we develop training tools and guidance documents, offer corrective action plans, and are developing a webinar which shelter staff will have to review annually to keep up with their training on food safety. In addition, the DHS

nutritionist provides regular technical assistance to shelter staff to assist with implementation of food safety standards.

Nutrition

Obesity is a risk factor for many health conditions including diabetes, cardiovascular disease, and hypertension. In New York City, obesity is epidemic: more than half of adult New Yorkers are overweight or obese. The rate of childhood obesity is rising - nearly half of all elementary school children and Head Start children are not at a healthy weight. As the Administration testified in the Council's Food Equity hearing in September, we are well aware of the concern of access to nutritious and healthy food for low-income New Yorkers — with our Administration partners and sister agencies, we are committed to increasing this access. An example is the creation and implementation of the *Plentiful* app to increase food pantry usage and help clients reduce the amount of money spent on food. Moreover, scientific evidence indicates that health outcomes are directly tied to access to adequate nutritious food.

New York City created the New York City Food Standards to reduce the prevalence of obesity-related health conditions by increasing access to healthy foods and improving dietary intake. These standards set forth the amount of nutrients, including sodium, protein, fat and sugar, and the types of food to be used (for example, whole grain products). Today, the Standards apply to the approximately 250 million meals and snacks per year that are served in places such as schools, senior centers, homeless shelters, child care centers, after school programs, correctional facilities, public hospitals and parks.

At DHS, we work closely with shelters to comply with the NYC Food Standards which contain standards for purchased foods as well as meals and snacks served. The Food Standards overarching goal is to help lower the risk of obesity, diabetes and cardiovascular disease for New Yorkers served by City agencies – a goal carried out by increasing the amount of fiber and decreasing the amount of fat, sodium, and sugar in clients' diet.

DHS' Administrative Nutritionist works with DHS sites to monitor compliance with the NYC Food Standards, review meal menus and portions and conduct or review nutrient data analyses to ensure healthy nutrition standards are met, and provide technical assistance to staff on means to enhance nutrition and improve meal service.

Annually, DHS collects food metrics data from shelters and sites to comply with the NYC Food Standards and include in the Mayor's Food Metrics Report, as well as to identify areas that need to be addressed to make sure clients are being served nutritious and healthy food.

Client Service

As part of our ongoing effort to improve the nutritional health of our clients, three initiatives we are currently working on are: to provide available interactive nutrition demonstrations with healthy eating lessons to increase acceptance and consumption of fruits and vegetables; implement *Meatless Mondays* at DHS-run shelters; and carry out an increase in the caloric intake standards for male clients in the shelter system to ensure clients receive sufficient calories for their daily living according to their needs. This particular change follows current federal dietary guidelines. Previously, the recommended calorie intake standard was 2,000 for both men and women.

We recognize that some of our clients come from different backgrounds and have different needs. For clients who have medical conditions or dietary restrictions, such as requiring kosher or hallal meals, DHS' reasonable accommodation policy requires that their dietary needs are met.

As you've heard, DHS is committed to working with our shelters to ensure that our clients receive nutritious and safe meals. Thank you for this opportunity to testify and I look forward to your questions.



Testimony of
Coalition for the Homeless
and
The Legal Aid Society
on
Food Access, Quality, and Inspections at DHS Shelters

Presented before
The New York City Council's Committee on General Welfare

Giselle Routhier
Policy Director
Coalition for the Homeless

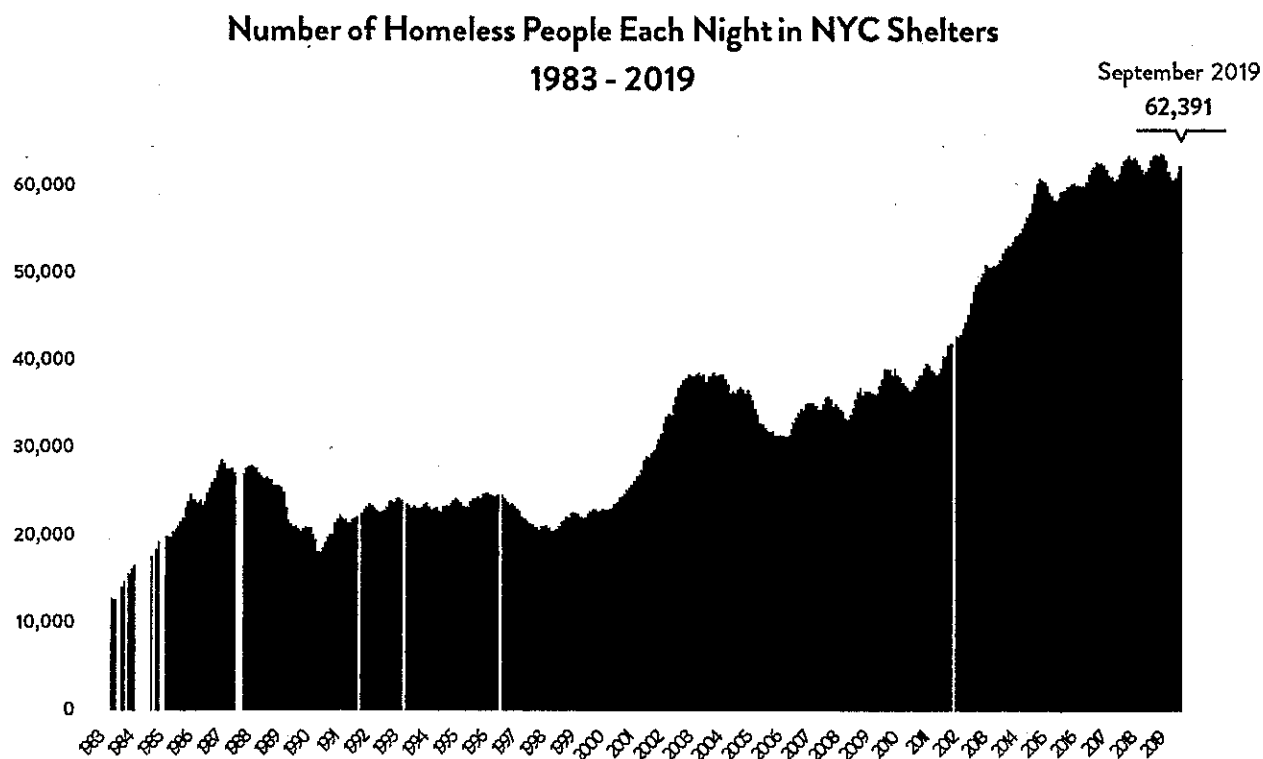
Josh Goldfein
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The Legal Aid Society

November 21, 2019

The Coalition for the Homeless and The Legal Aid Society welcome this opportunity to testify before the New York City Council's Committee on General Welfare regarding food access, quality, and inspections at DHS shelters. We thank Chair Levin for his leadership and advocacy on behalf of homeless New Yorkers.

Record Homelessness in New York City

New York City remains in the midst of the worst homelessness crisis since the Great Depression, with more than 62,000 adults and children sleeping in shelters each night. As of September 2019, single adults spent an average of 425 days in shelters, families with children spent an average of 428 days in shelters, and adult families spent an average of 613 days in shelters. The length of time that individuals and families spend living in the shelter system underscores the need to provide appropriate, healthy, and appetizing meals to the most vulnerable New Yorkers. Food is a basic human necessity, and the quality of food in shelters does not appropriately meet the needs of the 62,000 New Yorkers who often have no other options for sustenance. Our first-hand observations and the information we collect from homeless New Yorkers highlight the inadequate oversight of food provision in shelters. Multiple State and City agencies with inspection authority have failed to ensure the food served in shelters is safe to consume and meets the needs of shelter residents.



Data include individuals in DHS shelter system (including Safe Havens, stabilization beds, veteran's shelters, criminal justice beds) and HPD emergency shelters (<2 percent of total census).

Source: NYC Department of Homeless Services; Local Law 37 Reports

Food Problems in DHS Shelters

Coalition for the Homeless operates 11 direct service programs serving homeless families, adults, and children. We serve as the court-appointed monitor of the single adult shelter system and the City-

appointed monitor of the family shelter system, and maintain a regular presence in shelters at all hours of the day and night. We also facilitate a weekly meeting of our Client Advisory Group (CAG), which includes individuals with lived experience of homelessness. Through these multiple roles, we receive frequent and widespread complaints about food in shelters, including issues such as quality, preparation, handling, storage, accommodations, and nutritional content.

Below are examples of reports Coalition shelter monitors have sent to the Department of Homeless Services regarding food issues we observed and complaints we received from shelter residents. Poor food conditions span all shelters but are particularly bad at single adult shelters, which more often than other types of shelters provide meals to residents through contracted vendors.

