

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON CRIMINAL JUSTICE

JOINTLY WITH THE

COMMITTEE ON WOMEN AND GENDER EQUITY

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APRIL 27, 2021
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B E F O R E: CHAIR KEITH POWERS
CHAIR DARMA DIAZ

COUNCIL MEMBERS: KEITH POWERS
DARMA DIAZ
HELEN ROSENTHAL
ROBERT HOLDEN
BEN KALLOS
BRAD LANDER
JIMMY VAN BRAMER
KEVIN RILEY
ALICKA AMPRY-SAMUELS
JAMES F. GENNARO
FARAH N. LOUIS

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

PUBLIC ADVOCATE JUMAANE WILLIAMS

MAJORITY LEADER LAURIE CUMBO

ANNE PENSON

JUDY BEALE

SARENA TOWNSEND

DEB RIVERA

DANIELLE BLACKS

DR. COLLEEN VASSELL

DR. ZACH ROSNER

JANETTE MERRILL

DANA TAPLIN

DANY GREENE

SIMONE SPIRIG

LYNDSAY LEWIS

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KELLY GRACE PRICE

MICHELE EVENS

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RITA ZIMMER

HELEN SKIPPER

JORDYN ROSENTHAL

SHARON WHITE-HARRIGAN

DEBRA RIGANO

DANIELLE MINELLI-PAGNOTTA
ALISON WILKEY
NOA WATFORD
MINISTER DR. VICTORIA PHILLIPS
SISTER ELI
ZOEY THILL
CECILY MCMILLAN
SUSAN SHAH

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3 SGT. KOTOWSKY: Recording started.

4 SGT. BRADLEY: Cloud Recording is up.

5 SGT. PEREZ: Backup is rolling.

6 SGT. LEONARDO: Sergeant, will you go
7 with the opening, please?

8 SGT. LUGO: Good morning, everyone.

9 Welcome to today's remote New York City Council
10 hearing on the Committees on Criminal Justice jointly
11 with Women and Gender Equity. At this time, would
12 all panelists please turn your videos. To minimize
13 disruption, please place electronic devices to
14 vibrate or silent. If you wish to submit testimony,
15 you may do so at testimony@council.nyc.gov. Again,
16 that's testimony@council.nyc.gov. Thank you for your
17 cooperation. Chairs, we are running to begin.

18 CHAIR POWERS: Good morning, everyone.

19 Nice to see you. Thank you to all the staff here for
20 getting us started and welcome to our hearing. I'm
21 City Council Member Keith Powers, Chair of the
22 Committee on Criminal Justice. I am joined today by
23 Council Member Darma Diaz, Chair of the Committee on
24 Women and Gender Equity for today's joint oversight
25 hearing on Women's experiences in (inaudible) and

1 deeply engage in these issues (inaudible) and I'll
2 recognize other colleagues here momentarily. The
3 number of women involved in the criminal justice
4 system nationwide has grown since 1970. The vast
5 majority of the women of color and their pathways
6 into jails are different from those of men and so are
7 their experiences navigating life inside of our jail
8 system. The overwhelming majority of incarcerated
9 women are in jail because of poverty, sexual and
10 physical abuse, employment, and substance abuse and
11 mental health issues. In New York City jails, about
12 85% of incarcerated women have been identified as
13 having substance abuse issues and two-thirds who are
14 suffering with mental health problems. The trauma of
15 abuse, violence, and poverty that so many
16 incarcerated women experience outside of jail is
17 often relived while spending time inside of our jail
18 system. Women in jail are more likely than men to
19 experience sexual victimization while in custody. A
20 2012 Federal study found that the Rose M. Singer
21 Center on Riker's Island had some of the highest
22 rates of sexual victimization. About 9% at Rose
23 reported that a staff or another incarcerated person
24 sexually abused them, that's 9% compared to 3.2%

2 nationally. Women in jail are also often mothers.
3 About 80% of women at Rose have children. Just a
4 short stay behind bars can significantly impair that
5 mother and child relationship, and while visitation
6 programs help those women stay in connection with
7 their children, many still face challenges staying in
8 touch and reuniting with their children upon release,
9 and that is especially true right now when in-person
10 visitation and in-person programming that support
11 reunification had been suspended due to COVID-19.
12 That's certainly something we're going to be asked
13 about today. Today, I look forward from hearing from
14 the Department of Correction about ways in which the
15 policies, practices, and programs support the needs
16 of women in custody and how the Council can be a
17 partner in supporting advocacy advancing that work.
18 We're going to hear several bills by Council Member
19 Rosenthal, Intro 1646 would require the Department of
20 Corrections to use an electronic case management
21 system to track investigations of sexual abuse; Intro
22 1491 would require the Department of Correction to
23 develop a comprehensive training program for
24 investigating sexual crimes, an area that we believe
25 is in need of significant reform; and finally Intro

2 1209 would permit pregnant women in the Department of
3 Correction custody to use Doula or midwife services
4 while in the delivery room. With that said, I want
5 to thank the Committee staff here for putting
6 together this hearing. I also want to thank all the
7 Council Members here who are in attendance. Let me
8 see if I can get to them. I see Council Member
9 Holden, Council Member Kallos, the Public Advocate
10 Jumaane Williams, and I see Council Member Rosenthal,
11 Council Member Lander, Council Member Van Bramer,
12 Council Member Riley, and Council Member Ampry-
13 Samuels, Majority Leader Cumbo, and I'm sure I missed
14 somebody, but I apologize and I will make sure I get
15 to you if I missed you. With that being said, I'm
16 going to hand it over to my co-chair today, Co-Chair
17 Darma Diaz.

18 CHAIR DIAZ: Good morning. I tried to
19 hold back tears. I'm just getting over COVID, and
20 I'm thinking about the women that are incarcerated
21 and are a much more difficult place than I am today,
22 so as I move forward in my testimony, if I stop for
23 water or just a breath of fresh air, be patient with
24 me because it was due to me to take part in today's
25 hearing, my staff worked really hard on this and I

2 don't want to let them down, but again, please be
3 patient with me because definitely my heart is in it,
4 and women and incarceration is dear to us all. Good
5 morning. Thank you, Council Members Powers for the
6 conversation today and for allowing me to partnership
7 with you. As I said, I am Councilwoman, Darma Diaz.
8 I chair the Committee of Women and Gender. I'd like
9 to also thank everyone who is participating here
10 today. As my colleague noted in his opening
11 statement, incarcerated women face many distinct
12 issues from male counterparts. Over the past several
13 decades, there has been a significant shift in
14 women's involvement with the new criminal system
15 nationally. This is the implementation of more
16 extensive law enforcement efforts as stricter
17 (inaudible) laws as well as a close conviction varies
18 to re-entry that uniquely effect women. It is an
19 important part of the conversations of our community
20 and country, and especially around policing and how
21 we deal with conflict, equity and equality in our
22 system. Issues around women in jail, in particular,
23 have not commented enough to popular topics, and as
24 my colleague, Keith pointed out, the vast majority of
25 women involved in the criminal justice system are

2 women like me, women of color. I am proud to be co-
3 chairing today's hearing to reopen the conversation
4 to work to shift the conversations and to consider
5 how we better serve incarcerated women in city jails,
6 locally, nationally, in our communities. We know
7 that women make up about 7% of the population in our
8 city jails, but they are some of the most vulnerable
9 of the incarcerated population. Thank you, Karen,
10 who is sitting next to me, coaching me on. As was
11 discussed at the last hearing on this topic in 2015,
12 nearly twice as many incarcerated women, as men, fall
13 into the categories of seriously and persistently
14 mental ill. Mental illness is huge for me, as a
15 human service provider, I'm going to share with you
16 that mental illness is a bigger issue than we
17 understand. According to the Incarceration
18 Association of New York, an estimated 90% of women in
19 New York's prisons have experienced sexual, physical
20 violence in their lifetimes. Studies have shown that
21 incarcerated women faced poverty, poor nutrition, and
22 limited access to preventative medical care.
23 (Inaudible)sexual victimization and how that place
24 has better protected women. Population is a
25 priority, but the issue we'll be hearing about today

2 effect men and women. As more approaches and policy
3 efforts, both men and women, and improvements will
4 not only help the vulnerable population, but the
5 system at large. Additionally, as a mother and a
6 grandmother, I feel the need to echo again the large
7 number of women in prison are mothers, and many are
8 the primary caregivers of their children. Prior to
9 incarceration, incarcerating women in particular
10 often faces immense burdens on their children,
11 families, and communities. While state law requires
12 that children born by the mothers who are in jail be
13 housed within mother's jury the first year, with some
14 expectations. At a priority hearing, how and when
15 expectations apply and how we are supporting
16 families, particular when in prison. Visitations at
17 Rose remain suspended (inaudible). I have a 16-
18 month-old grandson at home, and just to think of if
19 my daughter would not have been able to be with him
20 is devastating to me. We know that support like
21 family contact and visitation rights have a
22 significant effect of reducing (inaudible). This
23 also matters for children and communities, especially
24 during COVID-19 pandemic. Before turning back to
25 Chair Powers, I want to mention that we are speaking

2 to incarcerated today. I look forward to continued
3 conversations about gender and equity in the criminal
4 justice, specifically to the Committee on Women and
5 Gender Equity. If interested in a potential follow
6 up hearing related to now, overdue TGNCBNBI task
7 force report and once the report is released by the
8 Board of Corrections to both focus on issues related
9 to TGNCNBI people in custody and reports
10 recommendations including related to how they've been
11 implemented, and finally, I would like thank my staff
12 and Committee staff for preparing today's hearing,
13 especially (inaudible) my Chief of Staff, Richard
14 (inaudible) my Deputy Chief of Staff, (inaudible)
15 Committee Resident Counsel, Carolina Rivera the
16 Committee Senior Policy Analyst, and (inaudible) our
17 Financial Analyst. Again, thank you all for your
18 patience with me this morning. I turn it back to
19 Chair Powers.

20 CHAIR POWERS: Thank you. I think we're
21 going to turn it over now to Council Member Rosenthal
22 for an opening statement followed by our Public
23 Advocate Jumaane Williams.

24 CM ROSENTHAL: Great. Thank you so much
25 Chair Powers. Good morning. I'm Council Member

2 Helen Rosenthal. My pronouns are she and her, and I
3 do want to begin by thanking Chair Powers and Chair
4 Diaz for this much needed hearing and for including
5 three of my Bills. Chair Diaz, you always bring your
6 heart to these hearings and that's what we need to
7 hear. I really appreciate you, and I too am really
8 (inaudible) all together dismantle aspects of our
9 correctional system. My Bills under discussion today
10 seek to address two urgent issues, sexual abuse while
11 in DOC custody and the shameful state of giving birth
12 while in custody. Two of my Bills address sexual
13 abuse while in custody. The first, Intro 1491
14 mandates that DOC's Commissioner develop a
15 comprehensive training program to investigate sexual
16 crimes. Similarly, 1646 requires the creation of an
17 electronic case management system to track
18 investigations of sexual abuse. While I know that
19 the Department of Corrections has been working on
20 this case management system for a number of years,
21 it's time to shine light on what the hurdles are, and
22 to implement something responsible now. As been
23 shown repeatedly, trainings and DOC officers were
24 reporting on themselves, will do little to improve
25 conditions if they're not paired with independent

2 oversight, and disciplinary action. These are the
3 kinds of important steps in addition to the
4 legislation that we hope public testimony will touch
5 on today. Finally, Intro 1209 will bring Doula and
6 midwives to the aide of pregnant people who are in
7 DOC custody. People in DOC custody, regardless of
8 the rules, still give birth in shackles, a well-
9 documented reality that should give everyone in this
10 room pause. Insuring the availability of Doulas and
11 midwives to pregnant people in custody is urgently
12 needed and should be common practice both inside and
13 outside of jails. The presence of these healthcare
14 providers is clearly shown to improve maternal health
15 outcomes, especially for black and brown women. I'm
16 proud that we're hearing this Bill today. Thank you
17 for joining us and again, thank you Chairs Powers and
18 Diaz.

19 CHAIR POWERS: Thank you, and I think
20 we're going to hear now from our Public Advocate
21 Jumaane Williams.

22 PUBLIC ADVOCATE JUMAANE WILLIAMS: Good
23 morning. Can everyone hear me? Thank you so much.
24 As you mentioned, my name is Jumaane Williams, Public
25 Advocate for the City of New York. I just want to

thank Chair Powers, Chair Diaz, and Council Member Rosenthal for the passion around this issue and leadership. Many, if not all, structured institutions have been built with the needs and experiences of cis-gendered men in mind. Jails are no different. As the population of incarcerated women, including trans women continues to grow, we, as a city, must challenge ourselves to ensure that humanity, safety, and particular needs are met. The last quarter of fiscal year 2020, the number of women detained at DOC facilities was 155. That rose to 253 by the end of December that year. I'm deeply concerned about this increase, particularly during a pandemic and I urge the Administration to ensure every resource available is due to limit the number of people that are being incarcerated in the first place. The Bills being heard today, all sponsored by Council Member Rosenthal, seek to address the experiences of incarcerated women. Intro number 1656 will require a comprehensive training program for sex crime investigations, and Intro number 1491 will tract the investigation of sexual abuse. In the last six months of 2020, seven trans women reported sexual abuse and harassment. Each of those stories reflect

2 an experience trapped within jail walls. These
3 experiences show how the power of dynamics in jails
4 can be uneven. Of course, no one should abuse this
5 power, but statistics show otherwise. Jails are
6 unique in that staff and those incarcerated are the
7 only witnesses. We know that under reporting of
8 sexual assault and abuse is common due to fear and
9 intimidation survivors may feel. We must create
10 trusted processes, comprehensive training, and proper
11 investigations in order to encourage women to come
12 forward. I support these Bills and suggest that the
13 investigation training program incorporate social
14 workers and trauma informed counselors. The last
15 Bill, Intro number 1209 will provide Doula and mid-
16 wife services for pregnant individuals in DOC
17 custody. Support from Doulas help reduce cesarean
18 sections which are often used for black mothers, even
19 when unnecessary and anesthesia use. Women assisted
20 by Doulas also report lower pre-term births. Being
21 pregnant in the DOC facility is a hallowing
22 experience as seen with the latest settlement for
23 black women who are shackled during pregnancy by
24 police. These individuals are treated as prisoners
25 first, meanwhile these individuals are expected to

negotiate with DOC for accommodations. I support Intro number 1209 as the burden should not fall upon these individuals; rather DOC should offer these services that recognize humanity without hesitation. We must also focus identified as trans, non-binary, and/or gender non-conforming in jail. Entering into the cycle of incarceration is dangerous, and it is difficult to escape from. In the second quarter of the fiscal year, the number of people who identified as trans, intersex, or non-binary were 39. The fourth quarter fiscal year of 2020 only reported for people who identified as trans which was 21. The increase make stem from a change in definition. Anyone who was incarcerated can enter into the cycle of incarceration even after leaving jail which is especially impactful for transgender, non-conforming, and non-binary people. This is particular alarming during a time when we are seeing so many anti-trans Bills introduced across the country at a rate never seen before. It's during a time when at least 10 trans people have been killed so far this year. We must make sure in the face of oppression and violence that there are resources available for those in TGNCNB community. Take homotherapy for example.

2 Correction health services offer homotherapy for
3 anyone who requests it; however, this policy is
4 unclear. Is there probate access to it? Are
5 individuals given information related to its access
6 and availability when detained? How many individuals
7 undergo homotherapy? How many requests are there per
8 quarter? These are some of the questions that should
9 be answered and clarified. Moreover, DOC's special
10 considerations unit raises concerns. In the second
11 half of 2020, 18 applicants requested to be
12 transferred into this area designated for TGNCNB
13 people were rejected. The agency must offer an
14 explanation for rejection which is not always given.
15 Rejection can mean a higher likelihood of sexual
16 assault or physical violence for individuals. DOC
17 must clarify why these applications are rejected
18 because the danger of not being appropriately housed.
19 Finally, we must make sure of a plan to eliminate
20 solitary confinement. Earlier this month, governor
21 signed the Halt Solitary Bill. It is the city's turn
22 to end solitary confinement. The proposed rules from
23 DOC do not appear to go far enough. There are
24 serious issues that my office has raised at a recent
25 DOC public hearing. Instead, we need to pass

2 Legislation to eliminate the practice and introduce
3 plans to separate individuals without depending on
4 isolation. It is a right option, especially two
5 years after the death of Lady Polanco (SP?). I
6 appreciate today's discussion as it is difficult to
7 escape from the cycle of incarceration. Women and
8 people in the TGNCB community should have resources
9 and opportunities to avoid incarceration. It is up
10 to use to make sure that. I really thank the Chairs
11 and the Council Member for their work, allowing me to
12 speak today. I look forward to hearing today's
13 testimony.

14 CHAIR POWERS: Thank you, Mr. Public
15 Advocate. Thank you for joining us today, and thank
16 you, of course, Council Member Rosenthal as well.
17 I'm going to now turn it over to Committee Counsel to
18 go through just some procedural items before we
19 start, and then we will hear from our first panel.

20 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
21 Thank you. I'm Agatha Mavropoulos, Counsel to the
22 City Council's Committee on Criminal Justice. Before
23 we begin, I want to remind everyone that you will be
24 on mute until you are called on to testify. When it
25 is your turn to testify, you will receive a prompt to

2 unmute. Please listen for your name to be called as
3 I will periodically announce who the next panelist
4 will be. We will first hear testimony from the
5 Department of Corrections, followed by a period of
6 questions and answers from the Committee Members to
7 the Administration. We will then hear testimony from
8 members of the public. During the hearing, if
9 Council Members would like to ask a question, please
10 use the Zoom raise hand function, and I will call on
11 you in order. Committee Members will be limited to
12 five minutes, including responses. I will now
13 administer the oath to all Members of the
14 Administration. After I say the oath, please wait
15 for me to call your name and respond one-by-one.
16 Please raise your right hand. Do you affirm to tell
17 the truth, the whole truth, and nothing but the truth
18 before these committees and to respond honestly to
19 Council Members? Anne Penson.

20 ANNE PENSON: I do.

21 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
22 Judy Beale.

23 JUDY BEALE: I do.

24 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
25 Sarena Townsend.

1 COMMITTEE ON CRIMINAL JUSTICE

20

2 SARENA TOWNSEND: I do.

3 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

4 DEB Rivera.

5 DEB RIVERA: Yeah.

6 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

7 Danielle Blacks.

8 DANIELLE BLACKS: I do.

9 COMMITTEE COUNSEL AGATHA MAVROPOULOS: Dr

10 Colleen Vessell. Is Dr. Colleen Vessell here? Okay,

11 Dr. Zach Rosner. I think we don't hear anything

12 coming from that room. One second. Dana Taplin.

13 DANA TAPLIN: I do.

14 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

15 Sorry, we're just waiting to hear from the CHS room.

16 Jeanette Merrill.

17 JEANETTE MERRILL: We are here.

18 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

19 Okay, I can hear you now. Sorry, just to repeat.

20 Dr. Colleen Vessell.

21 DR. COLLEEN VESSELL: Hello, I do.

22 DR. ZACH ROSNER: I do.

23 COMMITTEE COUNSEL AGATHA MAVROPOULOS: And

24 Jeanette Merrill.

25 JEANETTE MERRILL: I do.

2 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

3 Thank you. We will now proceed with testimony from
4 Anne Penson, Executive Director of Women's Initiative
5 at the Department of Corrections. Director Penson,
6 you may begin when running.

7 CHAIR POWERS: Just before we start, I
8 just want to recognize we've been joined also by
9 Council Member Gennaro, and I believe Council Member
10 Farah as well. Sorry about that. Go ahead.

11 ANNE PENSON: Thank you. Good morning,
12 Chair Powers, Chair Diaz and Members of the Criminal
13 Justice Committee and Committee on Women and Gender
14 Equity. My name is Anne Penson, and I'm the
15 Executive Director of Women's Initiatives at the
16 Department of Correction. I'm joined today by Deputy
17 Commissioner of Programming and Community
18 Partnerships, Dr. Judy Beale; Deputy Commissioner of
19 Investigation and Trial, Sarena Townsend; and Deputy
20 Warden in Charge, DEB Rivera who oversees operations
21 at the Rose M. Singer Center, the Department's female
22 facility. I am also pleased to be joined by
23 colleagues at NYC H&H Correctional Health Services
24 and the Mayor's Office for Criminal Justice, both of
25 whom are important partners in the care of women in

2 custody. The Department recognizes that women
3 involved in the justice system are often victims of
4 trauma and have high rates of substance use and
5 mental illness; therefore, the Department provides
6 gender responsive care and programming to support the
7 mothers, sisters, and daughters placed in our
8 custody. I thank you for the opportunity to update
9 the Council on the Department's efforts to support
10 its female population and to comment on the three
11 bills being considered at today's hearing. The
12 number of women in custody has significantly declined
13 in recent years. Whereas the population was almost
14 700 in April of 2016, today there are approximately
15 250 women in the Department's care. Regardless of the
16 number of women in custody, the Department maintains
17 a facility that provides a variety of programming,
18 reentry, and healthcare services that are responsive
19 to women's unique needs. Department Counselors meet
20 with each woman who comes into custody to assess her
21 individualized needs and challenges and create a
22 targeted plan that includes both jail-based and
23 community-based services and will support a
24 successful reentry into the community. Programming
25 and reentry services are tailored to women and

2 incorporate gender-responsive, trauma-informed
3 practices, and also focus on strengthening family
4 connections through visit assistance for women with
5 children. In addition, the Rose M. Singer Center
6 operates a clinic that provides a broad spectrum of
7 women's health services, houses women in need of
8 additional support in mental health and substance use
9 in dedicated units and provides an array of life and
10 vocational skill development. In an effort to
11 further improve programmatic services, in 2020, the
12 Department redesigned its program delivery model to
13 take an individualized, case management approach to
14 the provision of programs and services for all
15 persons in custody. As part of this process,
16 incarcerated individuals meet one-on-one with a
17 Counselor and are referred to programming based on
18 their unique needs, including services designed to
19 support family relationships and address trauma.
20 This new service delivery model will better connect
21 individuals in custody with services that support
22 their specific needs and better support them in
23 successfully reentering the community. In recent
24 years, the Department has implemented a series of
25 initiatives to address the unique needs of women in

2 DOC custody. These initiatives are designed to
3 strengthen mother-child relationships, empower women,
4 connect them with resources in the community, improve
5 their visit experience, train staff on gender-
6 responsive practices, and ensure that DOC's policies
7 are gender-responsive. Notably, the Department
8 created a nationally recognized off-island visitation
9 program that enabled mothers to visit their children
10 at the Children's Museum of Manhattan, strengthening
11 the mother-child bond and lessening the impact of
12 incarceration on the family. Over the course of the
13 pandemic, the Department has afforded televisits for
14 persons in custody and worked with the Osborne
15 Association and Hour Children to continue to
16 facilitate supportive family visitation. We are
17 continuing to work with these partners to develop
18 more interactive televisiting opportunities between
19 mother and children and to further support family
20 connections during this unprecedented time. While
21 some of these initiatives have been borne out of the
22 challenges presented by the pandemic, we will
23 continue to find ways to improve programming and
24 services for women in custody and carry the lessons
25 learned during the past year into future programming

2 plans. During the pandemic, the Department has
3 continued to work with its community partners to
4 provide modified services, including dedicated
5 discharge planning hotlines. These hotlines connect
6 incarcerated women to discharge planning caseworkers,
7 ensuring women maintain connection to services that
8 will be available to them upon release. In the
9 coming months, the Department will also be
10 collaborating with MOCJ to further assist women in
11 custody with post-release planning and services.
12 Although we have not yet been able to welcome our
13 community providers back into our facilities, DOC
14 programming staff have been providing direct
15 programming services to people in custody since
16 October 2020, including individualized assessments
17 and case management, and counseling and on-unit
18 programming in a socially distanced manner. In
19 addition, as part of our commitment to address the
20 unique needs of women in our care, we are working
21 with a national expert to develop a staff training on
22 gender-responsive practices and trauma-informed care.
23 We are also working with the expert to review
24 existing policies and develop new ones to ensure that
25 gender-responsive approaches are reflected in our

2 daily operations. Finally, the Department takes the
3 safety and welfare of women in custody seriously.
4 Violent incidents and uses of force involving women
5 in custody remains low and the Department works to
6 provide staff with trauma informed training to help
7 staff maintain a supportive environment for the women
8 in our care. In 2019, the Rose M. Singer Center
9 passed a PREA compliance audit. The Department's
10 Investigation Division exceeded standards in that
11 same audit and continues to receive ratings of
12 substantial compliance from the Nunez monitor for its
13 investigations into allegations of sexual harassment
14 and abuse. With respect to the proposed legislation,
15 Introduction 1209, the Department recognizes the
16 support doulas bring to mothers during the birthing
17 process. As such, the Department supports this
18 legislation, but for the safety of all involved would
19 advise the doula needs to be subject to and clear a
20 standard security review prior to the mother's due
21 date. We look forward to working with the Council in
22 further discussing this legislation. Introduction
23 1491, with regard to Intro 1491, the Department
24 enthusiastically supports the provision of trauma-
25 informed training and interview techniques for

2 investigators who review sexual abuse and harassment
3 allegations. The Department currently mandates such
4 training and agrees with the Council that its
5 provision is critical to investigators' success in
6 investigating sensitive matters. Introduction 1646,
7 with regard to Intro 1646, the Department agrees with
8 the Council that a centralized case management system
9 for sexual abuse cases would support the overall work
10 of the investigations division. The Department
11 previously agreed to build such a system through a
12 corrective action agreement with the Board of
13 Correction. Since that time, the Department has
14 issued an RFP and is in the final phases of
15 establishing a vendor to build and implement such a
16 system. The Department of Correction is committed to
17 meeting the needs of women in its care and
18 appreciates the Council's interest and attention to
19 this often-overlooked group. My colleagues and I are
20 happy to answer your questions.

21 CHAIR POWERS: Thank you. CHS, you're
22 here to answer questions, but not testify, is that
23 correct?

24 JEANETTE MERRILL: Correct. We're
25 available for questioning.

2 CHAIR POWERS: Okay. Thank you. I will
3 (inaudible) be able to hand over to Council Member
4 Rosenthal to answer and ask questions about her Bills
5 here today. So, I'm just going to go through a few
6 topics here, and then see Council Member Diaz as
7 well. I guess my kind of starting point question is
8 just to ask the Department of Correction what they
9 believe is the biggest challenge facing women inside
10 of our New York City jails at this moment?

11 ANNE PENSON: That's a great question. I
12 believe that one of the biggest challenges at this
13 time would be for women in custody who have children
14 and being able to stay connected to their children.

15 CHAIR POWERS: Okay, so, staying
16 connected to the children, is that...

17 ANNE PENSON: Yes.

18 CHAIR POWERS: Got it. So, on this,
19 like, where is the Department now, Am I fair to say
20 you're using that as the sort of jumping off point
21 about the visitations, what is the, right now, as I
22 understand it; I was just there last week, there's
23 still no visitations for individuals on Riker's
24 Island, as we talked about women, we talk about
25 mothers and as I noted, the high percentage of women

2 are mothers. Well, on Riker's Islands, you've noted
3 that's your top priority, so what is the plan for the
4 Department right now to resume visitations, you know,
5 for everyone I supposed, but particularly for women
6 at Rose?

7 ANNE PENSON: So, that's a great
8 question. Thank you, Council Member, so we know how
9 important children are to mother's lives, and to
10 continue to foster mother-child bonds while women are
11 in incarceration, we're working on several different
12 initiatives including the visiting and family
13 assistance program. In conjunction with MOCJ, the
14 Osborne Association, and Our Children, we offer the
15 visiting and family assistance program where women in
16 custody, their children and family members receive
17 support before, during, and after their visits, and
18 so, we are also planning to launch in May interactive
19 visits for mothers and their children, televists.
20 So, during these visits, they will have an
21 opportunity to do homework together, do Arts and
22 Crafts activities together, read books together, and
23 have a more engaging televisit experience. In
24 addition, we also developed with the National
25 Institute of Correction, a family engagement form to

2 identify women who are mother and identify what
3 challenges they're having and how we can support
4 those needs.

5 CHAIR POWERS: Let me clarify. You don't
6 have televisits right now for mothers and children?

7 ANNE PENSON: We have televisits right
8 now for everyone, including mothers and children,
9 yes.

10 CHAIR POWERS: So, what is the
11 announcement that you're saying right now, that
12 you're ... (crosstalk).

13 ANNE PENSON: Yeah, so, we've been
14 working with MOCJ, the Osborne Association, Our
15 Children, we're going to be developing a more
16 interactive televisit experience for mothers and
17 their children.

18 CHAIR POWERS: When do children get to go
19 see their mothers in person at Rose?

20 ANNE PENSON: So, we would love to be
21 able to offer in-person visits. We're working very
22 closely with DOHMH at this time so that we will be
23 able to bring back in-person visits when it's safe to
24 do so.

2 CHAIR POWERS: Okay, and then beyond the
3 issue, which is the important issue of you know,
4 keeping families connected, what do you identify as
5 the other top issues facing women inside of the
6 correctional facilities in New York City right now?

7 ANNE PENSON: We know that many women, in
8 general, who come into the criminal justice system
9 have very different pathways than men do. They deal
10 with substance abuse, they deal with trauma, they
11 deal with mental health, and they are also mothers,
12 and so, to be able to support them around their
13 trauma and other challenges, and in October, our DOC
14 counselors began conducting individualized
15 assessments and program plans so that we could access
16 what their needs are and begin making referrals,
17 working with them one-on-one and making sure that
18 their needs are being met. In addition, as contacted
19 providers resume in-person services, we'll be
20 implementing a core program menu that's going to
21 include trauma focused groups that address topic such
22 as trauma, substance abuse, parenting, and whatever
23 other challenges they may be facing. We are also
24 collaborating with a national expert and DOC Academy
25 to develop a training of gender-responsive offices

2 which all staff assigned to Rose M. Singer Center
3 will be required to take, and also to help
4 incarcerated mothers overcome the potential trauma,
5 like I mentioned, we offer the visiting and
6 assistance program for mothers and their children.
7 Also, knowing that LGBTQ individuals in custody
8 experience trauma related to their identity, the DOC
9 Director of LGBTQ Initiatives has implemented a
10 series of programs to enable this population to seek
11 support to address their needs, including a dedicated
12 hotline, an LGBTQ community resource guide, prepaid
13 cell phones upon release, and weekly community
14 meetings in the Special Considerations Unit.

15 CHAIR POWERS: (Inaudible) I so thank you
16 for that. It's important for us to hear what
17 (inaudible) in August of last year had resumed in-
18 person visitation. Is there a reason the city jail
19 and the Department of Correction didn't pursue the
20 same timeline?

21 JUDY BEALE: Good morning, Council
22 Member. (Inaudible) did temporarily reopen
23 visitation. The reality is that the State system and
24 the city system have different advantages and
25 disadvantages. The State system has a different

2 official layout than the city does, and the city
3 certainly has more congestion than many of our city
4 partners area do. The Department itself thought it
5 was important to get the in-person visitation plan
6 right, but it's important to reopen when we were sure
7 that all people and all staff who work in the
8 Department of Custody could be safe. So, we're
9 really confident in the plan that we've been
10 developing over this part year, includes coordination
11 with our partners across the city, and look forward
12 to returning in-person visitation as soon as it's
13 safe to do so.

14 CHAIR POWERS: Okay, it would be helpful
15 to know kind of what the; we'll follow up with you on
16 this to kind of know what the criteria you're looking
17 at in terms of being able to resume that because the
18 connection with the family, I think, is really
19 important, especially at Rose and especially with the
20 women who are incarcerated here to, for the children
21 and for their families as well. You know, I want to
22 go to an issue which I think is deserving of our
23 attention here today, and I don't think was really
24 mentioned which is, of course, PREA and sexual abuse,
25 something we have done a hearing on in the past. You

2 know, maybe the agency could start by giving us an
3 overview of what they believe is there, (inaudible)
4 in progress when it comes to eliminating or
5 addressing PREA and sexual abuse (inaudible) in our
6 city jails. We can look at the numbers and see, you
7 know, we have seen some dips in the middle of the
8 pandemic, but I think we have seen an incline back to
9 higher numbers than in the past. Can you give us a
10 status today for this Committee on what the agency is
11 doing to address PREA in light of where the numbers
12 are today and the ongoing concerns that have been
13 stated about progress with the agency?

14 SARENA TOWNSEND: Sure. Good morning. I
15 can answer that question for you. Thank you for
16 giving us the opportunity to give you an update on
17 our PREA investigations. The last time we spoke was
18 probably in 2018 when we had somewhat of a backlog in
19 our investigations for PREA allegations, and I'm
20 happy to report that since October 2019, we actually
21 do not have that backlog anymore, and we take every
22 sexual abuse and sexual misconduct allegation
23 extremely seriously in the Department of Correction.
24 Any time that there is an allegation of sexual abuse,
25 we take immediate action. What's that look like? We

2 refer immediately to the Department of Investigations
3 to see if they want to investigate criminally. We
4 make sure to interview the alleged victim and
5 separate the alleged victim from the alleged
6 perpetrator immediately. We afford the alleged
7 victim mental health and victim services and conduct
8 a preliminary investigation. All of that happens
9 within the first 72 hours of the actual allegation
10 itself, and so we've been able to maintain that level
11 of compliance for years at this point. We do refer
12 cases that we substantiate if they are criminal in
13 nature to the District Attorney's offices for
14 criminal prosecution. We also hold people
15 accountable rather it's a criminal act or a non-
16 criminal act of sexual harassment. We hold them
17 accountable as well and any case we substantiate with
18 our investigation with PREA investigators, we make
19 sure to discipline. We have a zero-tolerance policy
20 here. If we do have substantiation of sexual abuse,
21 we seek first that individual's termination if it is
22 a staff member, and we seek that incarcerated
23 individual's prosecution if it is an incarcerated
24 individual who is the alleged perpetrator. All of
25 our, yes ... (crosstalk).

2 CHAIR POWERS: (Inaudible).

3 SARENA TOWNSEND: Sure, all of our
4 investigators are trained, highly trained. They not
5 only go through our regular four-week training that
6 we provide in our investigation division, but they
7 also receive specialized training. They receive
8 National Institute of Corrections Trainings
9 specifically called conducting confidential
10 investigation in an (inaudible). We have also
11 received external trainings that are specifically
12 focused on trauma informing interviewing techniques.
13 As of 2019, we have made sure that all of our PREA
14 investigators were so trained. We had 72
15 investigators, including all of our PREA
16 investigators trained in trauma informed training at
17 that time. This training was bedded by DCJS in
18 response to the Sex Crimes Victims Bill of Rights
19 Legislation, so it was approved and used by all New
20 York City agencies as a training, and so, the
21 investigators themselves who investigate these
22 allegations are well-trained and we are able to, at
23 this point, and for the last couple of years,
24 maintain our PREA compliance with the timeliness and
25 the quality of our investigations.

2 CHAIR POWERS: Sure, the investigations
3 are one component of this, not letting them happen is
4 the major, the real component to that, but I will
5 talk about investigations just for a second since you
6 brought it up. So, how many investigators do you
7 have right now on staff at the Department of
8 Corrections to investigate PREA complaints?

9 SARENA TOWNSEND: So, our PREA unit is
10 comprised of one Director, one Deputy Director, nine
11 Supervisor Investigators and Captains, and 25
12 Investigator. We also have a PREA division within
13 our Trials Unit that handles the disciplinary portion
14 and that is comprised of one Director and one
15 attorney, and of course, that's overseen by myself.

16 CHAIR POWERS: Okay, and when we spoke in
17 2018, we did a hearing on this in, I believe, about
18 2018, there was a massive backlog of cases that
19 needed to be investigated which I think you had said,
20 has been cleared and you had said that in 2018, you
21 were, you know, staffing and working to clear those,
22 but if I recall, and my memory, I'm doing this off
23 memory, but I think if recall, step one was clearing
24 a backlog that existed and then up to that point in
25 time, and then playing catch-up with the cases, or

2 addressing the casing that were coming in at that
3 time. Are you saying when you say clear backlog, are
4 you saying that you have no past cases right now
5 under investigation?

6 SARENA TOWNSEND: Your correct, and very
7 good memory. We did have a two-step plan. The
8 original backlog was approximate 1200 cases and that
9 was in June of 2018. We cleared all of those cases
10 by February of 2019 which was our corrective action
11 plan due date. There had been a secondary backlog as
12 you mentioned that had accumulated while we were
13 focusing on those 1200 cases. That secondary backlog
14 was 266 cases, and those have been cleared as of
15 October 2019... (Crosstalk).

16 CHAIR POWERS: Okay... (Crosstalk).

17 SARENA TOWNSEND: Yes.

18 CHAIR POWERS: Can you give us the
19 outcome of those 1200 and 260 cases? Can you tell us
20 the breakdown of outcomes for those cases because
21 doing that is certainly important, and I have more
22 questions about it, but you know, knowing sort of how
23 these cases were resolved would be helpful.

24 SARENA TOWNSEND: Absolutely, so, I don't
25 have exact numbers. I can get that to you of these

2 particular cases. I do want to mention that we were
3 audited, and those cases were involved in looking at,
4 that the auditor looked at when they audited our
5 investigations, and we had exceeded standards with
6 respect to the quality of our investigations, so I do
7 appreciate that there is concern that you know, the
8 backlog needed to be addressed, but it shouldn't just
9 be addressed by numbers. It needs to be quality
10 investigations and we maintain that level of quality.
11 We have been audited by an external auditor. We also
12 have the Federal Monitor who looks over some of our
13 PREA investigations, and we have been in substantial
14 compliance from the Federal Monitor on our PREA
15 investigations that they have overseen, so there is a
16 lot of oversight that occurs externally in an
17 unbiased fashion to check and see if our
18 investigators are doing a good job frankly, and we
19 have routinely and for years been deemed as exceeding
20 standards or in substantial compliance, but I can get
21 you those exact numbers offline, that's no problem.

22 CHAIR POWERS: And what is the average;
23 thank you for getting us the data, what is the
24 average duration of an investigation?

2 SARENA TOWNSEND: Pre-investigations do
3 not exceed 90 days.

4 CHAIR POWERS: Okay, although you had
5 been in the past?

6 SARENA TOWNSEND: In the past, but we
7 have fixed the problem.

8 CHAIR POWERS: And you are saying that
9 100% of cases today are being investigated within 90
10 days?

11 SARENA TOWNSEND: So, I have a caveat to
12 that because if the investigation is being looked at
13 externally for criminal charges either by the
14 Department of Investigation or by a District
15 Attorney's office, then that sometimes does take a
16 little bit longer understandably, so those cases do
17 linger. What I can tell you is, our current open
18 case load is only 101 cases, and the cases that we
19 have are, we have 61 cases that are open from 2021,
20 we have 27 cases that are open from 2020, and we have
21 a smothering of 2019 cases that are open, that are
22 just opened because they are being criminally
23 investigated and/or prosecuted.

24

25

2 CHAIR POWERS: All right, so 2019 cases
3 are being criminally investigated, 2020, just 27
4 cases you said?

5 SARENA TOWNSEND: That is correct.

6 CHAIR POWERS: Those are all being
7 criminally investigated?

8 SARENA TOWNSEND: I would say that about
9 half of them are being criminally prosecuted and the
10 other half are only open currently because we had to
11 do a little bit more of an extensive investigation on
12 them that required further interviewing, but the vast
13 majority of the open 104 are under 90 days.

14 CHAIR POWERS: But (inaudible) so 2020,
15 you would agree with me, right, that it would be
16 impossible to do a 90-day review and have a case
17 still open from 2020, right? That's impossible, it's
18 April 27th. So, how do you say you're in full
19 compliance when you now are telling us you have 2020
20 cases that are still opened, and they are all not
21 criminally investigated?

22 SARENA TOWNSEND: I did not say full
23 compliance. I said pre-investigations have to be
24 investigated within 90 days. We are in substantial
25 compliance... (crosstalk).

2 CHAIR POWERS: Well, you did say there is
3 no backlog, right? So, that would consist of being a
4 backlog?

5 SARENA TOWNSEND: If there's about 10 or
6 so cases that are still open, somewhat past 90 days,
7 then we can deem that a backlog, we can deem that a
8 backlog, but those are cases that in a traditional
9 sense of the word backlog is cases that have not been
10 attended to, and that's just not accurate. We have
11 investigated them, they require a little bit more
12 work because they might be a little bit more
13 offensive and require some more interviews, but they
14 have all been investigated within 90 days. They have
15 to be closed expeditiously, which they will be aside
16 from the ones that are being investigated externally.

17 CHAIR POWERS: I'm not, you know, picking
18 on you for trying to represent the decay. I'm just
19 saying that I think in my experience here now, that
20 it takes (inaudible) sometimes to really get the full
21 picture of, you know, we can decide all independently
22 success or not success, (inaudible). We're happy the
23 backlog is cleared, you know, the 1200 cases and so
24 forth. I'm just trying to get an accurate picture of
25 where we are in investigation and resources. What

2 percentage of cases have been referred out to the DA,
3 I mean, I just, really quick, I feel this is the most
4 pressing issue facing women, yeah, as you can tell,
5 I'm asking a lot of questions on it, but we'll get to
6 others as well, but what percentage of cases are
7 getting referred out to the DA or the DOI?

8 SARENA TOWNSEND: Every single case that
9 comes through that is a sexual assault or sexual
10 abuse allegation gets referred to the Department of
11 Investigation immediately.

12 CHAIR POWERS: But they send it back to
13 you ... (crosstalk).

14 SARENA TOWNSEND: (Inaudible)...
15 (crosstalk).

16 CHAIR POWERS: How many are staying with
17 the DOI to be investigated and how many have been
18 referred out to the DA for criminal investigation.

19 SARENA TOWNSEND: Okay, in 2019, there
20 were 22 cases referred to the District Attorney's
21 office. In 2020, there were 13 cases referred to the
22 District Attorney's office, and so far in 2021, there
23 have been 2 cases referred to a District Attorney's
24 office.