A May 2019 visit to Casa de Carino, a women's shelter, resulted in this report to DHS:

Several clients expressed issues with the quality of the food... several clients have reported having increased health issues since entering Casa de Cariño. One client ... reported that her diabetes medications have been tripled by her doctors since moving to Casa de Cariño in order to deal with the poor quality of the food that is served there. It was reported by more than one client that on several occasions meals were served by maintenance workers who do not have food handlers' licenses.

An April 2019 visit to Auburn Family Residence, an adult family shelter where several clients became ill in October 2019 when they were served spoiled chicken salad, resulted in this report to DHS:

We received many complaints from clients about the quality of the food served in the cafeteria. Common complaints related to burned or undercooked food, and moldy bread and spoilage.

An April 2019 visit to an East 3rd Street women's shelter resulted in this report to DHS:

Complaints about food are that there are no diabetic snacks. There are no alternative meals other than the day's prior meals which sometimes might contain the same allergy inducing ingredients or dietary restrictions and even in this case only some cafeteria staff will make you a peanut butter and jelly sandwich. They said often they are eating breakfast for lunch, e.g. pancakes etc. which are basically leftovers. Said staff taste the food and say they feel bad for us that we are eating it. Heard tales of throwing up and diarrhea about the food, provided by Ambassador.

A March 2019 visit to Broadway House, a women's shelter, resulted in this report to DHS:

The shelter has no vending machines and diabetic snacks are not available. Clients stated there is no alternative meal for those clients with allergies and other dietary restrictions. [CLIENT NAME] was in a diabetic coma for two weeks during 2018 because she could not access appropriate food. She spent a total of six weeks in the hospital.

A March 2019 visit to Jack Ryan Residence, a men's shelter, resulted in this report to DHS:

The shelter has no vending machines and diabetic snacks are not available throughout the day. Clients complained that they are not permitted seconds at meal times. Instead, extra food is discarded. Clients wait outside the building so they can open the garbage bags and find the discarded food. Other clients beg for food on the streets. Clients complained that the breakfast hours are too limited. Elevator issues delay their arrival to the cafeteria.

A March 2018 visit to Klara's Family Residence, an adult family shelter, resulted in this report to DHS:
Monitors also noted issues related to food preparation and storage. There are only two microwaves for the entire site, which has a census of 46 families. Fruit and bread were being stored near the microwave station in an area that is not temperature-controlled, and as a result the fruit appeared to be turning brown.

A July 2018 visit to Fort Washington Men's Shelter resulted in this report to DHS:
We spoke to two clients who have food allergies that were not being accommodated. [CLIENT NAME] is allergic to seafood and tomatoes. He has a doctor's letter, but is not offered any alternatives when those foods are provided. [CLIENT NAME] also has a doctor's letter for food allergies, but reports no accommodations.

In addition to these reports, we have interviewed shelter residents regarding issues with food accommodations, portions, and quality, and have compiled a sample of their quotations in the attached document along with photographs they took of the meals they have been served at shelters. These photographs show meals that are unappetizing, spoiled, under/overcooked, and lacking in appropriate nutritional content.

We recommend DHS implement a complete overhaul of food provision, including assessing the quality of its contracted food vendors, conducting routine inspections, and providing appropriate accommodations to individuals who have dietary restrictions due to medical conditions, religious observance, or other special needs. We also recommend that the City and State agencies with oversight authority immediately implement routine inspections of food provision at shelters. These agencies include the City's Department of Homeless Services and Department of Health and Mental Hygiene, and the State's Department of Health and Office of Temporary and Disability Assistance.

Conclusion

We thank the Council for the opportunity to testify, and we look forward to opportunities for further advocacy to address the needs of all homeless New Yorkers.

About The Legal Aid Society and Coalition for the Homeless

The Legal Aid Society: The Legal Aid Society, the nation's oldest and largest not-for-profit legal services organization, is more than a law firm for clients who cannot afford to pay for counsel. It is an indispensable component of the legal, social, and economic fabric of New York City – passionately advocating for low-income individuals and families across a variety of civil, criminal, and juvenile rights matters, while also fighting for legal reform.

The Legal Aid Society has performed this role in City, State and federal courts since 1876. It does so by capitalizing on the diverse expertise, experience, and capabilities of more than 2,000 attorneys, social workers, paralegals, and support and administrative staff. Through a network of borough, neighborhood, and courthouse offices in 26 locations in New York City, the Society provides comprehensive legal services in all five boroughs of New York City for clients who cannot afford to pay for private counsel.

The Society's legal program operates three major practices — Civil, Criminal, and Juvenile Rights — and receives volunteer help from law firms, corporate law departments and expert consultants that is coordinated by the Society's Pro Bono program. With its annual caseload of more than 300,000 legal matters, The Legal Aid Society takes on more cases for more clients than any other legal services organization in the United States. And it brings a depth and breadth of perspective that is unmatched in the legal profession.

The Legal Aid Society's unique value is an ability to go beyond any one case to create more equitable outcomes for individuals and broader, more powerful systemic change for society as a whole. In addition to the annual caseload of 300,000 individual cases and legal matters, the Society's law reform representation for clients benefits more than 1.7 million low-income families and individuals in New York City and the landmark rulings in many of these cases have a State-wide and national impact.

The Legal Aid Society is uniquely positioned to speak on issues of law and policy as they relate to homeless New Yorkers. The Legal Aid Society is counsel to the Coalition for the Homeless and for homeless women and men in the *Callahan* and *Eldredge* cases. The Legal Aid Society is also counsel in the *McCain/Boston* litigation in which a final judgment requires the provision of lawful shelter to homeless families. The Society, in collaboration with Patterson Belknap Webb & Tyler, LLC, filed *C.W. v. The City of New York*, a federal class action lawsuit on behalf of runaway and homeless youth in New York City. Our goal in litigation is to ensure that the City creates and maintains enough youth-specific beds to meet the needs of *all* youth seeking shelter. The Society, along with institutional plaintiffs Coalition for the Homeless and Center for Independence of the Disabled – NY, settled *Butler v. City of New York* on behalf of all disabled New Yorkers experiencing homelessness.

Coalition for the Homeless: Coalition for the Homeless, founded in 1981, is a not-for-profit advocacy and direct services organization that assists more than 3,500 homeless New Yorkers each day. The Coalition advocates for proven, cost-effective solutions to the crisis of modern homelessness, which is now in its fourth decade. The Coalition also protects the rights of homeless people through litigation involving the right to emergency shelter, the right to vote, the right to reasonable accommodations for those with disabilities, and life-saving housing and services for homeless people living with mental illness and HIV/AIDS.

The Coalition operates 11 direct-services programs that offer vital services to homeless, at-risk, and low-income New Yorkers. These programs also demonstrate effective, long-term solutions and include: Supportive housing for families and individuals living with AIDS; job-training for homeless and formerly homeless women; and permanent housing for formerly homeless families and individuals. Our summer sleep-away camp and after-school program help hundreds of homeless children each year. The Coalition's mobile soup kitchen distributes over 900 nutritious hot meals each night to homeless and hungry New Yorkers on the streets of Manhattan and the Bronx. Finally, our Crisis Intervention Department assists more than 1,000 homeless and at-risk households each month with eviction prevention, individual advocacy, referrals for shelter and emergency food programs, and assistance with public benefits as well as basic necessities such as diapers, formula, work uniforms, and money for medications and groceries.

The Coalition was founded in concert with landmark right to shelter litigation filed on behalf of homeless men and women (*Callahan v. Carey* and *Eldredge v. Koch*) and remains a plaintiff in these now consolidated cases. In 1981, the City and State entered into a consent decree in *Callahan* through which they agreed: "The City defendants shall provide shelter and board to each homeless man who applies for it provided that (a) the man meets the need standard to qualify for the home relief program established in New York State; or (b) the man by reason of physical, mental or social dysfunction is in need of temporary shelter." The *Eldredge* case extended this legal requirement to homeless single women. The *Callahan* consent decree and the *Eldredge* case also guarantee basic standards for shelters for homeless men and women. Pursuant to the decree, the Coalition serves as court-appointed monitor of municipal shelters for homeless adults, and the City has also authorized the Coalition to monitor other facilities serving homeless families. In 2017, the Coalition, fellow institutional plaintiff Center for Independence of the Disabled – New York, and homeless New Yorkers with disabilities were represented by The Legal Aid Society and pro-bono counsel White & Case in the settlement of *Butler v. City of New York*, which is designed to ensure that the right to shelter includes accessible accommodations for those with disabilities, consistent with Federal, State, and local laws.

Selected Quotes from CAG Food Survey

Accommodations:

"If you are a vegetarian, there are only two options. You eat the same thing for lunch and dinner. Side dishes always run out. Given my health circumstances, a lot of food in the shelter may trigger medical issues. Even with a doctor's referral, I cannot obtain my dietary needs. The shelter staff give you an attitude like 'go buy something.' They do not take responsibility for people like me and diabetics have the biggest issues."