2 CHAIR POWERS: Okay. Thank you. You are
3 working extensively in this area, you are viewing
4 these cases, these investigations, as I said earlier,
5 the investigations are an important way to have
6 accountability and provide clarity into what's
7 happening, but the number is still concerning to us.
8 Having been somebody who is investigating these and
9 working with a team of investigators every day, what
10 recommendations do you have for the Department of
11 Corrections yourself, to help address what are, I
12 think, or what recommendations, or what steps, I
13 guess, is the DOC taking here to address PREA, not
14 from a closing of investigations standpoint, but from
15 prevention and preventing it from happening? I think
16 that investigation is according to that, but it's
17 certainly should not be the only prime component to
18 that, so I think what we would like to hear are the
19 steps that the department is taking right now to
20 address another increase here when it comes to PREA
21 allegations.

22 SARENA TOWNSEND: I think it's a fair
23 question that maybe even (inaudible) person could
24 answer to be honest. I think that a focus on inmate
25 services or incarcerated person services is

2 important, making sure that we; sometimes it's just
3 about going back to the basics care for the
4 incarcerated person, making sure that they receive
5 their mandated services and cooperation essentially
6 with the investigation, which we have seen. We have
7 seen cooperation, making sure that if there is an
8 alleged perpetrator that they are separated
9 immediately from the alleged victim, which is what we
10 make sure happens. We also make sure to hold staff
11 accountable. Like I said, we have a zero tolerance
12 policy with respect to substantiated cases of this
13 nature, and there's nothing more in my mind, I guess,
14 influential that if somebody does something wrong and
15 is then held accountable because then their
16 colleagues can see that they are being held
17 accountable and their colleagues will take a beat
18 before doing something similar in the future, and so,
19 you know, I think accountability is obviously
20 important. I think that making sure that mandated
21 services are given, is important, and just paying
22 attention to what's going on, just having your eyes
23 on what's going on in the jails, it's important,
24 because what we do see is more often than not, the
25 substantiations are coming from allegations between

2 incarcerated persons rather than a staff member
3 committing the act of misconduct, most of our
4 substantiated cases involved incarcerated persons
5 doing the misconduct, and so, that is something that
6 I think is important, just making sure that
7 incarcerated individuals are treating each other the
8 right way because like I said, that's where most of
9 our cases are coming.

10 CHAIR POWERS: And ... (crosstalk), yeah go
11 ahead.

12 JUDY BEALE: (Inaudible) regarding basic
13 things being critically important to the sexual
14 safety conversation. Sexual safety really does begin
15 at intake. Upon intake of the person to enter
16 custody are (inaudible) prosecution concerns
17 including rather or not they were previously a victim
18 of sexual victimization including rather or not they
19 were previously convicted of a sexual abuse
20 allegation. We further work to insure that people
21 who are previous and known sexual victims or known
22 sexual abusers are housed in separate areas of the
23 housing unit or housed in separate housing units and
24 are serving known to the department. I'm sure that
25 Rivera also tell a little more information about PREA

2 rounding that happens and as well as the prosecution
3 role.

4 DEB RIVERA: Yes, so, good morning. So,
5 as far as what was mentioned with the, if an
6 individual has identified or has informed staff that
7 they were a victim of sexual abuse or if they were
8 convicted for a sexual offense, we would not house an
9 individual, an SA with an SV, a sexual abuser with
10 somebody who is a victim of sexual assault. Those
11 individuals would be separated. In addition,
12 supervisors are tasked with conducting PREA announced
13 tours and documenting those tours in the log book.
14 Staff is also reminded to conduct their tours of the
15 housing area, make a tour and to ensure that nothing
16 inappropriate is occurring, and if they are informed
17 of any sexual assault or allegation, they are to
18 immediately inform their supervisor and those
19 individuals are separated and afforded medical and
20 mental health services and PREA is immediately
21 notified.

22 CHAIR POWERS: Okay, I want to ask CHS a
23 question just for a second. CHS, can you talk to use
24 about your role whenever an allegation of sexual

2 abuse or harassment is made at a city jail, what that
3 process is?

4 DR. COLLEEN VESSELL: Hi, good morning.
5 I'm Dr. Colleen Vessell. I'm the Site Medical
6 Director of the Rose M. Singer Center. Thanks so
7 much for having me come here today. Getting into
8 this work is a matter of self-equity and social
9 justice for me and many people at CHS, so, I'm very
10 happy to speak today about the work we are able to do
11 on behalf of our patients. When we do have patients
12 that, that we learn have made a sexual allegation, or
13 a PREA complaint, our usual, well, our clinicians, we
14 are a mandated reporter, so, our first role is to see
15 the patient, you know, get more information, you
16 know, from them, you know, what occurred, and from
17 there, we report the issue to the Operations
18 Department, who keeps track of the complaints. We
19 also see the patient clinically to determine if they
20 need to be connected to further medical services in
21 the ER, for example, they have a forensic exam if
22 that's appropriate. We also then connect them to
23 mental health services and to our sexual abuse and
24 advocacy program which follows up with the patients
25 afterwards to meet their needs.

2 CHAIR POWERS: You know, I (inaudible)
3 but I know there's a bunch of people behind me, so,
4 I'm going to come back. I have some more PREA
5 questions and some things about Rose I want to get
6 to, but I do want to actually give other an
7 opportunity. Thank you for that. I'm going to come
8 back. I want to make sure I get to Chair Diaz,
9 Council Rosenthal and others as well, and then I'm
10 going to come back with some questions from there,
11 but I want to be respectful of this time here. So,
12 we'll go to Chair Diaz, and then I think we're go to
13 Members as well.

14 CHAIR DIAZ: Thank you. I'd like to
15 begin with asking how they do their reporting, to be
16 real sensitive, when you speak to numbers. As
17 someone that has been a victim of domestic violence
18 and has spanned my career in advocating for
19 individuals, it's somewhat offensive to me when we
20 describe data as under ten or ten or so. At the end
21 of the day, as social service providers, and it's our
22 business to assure that each case is solved
23 favorably. You know, I'm here looking at Victoria
24 Phillips (SP?) reports, and I'm sadden, I'm pissed,
25 and I'm annoyed that we have someone who probably has

2 more affluent data that what's being reported to us.
3 One case too many, is too many. Let's not forget
4 that lives are being impacted, and that's the bottom
5 line. Being incarcerated has to be amongst the most
6 difficult challenges an individual can face.
7 Separate and apart from being a woman who is not as
8 strong, I would say, physically, and to think that
9 women or anyone is being sexually abused and we have
10 a system that is callus that says it's numbers, we
11 have issues with data? To me, data means the world.
12 If it's an issue of your understaffed and that's why
13 you cannot get the data done, talk to us as a
14 Council. That is how you help us help you, but we're
15 looking for answers for 2019, I'm looking at messages
16 here from 2015, that's not okay. Not everyone is
17 incarcerated is a bad person and it also doesn't mean
18 that because you've been incarcerated you cannot make
19 it out and be productive. So, for those of you that
20 are in the comfort of this beautiful desk that I'm
21 looking at, go think of that. If you do it to serve
22 our people; I have two dear friends. One spent 17
23 years incarcerated and the other one 16 years, and
24 you would never believe the transformation that these
25 two women did with their lives. One of them had a

2 child while incarcerated. Unfortunately, I was not
3 able to get her to come in today and testify, but
4 today, she is running a non-profit and serving women
5 in need. My other good friend works with people
6 coming out of incarceration that have suffered
7 injustices and addicted. Turning these individuals
8 into mentors and leaders of tomorrow, that's what
9 it's about. No one should be shackled. This is
10 2021. Let's get it right and get it real, and anyone
11 that's incarcerated and dealing with COVID or the
12 after effects of COVID, it's real. Those of us that
13 have survived it have to fight hard, so again, those
14 of you that are overseeing and monitoring individuals
15 with special conditions, let's keep it real. Let's
16 keep it sanitized and understand that when you're
17 reporting to us, one life is one too many. I'm going
18 to go on to ask you cause I know that my colleague
19 asked wonderful questions, some that I would have
20 asked myself, and I didn't get a total satisfaction
21 with the answers, so if I'm repeating his question,
22 it's only because what you delivered to me did not
23 meet my needs. I'd like to go back into the process
24 of when you identify that a staffer has indeed
25 violated someone that's incarcerated's rights. Is

2 there after 90 days, what's your true process when
3 someone, there's an allegation against someone, and
4 if this allegation does not lead to termination, what
5 is done? Is there such training? What are we doing
6 to ensure that this individual had a sliver of
7 possible negative behavior that we're addressing it?
8 Can someone answer that first question for me?

9 SARENA TOWNSEND: I will handle that
10 question. First, I would like to say that I have
11 actually dedicated my entire life to seeking justice
12 for people who have been victimized. You may not
13 know that about me, but that is who I am. I spent 10
14 years... (crosstalk) District Attorney's office,
15 prosecuting crime, and with a specialization on sex
16 crimes prosecutions. So, I have spent my life in the
17 courtroom advocating for victims. So, thank you for
18 allowing me to address that first.

19 CHAIR DIAZ: Thank you.

20 SARENA TOWNSEND: You're welcome. Thank
21 you, and so, speaking of the allegations, I want to
22 make something very clear because when we get an
23 allegation, it doesn't mean that somebody has indeed
24 done what has been alleged, and so we have to look at
25 that. However, the simple fact of the allegation

2 causes us to respond immediately, even if it doesn't
3 end up substantiated, and so what we do immediately
4 is separate the alleged victim from the alleged
5 perpetrator immediately, and that separation order
6 stays in effect. We also immediately send the
7 allegation, if it is one alleging the criminal act to
8 the Department of Investigations to see if they want
9 to go over to invest it for a criminal prosecution.
10 If they decide not to, they refer it back to us for
11 administrative handling. That's an allegation
12 against a staff member. If there's an allegation
13 involving an incarcerated person against another
14 incarcerated person, those two people are also
15 separated immediately, and if there is any
16 inclination whatsoever from us in those early hours,
17 that this will be a substantiated case, we refer back
18 to a District Attorney immediately because that is
19 the body that has to handle the criminal prosecution
20 if it does amount to that, and so all these steps are
21 taken very, very quickly, and so I don't want any,
22 you know, and it could be my fault you misunderstood,
23 I don't want there to be any misconception out there
24 that we're taking 90 days or that we wait 90 days or
25 anything of that nature, because you're right, it is

2 a very sensitive issue, and if something did happen,
3 it needs to be addressed immediately, and I want to
4 assure and everybody that if we do substantiate
5 something like that, we have a zero tolerance policy
6 and even if it doesn't rise to the level of
7 criminality, we will take it all the way. We cannot,
8 unfortunately because of, you know due process laws,
9 we can't terminate somebody unilaterally if it's a
10 staff member, for example. We have to go through the
11 process. The process involves going to the Office of
12 Administrative Trials and Hearings seeking that
13 termination. I want to say we actually did, you
14 know, we don't have that many cases to be fair, where
15 things are substantiated to that level, but when we
16 do, we go all the way, and I'll give you an example.
17 Back in 2018, we did have a case of that nature and
18 we took that person to trial because we wanted to
19 terminate that person. Throughout the whole waiting
20 period that person was without any inmate contact, of
21 course. We took it to trial and won. However, in
22 their recommendation did not terminate. They wanted
23 to removed days from that person. We did not think
24 that was enough of a penalty, and there is an option
25 for our commissioner to override that recommendation

2 which she did, and we terminated that person, and so,
3 I use that as an example of how seriously we take
4 this. We absolutely do, and so I don't want to leave
5 this hearing with any sort of misconception on that
6 front. So, thank you for allowing me to address
7 that.

8 CHAIR DIAZ: I thank you for your detail.

9 SARENA TOWNSEND: Sure.

10 CHAIR DIAZ: I would still like to know
11 that you (inaudible) it.

12 SARENA TOWNSEND: Sure, thank you.

13 CHAIR DIAZ: I'd like to ask some
14 questions in reference to visitors and your process.
15 My understand is that there's been some issues with
16 technology. How are we, are we dealing with that?
17 Can you give me a report on how you've been able to
18 improve the conditions within the last 30 days if not
19 60 days?

20 JUDY BEALE: Sure, Council Member, so I
21 also have concerns about technology. I do want to
22 say that the Board of Correction did an audit of
23 grievances submitted related to technology, and in
24 looking at the total number of visits which, at this
25 point, are televisists which is over 40,000 since we

2 started, but (inaudible) April of last year and I
3 also want to stress that we did not have a televisit
4 process report coded hit. This Department created a
5 televisit process in two weeks and began trying new
6 ways to connect people with their loved ones during
7 this difficult time. So, of the approximately 40,000
8 visits that have occurred, I believe that there were
9 under 450 complaints related to technology. Now, I
10 understand that every single one of those people, you
11 know, certainly experienced an issue and it may have
12 kept them from their visit. I also understand that
13 the number of grievances received is not necessarily
14 the number of obligations experienced, but it is
15 roughly 1% or 2% of visitors, even accounting for the
16 fact that that is not the full number of people who
17 experienced technologic issue. In order to better
18 support visits, in the last 30 to 60 days, were
19 working on this issue. We have revamped our form.
20 So, in fact when you hit submit to submit your
21 visitor request form, it more clearly explains to you
22 how you will be contacted by the Department and when
23 you will hear about your visit. I also, I'm not sure
24 if you are aware of this, but our visit staff
25 actually call all people who have scheduled

2 televisits and makes sure to walk them through the
3 process so they understand, they should check their
4 camera, they should check, you know, their phone, so
5 that they can have a successful visit.

6 CHAIR DIAZ: Thank you for going the
7 extra mile on that, thank you.

8 JUDY BEALE: You're welcome.

9 CHAIR DIAZ: I'd like to go on to ask
10 more question about children, and you know, priority;
11 two questions in reference to visiting. One is
12 children, when a child wants to visit, does that go
13 to a priority list? That's one questions, and how
14 are we dealing with individuals that are wheelchair
15 bound?

16 JUDY BEALE: Sure.

17 CHAIR DIAZ: Are there also some
18 challenges for wheelchair bound individuals?

19 JUDY BEALE: So, in pre-COVID times, I
20 believe, and we'll be able to provide additional
21 information on this, I believe that there were
22 specific days or times where we would plan our visits
23 for children. With the televisiting process that is
24 more difficult because it is also based on our
25 internal scheduling system, the days that the family

2 is available and the days that they're requesting for
3 a visit, so it's a little more complicated, but I
4 also believe that families can schedule through the
5 Family Visitor Assistance Program.

6 ANN PENSON: (Inaudible) supportive while
7 scheduling their visits with the Visiting Family
8 Assistance Program if they're having challenges
9 scheduling their televists, yes.

10 JUDY BEALE: And regarding in-person
11 visitation and wheelchair bound individuals, we do
12 make every effort to make sure that people of kind of
13 disability are equal to access the facilities. I
14 believe we have visitor houses that are wheelchair
15 accessible or if one of those houses is not
16 immediately available, we'll work to ensure that one
17 of our fleet vehicles that is wheelchair accessible
18 can support the person and bring them from the visit
19 house to the specific facility. I also talk
20 (inaudible) I don't have more information on how we
21 support people who are in a wheelchair, but I can
22 absolutely get back to you after the hearing.

23 CHAIR DIAZ: Thank you, and I just have
24 two more questions. I'd like to go back to victims
25 and how do we deal with the after care once they've

2 gone through the process and you've validated that
3 what they reported has been legitimate?

4 SARENA TOWNSEND: So, you know, I can
5 leave that to my colleagues, but I will tell you at
6 least for our purposes in the Investigation Division,
7 if and when something like that does happen, we are
8 with them the entire way. So, for example, I
9 mentioned that we had two cases that we substantiated
10 that we sent over to the District Attorney's office
11 for prosecution. So, what we do is we do everything
12 that we can to make these individuals comfortable
13 throughout that process. I know as a former
14 prosecutor that it is very difficult to come forward
15 and especially to speak with prosecutors with the
16 intention of potentially getting on a stand and
17 testifying, and so what we do on our end, is our
18 investigator will help even with transporting, we
19 won't do the transport, but we will help facilitate
20 and make sure that the individual, if they do need to
21 go to, let's see, see a prosecutor to tell them what
22 happened, that they are in the right hands and that
23 they are held through that process, and I'm sure, I
24 can't speak for my colleagues at the District
25 Attorney's office, but I know that they always have

2 advocates present over there as well, and so, we do
3 everything that we can throughout that process to
4 give support to the alleged victim.

5 JUDY BEALE: The Department also has
6 special support, sexual assault support helplines.
7 We partner with Safe Horizon with a dedicated
8 hotline. I believe there is also a sexual assault
9 support hotline through CHS and perhaps CHS can speak
10 to their... (crosstalk).

11 CHAIR DIAZ: How does one access the
12 support hotline, meaning, I, Darma Diaz, it's 2:00 in
13 the afternoon and I feel a need to reach out to my
14 counselor. Is that something that I can just have
15 conversation and request it?

16 JUDY BEALE: So, during all teletime,
17 which internal population is working on today, people
18 have access to teleconference during that entire
19 time. The sexual assault hotline is posted
20 throughout the facility, and I believe coordinators
21 will also provide pamphlets to individuals in meeting
22 with them so that they have the information on how to
23 access both the Safe Horizon hotline and the CHS
24 hotline.

2 CHAIR DIAZ: Thank you. I'm going to
3 turn it over to my colleagues, and I'll go for a
4 second round of questions once my colleagues have
5 presented their questions. Thank you.

6 COMMITTEE COUNSEL AGATHA MAVROPOULOS: I
7 will... (crosstalk).

8 CHAIR POWERS: Thank you... (crosstalk).
9 Go ahead.

10 COMMITTEE COUNSEL AGATHA MAVROPOULOS: I
11 will now call on Council Members in the order they
12 have used this Zoom raise hand function. If you
13 would like to ask a question and you've not yet used
14 the Zoom raise hand function, please do so now.
15 Council Members, please keep your questions to five
16 minutes. The Sergeant at Arms will keep a timer and
17 will let you know when your time is up. You should
18 begin once I have called on you and the Sergeant has
19 announced that you may begin. First, we'll hear from
20 Council Member Holden, followed by Council Member
21 Rosenthal.

22 SGT. MARTINEZ: Time begins.

23 CM HOLDEN: Thank you everyone. I'm
24 sorry I had to jump off to another hearing, but what
25 percentage of detainees have been vaccinated?

2 DR. COLLEEN VESSELL: Hi, good morning.
3 So, as of right now, we're just under 50% of women
4 have been vaccinated.

5 CM HOLDEN: So, just under 50%.

6 DR. COLLEEN VESSELL: Of women, yes.

7 CM HOLDEN: Now, why only 50%? Is that
8 because it wasn't available, the vaccines?

9 DR. COLLEEN VESSELL: Well, actually, I
10 mean, I would.. (crosstalk). I'm sorry, sir, go
11 ahead.

12 CM HOLDEN: Or was it just that the
13 detainee just refused to take it, to get it?

14 DR. COLLEEN VESSELL: Well, I'd say,
15 actually compared to the community, I think we're
16 doing pretty well, even above, you know, the
17 community vaccination rate. We actually, CHS pretty
18 early, advocated with the State to be able to
19 vaccinate patient who otherwise meet State criteria.
20 As I'm sure you're aware, initially, people in
21 custody were left out of the high-risk group, but
22 being able to vaccinate people in accordance to State
23 guidelines, we were able to start pretty early, so we
24 started in January vaccinating our highest risk
25 patients, and as the State criteria opened up, we

2 continued to vaccinate from there. So, at this
3 point, we've actually, as I mentioned, reached about
4 half of women. We have done a lot of outreach
5 efforts like this includes (inaudible) to getting
6 vaccinated, so we've gone to the housing areas,
7 provided education, additionally even vaccinating in
8 the housing areas. We've opened up a call line where
9 people can call and say that they would like to get
10 vaccination, and we'll put them on the schedule.
11 We've set up kind of like a pseudo-mass vaccination
12 site once a week where we can call people down as
13 they want them to come to get vaccinated, and for
14 every person that was in custody, we've actually
15 scheduled a one-on-one appointment to be able to
16 discuss the pros and cons of vaccination with a
17 provider, and so all those things together have led
18 to actually the highest vaccination rate of any
19 building on the island.

20 CM HOLDEN: Alright, when was the last
21 time family members, especially children were allowed
22 to visit their mothers?

23 JUDY BEALE: So, visitation has been
24 paused since mid-March 2020, but we stood up, as I
25 mentioned, the televisit system by early April 2020,

2 so family members have continued to visit their
3 incarcerated loved ones through that system.

4 CM HOLDEN: I'm sorry, I missed that. I
5 couldn't hear.

6 JUDY BEALE: Sure, in-person visitation
7 was paused in mid-March 2020 in line with, you know,
8 the height of the COVID-19 pandemic.