"[We] need better access to fruit and healthy fruit. I have to take medication for sleep, but the food they would give me, wouldn't go good with medicine. I would have to get letter from doctor, to prepare food for medication. Working and nothing to eat with your medication is no good."

"It has changed. I had to change my eating habits. I am feeling terrible because I am lactose intolerant. The illnesses I have, it is hard for to maintain my health. I have to stick with the diet my doctor gave me. I have to eat vegetables, but the vegetables there [the shelter] are dry and tasteless. Who is cooking this food? You do not want to eat it, it is very dry."

How food consumption changes:

"I do not eat at the shelter. I try to stay away from that situation. The cafeteria staff often harass and the portions are so small. It is embarrassing. Shelters vary across the City.... The shelter often treats homeless as if they are begging for food. They say: 'Do you really want the food?' I am kind of resourceful, I get food outside."

"I eat less. I come here to eat the pizza. I have to spend my money on outside food. This impacts my savings. I eat less and I notice I lost weight."

"I feel unhealthy and chubby. I cannot be active and I cannot exercise. If my food situation was better I would be healthier. I am eating all the wrong things at the wrong time. When I do eat, I eat junk and it is late."

Food quality:

"I was concerned when I was at Bedford-Atlantic Shelter because I saw rodents. The fruit was also an issue. Overall, I was worried about how food was stored. For example, sometimes the milk was frozen and sometimes the milk was warm. Also, if you are thawing out a meal, how do they make everything evenly thawed out? I would consider looking into the time allotments for preparing food."

"The food contains too much starch and most of it is processed food. The food is giving us health issues. If you eat in the shelter, you will get sick. I was there 1.5 years and you will get sick."

"Food at Bellevue was prepackaged and not healthy.... They will tell you to leave if you complain. It's terrible, they make these services so poor for the homeless."

"At Bobs Place where I am at, the food is terrible. Prepackaged food and for the most part it has no taste. It is like jail food. Small portions and they say the portions are recommended for a meal. Sometimes they will give you two trays. Food is terrible that they cannot give this stuff away. I don't always eat it."

"It is very bad. When they have something good, people eat it quickly. Sometimes the shelter cafeteria is open for forty minutes and not for an hour. They do not give enough food. The portions are for kids."

"Terrible, terrible, terrible. Coming from the prison straight to the shelter, the shelter is worse. I don't know where they get it. It is nasty. They give you an English muffin, and they give it to you raw. You cannot toast it. A lot of times, the menus aren't correct. I have kidney failure and I need to access cranberry juice. I can only drink orange juice. Letters from my doctor identify I need certain foods. I am choking on chicken, who is preparing that? You have to be starving to eat this stuff. I am lactose intolerant, they are supposed to provide me with almond milk. They put an order in but I gotta buy out of my own pocket."

"We went into PATH and that food is 'jail food.' They provided us a baloney sandwich and GMO fruit. It is definitely not above 200 calories."

Recommendations:

"In the shelter, you couldn't bring food to room but the role of microwaves allows people to get their own food. I would like to see microwaves available for all shelters. Prisoners have places to boil water, why not have that for the general shelter population. Access to your own food, and being able to prepare your own food is important. Having something to eat does a lot for someone overall."

"I think they have to ask people in the shelter what they want. Not everyone can eat that food. People need quality food. They need a better kitchen and better food. The way people have to wait in line for food at some shelters. Some people would have to wait 50 minutes. Room is so small in some shelters. They should make a questionnaire for people in shelter. Improve interaction between homeless and food staff. We want more interaction, more of our opinion."

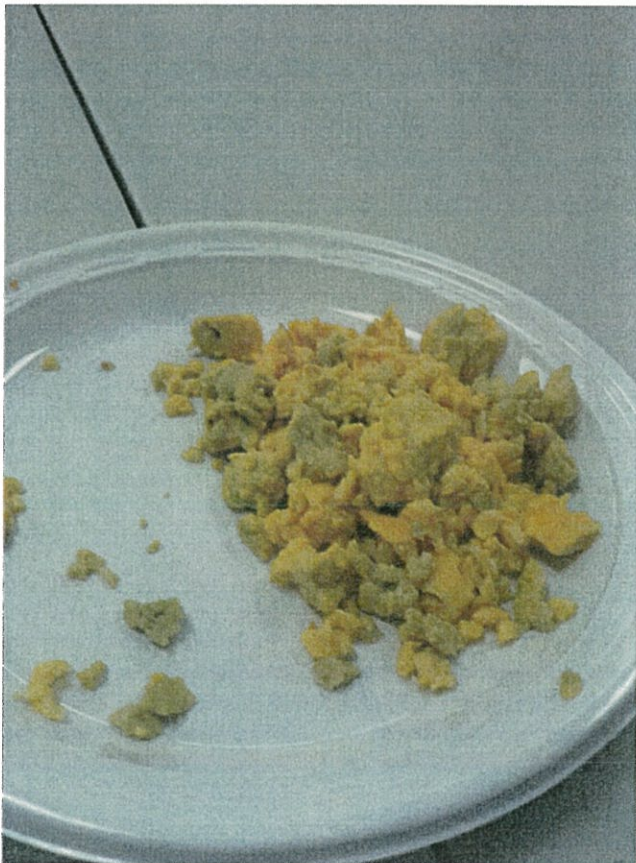
"They need to have a better handle on fruits. Bananas go quick."

"That whole food system needs to be changed. Hire a cook that can cook food. More people will come eat the food. A good meal will go a long way. You are served trash and it makes you feel bad. You should not deal with companies that provide prepackage food. Hire staff to cook."

Photos



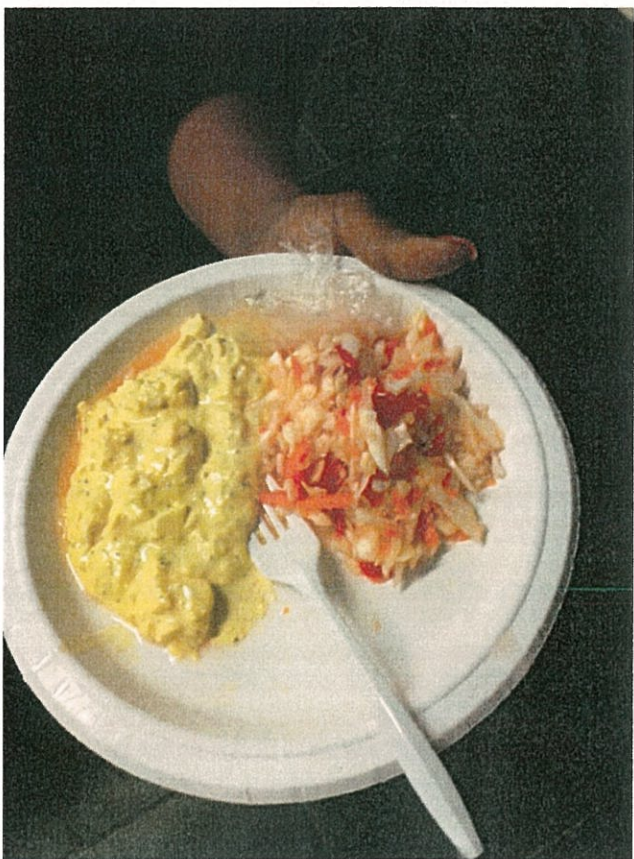
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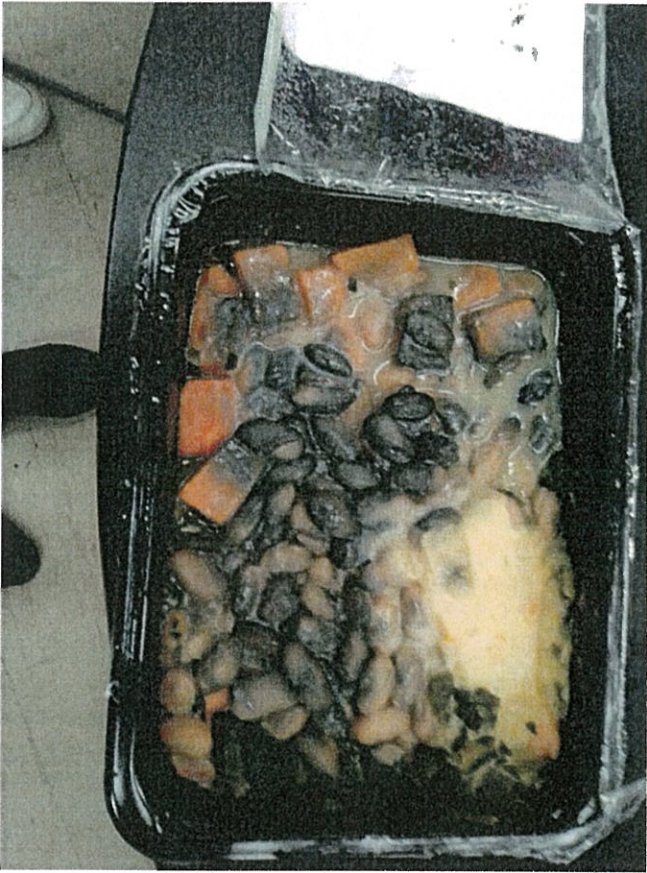
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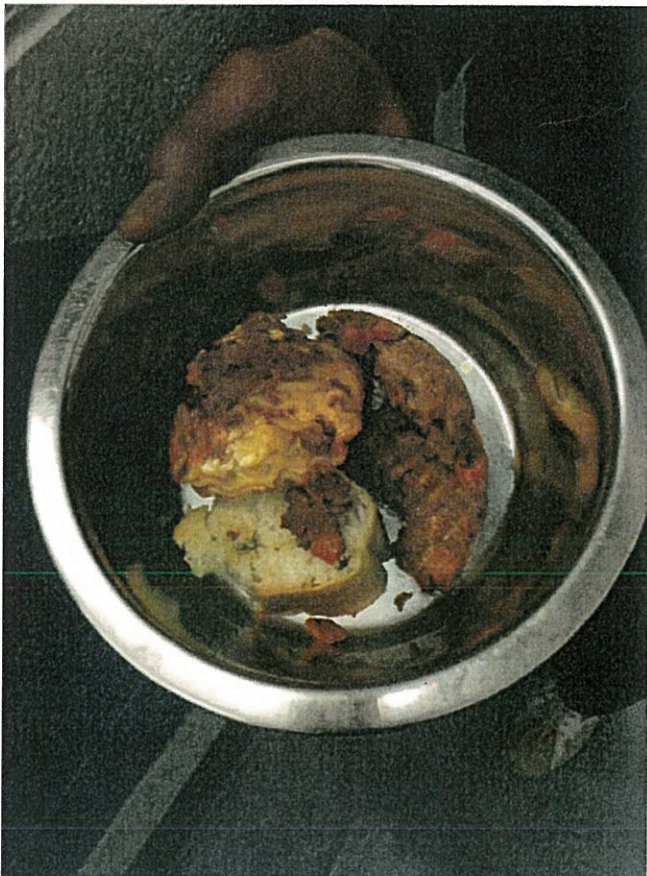
Bergen House



Casa de Carino



Catherine Street



Clarke Thomas



Atlantic House



Catherine Street



Renewing lives. Reclaiming hope.



Barbara Hughes

Executive Director City Beet Kitchens

Project Renewal, Inc.

Committee on General Welfare

Oversight- Food Access Quality and Inspections at DHS Shelters

November 21, 2019

Good afternoon Chair Levin and fellow City Council members.

Thank you for giving me the opportunity to testify here today.

My name is Barbara Hughes and I am the Executive Director of City Beet Kitchens at Project Renewal, a New York City homeless services nonprofit agency.

For more than 52 years, Project Renewal has empowered individuals and families who are homeless or at-risk to renew their lives through comprehensive health, homes and jobs services.

Project Renewal's hallmark workforce development program is our Culinary Arts Training Program, which receives critical funding from the City Council—and we are very grateful for that.

Since 1995, the program has trained over 1,700 unemployed, homeless and at-risk New Yorkers for careers in restaurants, corporate dining, and institutional catering. Our 85% job placement rate is above the national average for similar programs. And, these are jobs with career ladders and starting wages above minimum wage.

In 1997 we started City Beet Kitchens, a catering business, to create even more jobs for our graduates and to feed New Yorkers in need.

City Beet Kitchens serves over 3 million meals each year at DHS shelters, supportive housing, and senior centers across the city, making us the city's largest provider of meals to New Yorkers in need.

The people we feed through City Beet Kitchens are also the people we serve through our shelter, housing, jobs and health programs.

And, because we are committed to the overall welfare of New York City, sustainability and reducing food waste are priorities, in addition to providing nutritious and delicious meals.

By employing formerly homeless and criminal-justice-involved individuals, we are helping to reduce shelter, jail, and Medicaid, and public assistance. We estimate that City Beet Kitchens saves the city an estimated \$1.2 million annually through those reductions. City Beet Kitchens has been a proven path out of poverty for thousands of homeless New Yorkers, that is our public purpose.

As a result of the emphasis on sustainable employment and working with a vulnerable population, City Beet kitchen is being priced out of the market by private vendors, and today our mission and work is at risk.

In recent months, we have lost two of our biggest customers—both homeless services organizations—to competitors who are undercutting our pricing.

Now, dozens of jobs are at risk. The stability individuals have created for themselves as a result of a steady, good job is at risk. The quality of food our city provides to homeless New Yorkers—an issue that has been in the headlines lately—is at risk.

We are here to request the Council's support and assistance to preserve City Beet Kitchen.

We would also welcome suggestions from the Committee and further partnership opportunities so that City Beet Kitchens can continue to bring nutritious, great-tasting, environmentally-friendly food to DHS shelters and beyond, while creating career-ladder opportunities and economic independence for formerly homeless individuals.

Thank you for this opportunity to testify. I'm happy to answer any questions.

Testimony by the New York Legal Assistance Group (NYLAG)
Oversight – Food Access, Quality and Inspections at DHS Shelters
Before the New York City Council Committee on General Welfare
November 21, 2019

Chair Levin, Council Members, and staff, good morning and thank you for the opportunity to speak to the Committee on General Welfare on food access, quality, and inspections at DHS shelters. My name is Deborah Berkman, and I am a Senior Staff Attorney in the Public Benefits Unit and Shelter Advocacy Initiative at the New York Legal Assistance Group (NYLAG). NYLAG uses the power of the law to help New Yorkers in need combat social and economic injustice. We address emerging and urgent legal needs with comprehensive, free civil legal services, impact litigation, policy advocacy, and community education. NYLAG serves immigrants, seniors, the homebound, families facing foreclosure, renters facing eviction, low-income consumers, those in need of government assistance, children in need of special education, survivors of intimate partner violence, people with disabilities, patients with chronic illness or disease, low-wage workers, veterans, low-income members of the LGBTQ community, Holocaust survivors, as well as others in need of free civil legal services.

The Shelter Advocacy Initiative at NYLAG provides legal services and advocacy to low-income people in the shelter system. We work to ensure that every New Yorker

has a safe place to sleep by offering legal advice and representation throughout each step of the shelter application process. Additionally, we assist and advocate for clients who are already in shelter as they navigate the transfer process, seek adequate facility conditions and resources for their needs, and we offer representation at fair hearings. Based on our experience working with individual adults and homeless families in the shelter system, the Shelter Advocacy Initiative at NYLAG appreciates the opportunity to offer the following comments on food access and quality within DHS shelters.

I- DHS Shelter Residents Have Insufficient Access to Food While in Shelter

Our first concern is the sufficiency of the food available to shelter residents. Community health is inextricably linked to adequate nourishment, and research supports the claim that food insecurity has significant health and economic consequences.¹ In adults, the medical implications of inadequate nutrition include, but are not limited to, diabetes, obesity, heart disease, depression, and fatigue.² In children, the consequences extend to low birth weights and delayed cognitive development.³ Such health concerns then can lead to lowered productivity and higher medical costs.⁴ In contrast, providing nutritious food, especially fresh fruits and vegetables, in underserved areas improves the community's health and,

¹ <https://www.harvesters.org/Learn/How-Many-are-Hungry/The-Impact-of-Hunger>

² *Id.*

³ *Id.*

⁴ *Id.*

consequently, its economic vitality.⁵ Children who are well fed do better in school. Seniors with adequate food access need not make the choice between feeling nourished and purchasing other necessities. Families that are satiated thrive. As such, a discussion of food access is not only about individuals, but also extends to a concern for our collective health and communal strength.

1. Meals Are Too Small

NYLAG clients frequently report that the meals they are served in shelter are too small to abate their hunger. They say they are only allowed to have one serving of each item per meal, and that the serving sizes themselves are very small. As a result clients are left perpetually hungry. As mentioned previously, such practices are inevitably damaging to the physical health of shelter residents; food insecurity is disproportionately linked to chronic diseases such as high blood pressure and diabetes.⁶

For children, the consequences are particularly devastating. Research shows an association between food insecurity and delayed development in young children; risk of chronic illnesses like asthma and anemia; and behavioral problems like hyperactivity, anxiety and aggression in school-age children.⁷ Hunger has a direct impact on children's academic achievement and ensuing economic prosperity.⁸

⁵ *Id.*

⁶ <https://www.feedingamerica.org/hunger-in-america/impact-of-hunger>

⁷ *Id.*

⁸ *Id.*

Inadequately feeding shelter residents only further disenfranchises them. “Providing food” is not the same as providing *enough* food.