9 CM HOLDEN: Yeah, I got that part. I
10 just missed that little second part you said.

11 JUDY BEALE: So, as mentioned, within
12 about two weeks, we stood up a televisit system, as I
13 described and so, family members and children have
14 continued to be able to visit their incarcerated
15 loved ones through the televists.

16 CM HOLDEN: So, what's the plan now to
17 have in-person visits? When is that going to happen?

18 JUDY BEALE: I don't have a definitive
19 date to share with you today, but we have been
20 working very closely with our health partners and
21 city partners across the city over the past year,
22 setting up and getting running for return to in-
23 person visitation, but you know, we are
24 unfortunately, still in the pandemic, but are
25 carefully looking at citywide markers and look

2 forward to bringing back in-person visitation as soon
3 as it's safe to do so, which we anticipate, which we
4 hope will be, you know, in the near future.

5 CM HOLDEN: You know, I think there's got
6 to be some more urgency to that because nursing homes
7 have opened up, and that's even a higher risk
8 population, yet our jails haven't? There seems to
9 be, you know, if you haven't seen your mother or held
10 your child's hand for over a year, that's, and
11 there's no plan to reopen yet, I mean, you should
12 have opened up a month ago, especially if the
13 person's been vaccinated. That's a way to get more
14 detainees vaccinated, by saying if you get
15 vaccinated, we can start family visits, so that's a
16 way to urge some of the detainees, possibly, I'm not
17 saying you have to, but I think that's one way, but I
18 think that at this point, if you have almost 50% of
19 detainees vaccinated, allow them to see their
20 families, and do it right now. No, yes?

21 JUDY BEALE: I really do appreciate your
22 thoughts on this, and we agree that it is important
23 to bring back family visitation as soon as it's safe
24 to do so. As I stated ... (crosstalk).

2 CM HOLDEN: Would you say that nursing
3 homes are a higher risk for infection of the virus
4 than jails?

5 JUDY BEALE: So, I am not a public health
6 expert, so I can't ... (crosstalk).

7 CM HOLDEN: I would that, I would say
8 with the stats it is, and yet, the State allowed the
9 nursing homes to have visits. I visited my mom over
10 a month ago, who I haven't seen, held her hand in
11 over a year, but they allowed me a month ago to
12 visit, and I think the children whose mothers are
13 incarcerated should have, you know, the same right to
14 do that and be allowed to do that, so I wouldn't
15 hesitate any longer. What's holding things up? The
16 pandemic? Yes, the pandemic, but other institutions
17 have opened up, the jail should open up, and it could
18 even be, you know, I mean, if you have to, especially
19 if they were vaccinated ... (crosstalk).

20 SGT. MARTINEZ: Time expired.

21 CM HOLDEN: But alright, thank you, thank
22 you Chairs.

23 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
24 Next, we will hear from Council Member Rosenthal.

2 CM ROSENTHAL: Thank you so much. I
3 really appreciate it. I really appreciate the
4 questions from my colleagues. I have a number of
5 questions, but I just want to say to people, I am
6 watching the erase board that Dr. Victoria Phillips
7 is putting up in the scene and it's incredibly
8 helpful. If she would like to reach out to be
9 directly now, my email address is
10 helen@helenrosenthal.com. I'd like very much to be
11 talking to her, so I'd appreciate that, if she could
12 include her cell number. So, we've been talking a
13 lot, and I've heard the, I've heard you talk about
14 the very serious policy around sexual abuse, and you
15 know, zero tolerance policy, and you know, the proof
16 is always in the pudding on that. So, I'm just
17 wondering in the last number of years, you can pick
18 the number, one year, two years, five years, how many
19 cases against the DOC officer for sexual abuse,
20 assault, have been substantiated?

21 SARENA TOWNSEND: So, thank you for your
22 question. Most of our substantiations are against
23 incarcerated persons who have sexually assaulted or
24 abused other incarcerated persons. We have had a
25 couple of sex abuse or actually sexual misconduct

2 cases against staff member. I will tell you that
3 even when we substantiate a case against an
4 incarcerated person, if there was staff misconduct
5 involved, we take that seriously too, meaning was the
6 staff not paying enough attention, and that's what
7 allowed this to happen. So, I'll give you an
8 example. We actually just, as I mentioned, in order
9 to terminate somebody, we have a lengthy process that
10 we have to go ... (crosstalk).

11 CM ROSENTHAL: With all due respect, I
12 really heard of this. I really did, and I'm on a
13 clock, so if you could just start, and I appreciate
14 the color, I really do, the details, but let's start
15 with the first question. Just a number. How many
16 DOC officers have had substantiated cases for abuse,
17 misconduct, assault, you tell me the categories, but
18 just numbers. Let's start with that, and then we'll
19 get into the color of it.

20 SARENA TOWNSEND: Sure, I don't want to
21 miss speak. I want to get you the accurate number
22 that you're looking for you ... (crosstalk).

23 CM ROSENTHAL: In this hearing, it's an ...
24 (crosstalk). So, I would imagine you either have the
25 answers in your hands right now, but given that this

2 is the topic of the hearing, I'm happy to circle back
3 in 10 minutes and perhaps someone on your staff can
4 get the answers to these questions, so, let's just
5 start with number, and then I promise you ...

6 SARENA TOWNSEND: Sure.

7 CM ROSENTHAL: We're going to get into
8 detail.

9 SARENA TOWNSEND: Okay, I can tell you
10 that in 2019, we substantiated two cases against
11 staff for sexual misconduct. That was, meaning not
12 sexual harassment cause I think you're asking about
13 sexual abuse at this point. In 2020, we had zero,
14 and in 2021, thus far, we have zero.

15 CM ROSENTHAL: And what happened in the
16 two cases against the officers?

17 SARENA TOWNSEND: Unfortunately, because
18 it's still pending, I cannot speak to the details.

19 CM ROSENTHAL: So, in 2019, I guess, two
20 years ago, and I guess I don't know when the case
21 happened, it was substantiated in 2019, so I don't
22 know when the alleged abuse happened, within the
23 prior year, within the prior two years, do you know?

24 SARENA TOWNSEND: This is referring to
25 incidents that occurred in 2019.

2 CM ROSENTHAL: Okay, they were
3 substantiated, and now two years later, we don't know
4 what's happening with those officers. Since the
5 cases were substantiated, have they been put on
6 modified duty?

7 SARENA TOWNSEND: Yes, ma'am.

8 CM ROSENTHAL: And ... (crosstalk) that
9 duty.

10 SARENA TOWNSEND: It is a no-inmate
11 contact post that they would be put on, yes.

12 CM ROSENTHAL: So, those two individuals
13 have been put on no-inmate contact posts?

14 SARENA TOWNSEND: Yes.

15 CM ROSENTHAL: Okay, and how many cases
16 during that same period of time were unsubstantiated,
17 not unfounded, but unsubstantiated?

18 SARENA TOWNSEND: Just one moment, I
19 should have that. You know what? I don' have it in
20 front of me at this time. I can get you that
21 information. I know we're on the clock. I can get
22 it to you. The vast majority are unsubstantiated
23 and/or unfounded.

24 CM ROSENTHAL: Yeah, I noticed that, and
25 that's exactly what I want to ask about. What do you

2 think is going on there? I mean, look, I know I'm
3 sitting and asking from privileged position, I don't
4 go into Riker's every day. I don't work there. I'm
5 not an inmate, so I appreciate that, and I'm asking
6 this question without seriously all due respect, but
7 what do you think about the fact that, I mean, the
8 number is around 500 or more, are unsubstantiated or
9 unfounded, what are your thoughts about that?

10 SARENA TOWNSEND: Well, the cases that
11 are unfounded are cases that we are able to actually
12 prove but with concrete evidence that they did not
13 happen. Cases that are unsubstantiated technically
14 that means that there's not enough evidence to prove
15 that it did happen by preponderance of evidence.
16 There are situations where we have reporting concerns
17 with individuals. We have, for example, just in the
18 last period that we collected data on, the last six
19 months of 2020, just five inmates were responsible
20 for reporting 36% of the Department staff on
21 incarcerated person allegations, and a total of 10
22 inmates if you take the next five, and including the
23 10 who are responsible for recording 45% of the
24 allegations, and so we do have sometimes situations
25 where individuals may be reporting and reporting over

2 and over and over and over again, and we of course,
3 we have to take every single one of those allegations
4 seriously, which we do, and we respond to every
5 single one of those allegations like I had described
6 earlier, immediately, separating ... (crosstalk).

7 CM ROSENTHAL: Do you think for those
8 allegations, would it be possible for those
9 individuals to be connected with someone at Safe
10 Horizon? Yeah, an advocate who can help them think
11 through what's going on?

12 SARENA TOWNSEND: Yes, yes.

13 CM ROSENTHAL: And are they?

14 SARENA TOWNSEND: So, when we go down to
15 do our investigation initially, we make sure that we
16 do give them the Hope for Healing pamphlet, mental
17 health, ministerial services, things of that nature.
18 That does include the phone number to Safe Horizon.

19 CM ROSENTHAL: And are they given any
20 privacy when they make those calls?

21 SARENA TOWNSEND: I would have to defer
22 to my colleagues on that. I will tell you that they
23 are given privacy when we interview them, we make
24 sure to do so in a confidential setting ...
25 (crosstalk).

2 CM ROSENTHAL: No, no, I mean privacy
3 when they reach out to Safe Horizons or another
4 advocate?

5 SARENA TOWNSEND: So, would have to, we
6 have to look into that, and we'll get back to you
7 Council Member. The phones are generally in a more
8 open area of the housing unit, but I can't speak to
9 any sort of individual case where somebody may
10 request an opportunity to have a little more privacy,
11 but we do certainly speak and talk to some of the
12 program counselors and get back to you.

13 CM ROSENTHAL: So, someone's make an
14 allegation that is an incredibly intense, traumatic
15 allegation. I mean, you've heard the passion in
16 Chair Diaz's voice, and you're saying that in order
17 for that person to handle that trauma, they're not
18 given any privacy to talk to a therapist or they're
19 not given any space to figure out how to handle it
20 with an advocate? I mean, this is some pretty basic
21 stuff that we talk about all the time with the DV or
22 sexual assault, sexual abuse with the NYPD, just the
23 absolute critical importance of putting folks in
24 touch with somebody who knows how to, you know, speak
25 with someone in a meaningful way. I mean, let's just

2 set the stage, there is no opportunity for that, and
3 that's okay, that's the answer, then maybe we need to
4 make that happen, but I just want to know what the
5 answer is.

6 DEB RIVERA: If I may, good morning, and
7 if I'm understand your question correctly, if an
8 individual, a woman is asking to speak to someone in
9 a private manner in regards to this serious type of
10 allegation, we do afford them the opportunity to
11 speak to somebody in social services in order for
12 them to speak to a counselor and give them an
13 opportunity in a safe, private space ... (crosstalk).

14 CM ROSENTHAL: I'm asking about an
15 advocate at Safe Horizons, right, so this is a
16 thoroughly bedded non-profit that you all have
17 contracts with.

18 SARENA TOWNSEND: Yes.

19 CM ROSENTHAL: I'm wondering so somebody
20 could speak with them?

21 DEB RIVERA: Even if the request was made
22 to speak with somebody at Safe Horizon, we would make
23 sure that the individual is given the opportunity to
24 do so in a private area.

2 CM ROSENTHAL: Oh, so, you're saying that
3 everyone who makes an allegation, they get the
4 material from you, and then they can say, "I would
5 like to speak with an advocate"?

6 DEB RIVERA: They do have the opportunity
7 ... (crosstalk).

8 CM ROSENTHAL: I'm curious, how many
9 people who make allegations take you up on that
10 offer?

11 DEB RIVERA: I don't have those numbers.

12 CM ROSENTHAL: Does anyone?

13 DEB RIVERA: I don't have the numbers.

14 CM ROSENTHAL: No, does anyone take up on
15 the offer?

16 DEB RIVERA: Oh.

17 CM ROSENTHAL: Has anyone seen anyone
18 have a private conversation if given the
19 opportunity to have a private conversation with an
20 advocate?

21 DR. COLLEEN VESSELL: Oh, excuse me, this
22 is Dr. Vessell, may I step in a for a moment?

23 CM ROSENTHAL: Please.

24 DR. COLLEEN VESSELL: Hi, sorry, I can't
25 speak to Safe Horizon, but I can say that we do get a

2 fair amount of referrals for mental health, so
3 patients might not call on the phone or speak with
4 new people at an outside agency, but I would say it's
5 fairly common for a patient to speak with their
6 mental health provider and dispose it to them, and
7 then they'll share it with us.

8 CM ROSENTHAL: Yeah, I'm not talking
9 about a mental health provider. I'm talking about an
10 advocate at Safe Horizons ... (crosstalk).

11 DR. ZACH ROSNER: And I'm sorry, this is,
12 I'm sorry, it's Dr. Rosner.

13 CM ROSENTHAL: Okay.

14 DR. ZACH ROSNER: Correctional services
15 also has a sexual assault and abuse advocacy program,
16 SAA which has counselors who meet with anyone who
17 reports through the health services and also helps
18 connect with resources in the community.

19 CM ROSENTHAL: Private practice?

20 DR. ZACH ROSNER: I mean, the SAA team
21 are a group of advocates who work with correctional
22 health and then they have community partners as well
23 ... (crosstalk).

24 CM ROSENTHAL: And do they meet privately
25 with the ... (crosstalk).

2 DR. ZACH ROSNER: Yes.

3 CM ROSENTHAL: Uh-huh.

4 DR. ZACH ROSNER: Yes.

5 CM ROSENTHAL: How many meetings, can you
6 help correlate the number of those meetings to the
7 number of assault allegations?

8 DR. ZACH ROSNER: We can get the numbers
9 for the sexual assault advocacy program and provide
10 the number of visits to you, yeah.

11 DR. COLLEEN VESSELL: But I will say we
12 also, when we see patients in clinic after making an
13 allegation, we refer all patients to SAA,
14 additionally, they're proactive, so they look through
15 the medical chart for anyone that's reported anything
16 to us, they'll actually schedule a time to meet with
17 them privately.

18 CM ROSENTHAL: So, I'm hearing from
19 people in the system or who are very familiar with
20 people in the system, as I said, I'm not there,
21 you're there every day, so, I'm counting on others
22 for facts that in fact, the calls are not private.
23 They have to talk on the phones in their unit, but
24 they're not taken to a social service area when

25

2 requested, and that mental health on average, is on a
3 28-day schedule?

4 ANNE PENSON: Council Member, if I may.

5 CM ROSENTHAL: And so even after an
6 assault, they might not see someone for 28 days.

7 ANNE PENSON: Council Member Rosenthal,
8 if I may, if in fact, someone does want to see a DOC
9 counselor, they can request to do so, and a DOC
10 counselor can assist with making a phone call in a
11 private setting, if that is needed, if that is
12 requested.

13 DR. ZACH ROSNER: And just on the mental
14 health side of things, whenever an allegation is
15 brought to the health services, patients are seen as
16 a staff (inaudible) mental health service offers
17 counseling immediately.

18 CM ROSENTHAL: Yeah, I know what STAT
19 means. I'm looking at a 28-day schedule.

20 DR. ZACH ROSNER: Yeah, the 28-day
21 number, I think, probably comes from some of the
22 routine mental health services, but that's very
23 different than counseling after an allegation, that's
24 very different, yeah.

2 CM ROSENTHAL: So, I'm seeing, and I know
3 it's true, and I think, I'm hoping the public can
4 hear this that there's a real disconnect between, you
5 know, I feel like the answers, you're trying to
6 answer my question with a rosy picture, but you're
7 sort of interchanging well, if they're with the DOC,
8 they can talk to a DOC officer that's not a mental
9 health professional. They can talk to a mental
10 health professional whenever and may or may not be in
11 private situations. Here's the point, and you should
12 really, if this were happening correctly, because
13 I've been at hearings or I've been in situations
14 where it's happening sort of correctly, then you know
15 these many people have reached out, these many people
16 were connected to a private conversation with a
17 advocate at Safe Horizons, somebody who is not in any
18 way affiliated with the system that is, you know,
19 truly not wanting to be exposed for any problem,
20 right, and that would be that, but I'm not hearing
21 that answer. There's no way that, I mean really just
22 common sense, and again, I'm not in the system, but
23 there's no way, and we've talked about this at
24 hearings before that the health provider is of
25 paramount importance compared to the mission of

2 corrections which is to keep people in corrections,
3 so you know, the, you know, just in the scale of
4 things, health is here, corrections is here, and I'm
5 just describing, I'm not making a statement or
6 anything, I'm just describing reality, so given that,
7 and now you have an inmate down here who has had a
8 traumatic experience and is trying to report it,
9 anything within that system is not safe. The only
10 thing that is safe is calling somebody outside the
11 system on a private line or talking to someone from
12 an advocate. It sounds like you have a contract with
13 Safe Horizon, so you could have a room that is
14 private where the person could talk with the Safe
15 Horizon's advocate, then we know that we're getting
16 an unbiased answer about what's happening, I mean,
17 just by definition, no, anything within the system.

18 JUDY BEALE: So, Council Member, if I
19 may, I just want to, I really do appreciate what
20 you're saying. I want to clarify what Director
21 Penson was speaking about and then sort of come back
22 to your point, I don't think that anybody here is
23 saying that speaking to a DOC counselor is the same
24 as a trained advocate. What I understood her to be
25 saying is that if somebody came to a DOC program

2 counselor that I want to speak in a private space,
3 that the program counselor would help bring them to
4 that space, but I ... (crosstalk).

5 CM ROSENTHAL: How many people have done
6 that?

7 JUDY BEALE: Well, I think you're
8 pointing to is perhaps the need for the Department to
9 more clearly make that availability known to people ...
10 (crosstalk).

11 CM ROSENTHAL: Because the answer is no
12 one has done or very few people (crosstalk), I mean,
13 I'm insinuating if your answer is Oh, we have to do
14 that more clearly, that means very few people are
15 doing it now (crosstalk), and going forward, more
16 people will get that service.

17 SARENA TOWNSEND: If I could just add, I
18 just wanted to also mention because I also appreciate
19 your concern, I absolutely do. I do want to make it
20 clear that if there is an incarcerated person who
21 does make an allegation of sexual assault and that
22 incarcerated person does go to medical, then Health
23 and Hospitals has a sexual assault advocate that we
24 contact in order to line that person up to provide
25 that service, so I do want to put that out there as

2 well, and I also want to say that I think tracking
3 purposes for people who take advantage, people in
4 custody who take advantage of Safe Horizon, I think
5 it might be beneficial because we don't necessarily
6 know, since it's confidential, if they do avail
7 themselves to Safe Horizons ... (crosstalk).

8 CM ROSENTHAL: Time out (crosstalk),
9 again, you're painting a very rosy picture that is
10 really not collaborated by those in the system. So,
11 I want to make that clear to the public, that I'm
12 being flooded with text saying this is just flat out
13 not true, and I mean, saying that you could never
14 know the number because of privacy, of course you can
15 know the aggregate number. I mean, let's not, you
16 know ... (crosstalk).

17 SARENA TOWNSEND: No, they're not
18 required to tell us that, so Safe Horizons ...
19 (crosstalk).

20 CM ROSENTHAL: You could know. Over the
21 past year, we've gotten ten private conversations.
22 Anyway, let me ask, what languages, if people, when
23 you start this new service of giving people an
24 opportunity to talk with a Safe Horizons counselor,
25 what languages would you put that information in?

2 DANELLE BLACKS: We have a language
3 access plan and policy that we're developing and so,
4 at this time, I believe it's MOYA requires that any
5 important, regular announcements be printed in 10
6 different languages, and I would have to provide the
7 list to you later of what those 10, I can't remember
8 them all, so, we adhere to the language access plan.

9 CM ROSENTHAL: If someone were to claim
10 they had been raped within the last 24 hours, how
11 quickly do they get to a hospital for a rape kit?

12 DR. COLLEEN VESSELL: Hi, this is Dr.
13 Vessell. They would be evaluated by our medical
14 service, and they would go immediately.

15 CM ROSENTHAL: How many times has that
16 happened in each calendar year?

17 DR. COLLEEN VESSELL: I'd have to get
18 exact numbers for you ... (crosstalk).

19 CM ROSENTHAL: And that could include,
20 obviously, both, you know, whoever the perpetrator
21 is.

22 DR. COLLEEN VESSELL: Yeah, I will get
23 those numbers for you ... (crosstalk).

24 CM ROSENTHAL: (Inaudible). That's okay,
25 rounding is fine by me.

2 DR. COLLEEN VESSELL: Okay, so just off
3 the top of my head ... (crosstalk).

4 CM ROSENTHAL: (Inaudible) ... (crosstalk).

5 DR. COLLEEN VESSELL: I would say off the
6 top of my head that it probably happens, let say,
7 once a year.

8 CM ROSENTHAL: Once a year.

9 DR. COLLEEN VESSELL: Yeah.

10 CM ROSENTHAL: Somebody comes forward,
11 says they've been raped, and you send them off for a
12 rape kit?

13 DR. ZACH ROSNER: Just to clarify that
14 specifically, within the women's facility, the
15 numbers for the system is a whole, or are certainly
16 different.