2. Residents Who Have Jobs Don’t Have Access to Meals

Shelter residents with a job are often faced with an impossible choice: work or eat. NYLAG clients who are employed or have work assignments report difficulty accessing food served by their shelters. This is due to the fact that shelter meals are served at specific times and, if the residents are not present at those times, they cannot get a meal. Additionally, they cannot get a meal when they return to shelter, and are not allowed to take their meals early. Thus, if an employed resident wants to eat, he or she cannot go to work, and vice versa.

This is further complicated by the fact that recipients of cash public assistance are not awarded the “restaurant allowance” supplement if they reside in a shelter that serves meals. As such, job hours preclude residents from accessing food at their shelter, but their public assistance also leaves them without a means to purchase food. New policies need to be put into place whereby residents who work or have other commitments can be provided with food at times that work with their schedules. Working shelter residents should not be punished with hunger for being employed.

3. Residents are Not Permitted to Bring in Outside Food

The problem of DHS shelter resident hunger is further amplified by shelter policies that prevent residents from bringing in outside food. When residents miss meals and are prevented from bringing in and/or storing outside food, they are left

with no meal options. This is particularly harmful for residents with health issues or disabilities that need to eat between meals for their wellbeing or to safely take medication. While residents can be granted reasonable accommodations, the reasonable accommodation process can take months to approve and requires the active cooperation of the resident's health care provider. A system must be put into place wherein residents can eat outside the shelter's scheduled meal times.

II- The Quality of The Food DHS Serves is Poor

Another major concern for NYLAG clients who are shelter residents is that the food that is provided in shelter is of poor quality. NYLAG clients consistently complain that the food they are served is not healthy and does not meet their nutritional needs. Further, clients with medical conditions and disabilities needing special diets are rarely accommodated. This only exacerbates the challenges of being nourished in shelter.

1. The Food Is Very High in Sodium

NYLAG clients report that the meals provided are very high in sodium. Clients do not want to eat very salty food both because the taste is unpleasant and because of the health risks associated with consuming too much salt. Too much sodium in the diet can lead to high blood pressure, heart disease, and stroke.⁹ Additionally, research shows that a high sodium diet can cause calcium loss, often at the expense of bone

⁹ <https://www.hsph.harvard.edu/nutritionsource/salt-and-sodium/>

mass.¹⁰ Clients who depend on their shelter for food should not be forced to eat meals that are detrimental to their health. Lower-sodium alternatives should be provided to DHS residents.

2. The Food Contains Very Few Fresh Fruits and Vegetables

NYLAG clients report the food they are served is most often pre-packaged and that they rarely encounter fresh fruits or vegetables. A diet rich in vegetables and fruits can lower blood pressure, reduce the risk of heart disease and stroke, prevent some types of cancer, lower risk of eye and digestive problems, and have a positive effect on blood sugar levels, which can help keep appetite in check.¹¹ A new study reports that low fruit and vegetable consumption may be responsible for millions of deaths from heart disease and stroke each year worldwide.¹² In fact, the study estimates that 1 in 7 cardiovascular deaths are caused by not eating enough fruit, while 1 in 12 are caused by not eating enough vegetables.¹³ These numbers only account for deaths that deficient diets can cause— not the wider impact that heart disease and stroke can have by way of poor health, chronic pain and disability.¹⁴

3. The Food Does Not Meet the Medical Needs of the Residents

Many NYLAG clients have medical conditions and disabilities that require a special diet, the most common of which is diabetes. While DHS has historically taken

¹⁰ *Id.*

¹¹ <https://www.hsph.harvard.edu/nutritionsource/what-should-you-eat/vegetables-and-fruits/>

¹² <https://www.everydayhealth.com/heart-health/not-eating-enough-fruits-vegetables-contributes-cardiovascular-death/>

¹³ *Id.*

¹⁴ *Id.*

the position that the food it provides can accommodate any diet, NYLAG clients rarely, if ever, are provided food that meets their needs. As a result, these clients have to choose between going hungry or eating food that they know will make them ill. These are unacceptable options. A system to meet the needs of residents with special diets must be put in place as soon as possible.

In conclusion, the implications of food insecurity are multifaceted. While hunger and malnutrition have significant health consequences, they also directly impact our communal economic vitality and children's academic achievement. The food currently served at DHS shelters is both of poor nutritional quality and inadequate. The stringent scheduling policies in place for DHS meals unfairly penalize shelter residents who work, cutting them off from access to the food they need. If it is the goal of DHS to protect and care for homeless New Yorkers as they seek permanent housing, then DHS must provide food service that matches these goals. Shelter residents deserve proper nourishment. Being adequately fed and receiving shelter should not be mutually exclusive.

We thank the Committee on General Welfare for the work it has done to facilitate shelter for vulnerable New Yorkers, and for taking this opportunity to continue to improve the conditions for shelter residents. We hope we can be a resource for you going forward.

Respectfully submitted,

New York Legal Assistance Group



Testimony of Roxanna Henry
Social Worker
Urban Justice Center - Safety Net Project

Oversight - Food Access, Quality and Inspections at DHS Shelters.
Hon. Steven Levin
Committee on General Welfare
New York City Council
November 21, 2019

Thank you, Chair Levin, and members of the committee on General Welfare, for the opportunity to testify before you today. My name is Roxanna Henry and I am a social worker and advocate with the Urban Justice Center's Safety Net Project.¹

The Urban Justice Center's Safety Net Project assists thousands of individuals each year with anti-eviction services, public benefits and shelter advocacy, and navigating crises. We also co-organize the Safety Net Activists, which advocates on benefits and homelessness issues and is led by people with lived experience.

We are extremely appreciative that the General Welfare Committee is holding a hearing on the longstanding issues faced by shelter residents in relation to the food provided to them at shelters. For years clients have discussed with us the problems they experience with food in the shelters, and we've heard their frustrations as their complaints to Homeless Services staff most often go unattended to. Many members of the Safety Net Activists have also had personal experiences with problematic food options in the shelters. We discuss some of this here and then provide some recommendations that could be implemented to allow for edible, nutritious and medically appropriate food options in the shelters.

Background: Conditions at Auburn Shelter

While this hearing has a longer background, based in longstanding concerns held by residents and advocates about the food available to those in municipal shelters, the most immediate cause is experiences of food poisoning by multiple residents at Auburn Shelter in Fort Greene, Brooklyn.

It's worth a moment to consider Auburn within the larger shelter system. Auburn, which shares a building with the Cumberland Diagnostic and Treatment Center, was opened as a shelter during the 1980s. Over the past quarter-century Auburn has at times held single individuals, at other times so-called "adult families" (i.e. families without minor children), and at other times families with minor children. The facility is one of the few remaining sites directly operated by the Department of Homeless Services (DHS) and one of the most feared and loathed by those who must survive homelessness in New York City. In fact, Steven Banks, now Commissioner of the Department of Social Services (DSS), said in 2009 when he was Legal Aid's chief attorney, that "Auburn is probably the worst shelter placement in the family shelter system [...] Families are frequently threatened with placement there as punishment, even for the most minor infractions."²

In 2013, at the tail-end of the Bloomberg administration, the *New York Times* published its multi-part series about a family living at Auburn entitled "Invisible Child." This report not only expounded on the sheer institutional violence that pervaded DHS under the Bloomberg administration, but also took a microcosmic

¹ This testimony is a collective effort of the Safety Net Project. Writers of this testimony: Kiana Davis, Roxanna Henry, Craig Hughes, and Helen Strom.

² Andy Newman, "Heat Problems Plague Auburn Shelter," *New York Times – Fort Greene, 'The Local' Blog*, March 5, 2009.

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look at the institutional violence at a single shelter, where residents were routinely endangered and some staff transgressed with near impunity. Mayor de Blasio's early policies toward the housing/homeless crisis in New York City were in significant part informed by the experiences at Auburn detailed in the *Times* story. In February of 2014, the administration removed all minor children from Auburn as well as Catherine Street shelters, which were long sought goals of advocates and people with lived experience of homelessness.³ At the time, city officials even told advocates they planned to open a "culinary arts" program at the shelter!⁴

The administration promised additional and swift reforms to Auburn. But residents have continued to struggle there under the current administration, a full ten years since Commissioner Banks lamented on it being among the worst of shelters. A 2015 Department of Investigation report highlighted the shelter's conditions, and a journalistic account at the same time pictured a man who had developed a frightening rash since entering the facility.⁵

In line with the broader and problematic DHS practice of transferring shelter residents at the drop of a dime⁶, 70 homeless women were sent from Auburn to a shelter near JFK Airport "with less than 24 hours' notice, in the sweltering 90 degree heat on August 4," as Councilwoman Laurie Cumbo noted.⁷ More recently, a former Auburn housing specialist was convicted of sexually abusing Auburn residents.⁸ And on November 8th of this year residents discovered that food they were served at Auburn was rancid, leading to acute illness.⁹ It is of note that for many years Auburn residents have complained about the food at the shelter. In fact, advocates have noted that it has been routine for years for Auburn residents to find themselves sickened by the food they are served, or unable to eat because the food was visibly spoiled.¹⁰

³ Andrea Elliott & Rebecca R. Ruiz, "400 Children to be Removed from 2 Shelters," *New York Times* February 21, 2014, p. A1.

⁴ Dr. Georgianna Glose, "Testimony of the Fort Greene Strategic Neighborhood Action Partnership," Hearing of the New York City Committee on General Welfare, February 27, 2014.

⁵ New York City Department of Investigation, *Probe of Department of Homeless Services' Shelters for Families with Children Finds Serious Deficiencies*. March 2015.

https://www1.nyc.gov/assets/doi/downloads/pdf/2015/mar15/pr08dhs_31215.pdf; Jaime Fuller, "NYC Homeless Shelter Horrors Include Puddles of Urine, Dead Rats, Roches, and Unsafe Infrastructure," *New York Magazine* March 12, 2015. <http://nymag.com/intelligencer/2015/03/puddles-of-urine-rats-found-in-nyc-shelters.html>

⁶ Nikita Stewart, "Suffled Among Shelters and Not Told Why," *New York Times* June 13, 2019.

⁷ Andrea Karshan, "Cumbo Blasts City for Booting 70 Women from Fort Greene Homeless Shelter," <https://www.kingscountypolitics.com/cumbo-blasts-city-booting-70-women-fort-greene-homeless-shelter/>

⁸ Emily Davenport, "Jamaica Man Convicted of Sexually Abusing Women Living in a Brooklyn Homeless Shelter," <https://qns.com/story/2019/11/01/jamaica-man-convicted-of-sexually-abusing-women-living-in-a-brooklyn-homeless-shelter/>

⁹ Ben Verde, "Fowl Intent: Fort Greene Shelter Residents Sue City for \$8 Million Over Rancid Chicken Salad," *Brooklyn Paper*. <https://www.brooklynpaper.com/fowl-intent-fort-greene-shelter-residents-sue-city-for-8-million-over-rancid-chicken-salad/>

¹⁰ One example is found in: Craig Hughes & Claire Cuno, "Organizing for Better Conditions at Auburn Shelter," *Tenant* April 2011.

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This background is important for many reasons, not least of which is the fact that the current experiences of harm-via-food-intake at Auburn are part of a larger historical culture of abuse and disregard at this particular shelter. While it was an extremely positive step that minor children were removed the facility, it is also the case that the De Blasio administration has allowed longstanding problems to stand or repeat themselves.

Background: State Audit

In October 2018, the State Comptroller's office released the results of an audit of food services in DHS shelters.¹¹ The Comptroller's report found inadequate government oversight, a severe lack of inspections (particularly those done by DHS), and non-compliance with tuberculosis testing requirements by kitchen staff. Importantly, the Comptroller could not even make a determination as to the nutritional quality of food at the sites as a result of lacking documentation.

Problems with Food at Shelters: What We Hear

The Safety Net Project meets clients at legal clinics held in social service sites in East Harlem, Richmond Hill, Bedford-Stuyvesant, and the Upper West Side. We also co-organize the Safety Net Activists, an activist group composed of individuals, many of whom have lived-experience in the shelter system. Our staff routinely hear complaints about food in the shelters. We routinely meet with individuals who forgo meals because they do not find food served at their shelters to be edible. And we constantly hear that shelter residents who request nutritionally balanced food, or food that meets dietary needs, are ignored or unserved.

When we began to discuss this hearing, we received some particularly difficult stories for residents of shelters. Here we quote a couple of them to give you an idea of what we hear.

Experience One:

The food is uniformly of low quality, mostly not eatable & insufficient for the population. Rarely if ever is Skim or NON fat milk served. Only 1 or 2% milk. Which usually means the milk is indigestible. So, the runs & vomiting after drinking is common. The women drink it despite these effects, because they need/want milk. They need calcium. Lunch consists of sandwiches. Tuna, chicken salad, egg salad, turkey ham on whole wheat bread. Something called chicken paddy (think it's soy or something) & on Sundays peanut butter & jelly. An old tasteless apple, orange or banana & a small (fruit) Drink (not juice). The kind of drink I would not permit a child to

https://web.archive.org/web/20120904164344/http://www.metcouncilonhousing.org/news_and_issues/tenant_news/aper/2011/april/organizing_for_better_conditions_at_auburn_shelter

¹¹ <https://osc.state.ny.us/audits/allaudits/093019/17s53.htm>

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drink, given the high fructose content. I don't eat breakfast or dinner at shelter because I'm afraid of getting sick and angry due to malnutrition and the disgusting smell, taste, texture & color of the food offerings, that are highly insulting. Meatless days are & have been common, for some time. So have been the "protein" being the non-cheese or cheese sprinkled on pasta or bread being submitted as the protein for the meal. The staff will not hold resident food in refrigerator without a Doctor's note. So, milk fruit or vegetables are not generally held for meals even if purchased. Breakfast consists of Cheerios, or instant oatmeal (to be individually prepped in microwave) with 1 or 2% Milk. Sometimes a sausage link or a mini muffin. Since did not grow up eating Cheerios or instant, nor squired habit of eating such & the milk is a problem, the so called breakfast leaves me and many of us to eat Ramen noodles for breakfast, that we have to sneak in...

Experience Two:

When the shelter staff does not cook onsite and they use the government issued processed food options for breakfast, lunch, and dinner. There is very little nutrition and the portion sizes are for an infant. Typically most humans over 2 years old are still hungry after eating their meager meals.

When the shelter staff does cook onsite for whatever reasons they ruin the fresh foods. The lettuce, onions, carrots, and other produce they wash are served waterlogged! Vegetables are over cooked until they are mush or brown. Fruits are either not ripe, dried out, have mold beginning, or look okay and are tasteless.

One shelter resident assessed what being served unacceptable food signaled to her:

Some people may say these things are caused by a poorly trained food service staff I say this pattern is system wide. This is a pattern of abuse which causes malnutrition, weakness, and people frequently vomit or have diarrhea immediately after eating! DHS' lack of providing nutritious edible food is but another punishment for the homeless shelter resident!

These examples are not anomalies, and in some respects are mild in comparison to other stories we've been told - of experiences with food poisoning, going periods without eating, and quickly disappearing SNAP/food stamp benefits that are spent at local grocery and corner stores, that never make it to anywhere near the end of the month. For many individuals who request a restaurant allowance added to their public assistance grant due to being unable to eat the food, not having access to proper "cooking facilities," or needing a reasonable accommodation due to a medical or other dietary need, requests often go unprocessed or are denied. Even though DHS and HRA are in fact part of the same agency - the Department of Social Services - the bureaucracies often operate completely separately, including in processing restaurant allowances for eligible constituents.

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Data from State fair hearings also gives a picture of what shelter residents must put up with in the shelters. Here are some examples:

August, 2019: "The Appellant testified that in or about July 2019 she requested a restaurant allowance from the Agency but that the Agency failed to provide her with a restaurant allowance. The Appellant added that the shelter facility where she resides provides three meals a day, but the meals are all microwavable meals and she cannot eat microwavable food on a daily basis. The Appellant further testified that her special dietary needs is as a result of her medical condition, high blood pressure and she needs a restaurant allowance to help facilitate her special dietary needs. The Appellant's testimony was credible because it was detailed consistent and plausible. The Agency provided insufficient evidence to support its failure to provide the Appellant with a restaurant allowance. Accordingly, the Agency's failure to provide the Appellant with a restaurant allowance is not correct."¹²

February, 2019: "The Appellant contended that \$45.00 is an insufficient amount of money to meet the Appellant's needs. The Appellant noted that she is chronically ill and that she is unable to eat the three meals per day at her women's shelter because the food served makes her ill."¹³

January, 2019: "At the hearing, the Appellant's spouse and representative testified that she and the Appellant reside in transitional housing and living in a room where no meals are provided and there are no cooking facilities and that she must obtain her meals outside the residence. The Appellant's representative further contended that due to health concerns both she and the Appellant have special dietary needs. Verification of such needs and expenses were provided to the Agency on or about July 11, 2018, however, the Agency did not include restaurant expenses in its computation of the Appellant's needs and did not provide a restaurant allowance to the Appellant from July 11, 2018, until the present. The Appellant's testimony was found to be credible in that it was consistent, detailed and supported by documentary evidence."¹⁴

July 2018: "The record in this case establishes that the Appellant is in receipt of Public Assistance, Medical Assistance and SNAP benefits. [...] The Appellant's household reside in a family homeless shelter. The Appellant, on or about May 26, 2018, applied for a restaurant allowance because, due to dietary and religious restrictions, they cannot eat the meals served at the shelter. The Agency failed to act on the Appellant's application for a restaurant allowance."¹⁵