17 DR. COLLEEN VESSELL: Yeah.

18 CM ROSENTHAL: How often does anybody in
19 the system go to get a rape kit?

20 DR. COLLEEN VESSELL: Each person who
21 makes an allegation is seen by the medical service
22 and so we, you know, ask them the nature of what
23 occurred and if there was any, if it is appropriate,
24 such as there was any physical penetration, then the

2 person would go to the emergency room to get a rape
3 kit.

4 CM ROSENTHAL: And about how many have
5 done so?

6 DR. ZACH ROSENTHAL: In the whole system,
7 we'll have to get you that number and follow up.

8 DR. COLLEEN VESSELL: But like I said,
9 regarding for Rose M. Singer, it's on the order of
10 one to two, you know, a year.

11 CM ROSENTHAL: One to two a year ...
12 (crosstalk).

13 DR. COLLEEN VESSELL: (Inaudible).

14 CM ROSENTHAL: And for those cases that
15 go to get a rape kit, how many come back positive
16 that they've been raped?

17 DR. ZACH ROSNER: The process at the
18 hospital is the same as it would be in any emergency
19 room where there are, you know, safe and sane trained
20 emergency room staff who perform the kit. Once any
21 forensic examination is undertaken at a hospital, it,
22 it, it is totally out of the hands of Correctional
23 Health Services. It goes through the same chain of
24 custody and sending referrals for forensic
25 investigation and to police if indicated that any

2 hospital process would undertake. So, we don't, we ...
3 (crosstalk).

4 CM ROSENTHAL: So, got it. So, DOC and
5 DOC Health as a system is, is flying blind when it
6 comes to knowing how many people have documented rape
7 cases in the system.

8 DR. ZACH ROSNER: But I'm just speaking
9 to Correctional Health Services because we are an
10 independent clinical service.

11 CM ROSENTHAL: Sure, sure.

12 DR. ZACH ROSNER: So, we don't, we don't,
13 I was unable to answer you question about how many
14 come back positive because that's ultimately a
15 determination by police and a security agency, so I
16 was just explaining that we are a clinical service,
17 and we make sure we get people to the right place to
18 be able to have those forensic kits.

19 CM ROSENTHAL: Anyone at DOC know how
20 many of those forensic kits come back positive a
21 year?

22 SARENA TOWNSEND: I'll tell that in this
23 year, we had two cases where we referred to the
24 District Attorney's office that are sexual assault
25 cases, an incarcerated person was the alleged victim

2 and the alleged perpetrator was also an incarcerated
3 person and I believe that both of those alleged
4 victims did go to get a sexual assault kit done and
5 those cases have now been referred to the District
6 Attorney's office immediately, and I believe that
7 they, I don't want to speak for them, but I believe
8 that there is a criminal prosecution moving forward
9 on both cases.

10 CM ROSENTHAL: And so, what have you done
11 to protect those who are raped?

12 SARENA TOWNSEND: So, the alleged
13 incarcerated person who was the alleged perpetrator
14 has been separated from the other individual and we,
15 of course, rely on our partners in the facility to
16 manage the separation. We, of course, after that,
17 have to look, at least the Investigation Division,
18 where we just oversee staff misconduct, we have to
19 also make sure that if there was any staff
20 involvement in those incident, meaning any negligence
21 on their part, that they are also held accountable,
22 and so we have to manage that situation as well, but
23 for these two cases that I'm referring to, both of
24 those cases were an incarcerated person as the
25 alleged perpetrator in that situation.

2 CM ROSENTHAL: With no staff involvement?

3 SARENA TOWNSEND: No, there was staff
4 involvement to the extent that we believe that there
5 could have been better oversight in the jail, yes,
6 there is going to be administrative charges filed
7 against those staff members, yes.

8 CM ROSENTHAL: How long is the process
9 taking from when it happened to now?

10 SARENA TOWNSEND: So, we expedite that
11 kind of case, obviously, the criminal portion to an
12 external agency to prosecute criminally and then
13 internally, we take as many measures as possible to
14 expedite charges and move forward with the oath
15 trial. There is a process, a due process rights
16 given to staff where, like I have mentioned before,
17 we can't unilaterally terminate any individual. What
18 we can do is separate them from other inmates and
19 serve them with their charges and go through this due
20 process which involved discovery sharing and trial
21 dates that are set, and then prosecuting them
22 internally for administrative charges at trial, and
23 so that's what we do in these kinds of situations.

24 CM ROSENTHAL: In the past five years,
25 have any staff been terminated regarding this issue?

2 SARENA TOWNSEND: Yes. In fact, there
3 was a recent situation where, in lieu of going to
4 trial, there is a staff member that we had charged
5 decided to resign.

6 CM ROSENTHAL: So, that, I mean, just so
7 you know, people are apoplectic hearing that answer.
8 I remember hearing that answer at our last hearing as
9 well, that somebody be allowed to resign when they've
10 been charged with and found guilty of a serious
11 crime, but let's see, is there anyone besides that
12 person?

13 SARENA TOWNSEND: Well, just to clarify,
14 this person was not charged with a crime. If
15 somebody's charged and convicted of a crime, that is
16 the only way that we are allowed to unilaterally
17 terminate ... (crosstalk).

18 CM ROSENTHAL: Has anyone been charged
19 and convicted of a crime?

20 SARENA TOWNSEND: No. Not in the past,
21 not a staff member, not in the past few years ...
22 (crossalk).

23 CM ROSENTHAL: Do you personally feel
24 that that's an accurate reflection of reality. I
25 guess that question is also for the health services

2 folks. That's alright, you don't, I know this is all
3 legal stuff. I'm wondering about specialized
4 training for DOC staff at Rose, particularly for the
5 incoming class. Have you made any changes to the
6 training in the sense that maybe advocates,
7 informally incarcerated women are consulted and the
8 training, or the definition of the job description
9 itself ... (crosstalk).

10 ANNE PENSON: Well ... (crosstalk).

11 CM ROSENTHAL: Yep.

12 ANNE PENSON: We are currently working
13 with the MOSS Group to develop a gender-responsive
14 training that all staff will ... (crosstalk).

15 CM ROSENTHAL: What's it called?

16 ANNE PENSON: We're working with the MOSS
17 Group on ... (crosstalk).

18 CM ROSENTHAL: M-O-S-S?

19 ANNE PENSON: Yes, the MOSS Group.

20 CM ROSENTHAL: Okay.

21 ANNE PENSON: A gender-responsive
22 training that all staff will be required to take to
23 help give them an understanding of the unique needs
24 of women and how we can best support them.

2 CM ROSENTHAL: Okay, and so you're not
3 taking into account anyone whose been through the
4 system or New York City advocates?

5 ANNE PENSON: I'm sorry.

6 CM ROSENTHAL: I'm just looking at the
7 MOSS Group online, just doing a quick search, and
8 what I'm asking is have you considered, or will there
9 be any New York City advocates or people who have
10 been incarcerated at Rose to be part of that
11 training?

12 JUDY BEALE: I think the training is
13 still in development. As I understand it, we have
14 not finalized any curriculum, we have not finalized
15 the training, the contracts of the training, and so I
16 think those are all things that we can consider as we
17 move forward.

18 CM ROSENTHAL: So, just for public
19 clarification, I training that I sat in on at
20 Riker's, it was a PREA, I'm sure Council Member
21 Powers can correct me, but I'm sure, I'm pretty sure
22 it was a PREA training by an outside group, that I
23 don't know if you're working with anymore, I have to
24 say the training was less than good, and could have
25 really benefited from somebody with experience in the

2 New York City jail system. So, what criteria did you
3 use to choose this group?

4 JUDY BEALE: So, the MOSS Group was
5 actually influential in the creation of the PREA
6 standards themselves.

7 CM ROSENTHAL: Do they know anything
8 about the New York City jail system?

9 JUDY BEALE: They do. They work closely
10 with the Department, and they ... (crosstalk).

11 CM ROSENTHAL: So, you've hired them
12 before?

13 JUDY BEALE: We've worked with them
14 before and they, as I had mentioned, were influential
15 in the creation of the Federal PREA standard.

16 CM ROSENTHAL: And so, how long have you
17 worked with them? So, this isn't a new contact.
18 This is the usual contract you have?

19 JUDY BEALE: So, I certainly cannot speak
20 to that. We can follow up with more information
21 about the duration of this contract or the specific ...
22 (crosstalk).

23 CM ROSENTHAL: Have they ever given the
24 PREA training at any DOC facility before?

25 JUDY BEALE: I'm sorry?

2 ANNE PENSON: Have they ever given a PREA
3 training in any Riker's facility?

4 JUDY BEALE: Well, our trainers provide
5 the training.

6 CM ROSENTHAL: I'm sorry, I don't know if
7 anyone else is having trouble following the answers.
8 I feel like they're very fluid. I'm just asking you,
9 I don't know how to say this more clearly. Have you
10 hired this consultant before or no?

11 JUDY BEALE: We've worked with the
12 consultant over; I believe several years on a variety
13 of products.

14 CM ROSENTHAL: Have there been projects
15 other than PREA?

16 JUDY BEALE: Again, I am not able to
17 speak to that, but I'm happy to, we can follow up
18 with additional information offline.

19 CM ROSENTHAL: Have these trainers ever
20 met with people formally incarcerated people at DOC?
21 Yes or no.

22 JUDY BEALE: Well again, I, they have,
23 they are national experts in PREA. They have been to
24 this facility, they have spoken ... (crosstalk).

2 CM ROSENTHAL: So, the answer is no. So,
3 they've never met privately, let's just be clear. I
4 hear the rosy answer you're giving, but just to be
5 clear, and I'll say it to the public, and you can
6 tell me it's true or not true that the group that DOC
7 has hired to do the PREA training has never met
8 privately with any advocates or people who have been
9 through the DOC system?

10 JUDY BEALE: No, they have absolutely
11 spoken to people in custody, and they speak to people
12 in custody all the time prior to ... (crosstalk).

13 CM ROSENTHAL: Privately?

14 JUDY BEALE: I, I can't speak to ...
15 (crosstalk).

16 CM ROSENTHAL: Do you understand the
17 importance of the difference between privately and
18 just sort of when everyone else is around?

19 JUDY BEALE: So, they speak, so they
20 speak to people in custody when they do audits. They
21 speak to people in custody, they speak to our staff,
22 they have trained our staff, they have met with
23 advocates.

24 ANNE PENSON: And they are nationally
25 known.

2 JUDY BEALE: And they are nationally known
3 for their work and being experts in this particular
4 area.

5 CM ROSENTHAL: Have they ever been,
6 have those individuals ever been directly impacted by
7 a DOC experience?

8 JUDY BEALE: They speak to people who are
9 currently in our custody, so, I would say the answer
10 to that is yes.

11 CM ROSENTHAL: Have they ever spoken to
12 them privately?

13 JUDY BEALE: I don't know their method of
14 meeting with people in custody.

15 CM ROSENTHAL: Would they be allowed to?

16 ANNE PENSON: Yes.

17 JUDY BEALE: Yes.

18 CM ROSENTHAL: Have you ever offered them
19 that opportunity?

20 ANNE PENSON: Say yes, they have...

21 (crosstalk).

22 JUDY BEALE: They have done that, yes.

23 CM ROSENTHAL: Now, they've done it,
24 okay, so they have met privately, or they have, okay,
25 so, I other people shaking their head too, I'm not

2 the only one confused. I think, yeah, I think, yeah,
3 you have to document that in some way. Is MOSS group
4 here to answer questions given that their the PREA
5 consultants and they're the, that's the topic of the
6 hearing?

7 JUDY BEALE: So, we don't generally have
8 consultants speak.

9 ANNE PENSON: (Inaudible).

10 JUDY BEALE: Okay, we don't, we ...
11 (crosstalk).

12 CM ROSENTHAL: So, you don't ...
13 (crosstalk).

14 JUDY BEALE: We ... (crosstalk).

15 CM ROSENTHAL: You don't.

16 JUDY BEALE: We, the Department of
17 Corrections is here to speak, and I do want to
18 clarify again, that they do meet with people in
19 custody privately. They have met with advocates, and
20 they meet with our staff and train our staff. I just
21 want to be very clear at this point.

22 CM ROSENTHAL: Right, and I want to be
23 very clear that that's a very different answer than I
24 got five minutes ago, and ...

2 JUDY BEALE: And that is true because I
3 am not the expert. I personally am not an expert in
4 the work with the MOSS Group, but as we were talking
5 I'm getting additional information from people who
6 are, and so I don't want to mis-speak or mis-
7 represent the work of, especially an external partner
8 on behalf of the agency in a public meeting, but I
9 have received additional information and can confirm
10 to you that they meet with people in custody in
11 private settings, they meet with our staff ...
12 (crosstalk).

13 CM ROSENTHAL: And by private settings,
14 you mean with no camera or microphone in the room?

15 JUDY BEALE: So, we are, we don't have
16 microphones in our facilities. I don't think that it
17 would, and again I would refer to DOC, but I don't
18 think it would advisable to have people in custody in
19 space with no camera.

20 CM ROSENTHAL: That's okay. I'm getting
21 texts saying that the meetings take place in a room
22 with cameras.

23 JUDY BEALE: And that is, you know,
24 certainly, for the safety of people in custody as
25 well. So, I again want to be very clear about the

2 work of the MOSS Group includes specific meetings
3 with people in custody with our staff and without the
4 kits.

5 CM ROSENTHAL: I'm seeing here that
6 clergy are allowed to do follow up, but clergy are
7 not, they don't for people who say they've been
8 sexually assaulted or harassed. Do you have a sense
9 of how often clergy meet with people are they allowed
10 to do so in private?

11 JUDY BEALE: So, we actually have
12 chaplain hotline that we created during the course of
13 the pandemic so people in custody have access to
14 clergy through that hotline at any time during out-
15 of-cell time. So, any of those 14 hours. People
16 have the opportunity to follow up with their clergy
17 member at their discretion.

18 CM ROSENTHAL: So, just starting this
19 year, never before, but during COVID?

20 JUDY BEALE: Previously clergy would have
21 the opportunity to round. They would have the
22 opportunity to, people had more direct access that
23 would be ... (crosstalk).

24 CM ROSENTHAL: Got it.

2 JUDY BEALE: And that is something that
3 will, that I'm continuing because it's been useful.

4 CM ROSENTHAL: Got it, and so, how many
5 of those calls can be made in private to a hotline?

6 JUDY BEALE: So, those calls are made
7 through the telephones that are available in the day
8 room or available to people in custody in their
9 housing unit.

10 CM ROSENTHAL: So, none.

11 JUDY BEALE: Unless there's a specific
12 question like that, they can call in a private area.

13 CM ROSENTHAL: So, that would already
14 draw attention to that person if they were to say I
15 want to make a call in private. How many people make
16 calls in private?

17 JUDY BEALE: I don't think that's a
18 number we would have right now. I'm not sure that's
19 something that we track.

20 ANNE PENSON: It's not.

21 CM ROSENTHAL: Mm-hmm. Do any?

22 JUDY BEALE: It's not something that we
23 track.

24 CM ROSENTHAL: Can you think of one?

25 JUDY BEALE: (Crosstalk).

2 CM ROSENTHAL: It's okay.

3 JUDY BEALE: Has anybody asked you,
4 (inaudible) in a private setting.

5 CM ROSENTHAL: That's okay. I'm just,
6 I'm ... (crosstalk).

7 ANNE PENSON: But they're afforded the
8 opportunity to make a call in private.

9 CM ROSENTHAL: Hm-mmm, okay. I'm getting
10 a note here that in 2019, the Bronx DA said 60% of
11 all of the 2018 cases were made against officers,
12 these are PREA cases, and so, that's in Bronx, but
13 the Manhattan DA says for 2018, there were none. Do
14 you think there are differences in how DAs take the
15 information that they're given when you look at
16 boroughs, when you look at the system borough by
17 borough?

18 SARENA TOWNSEND: That's an interesting
19 question. I do think that part of it is, I do think
20 that part of it is just the level of population
21 because there's a jail in Manhattan versus Riker's
22 Island which the Bronx DA handles all criminal
23 activity that is involved on Riker's Island. I that
24 might explain the difference.

25

2 CM ROSENTHAL: Can I see, yeah, got it,
3 that's fair. Can I ask you now and to Council Member
4 Holden's point about folks being vaccinated? Are you
5 comfortable now letting clergy back into the
6 facilities?

7 JUDY BEALE: So, our clergy never left
8 the facilities. DOC has clergy who work for the
9 Department, and they have continued to work. Some of
10 them have worked in the facilities, some of them have
11 worked remoted. DOC staff has been back.

12 CM ROSENTHAL: DOC clergy staff, you
13 mean?

14 JUDY BEALE: That is correct.

15 CM ROSENTHAL: So, all clergy are back in
16 the facilities?

17 JUDY BEALE: So, many of our clergy have
18 been in the facilities. Some individuals may have,
19 you know, some sort of additional medical needs that
20 has prevented them from coming back, but our clergy
21 are working in the facilities.

22 CM ROSENTHAL: Okay, just as an FYI, and
23 I'm getting a lot of text about the importance of
24 clergy, and that actually access to them is quite
25 limited, so if you could take that back and sort of

2 think about it, and get back. All right, I'm going
3 to ... (crosstalk).

4 DEB RIVERA: I'm sorry, this is Deb
5 Rivera.

6 CM ROSENTHAL: Okay.

7 DEB RIVERA: In reference to the clergy,
8 the clergy, they do make tours within the facility.
9 Being with the COVID, we can't hold congregational
10 services, but they do conduct tours within the
11 housing areas to offer the women support and to
12 inquire if they need any type of services. Even now
13 during the time of Ramadan, which we recognize, we
14 are holding Ramadan services in the Eman, is
15 reporting to the facility. So, we are offering
16 clergy services in that aspect. We just can't hold
17 congregational services at this time.

18 CM ROSENTHAL: Mm-hmm. So, just so you
19 know, I'm hearing from people who are, you know, are
20 affiliated with, you know, affiliated with people who
21 are in the system that it's not as rosy as the
22 picture you're painting, and that people would like
23 more access to clergy. Listen, I'm going to leave it
24 here. I think the biggest take away for me was the
25 importance for your folk who do training to have

2 private access to people affiliated with the DOC
3 system, either as advocates or former incarcerated
4 people for them to actually have private meeting
5 because, you know, the general PREA training is not
6 enough for folks who are in the DOC system, that they
7 really need to understand the ins and outs of New
8 York City system. So, that's the biggest take away
9 from that, and I appreciate that you're open to
10 working on all this Legislation and I look forward to
11 doing so with you. Thank you.

12 JUDY BEALE: Thank you.

13 SARENA TOWNSEND: Thank you.

14 CM ROSENTHAL: And appreciation to the
15 Chairs who extended time, I know it was ridiculous.
16 So, thank you.

17 CHAIR POWERS: Thank you, Council
18 Rosenthal.

19 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
20 Seeing no other Council Members with their hands up,
21 we are returning to Chair Diaz for additional
22 questions before proceeding to public testimony.
23 Chair Diaz.

24 CHAIR DIAZ: Thank you. I want to first
25 commend my Council Member, friend, and colleague

2 Rosenthal for the tough questions. They're mindful
3 questions, and I admire that steadfast communication
4 that you had with the public today. You're asking
5 the questions that they're unable to ask. So again,
6 I appreciate, you and your support in continuing to
7 part of the gender equity conversation which
8 definitely is a big one. I was informed, also via
9 text, that within our transgender community that are
10 incarcerated, when it comes to reporting rapes or
11 assaults, they're not coming forward or there's
12 conversation, but they're not reporting it. How are
13 we providing services for them that are indeed
14 sharing they're victims, but not comfortable in
15 moving forward? What support systems do we have in
16 place and is that true?

17 SARENA TOWNSEND: I will answer the part
18 about the coming forward. I'll defer to my
19 colleagues about the support systems. We have had
20 individuals come forward and so, I don't know, that
21 in my experience, I've seen reluctance, but of
22 course, that's not necessarily a fair thing to say,
23 right, because I only get it, I only get the
24 information if I get the information. So, I will say
25 that we have had individuals, transgender individuals

2 come forward in the past, but you're right, if you're
3 thinking that it's possible that people are not
4 coming forward, and I'm just not aware of it. So,
5 I'll defer to my colleagues with respect to any kind
6 of additional support that we have been able to give
7 to our transgender incarcerated people.

8 DANIELLE BLACKS: So, the transgender
9 populations falls into the LGBTQ spectrum, and as a
10 result, our director of LGBTQ has worked really hard
11 to establish a clear line of communication with
12 people in custody who identify on that spectrum, ad
13 provide supportive services through one-to-one
14 individual discussion in private with them, as well
15 as the hotline that I think we mentioned earlier. We
16 also have started a new program where volunteers,
17 uniformed and non-uniform staff will have an
18 identifiable pin on their lapel as somebody who is
19 willing and knowledgeable about their issues for them
20 to come and speak to them. So, that broadens the
21 access and availability for people to come forward
22 and speak privately with somebody. Additionally, the
23 PREA staff meet with the transgender population on a
24 weekly basis in an effort to address any issues that

2 arise and decrease the conflicts in the housing
3 areas.

4 DEB RIVERA: And also, if I may add to
5 that, if an individual doesn't feel comfortable
6 speaking to somebody in a public setting within the
7 housing unit, they can also message their concerns
8 via tablet and then that concern would be messaged
9 out and readdressed.

10 CHAIR DIAZ: Okay, thank you. My next
11 question is the suicide rate. Post-COVID, pre-COVID,
12 what do your numbers look like, if there is any data,
13 I'm interested in hearing about it.

14 DANIELLE BLACKS: Are you asking about
15 people at Rose?

16 CHAIR DIAZ: Yes.

17 DANIELLE BLACKS: Committing suicide at
18 Rose?

19 CHAIR DIAZ: Rose.

20 DEB RIVERA: No, ma'am. Since my
21 assignment there and to my knowledge, I can say that
22 we haven't had any individuals commit suicide.

23 CHAIR DIAZ: Any attempts at suicide?

24 DEB RIVERA: No.

25

2 CHAIR DIAZ: What programs are offered to
3 women, you know, individuals that are at Rose to
4 advance themselves while they're there?

5 ANNE PENSON: Sure, thank you for that
6 question. So, I'll start off with our Rose Petal
7 Boutique. In December 2019, we launched the Rose
8 Petal Boutique at the Rose M. Singer Center. The
9 Rose Petal Boutique was developed with people in
10 custody, they helped to design the boutique. The
11 boutique is staffed with business clothing. The Rose
12 Petal Boutique is designed to prepare individuals for
13 professional development opportunities upon release
14 from custody. So, in addition to that, we also have
15 our Workforce Development Unit. Our Workforce
16 Development Unit provides pathways to employment for
17 individuals in DOC custody and offers classes such as
18 cosmetology, barbering, flagging, barista, and more.

19 CHAIR DIAZ: I need to know the more.

20 ANNE PENSON: We can get you that.

21 CHAIR DIAZ: You do cosmetology,
22 flagging, and what was that? When you say flagging,
23 I'm thinking that's construction work?

24 ANNE PENSON: Yes.

2 CHAIR DIAZ: And can you tell me what is
3 the population, give me a percentage that actually
4 participates, that begins your programs and actually,
5 successfully completes?

6 ANNE PENSON: We can get you that
7 information.

8 CHAIR DIAZ: Then I'd like to go back to
9 mental health services. Thrive NYC has a program
10 where one can be a first responder for mental health
11 which I used a couple of months ago, you know, in a
12 drinking and driving incident, I parked in the middle
13 of three lanes and assisted someone who was
14 intoxicated and the friend who was trying to get him
15 from driving, you know, the fear of killing people.
16 You know, as I dealt with the situation, and was able
17 to calm the friend down that was trying to help his
18 friend, and the one that was drunk in the back seat,
19 and I pulled away, I realized that because of the
20 interaction that I had in the training, I was able to
21 meet the person that was A. drunk, where he was. I
22 asked if he wanted to dance, we did the Cha Cha
23 Slide, we did some salsa, he laughed, it teaches us
24 to figure out a way to connect with individuals and
25 I'm wondering is this a program that you've shared

2 with the women, you know, mental health to me, again,
3 it serves to respect many of us, and we just don't
4 know how people are at a moment, and sometimes just
5 having that basic conversation with someone up here,
6 can get one from a negative thought to a positive
7 with just a time of reflection of it's going to be
8 better tomorrow. So, do you know Thrive NYC and
9 their first aid certification program, it's a simple
10 8-hour program and I'd like to know, A. if you have,
11 and B. if you haven't, what are your thoughts of
12 trying to implement it as a program that you provide?

13 DANIELLE BLACKS: That first aid program
14 has been part of the academy training.

15 CHAIR DIAZ: Can you give me an average
16 of folks that are participating?

17 DANNIELLE BLACKS: Everybody who goes
18 through the academy participates.

19 CHAIR DIAZ: So, if there's 100 people,
20 we now have 100 people that are empowered?

21 JUDY BEALE: So, the Department, if you
22 don't mind ... (crosstalk).

23 DANIELLE BLACKS: No.

24 JUDY BEALE: Actually, reports this
25 information through its annual trauma informed care

2 report. One was published on April 10 of this year.
3 It's on our website, and it appears that, looking at
4 this report right now, that almost 9000 staff members
5 were trained since 2014, it's like 8700, 8800. In
6 addition, approximately 1188 incarcerated individuals
7 were also trained in the medical health first aid
8 program.

9 CHAIR DIAZ: Okay, can you share with me
10 how many CBOs you're working with currently?

11 JUDY BEALE: CBO? Sorry, what's a CBO?

12 CHAIR DIAZ: Community-based
13 organizations that provide services. How many
14 contacts do you have with outside resources that come
15 in to work with your clients? You mentioned you
16 provide employment opportunities. I'd like to know
17 what organizations are coming in to provide
18 opportunity? Is it in-house? Is it outsourced?

19 ANNE PENSON: So, our Rose Boutique is
20 in-house, but we do work with several community-based
21 organizations for both individuals while they are
22 incarcerated and once they've returned to the
23 community. We're working with providers such as
24 Green Hope, Choices for Women, The Osborne

2 Association, Fortune Society to provide both services
3 in-house and once they've returned to the community.

4 CHAIR DIAZ: Okay, my next question will
5 be in the line of housing and unifying families.
6 What's your process?

7 DANIELLE BLACKS: The process ...
8 (crosstalk).

9 CHAIR DIAZ: Do you increase visits via
10 the teleconversations, do you invite ACS to the
11 conversation, is there a mental health component when
12 you're trying to reunite families as a predominant
13 care provider, is going to be reunited with their
14 families and their children?

15 DANIELLE BLACKS: I think, do you want me
16 to answer that?

17 ANNE PENSON: Yes, go ahead.

18 DANIELLE BLACKS: Yeah, we're moving an
19 individualized approach to individual needs, so you
20 know, not to make blanket statements because you
21 know, one size does not fit all with regard to
22 programing (inaudible). So, we complete an
23 individualized assessment upon intake so we
24 understand the individual's needs and risks and if
25 family is involved, that is absolutely going to be

2 something that is discussed, and now that that we are
3 working towards the new ROP coming into play as soon
4 as we're allow to have providers back on the island,
5 we have identified very specific providers to be able
6 to help us address the needs of women both inside the
7 institution as well as a handoff to our community
8 partners through the (inaudible) contracts once they
9 re-enter the community so families can certainly be
10 re-engaged with each other.

11 CHAIR DIAZ: Okay, so, I, Darma Diaz,
12 have been incarcerated for a year, we're getting
13 ready for my release, my mom has had my daughter and
14 mom cannot take me in. What do we do to secure
15 housing as you're trying to unify the family and
16 exiting into a private, a positive, meaningful
17 environment, and most likely will not need
18 (inaudible) for any fear of unnecessary stress?

19 ANNE PENSON: Sure, so we work with our
20 partners in MOCJ. If someone identifies as not
21 having a place to live upon return to the community,
22 we work with MOCJ who will find them emergency
23 residence while they work with them to find a
24 permanent setting.

2 CHAIR DIAZ: Does that mean to me though,
3 (inaudible) member as December 1 was my last day
4 after 13 years, (inaudible) system, and my
5 understanding that release means is a nice, pretty,
6 glorified letter which (inaudible). That's not,
7 doesn't do much. It means that you're in the system,
8 the system meaning the sheltered, the DHS sheltered
9 system, anywhere between 365 days to three years. Do
10 you have a housing component that can help
11 individuals that now they're going to face this
12 challenge of exiting shelter? Now, we have Housing
13 Connect, that's a way out. We have housing
14 advocates. What conversation are we truly having
15 facing someone who has been confined into the shelter
16 environment, brings up displacement and hardship, not
17 just for the adult, but for the child. What are your
18 thoughts (crosstalk) as you bring in providers?

19 DANIELLE BLACKS: Council Member Diaz,
20 just to clarify a couple of things. We're in the
21 midst of a transition that you may or may not be
22 aware of ... (crosstalk).

23 CHAIR DIAZ: I'm not aware.

24 DANIELLE BLACKS: Okay. We're
25 transitioning the way we do business with regard to

2 release planning. It used to be that DOC had all of
3 that contract provider work on our end, the
4 institutional side, but what happened in the last
5 year or more now, it is that that contract got split
6 in half. So, now the DOC is going to be responsible
7 for any facility programing and providing a hand-off,
8 if you will, to our community partners so they have
9 the other half of the equation on the community side
10 and I'm sure Dana Taplin can speak to that piece of
11 it, and so, what we're talking about, we have
12 conversations with MOCJ regularly and we're having
13 conversations about having MOCJ staff, if you will,
14 come into the jails and be that re-entry discharge
15 planner in partnership with our DOC staff. So, if
16 I'm a counselor working in one of the housing units,
17 and I identify you as being homeless and having a
18 child that's in somebody else's custody, that
19 information would then be shared with one of the MOCJ
20 re-entry specialist who then knows that they need to
21 pick that up and carry it through into the community
22 with regard to housing placements, and I'll defer
23 that to Dana Taplin to speak to how they find
24 housing.

2 DANA TAPLIN: Sure, so, good afternoon
3 Members of the Council and thank you, Council Member
4 Diaz for that question. So, a little bit, I think,
5 one of the things that I wanted to highlight is
6 actually, I don't want to call anything about this
7 pandemic a silver lining, but one of the models that
8 we have been able to do during COVID is something
9 that I think has some really positive implications
10 longer term which is emergency re-entry hotels. So,
11 essentially since March of last year, rather than
12 going into the DHS system, what we have been able to
13 provide is a warm handoff for anyone in DOC custody,
14 obviously women, but this not specific just to women,
15 who do not have a place to go to go to one of four
16 hotels that are throughout the city where we have
17 non-profit providers on-site doing case management
18 services. Unfortunately, right now, we have just hit
19 capacity in those hotels, so obviously this is one of
20 the challenges. We're placing people from both the
21 local jails as well as people from State facilities,
22 and so, I do want to acknowledge that although we
23 keep on adding sites, we are at capacity at the
24 moment, and so that is definitely a challenge. So,
25 we have had, I think we have right now, close to

2 approximately 500 individuals throughout these four
3 sites, and have also been able to, with the non-
4 profit providers and this is exodus transitional
5 services that is providing the case management
6 services at each site. They're doing a fantastic
7 job. They stood up this program within days, so
8 their case management services have been able to
9 place hundreds, I don't have the exact number, but
10 about a month ago, the numbers were about 300
11 individuals. Again, this is both the, you know, the
12 entire population, not just specific to women, into
13 longer term housing. There is dedicated floors
14 within the hotels that are specific to the female
15 population, and so there are, you know, people on
16 staff that are onsite working specifically with women
17 in the hotels. Now obviously the other question is
18 what are longer term transitional housing options,
19 and so, we do currently have a contract with a number
20 of transitional housing providers including women's
21 community justice association who I see, there are
22 some folks who are here at the hearing from that
23 organization and non-profit and do great services,
24 and so they have some of those beds right now.
25 Obviously, we need to continue to expand those

2 housing opportunities and so there is an RFP for
3 additional transitional housing beds that is
4 forthcoming shortly. It's been forthcoming shortly
5 for longer than I would like to be quite honest, but
6 it is something that will going out soon and what
7 that will do is go from the current \$5 million
8 dollars in funding to \$12.5 million dollars and then
9 up to \$25 million in funding for transitional housing
10 beds and including beds for specialized populations.
11 As the Department of Correction said, we are working
12 closely right now with DOC on this new re-entry
13 system in which DOC is holding the contracts for
14 providers that are in the facilities, but MOCJ has
15 taken over the contracts for the in-custody re-entry
16 services, and really with the intention to ensure
17 that we have very, very community based services
18 citywide and particularly services that relevant for
19 the female population, and so, Women's Prison
20 Association has been award the contract at the
21 community side to provide those services, but what
22 we're also working on is making sure there is a
23 number of other subcontractors as well so that we can
24 have a real neighborhood based component to this, and
25 so, we are working right now on how to best have an

2 integrated system so that there can be that warm hot
3 handoff and effective discharge planning at the point
4 of, you know, women's experience in custody to their
5 ultimate release, and you know, placement in the
6 program including access to housing. So, it is a
7 system in progress, and I think we all can
8 acknowledge, you know, where we know there's rooms
9 for improvement and a continued need for better
10 housing options at a broader scale, but it's
11 something we're very focused on right now.

12 CHAIR DIAZ: Alright, I want to thank you
13 for your efforts. I'm hoping that my colleagues in
14 the City Council are listening to this. They're
15 looking to expand. My District probably has the most
16 amount of shelters in the district. We can only take
17 so much. My colleagues that are turning down
18 opportunities for shelters, let's be honest. They're
19 people. Not everyone that goes into the shelter
20 system is coming out of incarceration, is not working
21 or being in your neighborhoods. They don't belong in
22 just minority communities. We need to responsibly
23 share the wealth. So, Ms. Taplin, my blessings to
24 you. You're fighting a hard fight. Now, through the
25 rezoning in my District, the Mayor committed to 350

2 units and because of COVID and funding issues, the
3 developer is looking to take 75%, that what was
4 supposed to be a former community unit and
5 transitioning them into temporary shelter or
6 (inaudible), is not the only District. So, please
7 listen to this conversation. Housing is a human
8 right, and we need to share the responsibility. I
9 can't speak for my other colleagues, but I can speak
10 for myself, but (inaudible) needs your help. Open
11 your doors, open your minds, and (inaudible) the
12 population you're comfortable with, but please share
13 the burden with me, because I can only do so much.
14 Moving on to that, and thank you for thinking outside
15 of box, and putting individuals in hotels. It's
16 great to have a place that you can call your own.
17 What's disheartening is that the hotels do not allow
18 for hot plate, they do not allow for a coffee maker,
19 they do not allow for a microwave. When I was first
20 diagnosed with COVID, I spent 10 days in a hotel
21 through city program. I called downstairs after
22 receiving cold French toast and I love French toast.
23 My breakfast was French toast sticks, a frittata, and
24 something else, and when I said it's cold, I called
25 downstairs and I said, how do I warm it up? Is there

2 a microwave? I wanted to have some soup that day,
3 and I had some with me that my daughter had brought
4 to me, and they told me that once it goes into your
5 room, you cannot, we cannot help you with it. So, I
6 said I need a microwave, so I was told that corporate
7 says no. So, our families in shelter, when you sign
8 in, the microwave is taken away. How does a mom take
9 care of her babies? They're coming out from being
10 incarcerated, that beautiful, amazing opportunity,
11 you know, we eat, right? We eat, in my household,
12 rather it's a snack, that intimate conversation that
13 you have about food in that setting is taken away
14 from families. Something simple as a microwave goes a
15 long way. So, what's part of what's happening is
16 when you're not able to warm up your meals, or
17 whatever it is, science is so creative now that we
18 can make muffin, we can make an egg in the microwave.
19 Our families, our individuals in the hotels don't
20 have an opportunity. So, I thank you for being
21 creative. The system needs to know, and it continues
22 to be broken. I needed to take antibiotics, and it
23 was quite difficult when I was served cold breakfast,
24 and yet, I was told, you can call Door Dash. Well,
25 that's great, and thankfully, I was in a financial

2 position to order, but our families can't do that.
3 Our families are taking their food stamps and going
4 to the local grocery store. If a mom or head of
5 household leaves their child in the hotel room and
6 goes to get something for their child, now, it's ACS
7 case cause now, you've abandoned your child, and if
8 security doesn't understand the battle that's going
9 on, it makes it even worse. So, then I thank you for
10 trying, but we need to figure out, as a government
11 body how we're going to deal with the fact that our
12 families cannot have warm meals. Think about it.
13 All of the people that have mental issues that cannot
14 take their medication. It's sad. You know, I'm told
15 that, you know, (inaudible) that we're trying to make
16 a difference, yet, you're welcome, (inaudible) you're
17 welcome, you know, this is real talk. Our people
18 need us, and they need us bad, so if we're going to
19 get a contract where the hotel is saying, we'll take
20 your money, that's great, but you need to provide
21 services that make sense. It makes no sense to me.
22 I was not allowed, you know what, can you imagine,
23 I'm in a room, I can't leave for 10 days, behind this
24 door, my TV is here and there's a computer station,
25 and I look and I notice that there is a microwave

2 behind there, it's closed, and then I'm a (, and then
3 I'm a (inaudible), so I'm trying to figure out how do
4 I take the screw, the drywall screw that was used?
5 Chair Powers, I don't know if you're visualizing it,
6 but the closest thing I had was my brand-new socks,
7 so I'm sitting on the floor, and I'm trying to figure
8 out, how do I unscrew the drywall screw, and then I
9 couldn't ask my family or my staff to bring me and
10 electric drill. So, this is Darma Diaz, the
11 Councilwoman telling you of my struggles, can you
12 imagine the person who is coming out of
13 incarceration, knowing the limitations, the fear of
14 government and institution? I could have easily
15 kicked over that door. I could have, what am I going
16 to do? They (inaudible), I would have my soup, I
17 would have my tea when I wanted and needed it, and at
18 this point, I'm being redundant, but I want you to
19 understand that contracts have to be looked at and
20 service conversation needs to happen. Transitioning
21 from incarceration to temporary housing is a band-aid
22 and really have to take a look at it. Again, our
23 families are not going in there for a couple of days,
24 they're in there for months and sometimes years, and
25 that's not okay. I also wanted to share with you, I

2 don't know if moving forward or if it is a thought in
3 process, under family unification, when you have an
4 ACS case, they start, when you're doing the
5 transition process, they link you up with New York
6 City Housing Authority and start that exit process.
7 So, the moment the mom is reunited with (crosstalk),
8 their application is already in the system, so if
9 they have to go into a shelter, cases that after 15
10 days, my families are out of shelter and into
11 permanent housing. That's success. That's what we
12 have to push for, that if families have to go into
13 transitional housing, it's really short-lived, and we
14 can monitor that. You want success? Housing is a
15 human right. I have some more to take, there's
16 another question in reference to, also back, you
17 know, to housing, I'd like to know, what are we doing
18 with, with moms that are confined, and the little
19 people? Little people to me, you know, is there
20 children. How do the children interact with moms
21 that are sanctioned for a certain amount of hours a
22 day?

23 DANIELLE BLACKS: (Inaudible).

24 CHAIR DIAZ: In restricted housing.

2 DEB RIVERA: I have to say, I currently
3 don't have any women in restrictive housing, in my
4 restrictive housing unit.

5 CHAIR DIAZ: Amazing, and when was the
6 last time you did have someone?

7 DEB RIVERA: March 26.

8 CHAIR DIAZ: Of 2019, or 2021?

9 DEB RIVERA: Of 2021.

10 CHAIR DIAZ: Thank you.

11 DEB RIVERA: Welcome.

12 CHAIR DIAZ: Again, I'm reading my text
13 messages. I guess I'm becoming popular. Thank you,
14 Chair Rosenthal.

15 CHAIR POWERS: All right, I think we have
16 to get moving, cause we're, kind of, I want to talk
17 to you, so, I'm going to forego my second round of
18 questions here and we'll have folks that will testify
19 as well, so thank you to the CHS and Department of
20 Corrections for your testimony and answers. We'll
21 follow up with you as needed on information and we'll
22 move on. Let's call up the first round of testimony.

23 CHAIR DIAZ: Thank you.

24 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
25 Thanks. We will now turn to testimony from members

2 of the public. Please listen for your name as I will
3 be calling individuals one-by-one, and we'll also
4 announce the person who is next. Once your name is
5 called, please accept the prompt to unmute yourself
6 and the Sergeant at Arms will set the timer and
7 announce that you may begin. Your testimony will be
8 limited to two minutes. The panel are defenders.
9 I'd like to now welcome Dany Greene to testify,
10 followed by Simone Spirig, then Lyndsay Lewis, and
11 Jane Sampeur.

12 SGT. MARTINEZ: Clock is running.

13 DANY GREENE: Hi, my name is Dany Greene.
14 I'm from the Bronx Defenders. I want to thank you
15 for the opportunity to testify today. I'm on the
16 LGBTQ Defense Project at the Bronx Defenders. I
17 represent transgender people who are facing criminal
18 charges, many who have been recently incarcerated or
19 are currently incarcerated. Over the past several
20 years, much attention has been paid to the abuse of
21 transgender women who are incarcerated within city
22 jails, and many improvements have been made. With
23 that being said, there are still a lot of room for
24 improvement and DOC adopting policy that permit
25 transgender to be housed in female facilities and in

2 the special consideration unit at Rose M. Singer.