October 2017: "The Appellant seeks a review of the Agency's determination as to the adequacy of the Appellant's restaurant allowance from February 1, 2018 [sic]

¹² http://otda.ny.gov/fair%20hearing%20images/2019-10/Redacted_8014574Y.pdf

¹³ http://otda.ny.gov/fair%20hearing%20images/2019-3/Redacted_7908345M.pdf

¹⁴ http://otda.ny.gov/fair%20hearing%20images/2019-3/Redacted_7897506Z.pdf

¹⁵ http://otda.ny.gov/fair%20hearing%20images/2018-8/Redacted_7788717J.pdf

until the present. The Appellant testified that she resides in a single room occupancy in a women's shelter, and that she has special dietary needs due to her health concerns. The Appellant presented correspondence from her primary care physician stating that due to her various medical conditions, the Appellant required a strict diet, and requested that she be provided with a restaurant allowance. The Appellant further testified that her restaurant allowance was reduced to \$22.50 beginning in February of 2018. The Appellant's testimony was found to be credible in that it was consistent, detailed and supported by documentary evidence."¹⁶

July, 2017: "At her hearing, the Appellant testified that her refrigerator stopped working on or about July 18, 2017. She reported this problem to shelter administration on July 19, 2017. On July 20, 2017, she was provided with another refrigerator. She testified that the replacement refrigerator did not work, plus it was infested with roaches. She stated that, with the assistance of one the shelter maintenance staff, she eventually, about two weeks later, was provided with a working refrigerator. [...] The Appellant's testimony was credible in that it was persuasive, consistent and detailed. She also showed a video on her cell phone of a refrigerator with at least six roaches walking inside it. Notwithstanding the fact that the video was not authenticated, or dated, or even proven to be Appellant's refrigerator, it bolstered the Appellant's credible testimony and negated the Agency's denial of the requested benefits."¹⁷

Food Insecurity

City Council and municipal agencies have invested significant resources into improving healthy food access for school-aged children. Unfortunately, we have not seen any efforts on remotely the same level to address food insecurity among New Yorkers living in shelters. Our city's overall nutrition and food security will require significant investments in food for shelter residents, as well as strengthening food benefits. Programs like Farm to School, Summer Meals Program, and the newly implemented Scratch Cooking Bill, are some of the numerous efforts made to increase food accessibility for children. We strongly support these efforts to increase food security, however, they are not enough.

The same investments need to be made to improve the health of New York's homeless population. We recommended the city give the same attention to the provision of nutritious meals in shelters. In order to improve our city's food security and overall nutrition and food access, we must assist all New Yorkers in securing safe and healthy food. Serving our homeless residents poisonous, rancid food not only violates shelter residents' rights, but also the supposed priorities of this administration.

Recommendations

¹⁶ http://otda.ny.gov/fair%20hearing%20images/2018-4/Redacted_7628634J.pdf

¹⁷ http://otda.ny.gov/fair%20hearing%20images/2017-11/Redacted_7600728K.pdf

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1. **Increase the frequency of food inspections and ensure that all inspections are unannounced.** DHS's new Food and Nutrition Policies, DHS-PB-2019-023, requires DHS to conduct food inspections once a year. This is far too infrequent given the severity of the current problems with food at DHS shelters and the serious impacts on New Yorkers' health and well-being.¹⁸ Furthermore, we have heard of many instances where shelters are notified in advance when inspections are going to happen, allowing them to adjust their practices for the day of the inspections. Inspections must be random and unannounced to ensure they are effective. Furthermore, we recommend that these inspections be conducted by an independent agency (other than DHS), since DHS's relationship with and dependence on shelter providers may impact their ability to hold shelters accountable.
2. **Have an outside agency conduct and review the bi-annual Client Food Satisfaction Survey.** DHS-PB-2019-023 requires Shelter Directors to administer a bi-annual Client Food Satisfaction Survey. While we agree with the proposal to administer a bi-annual survey, it is essential that this survey be conducted by an outside entity. As noted in this testimony, despite extensive press attention and audits over the past several years, many shelters have been unable to hold themselves accountable for providing high-quality food to homeless New Yorkers. Outside oversight and accountability is needed here to correct this issue.
3. **Publicly post the results of food inspections from DHS, DOHMH, and OTDA, listed by shelter.** Similar to the Shelter Repairs Report-Card, DHS should post a report-card that indicates shelter's grades on food inspection reports conducted by DHS, DOHMH, and OTDA, in order to create ongoing public accountability for those shelters that consistently fail to meet food standards.
4. **Create a hotline and online form through which residents can make anonymous complaints regarding shelter food, in addition to tracking all shelter food complaints submitted via the DSS Ombudsman's Office, the DSS shelter hotline, and 311.** Many shelter residents are reluctant to submit complaints regarding food and conditions at their shelters because of the well-founded and well-documented fear of retaliation by staff. Many homeless New Yorkers have had the experience of reporting bad conditions or treatment at their shelter, only to later experience rude treatment from staff or a sudden transfer to different shelter. Furthermore, DHS/DSS's existing complaint mechanisms often do not allow homeless New Yorkers to submit complaints anonymously. Anonymous reporting would significantly increase New Yorkers' ability to submit complaints about their shelter. DHS should compile food complaints from all sources and take swift action to

¹⁸ While DHS-PB-2019-023 now requires Shelter Directors to conduct food quality tests once a month, shelters must be inspected by outside entities as these shelters continue to fail to meet the standards set out by the City.

address these issues with shelters, including follow-up inspections and surveys.

5. **Ensure a streamlined process for individuals and families on Public Assistance residing in shelters that do not serve meals and do not provide working kitchens, or for those who cannot eat shelter meals due to medical, religious, or other reasons, to be budgeted for restaurant allowance grants.**

Thank you for your time today. I look forward to answering any questions you might have.

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Testimony of Sharifah Harvey on Food Access, Quality, and Inspections at DHS Shelters
Presented before The New York City Council's Committee on General Welfare
November 21, 2019

In June of last year, I was denied religious accommodation during Ramadan at the Franklin Women's Intake and Assessment Shelter in the Bronx. Upon my arrival to the shelter, I immediately informed the Intake Specialist of my need for religious accommodation. She explicitly denied any religious accommodation, saying it was against the rules. I asked to speak with a supervisor. She denied the request.

After intake, I called 311 to report the incident, and spent the next 5 days, going through "official channels," including the Ombudsman's Office, trying to enforce my religious right to eat in the shelter at the prescribed times. The first day I was allowed to eat outside on the front steps, the next few days I was made to eat on the sidewalk (not the steps) outside the shelter, next I was told I couldn't eat outside the building and told to go eat on the sidewalk across the street. If you are familiar with the Franklin Shelter's location and surroundings at night – and you should be, because this is your city and your responsibility – then you would recognize how inappropriate this is. Breaking fast in the evening was more manageable, but the most pressing issue, and the most egregious and offensive denial of my religious rights, was the shelter denying me my morning meal, which had to be eaten and completed by 3 to 3:30 in the morning.

This should never have happened. Not upon intake, nor for the 5 days it took to get the Director of Social Services to notify his staff to allow me to exercise my religious rights – which by the way, was the last day of Ramadan.

I also witnessed the security guards allowing other individuals into the shelter with food. These individuals were not fasting and were not engaged in any religious observances. They were allowed to bring in fast food meals and sit inside, past the security check-in, in the very location I was finally allowed to sit and eat on the last day of Ramadan.

The second and related issue is the SNAP food benefits that are supposed to be a supplement for shelter residents are used exclusively for all of my meals. In addition, on average, I spend at least 30% of the under \$200 per month cash assistance that is supposed to cover all of my cash as the supplement. EBT benefit cards can't be used for salad, perishable food is easily wasted because there is no way to store it, save it, eat it later, it was impossible for me to save anything perishable for later when I was at the 2 previous facilities. You do the math. How many \$8 salads (and I'm being generous with that cost) can you buy with under \$200? How many healthy salads would you be able to eat in a month? I can be moved to another shelter at any time, where I won't be able to bring in any food again.

In the 3 shelters I have been, there has been a "diverse" set of meal options ranging from pre-packaged, seemingly gourmet, but tiny-portioned meals to substandard institutional meals from poor quality vendors.

Other testifiers will discuss the quality. I am here to discuss the inappropriateness of the food for people with religious or ethical dietary restrictions. I eat halal or kosher animal proteins, none of which is available. I do not consume alcohol. So although a vendor may provide a gourmet pre-packaged meal, if it is a meal made with wine sauce, as has happened, I can't eat it. Also, I have to assume a cheese is made with animal, particularly pig, rennet unless I know otherwise. So, I rarely eat food provided by the shelter.

Being in a NYC DHS shelter does not negate any of our human – including religious -- rights. You have an obligation to provide appropriate food and appropriate access to food to everyone in your care.