3 The Bronx Defenders LGBTQ defense project as well as

4 other advocates have worked with many women who

5 continue to be unsafely housed in men's jails while

6 in custody at DOC. Cause of the significant

7 limitations on SCU's eligibility and the lack of

8 transparency in the acceptance process, many

9 transgenders are housed in men's jails still. Sadly,

10 but foreseeably, many of our clients are harassed and

11 abuse while in male facilities. I want to highlight

12 for the Committee one persistent issue that we're

13 seen repeatedly lately, and that's the removal of

14 transgender women from housing consistent with their

15 gender identity as a form of punishment. For

16 example, if a transgender woman may be housed

17 initially consistently with gender identity, but when

18 the transgender files a complaint against another

19 inmate, or if an inmate files a complaint against her

20 or if a transgender woman is subject to discipline,

21 she is regularly moved to a male facility. This

22 option occurs prior to the initiation of

23 investigation which is particularly problematic

24 considering many of the comments filed against

25 transgender are motivated by transphobia. We believe

2 this policy is discriminatory, it's dangerous, and
3 its violation of New York City law ...

4 SGT. MARTINEZ: Time expired.

5 DANY GREENE: As well as State and
6 Federal constitutions.

7 CHAIR POWERS: Okay, thank you. Thanks.

8 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
9 Next, we'll hear from Simone Spirig followed by
10 Lyndsay Lewis, then Jane Sampeur.

11 SGT. MARTINEZ: Clock is running.

12 SIMONE SPIRIG: Hi, good afternoon. My
13 name is Simone Sprig, and I'm the Jail Services
14 Social Worker at Brooklyn Defender Services. Thank
15 you to Chair Powers and Chair Diaz for holding
16 today's hearings. One day is all it takes to cause
17 harm and trauma, and yet the department historically
18 fails to understand the urgency to protect
19 transgender women in their custody, putting lives at
20 risk. Due to time, I want to share a story that is
21 very inspired by a transgender woman. This is one
22 story, but it represents the many stories of how the
23 department drags their feet to safely house
24 transgender in their custody. When Ms. B entered
25 custody, she immediately requested placement in the

2 woman's jail. Yet, despite her own advocacy and
3 advocacy from our office, DOC left her in a men's
4 jail for well over a month where she was repeatedly
5 threatened and sexually harassed including by DOC
6 staff. Eventually, PREA staff came to meet with Ms.
7 B about her placement at Rose and it took at least
8 another week for Ms. B to learn of her approval for
9 the SCU, a decision that should have been made on day
10 one of her incarceration. How, almost a month into
11 Ms. B's incarceration and despite approval for the
12 SCU, DOC kept her in the men's jail, sleeping in an
13 open dorm where she continued to be verbally and
14 sexually harassed by men in her housing unit. This
15 included one man who had followed Ms. B into the
16 bathroom to watch her shower. Ms. B felt extremely
17 unsafe in her housing unit and reported this to her
18 steady officer who discounted the harassment as
19 harmless and refused to follow up. It was only after
20 multiple 3-1-1 calls and efforts from our office that
21 Ms. B was eventually moved with no explanation from
22 DOC for the dangerous delay. Situations like this
23 should never exist, yet they do and with regularity
24 and no accountability. It's been our overwhelming
25 experience that DOC staff consistently fails to

2 respond with the urgency that's needed to protect
3 transgender women in their custody. These
4 interactions and decisions are not only ethically
5 problematic, but they are also extremely dangerous.
6 I want to end on this. Lally Polanco (SP?), a
7 transgender woman died in DOC custody while in a
8 solitary unit. This Council must pass Legislation to
9 truly end solitary confinement and by any other name
10 in the New York City jails for all people. Thank
11 you.

12 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

13 Next, we'll hear from Lyndsay Lewis followed by Jane
14 Sampeur.

15 SGT. MARTINEZ: Clock is running.

16 LYNSDAY LEWIS: Hi, my name is Lyndsay
17 Lewis, and I'm a Forensic Social Worker at NYCDS. We
18 support all the Bills on today's agenda, but I want
19 to provide more context for these bills. The number
20 one need in Rose is higher quality and frequency of
21 mental health and medical services for women while
22 incarcerated. Medication without psychotherapeutic
23 treatment will not solve the problem, nor will one
24 visit with social workers after a complaint is made.
25 I have been called by the Director of Mental Health

2 at Rose and told my client is not able to see mental
3 health whenever they need or request it. In fact,
4 the women get further traumatized by high rates of
5 sexual assault in the jail, physical fights, coercion
6 by guards, and being uprooted from their communities
7 and children. The New York Times came out with an
8 article last weekend stating that CO's consistently
9 lie, protect their own, and DOC allows this behavior
10 and these guards to remain employed. Ultimately,
11 what we want by DOC and COs is accountability for
12 their action with outside investigations and true
13 change. You can train officers as much as you want,
14 but that is not rehabilitation to those
15 institutionalized. I'm privileged today to read the
16 testimony of a MICBS client, Ms. Rona Love (SP?). In
17 her testimony, she speaks to some of the trauma
18 exposure of a woman incarcerated at Rose. She
19 states, "The Department of Correction seems to punish
20 the LGBTQ community more than anyone else. The
21 medical system in jail is a failure for our specific
22 needs. Even if we are behaving well, we are denied
23 services. We can't get the mental health when we
24 want to or need it. I had a death in my family and
25 was denied additional mental health services. No one

2 ever told me my brother was seriously ill in the
3 hospital and no one ever told me when he died. I was
4 not able to see a chaplain or rabi as requested. You
5 are in a hell by yourself here. This is why there is
6 so much violence in my community. The Board of
7 Corrections is far from understand the problems going
8 on here. There are lots of good officers, but some
9 bad ones, and the overall problem is that the
10 officers have no control. In my community when
11 people act out, they are shipped out. When other
12 non-LGBTQ people act out, they're not transferred to
13 a facility with a gender they can identify with this
14 punishment. They just get written up. Officers will
15 have other inmates ...

16 SGT. MARTINEZ: Time expired.

17 LYNSAY LEWIS: Call PREA people and RMSC
18 to get them removed and transferred. The trans-
19 community has tried to request investigations of
20 officer's misconduct, but we are ignored", and I can
21 stop there, but it is in my written testimony. Thank
22 you.

23 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

24 Next, we will hear from Jane Sampeur, followed by our
25

2 next panel of Kelly Grace Price, Michele Evans, and
3 Donna Hilton.

4 SGT. MARTINEZ: Clock is running. Ms.
5 Sampeur, you're not coming through.

6 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
7 Okay, we can come back ... (crosstalk).

8 SGT. MARTINEZ: Oh, there you go. We
9 hear you now.

10 JANE SAMPEUR: Okay, sorry about that.
11 My name is Jane Sampeur. I'm the Principal Attorney
12 and Coordinator for the Legal Aid Society Women's
13 Pretrial Release Initiative. In this capacity, I
14 represent women who are detained in city jails and
15 advocate for their release in connection to community
16 based supportive services. To be clear, we believe
17 the only way to protect from the compounding trauma
18 of incarceration is to complete limit their exposure
19 to New York City jails. Now, it's well documented
20 that the vast majority of women who are incarcerated
21 in city jails have experience significant trauma
22 prior to their incarceration, and for survivor of
23 sexual assault and domestic violence and other forms
24 of trauma, the very nature of incarceration in
25 routine procedures is often retraumatizing.

2 Certainly, DOC has an obligation to protect
3 incarcerated people, not only from illicit assaults,
4 both physical assaults and sexual assaults, as well
5 as providing mental health and physical health care,
6 but they also have an obligation to reframe from
7 practices and behaviors that exacerbate trauma and
8 violence, so that to end, we believe the city should
9 hold a hearing to further explore and irradiate the
10 many practices and policies that result in said
11 compounding trauma. A few examples of these sort of
12 practices that resulted in the compounding trauma are
13 strip searches, gender segregation, and the way many
14 lockdowns are implemented. Now, if those strip
15 searches are intended to locate hidden contraband,
16 the practice itself is very invasive, degrading, and
17 traumatizing to anyone that is subjected to them, but
18 especially to women who have a history of sexual
19 abuse. Women have described this practice
20 triggering, dehumanizing, and terrifying. Punitive
21 segregation or placement in isolated confinement only
22 serves to amplify the harm someone experiences in
23 jails including problems maintaining dignity and
24 obtaining basic hygiene supplies as well as access to
25 mental health, and it also leads to the increased

2 vulnerability of incarcerated women to the abuse by
3 staff and other forms of harassment as well as again,
4 not having access to their community supports. As
5 far as lockdowns are concerned, the actual practice
6 of lockdown to prevent ... (crosstalk).

7 SGT. MARTINEZ: Time expired.

8 JANE SAMPEUR: Incidences is not itself
9 objectionable, but there are many examples in which
10 this policy is abused and results in compounding
11 trauma. So, to that end, we're just requesting that
12 this Committee convene a hearing to address the many
13 different policies of DOC that results in additional
14 harm and trauma to incarcerated women.

15 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
16 Thank you. Next, we'll hear from Kelly Grace Price,
17 followed by Michele Evans and then Donna Hilton.

18 SGT. MARTINEZ: Clock is running.

19 KELLY GRACE PRICE: Hi, good afternoon.
20 It's Kelly Grace Price from Close Rosies. Thank you
21 so much for this hearing. I've already submitted a
22 draft of testimony that I will amend, and I will
23 submit to the Committee and Council. I really want
24 to thank, especially Chair Diaz and Helen Rosenthal
25 for their very thoughtful questions today regarding

2 data. It's still a giant hole on our ability to
3 reign in the terrible horrors of rape and sexual
4 assault on Rosies. I want to mention that as much as
5 data is missing from this hearing, Commissioner Brown
6 is missing from this hearing and her absence seems to
7 be metaphor for the lack of transparency that we are
8 not receiving from the Department of Corrections.
9 Today is day 50 of her absence. It would be great if
10 we could know what's going on with the Commissioner.
11 I have a feeling that maybe perhaps some of the
12 reason that we don't have complete data today is
13 because of lack of leadership in the DOC. I do;
14 however, I don't want too heavy-handed. I want to
15 congratulate the DOC on one thing. They seemed to
16 have cured the problem of sexual assault on visitors;
17 although maybe that's because we haven't had visitors
18 in over a year, but regardless, I want to give them
19 credit where credit's due. I hope that the questions
20 that I ask in my testimony will be gleamed out of the
21 DOC. For years, they keep promising us in hearings
22 to hand data, but we never see anything at the tail
23 end. It would be great to have some accountability,
24 especially regarding answers that they promise us
25 under oath. Thank you so much for listening, and I

2 look forward ongoing honest and open exchange in the
3 future; however, naïve that statement may seem.

4 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

5 Thank you. Next, we'll hear from Michele Evans
6 following by Donna Hilton, and then Delia Deen.

7 SGT. MARTINEZ: Clock is running.

8 MICHELE EVANS: Let me unmute myself.

9 Can you hear me?

10 SGT. MARTINEZ: We hear you.

11 MICHELE EVANS: All right, I'm Michele

12 Evans and I was incarcerated in Riker's from the
13 beginning of January 2019 until June of 2020. What I

14 experienced there won't leave me. It's not something
15 that can leave a person. I want to start with the

16 simple little things because it makes no sense.

17 These aren't taken care of. There are cockroaches

18 all throughout the place. I worked in the mess hall

19 and my job was to kill cockroaches constantly.

20 That's just not acceptable. Rats, there are rats.

21 The place is filthy. I really want to bring up the

22 Supreme Court in Manhattan holding cells is extremely

23 small. They stuff about six of us in there with a

24 cell that's maybe the size for two, and have to lay

25 down on the floor, and I had to lay down on the floor

2 next to somebody who may be very uncomfortable, and
3 you shouldn't have to have your body pushed up to
4 somebody else's body unwillingly, and that's what
5 happening in those cases. That's a big problem. The
6 ACS won't allow women to have their children in the
7 maternity ward. Like I said, I worked in the mess
8 hall, so I delivered food and I know that in that
9 year and a half that I was there, I can count on my
10 one hand the number of times that I delivered a meal
11 to that maternity ward. They are just not letting
12 them bring their babies. There's a problem with
13 reporting anything to the police. Once you are in
14 Rikers, there is absolutely no way for you to file a
15 police report. Many women are in there because of
16 domestic abuse and their survival is criminalized and
17 they are not given an opportunity to have both sides
18 held responsible for what's going on.

19 SGT. MARTINEZ: Time expired.

20 MICHELE EVANS: That was appalling to me.
21 It looks like I'm out of time, but I'm wearing a coat
22 from the Boutique, and I would like to congratulate
23 them for that program because the Boutique is nice,
24 and there's a lot of room for us to improve there.

2 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

3 Thank you. Next, we'll hear from Donna Hilton,
4 followed by Dalia Deen and then Kristen Edwards.

5 STG. MARTINEZ: Clock is running.

6 DONNA HILTON: Good afternoon everyone.

7 Thank you for hearing us today. I want to start by
8 saying my name is Donna Hilton. I'm the founder and
9 President of A Little Piece of Light. We're a 501C3
10 women-led organization and we are all formerly
11 incarcerated, directly impacted women. Our focus are
12 women and girls, transwomen, and gender fluid
13 individuals who have been impacted by abuse, trauma,
14 violence, and incarceration, and not necessarily in
15 that order. We focus on policy and Legislation,
16 campaigns. We have some support services. One of
17 the things that we're pushing hard and we will be
18 starting soon is housing because it continues to be a
19 very important necessity, unfortunately for women and
20 especially transwomen, we do not have enough housing,
21 so thankfully, my partners, WCJA, Providence House
22 and stuff, but we still don't have enough, so I just
23 want to put that clearly out there for Council
24 because I've been beating it onto some of you all to
25 get support as well with this issue because we can't

2 talk about alternatives and getting off of the island
3 if we don't have the things that they needs as we
4 have been hearing, and I just want say 36 years ago
5 this month, I was detained on Riker's Island as an
6 adolescent, and I was placed in protective custody
7 commonly known as solitary confinement. While there,
8 for six months, there was a female captive who, I
9 guess was shown a lot of favoritism towards me and
10 would visit me a lot and come and talk to me a lot,
11 whatever, and one day, I went to court; my jail was
12 an adolescent in protective custody, never been
13 arrested, never had any involvement with the system,
14 I went to court one day and I came back and I was
15 told that I was in trouble. I didn't know what that
16 trouble was, but what I found out was that someone,
17 some how had put a shank under my bed or in my bed, I
18 don't even know, I never saw it, and I was in trouble
19 for it because it was mine.

20 SGT. MARTINEZ: Time expired.

21 DONNA HILTON: So, what I found out after
22 going through this is that the female captive that
23 was coming down to protective custody, solitary
24 confinement to see me and talk me had a partner, a
25 female captain who was just turning, she had just

2 been promoted to be a Deputy, so I found out that it
3 was this Deputy who had my room searched, and all the
4 sudden, and whoever else, there was a shank in my
5 room. I never could never go anywhere or do
6 anything. I was solitary confinement, but I got in
7 trouble for something that was placed in my room, a
8 weapon that I asked, that was smart enough to
9 understand because people were talking and they were
10 telling me what to do, to say, produce this so I can
11 see it, and then I want it finger print tested
12 because I know I've never, I didn't even have a book
13 in that room, so there was no way I had something
14 like that. I never saw anything like that, and I was
15 an adolescent at this time. So, when I hear
16 testimony from DOC today and others, what amazed me
17 was nothing has changed. The only thing that has
18 changed is how they acknowledge things and how they
19 turn things. Yesterday, I said the same thing.
20 Vocabulary is all that's changed. Absolutely nothing
21 has changed. What I continue to hear are lies. We
22 are not involved in any part of this, none of us that
23 have been impacted, none of us that are doing this
24 work, our friends, families of impacted people, I
25 don't see us, where we are in this conversation doing

2 any of the work that's necessary. There was a PREA
3 app that was created. I don't understand how the
4 State has a better way of running it than DOC has a
5 way of doing it. That doesn't make sense to me. It
6 doesn't make sense to me how we don't ask people who
7 have this lived experience or you know, their
8 knowledge and their expertise, right. I don't
9 understand that. We continue to look outside to
10 others to do this work. We have some trained
11 professionals here, we have WCJA, we have (inaudible)
12 who focuses on mental health, we have Providence
13 House, we have A Little Piece of Light, we have so
14 many, so many, but we fail to utilize what we have
15 and look at us, they look at us like we don't know
16 what we are doing. We created organizations, we
17 created work, we created Legislation to decarcerate
18 and shut that island down. We can get them off and
19 put them in the programs and the spaces that are
20 necessary and that they need. We continue to hear
21 this rhetoric. I've been doing this work since I've
22 been out for nine years and I was doing inside, and
23 I'm hearing the same thing over and over and over
24 again. I don't know why we continue to have
25 hearings. Nothing has changed and you're calling it

2 yourselves. Thank you. Thank you, Ms. Rosenthal for
3 calling that out. Let's be clear while we're here.
4 We know that it's not true. None of the 80% of what
5 their saying is not true. We have transwomen on that
6 island, we have women on that island, we have young
7 women on that island, and we know what's going on.
8 We know what's not going on. They're response to
9 mental health is absurd, it's absurd and archaic. We
10 should not be locking people up, detained or
11 whatever, putting them in cages to respond to the
12 needs that they have. Poverty is violence and that's
13 why we have the vast majority of people in these
14 places detained or incarcerated because of poverty.
15 Let's me clear. Utilize the money. I keep hearing
16 we want, they want money to fix up Riker's, to fix up
17 Rose M. Singer, they need money so that they can
18 create better mental health, that's nonsense. That's
19 nonsense.

20 CHAIR POWERS: Thanks, Ms. Hilton. We
21 want to make sure we can get to the other people.
22 Thank you for that.

23 DONNA HILTON: Thank you.

24 CHAIR POWERS: Thanks.

2 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

3 Thank you. Next, we will hear from Daila Deen,
4 followed by Kristen Edwards, followed Elise Benusa.

5 SGT. MARTINEZ: Clock is running.

6 DALIA DEEN: Hi. Yes, my name is Dalia
7 Deen. I'm from the Osborne Association. Thank you
8 for the opportunity to be able to present today. I
9 am part of the program, the Visiting and Family
10 Assistant program that DOC has mentioned that run the
11 Visiting program (inaudible) women who are currently
12 incarcerated, but for the thousands of women in the
13 community that are affected by this though we know
14 that many women are (inaudible).

15 SGT. MARTINEZ: An audio (crosstalk)
16 video to be working any better.

17 DALIA DEEN: (Inaudible).

18 CHAIR POWERS: Sorry, Dalia (crosstalk).

19 DALIA DEEN: DOC has been able to open up
20 state visiting (inaudible) not receiving that DOC.
21 DOC is (inaudible). Sure, can I use my cell phone,
22 cause I'm on my cell phone now. (inaudible).

23 CHAIR POWERS: You can just pause for a
24 second. I think she wants to switch over iPhone
25 (inaudible). Yeah, we can't hear you, so let's.

2 DALIA DEEN: (Inaudible). Okay.

3 CHAIR POWERS: Okay, so you have 40
4 seconds left.

5
6 DALIA DEEN: Okay, again, we're just
7 looking for in-person visiting to begin again and for
8 a plan around. We're running to get that started and
9 families really need it. We'd like them to rethink
10 how they open up visiting. 500 people a day, that
11 was way too much, families are going through four or
12 five different check points, and it's very difficult
13 to be able to connect with your families. We give
14 credit to DOC for starting televisiting. We
15 appreciate that, but I've used the system myself, and
16 it's extremely difficult to use. You do not get
17 scheduled, you do not hear back, you get the wrong
18 days and times, it doesn't work for anybody, and it's
19 really hard for most families to be able to navigate
20 the system online and it's just not working. So, we
21 lastly also like to ask that video equipment and
22 phones be used for proper discharge planning. Osborne
23 and many other providers are running to do pre-
24 release discharge planning and just need the ability
25 to do so, and we're hoping that DOC will allow this.

2 SGT. MARTINEZ: Time expired.

3 CHAIR POWERS: Thank you. Thanks so
4 much.

5
6 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
7 Thank you. Next, we will hear from Kristen Edwards,
8 followed Elise Benusa, and then Eileen Maher.

9 SGT. MARTINEZ: Clock is running.

10
11 KRISTEN EDWARDS: Good afternoon. My
12 name is Kristen Edwards, and I'm the Program Director
13 of the Women's Community Justice Project. Thank you
14 to Chairperson Diaz, Chairperson Powers, and both
15 Committees for the opportunity to present testimony
16 today, and for Council Member Rosenthal's important
17 questions. WCJP provide supportive transitional
18 housing to women and gender expanded people as an
19 alternative to detention. The majority of the people
20 we support are survivors of violence and trauma, they
21 are mothers, they're women of color, they're low-
22 income and homeless. Their incarceration not only
23 replicates the abuse and violence they survived, it
24 exacerbates their trauma. Our jails are not the
25 place for the support and care needed to heal from
pain. We have seen that WCJP and many other

community organizations can be. While addressing the poor conditions in jails is vitally important, this hearing fails to acknowledge that the Rose M. Singer Center can and should be closed much sooner, 2027. With the current population of 270 and community organizations running and willing to provide support right now, we have an opportunity to put an end to this misery. Since the fall of 2020, we have waiting for MOCJ to release an RFP for transitional housing to reduce the use of incarceration and costly stays in city jails. As the RFP release gets pushed back every two weeks, we grow increasingly frustrated learning how the city is spending to keep spending money to keep people incarcerated. Specifically, the \$107 million dollars allocated to renovate Rosies while occupancy in the buildings are about 33%, and the more than \$447,000.00 spent for each person in a city jail in fiscal year 20, a 30% increase over the previous year. We also urge the Council to consider a Bill like the one recently passed in Minnesota that permits the release of pregnant and post-partum people into community-based programing. WCJP has expertise in working with pregnant and post-partum

2 people coming from jail and we can easily scale up to
3 meet ... (crosstalk).