Testimony of Cee-Cee B. on Food Access, Quality, and Inspections at DHS Shelters
Presented before The New York City Council's Committee on General Welfare
November 21, 2019

To Members of the City Council:

Staff members serve food that is not heated properly and the vegetables are often frozen. Staff has their favorite clients that they give food and when I ask, they say I'm late and give me a hard time.

We have been given milk that is four days past expiration and spoiled. The meat is frozen and the string beans are not cooked properly.

Meats are frozen, not thawed and cold; string beans are not cooked properly.

Testimony of Kevin Jones on Food Access, Quality, and Inspections at DHS Shelters
Presented before The New York City Council's Committee on General Welfare
November 21, 2019

To Members of the City Council:

I have been in three shelters. The food at the Salvation Army shelter was outsourced and always cold, poor quality, and they always ran out. At Project Renewal, the food was shameful and they were always running out of food. The quality was poor and it was really shameful because they have a culinary institute in the building! At the Fordham Road shelter, the food was outsourced and, again, they often ran out of food. It was always cold and of poor quality.

I lost 80 pounds while in shelter because of the poor quality of the food served by DHS.

Sincerely,

Kevin Jones

Testimony of Dustin Jones on Food Access, Quality, and Inspections at DHS Shelters
Presented before The New York City Council's Committee on General Welfare
November 21, 2019

My name is Dustin Jones. I'm a Disability Rights Activist age 31. In September 2017, I had the unfortunate pleasure of living in the shelter system for 20 months. Now, although there's a long list of problems with accessible and improper training of staff and especially DHS Police, I will keep my comments to food issues.

With my time in shelter, most of it was spent in Clarke Thomas Men's Shelter on Randall's Island. To my knowledge, it's a no-cook shelter and I believe the food was from vendors of some sort (and I have seen Fresh Direct come by a lot). The food was terrible and insufficient for children, yet alone grown men. We had the same thing on various days for breakfast, lunch, and dinner, with almost no changes. For example, for at least Mondays, Tuesdays, and Wednesdays, for breakfast we had one pack of Farina coffee, a banana, one milk, and if we were lucky some type of juice. You could not have seconds. I would skip breakfast most of the time because it wasn't worth waking up for. I used to spend my money a lot and buy food throughout the day, but that becomes very expensive especially if you're supposed to be in a place providing you decent meals.

Lunch would get somehow worse. I used to make a joke that Clarke Thomas had an aquarium in the backyard because it seemed like every day they would have fish for lunch – very undercooked, from what I noticed. On two occasions when I actually ate the fish because it looked the most cooked, I got food poisoning severely and was rushed to the emergency room via ambulance. Although I am allergic to shellfish, at one point I had to lie and tell them I'm allergic to all fish just so they would give me something else in return for the fish on the days they had it. Sometimes they had it for lunch and dinner.

Lunch on Sundays was very unappetizing: cold sandwiches, tuna wrapped up or turkey and cheese, mayonnaise packs and mustard packs, one fruit, coleslaw or potato salad, milk – and that's it. I will admit dinner was better most of the time, but when they did have something decent, it felt like if you weren't the first 30-40 person to eat, you were left with leftovers from God knows when. Some things were obviously expired and smelled horrible, but when you brought it to the attention of staff, they would think the problem was us. Or, for the really undeniably smelly stuff, they threw it away quickly before anyone made a scene.

In a nutshell, the only time I ate decently in shelter that wasn't afforded with my own money is when the nuns came on Tuesday nights and fed us (if I got to them in time), and the two Thanksgivings, two Christmases, and one of the two New Year's in 2017-2018 I spent there. One other problem particularly at Clarke Thomas is those of us who had money or were lucky enough to work and buy our own food were strictly prohibited from bringing outside food into the building via DHS Officers, and it wasn't fair because we were forced to eat the nothing they had there or go hungry altogether. They would make us toss it out, and for those who refused, they would arrest them on trumped-up charges of disorderly conduct and even send some guys to the hospital and charge them as an EDP (Emotionally Disturbed Person).

In conclusion, I would like to see changes to the food service and the shelter system. Although I am not there anymore, based on the time I did spend there, I sympathize so much and care for the people who I have left behind. It is not fair to kick a man or a person when they are down on their luck, to make them throw away their food and settle for nothing, and the food that is provided isn't even enough to give to the average 5-year-old child. Being in the shelter system for me was mentally abusing on so many levels. I felt like I was in jail for 20 months, and I never want to go back, but with the housing system in this city being so poor, God knows. But even if I never return, let's think about those people who are in there suffering from diabetes and other health complications, who need a balanced diet to take their medication or even just to survive.

Dustin Jones

President & Founder Of United For Equal Access NY

Twitter = @EqualAccessNy2

Testimony of Gary M. Blanker on Food Access, Quality, and Inspections at DHS Shelters
Presented before The New York City Council's Committee on General Welfare
November 21, 2019

To Members of the City Council:

I have been living at the Blake Avenue Men's shelter, which is run by S.U.S in East New York, for several months. In this time, I have experienced a short stock of food. They don't prepare enough for the population they have. I have been refused a meal for that reason. Also, they give child-sized servings and we are all grown men. The cafeteria is only open for 60 to 90 minutes. At my previous shelter, they kept the food for up to two hours per meal. Also, vending machines were provided on the premises. Further, there is only one water fountain available, which is on the ground floor and is in poor condition.

We are not allowed to bring in food from outside to supplement our diets. I feel it is wrong that we cannot bring our own food to the cafeteria.

Thank You,

Gary M. Blanker

Shelter Resident

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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Date: _____

(PLEASE PRINT)

Name: Barbara Hughes

Address: _____

I represent: Project Renewal

Address: _____

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Date: 11/21/19

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Name: Corinne Schiff

Address: _____

I represent: DO4MH

Address: _____

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Date: 11/21/19

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Name: Dr. Fabienne Larague

Address: 4 World Trade Center

I represent: NYC DHS

Address: 4 World Trade Center

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Date: 11/21/19

(PLEASE PRINT)

Name: Deborah Berkman
Address: c/o NYLAG, 7 Hanover Sq., 18th Floor, NY NY 10004
I represent: NYLAG
Address: 7 Hanover Sq., 18th Floor, NY, NY 10004

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Appearance Card

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☐ in favor ☐ in opposition

Date: 11/21/19

(PLEASE PRINT)

Name: Barbara Hughes
Address: 200 Varick St NY 10014
I represent: Project Renewal /
Address: City Beet Kitchens

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Appearance Card

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Date: 11/21/19

(PLEASE PRINT)

Name: Giselle Routhier & Jacqueline Simone
Address: 129 Fulton St, NY, NY 10038
I represent: Coalition for the Homeless
Address: _____

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THE CITY OF NEW YORK**

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Jacquelyn Simone

Address: _____

I represent: Coalition for the Homeless

Address: 129 Fulton St. NY, NY 10038

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THE CITY OF NEW YORK**

Appearance Card

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☐ in favor ☐ in opposition

Date: 10/21/19

(PLEASE PRINT)

Name: Roxanna Henry

Address: 1666 Woodbine St.

I represent: Urban Justice Center

Address: 40 Rector St. 9th NY, NY 10006

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THE CITY OF NEW YORK**

Appearance Card

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Janet Perry

Address: 3209 PK Ave

I represent: _____

Address: _____

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THE CITY OF NEW YORK**

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Felix Guzman

Address: 1196 Eastern Pkwy D12 Bklyn 11213

I represent: Council for the Homeless

Address: 129 Fulton St, NY, NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Cecilia R

Address: 1245 B'way Bklyn 11220

I represent: _____

Address: _____

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Lilly Knopf

Address: 42nd St

I represent: _____

Address: _____

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Elohim Rey

Address: 651 W 168th Street NY, NY 10032

I represent: People rights

Address: 651 W 168th Street, NY, NY 10032

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THE CITY OF NEW YORK**

Appearance Card

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Katrina Corbell

Address: 40 Ann Street NY NY 10038

I represent: Coalition for the Homeless - Client Advisory Group

Address: 129 Fulton St. NY NY 10038

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Appearance Card

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☐ in favor ☐ in opposition

Date: 11/21/19

(PLEASE PRINT)

Name: Lehaule Booker

Address: 40 Ann Street 3rd floor NY 10039

I represent: The Coalition for the Homeless

Address: 40 Ann Street 10039

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Phroska L. MaAlister

Address: % 149 E. 23rd St PO#1929

I represent: Safety Net Activist/Urban Justice

Address: 40 Rector St. NY NY

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THE CITY OF NEW YORK**

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☐ in favor ☐ in opposition

Date: 11/21/2019

(PLEASE PRINT)

Name: SHARIFAH HARVEY

Address: 150 Delancey Street

I represent: Coalition for the Homeless Client Advisory Group

Address: _____

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