4 SGT. MARTINEZ: Time expired.

5
6 KRISTEN EDWARDS: If provided the proper
7 resources. Thank you to the Committees for calling
8 attention to troubling condition, but please look
9 more closely by closing Rosies now. Please don't
10 wait until 2027. Thanks for your time and
11 consideration.

12 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
13 Thank you. Next, we will hear from Elise Benusa,
14 followed by Eileen Maher and then Rita Zimmer.

15
16 SGT. MARTINEZ: Clock is running.

17 ELISE BENUSA: Good afternoon. My name
18 is Elise Benusa and I work at Planned Parenthood,
19 Greater New York for the Government Relations Team.
20 I would like to thank the Committee on Women and
21 Gender Equity and Committee on Criminal Justice
22 Reform for holding this important hearing to discuss
23 the experiences of women while incarcerated. PPGNY
24 is proud to submit testimony in support of
25 Introduction 1209, Introduction 1491, and

2 Introduction 1646. PPGNY supports Introduction 1209
3 which would allow incarcerated women access to doula
4 services during delivery. Doula's give emotional and
5 physical support to mothers during delivery and
6 translate gynecological knowledge throughout their
7 birthing journey. Every person has a right to give
8 birth with dignity in a safe and supportive
9 environment of their choosing. This Bill will
10 support the already incredible work of ancient doula
11 services who are giving prenatal care to incarcerated
12 women. Currently, these services provide prenatal
13 consultation, child birth education, nutritional
14 support and pain management. This law would allow
15 for doula support to carry into the delivery process
16 which is important for continuity of care. Having an
17 advocate during delivery is especially imperative for
18 women who are in Department of Correction's custody
19 to ensure the needs of mothers are being met and
20 acknowledged. An acting more visibility into the
21 delivery room would be beneficial for mothers who are
22 experiencing childbirth under the traumatic and
23 stressful conditions of incarceration. PPGNY fully
24 supports this amendment to create a safer space for
25 mothers to deliver their babies. PPGNY supports

2 Introduction 1491 which would require the
3 Commissioner of Corrections to create a comprehensive
4 training program to investigate sexual crimes. The
5 training curriculum must be patient-centered,
6 inclusive trauma-informed and culturally competent.
7 The content should also include full information on
8 organizations that can provide affordable, quality,
9 medical, and social services. It is critical for
10 investigators to build and sustain partnerships with
11 these organizations in order to provide a holistic
12 range of services for survivors. This program must
13 be part of the comprehensive and coordinated
14 community response to ensure that ... (crosstalk).

15 SGT. MARTINEZ: Time expired.

16
17 ELISE BUNUSA: So, others are not further
18 traumatized during the investigation and to reduce
19 the risk of poor health outcomes that can potentially
20 result from or worsened by violence. Lastly, I just
21 want to say that PPGNY recognizes the significance
22 and increasing visibility into the operations at DOC,
23 an effort to shed to light on the safety and
24 healthcare of those in custody. We are thankful for
25 this opportunity to advocate for women's health and
will continue to work with the community to protect

2 people's wellbeing within DOC. Thank you to the
3 Committee for all these important measures being
4 taken, taken to increase access to reproductive
5 health.

6 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
7 Thank you. Next, we'll hear from Eileen Maher
8 followed by Rita Zimmer, and then Helen Skipper.

9
10 SGT. MARTINEZ: Clock is running.

11 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
12 Eileen, we can't hear you. Did you accept the prompt
13 to unmute?

14
15 EILEEN MAHER: Oh, sorry about that.
16 Good afternoon. Thank you for allowing me to speak.
17 I'm a member of the Justice for Women's task force
18 and a survivor of Rosies where I spent a little over
19 a year, and I'm here to tell you that New York City
20 jails as it stands today can no longer be entrusted
21 to care for and provide any services for the women
22 who are detained. By the way, they are not inmates,
23 they are detainees. While detained, I observed the
24 DOC staff that is poorly trained, poorly educated,
25 spiteful, and physically, sexually, and medically
abusive. Their ability to lie and scheme well is

2 unmatched. Therefore, I urge the City Council to
3 discount any statistic or planned policy (inaudible)
4 changes. We have come forward today in ablate. At
5 Rosies, I observed an established environment where
6 officers and staff routinely abuse and assault,
7 including sexually sisters. These traumas were
8 compounded by an absence of the appropriate medical
9 and mental health services. I had to routinely call
10 and enlighten the Prisoner's Right Project at the
11 Legal Aid Society to receive adequate mental and
12 medical help services. This compounds the truamas
13 experienced free incarceration such as long-term
14 abuse, poverty, poor health, drug and alcohol abuse
15 and as in my own situation, domestic violence. Then
16 they have the audacity to act surprised at the reset
17 of visit rates. Until all gender expansive women can
18 be decarcerated, I believe that in order to remedy
19 these inhumane conditions, New York City should adopt
20 its own version of the Camden Experience. For DOC,
21 yes, where all officer's and employee's employment is
22 terminated and the responsibility of care in custody
23 our mothers, daughters, and sisters is handed over to
24 properly trained, educated, embedded group of
25 individuals. In addition, the closure of Rosie's

2 must be expedited via an increase in alternative
3 incarceration, a massive infusion of community-based
4 programs ... (crosstalk).

5 SGT. MARTINEZ: Time expired.

6
7 EILEEN MAHER: And for the few that would
8 be left, but hopefully none, transferred to a solo
9 free-standing location off of Riker's Island. Thank
10 you.

11 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
12 Thank you. I just want to remind everyone that when
13 it's your turn to speak, you will get a prompt to
14 unmute, so make sure you accept it before you begin
15 your testimony. Next, we're going to hear from Rita
16 Zimmer, followed by Helen Skipper, and then Jordyn
17 Rosenthal.

18
19 SGT. MARTINEZ: Clock is running.

20 RITA ZIMMER: Okay, good afternoon and I
21 want to say thank you to the women who have lived
22 experiences that have been testifying. We are the
23 ones who got the courage today. I'm always nervous
24 when I speak because I think it's important, but I'm
25 just so impressed by them, and we want to hear more

2 and more from them. My name is Rita Zimmer. I'm
3 with the Women's Committee Justice Project which is
4 part of Housing Plus. I'm also with the Women's
5 Committee of Justice Association where we do
6 something. We do something every day, and it is just
7 as impressive that we're spending \$450,000.00 to keep
8 someone at Riker's that's \$36,000 a month, for
9 \$30,000 a year, we bring a woman out of Riker's, put
10 her in transitional housing, help her find permanent
11 housing and help her get the services she needs. 80%
12 of the women at Riker's are there detained. They
13 have not been convicted. They are detained. They
14 have (inaudible) services and housing and dignity.
15 Give us the money, I think is what the best thing I
16 can say. Give us the money so we can close Rosies
17 down and open up the kind of program women need. I
18 just can't keep saying it anymore. \$450,000.00, the
19 cost, that's \$30,000, show us the money, show us the
20 money, we can close it down, we can do it this year,
21 we can do it in 2021, 22, and let's hear more from
22 the women with experience. Thank you so much. I'm
23 so honored to be in the company of these women. They
24 have taught me so much about dignity (inaudible)
25 courage and survival and success. I'm touched all

2 the time by their dignity and their resilience and
3 their courage. Thank you so much for letting me
4 speak today.

5 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
6 Thank you. Next, we will hear from Helen Skipper,
7 followed by Jordyn Rosenthal, and then Sharon White
8 Harrigan.

9
10 SGT. MARTINEZ: Clock is running.

11 HELEN SKIPPER: Thank you. I'm on.
12 Hello, can you hear me? So, I'd like to say thank
13 you for everyone who has shown up today and
14 testified. I'm going to start off real short and
15 sweet. I grew up on Riker's Island. I grew up in
16 the Rose M. Singer Center. I had my son through the
17 Rose M. Singer Center in 1988. While I appreciate
18 your corrections you're trying to do now, guess what?
19 I was pregnant on the island and gave birth in 1988.
20 We are now in 2021. Your solutions are coming 20,
21 30, 40 years too late. I also want to say I am
22 affiliated with A Little Piece of Light. (inaudible)
23 also came up and describe what A Little Piece of
24 Light was. We need more support. We need more
25 positive supports for women. In the time that I went

2 back and forth to Riker's Island in the early 80s
3 until I left out for the last time in 2007, I
4 repeatedly came in addicted to drugs, left out
5 addicted to drug. I came in suffering in crisis from
6 a mental health, left out the same way. I came in
7 homeless, left out homeless. At the end of the day,
8 we need to rebuild this system so that it is not
9 punitive, and it is more rehabilitative. I was
10 repeatedly criminalized because I was addicted to
11 drugs, so yes, I might have went into a drug store
12 and stole a bottle of lotion, but that was to feed my
13 habit. Help me with the situation that is at hand.
14 We criminalize mental illness, we criminalize
15 substance abuse, we criminalize homelessness. Money
16 that you are using to build up an infrastructure that
17 is already broken and falling into the ground can
18 better used to support services for housing and
19 transitional services for women coming home, using a
20 sequential intercept model. There are several places
21 we can intercept someone going into the criminal
22 justice system, that money can be used in all areas
23 from community to courts to re-entry. Please do not
24 spend any more of my money, my tax payer's money to

2 rebuild something that needs to be trashed. We need
3 to go out this different. Thank you.

4 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

5 Thank you. Next, we will hear from Jordyn Rosenthal,
6 followed by Sharon White Harrigan, and then Debra
7 Rigano.

8
9 SGT. MARTINEZ: Clock is running.

10 JORDYN ROSENTHAL: Hi. My name is Jordyn
11 Rosenthal and I'm Director of Community Engagement at
12 the Women's Community Justice Association. I wanted
13 to first thank Chair Powers and Chair Diaz for
14 holding this hearing and bringing attention to the
15 horrendous conditions in which women and gender
16 expansive people suffer in our city jails. First, I
17 want to acknowledge the fact that the city's current
18 plan to move women and gender expansive people off of
19 Riker's means that they will be last. The current
20 plan will move women to a borough-based facility in
21 Queens, but most women, specifically 33% are charged
22 in Manhattan, followed by Brooklyn with 19%, where
23 Queens only represents 15%. If the city was actually
24 committed to being guided by the principals of being
25 centrally located near the courthouses and by public

2 transit, the new women's borough-based facility would
3 be in Manhattan, not Queens and I strongly urge you
4 to talk to your colleagues about that. Secondly, we
5 need more data transparency as everyone has been
6 saying before. Through the help of our partners, we
7 have been able to receive a semi-public data set
8 about every woman and gender expansive person on
9 Riker's Island, and yet, we've still been unable to
10 see things like the definitive number of pregnant
11 women. How do you not know how many pregnant women
12 are in your custody? It's not that hard of a
13 question, but we do know things like that there were
14 276 women in custody in mid-March and 19% were there
15 for parole violations, 14% had misdemeanors, 15% had
16 cash bail below \$10,000, 20% had cash bail below
17 \$20,000, and 25% had cash bail below \$50,000, 24%,
18 one-fourth, were charge were property crimes. We are
19 valuing people's property over people's lives, and 7%
20 were charged with drug crimes. We could decarcerate
21 a majority of these women and gender expansive people
22 today if the city made more publicly available data,
23 so advocates in the community ...

24

SGT. MARTINEZ: Time expired.

25

2 JORDYN ROSENTHAL: Could talk on people's
3 behalf one-by-one. I urge the City Council to push
4 MOCJ to enter into a data agreement with the Women's
5 Community Justice Association so we can work together
6 to decarcerate woman one-by-one. Thank you for your
7 time and I look forward to working with you.

8 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

9 Thank you. Next, we will hear from Sharon White
10 Harrigan, followed by Debra Rigano, and then Danielle
11 Minelli Pagnotta.

12
13 SGT. MARTINEZ: Clock is running.

14 SHARON WHITE HARRIGAN: All right, thank
15 you to the Committee Chair Powers and Diaz and to all
16 the Members of both Committees, and CM Rosenthal for
17 bringing these very important issues to the
18 forefront. My name is the Reverend Sharon White-
19 Harrigan. I am the Executive Director of the Women's
20 Community Justice Association, also known as WCJA. I
21 am a member of the Faith Community for Just Re-Entry
22 and a Leader of the Justice for Women Task Force
23 under WCJA, and I am, most importantly, a survivor of
24 Riker's Island and I am representing the 271 women
25 currently on Riker's Island and all the other women

1 who are unable to make it here today. In 2019, the
2 decision was made to close Riker's Island because of
3 the brutality, horrendous conditions, torture, lack
4 of adequate care, violence, rape, toxicity, zero
5 respect, moralities, lack of regard, corruption; why
6 are the women still there? There are over 80% that
7 are mothers, over 89% black and Latinos, and 100%
8 that are traumatized. If the city is paying
9 \$445,000.00 a year for women to be detained,
10 contained, and defamed, why are we not talking about
11 a full decarceration plan to move the women out. Why
12 are we not having a hearing to re-allocate the money
13 into the community and scale up and build out more
14 alternatives to detention and incarceration? Why are
15 we not getting the women reunified with families,
16 healings and wellness centers that address women's
17 health, mental health, trauma, substance use issues,
18 poverty, and homelessness. Why are still locking up
19 pregnant women and not diverting them to specialized
20 services for women and children when they can get
21 birthing coaches and doulas? Why are we not using
22 the \$45,000.00 to bail out every woman and provide
23 them with a holistic plan to healing? Why are we not
24 talking about ... (crosstalk).
25

2 SGT. MARTINEZ: Time expired.

3 SHARON WHITE-HARRIGAN: Accountability?

4 Why are we not talking about how the impoverished
5 black and brown communities continue to be targeted,
6 especially the women? Why is the city not
7 acknowledging the part they continuously play in the
8 perpetuating violence and trauma against women every
9 day that the women remain at Riker's Island? Again,
10 why are we here and why are the women still there?
11 Release the women off of Riker's Island, bring them
12 into the community.

13
14 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

15 Thank you. Next, we will hear from Debra Rigano,
16 followed by Danielle Minelli Pagnotta, and then
17 Allison Wilkey.

18 SGT. MARTINEZ: Clock is running.

19
20 DEBRA RIGANO: Hi, name is Debra Rigano.

21 I'm here on behalf of Our Children. I'm the Director
22 of Jails and Prisons for the Our Children Program,
23 and just to say that we, (inaudible) correctional
24 facilities, we run the family service program there,
25 and we run the family assistance program at the Rose
M. Singer Center on Riker's. In addition, we have

2 community-based programs that include transitional
3 housing, a back-to-work program and supporting women
4 on work-release from (inaudible) correction facility.

5 We also have had a weekly person in Riker's as
6 advocates for over a decade. I'm going to focus on
7 three different things, the doula information, and
8 then the video visiting and in-person, and then
9 Riker's itself. So, the doula information is that we
10 have many, many years of experience in the nursing in
11 Bedford Hills, so we have a doula program there and
12 it's an especially useful supplement to the existing
13 (inaudible) to the existing Riker's Nursery Program.

14 Those are associated with much higher rates of
15 breastfeeding which is important to short- and long-
16 term health of baby and mother. Rate of upper
17 respiratory and other infections go way down the
18 first year of life when breastfeeding is present.

19 When post-partum doulas are present, rates of post-
20 partum physical and emotional complications go down
21 because they are aware of and looking for signs of
22 medical and emotional distress in the days and weeks
23 that follow the birth. When a mother has the support
24 of the doula post-partum, rates of post-partum mood
25 disorders either go down or are address quickly.

2 Women have the choice to receive doula service that
3 are incredibly important for the woman's wellbeing,
4 and they are happier and calm when they have that
5 necessary support. As far as the video visits,
6 according to the Institute for Justice, research
7 shows that prison visits are vital to the success of
8 incarcerated people reducing reoffending,
9 facilitating re-entry to the community, and promoting
10 positive parent/child relationships. Video visits
11 fill the gap and compliment in-person but will not
12 replace them ... (crosstalk).

13 SGT. MARTINEZ: Time expired.

14
15 DEBRA RIGANO: Okay, I'm done, no? And
16 Our Children passionately believes there is no
17 substitution for in-person visiting when it comes to
18 children visiting their parents. In addition, video
19 visits scheduling days were not conducive to many of
20 the families with school-aged children or working
21 guardians. There are certainly some things that need
22 to be reconsidered as times and when most children
23 are in school. Also, we heard that a lot of the
24 people don't have WIFI, so just kind of getting the
25 current system that we have that needs to be done or
whatever, so that more people can see their children.

2 As (inaudible) Riker's, we agree much that is in the
3 MOCJ plan and believe smaller jails, carefully
4 designed and newly administrative will lead to
5 correcting many of the ills of Riker's. If we are
6 serious about the goal of helping women return to
7 their families and communities, accessing better life
8 skills than they exhibited before, we need a site
9 where programs and policies are designed for women,
10 and not simply a (inaudible) of a male facility.
11 Thanks.

12 CHAIR POWERS: Thanks, thank you.

13
14 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
15 Thank you. Next, we will hear from Danielle Minelli
16 Pagnotta, followed by Alison Wilkey, and then Noa
17 Watford.

18 SGT. MARTINEZ: Clock is running.

19
20 DANIELLE MINELLI PAGNOTTA: Good
21 afternoon. Thanks to Chairs Diaz and Powers and the
22 Members of the Committee for holding this hearing and
23 inviting public testimony. Thanks also to Council
24 Member Rosenthal for your questioning earlier today.
25 I'm Danielle Minelli-Pagnotta, and I'm the Executive
Director of Providence House, a non-profit founded in

2 Brooklyn over 40 years ago, now serving more than 400
3 women in families impacted by homelessness, mental
4 health issues, justice involvement at our nine
5 transitional and permanent residences throughout the
6 borough. We're proud to share this work with other
7 organizations as a part of the Women's Community
8 Justice Association and the Beyond Rosie's Campaign.
9 I'm also speaking as a New York native and a resident
10 of Queens, and in all of these capacities, I feel
11 that closing Riker's Island, in particular Rosie's
12 should remain among the city's and City Council's
13 very top priorities until every person is off that
14 island. There's no call that wastes two minutes for
15 counting the well-known reasons for closing Riker's.
16 The events of the past year have done more to only
17 highlight the horrible conditions for New Yorkers
18 held there and further shown the more imperative to
19 immediately change the way justice is perceived and
20 pursued. Simply, there is unnecessary suffering,
21 lives ruined for no reasons, and outrageous injustice
22 going on every day here in this city. Near the top
23 of the articles of agreement that the city adopted in
24 October 2019, was a resolve to increase ATI funding.
25 I encourage you all to create and sustain as much

2 urgency around that priority as you can. Providence
3 House along with other fine organizations represented
4 here are currently operating residences that serve as
5 alternative to the dehumanizing and unsafe
6 confinement at Riker's. There are solutions that
7 keep women in the community, connect them with
8 services to address mental health issues and other
9 needs, support them in developing healthy
10 relationships and more productive patterns in their
11 lives, and more importantly, avoid further trauma,
12 isolation and alienation. This is especially
13 important for programs like the one that we run at
14 Providence House which reunites women with their
15 children and prevents the trauma from rolling into
16 other generations. These are excellent alternatives
17 ... (crosstalk).

18 SGT. MARTINEZ: Time expired.

19
20 DANIELLE MINELLI-PAGNOTTA: To Rikers, and
21 I would urge the Committees to work with MOCJ to
22 release the RFP that was previously referenced for
23 transitional housing. We all stand together running
24 to respond to the RFP and provide more transitional
25 and permanent housing resources in the community that
lead to more decarceration to closing Riker's, and

2 most importantly closing Rosie's right away. Thanks
3 for all of you and for your time today.

4 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

5 Thank you. Next, we will hear from Alison Wilkey,
6 followed by Noa Watford, and then Minister Dr.
7 Victoria Phillips.

8
9 SGT. MARTINEZ: Clock is running.

10 ALISON WILKEY: Good afternoon. My name
11 is Alison Wilkey, and I'm the Director of Public
12 Housing at the John Jay College Institute for Justice
13 Law Opportunity. In 2017, we issued a report on
14 women incarcerated in New York City. Unfortunately,
15 many of the findings of that report are as relevant
16 today as they were four years ago as others have
17 testified. While the number of women has dropped
18 since we issued that report, there remains much to
19 do, but with the right policy changes and
20 investments, it is absolutely feasible for New York
21 City to come close to eliminating the incarceration
22 of women. We heard the data from WCJA, it is
23 absolutely possible for us to decarcerate to Rosies
24 and end the incarceration and the harm that comes to
25 women, but to do this, the city must address the

housing needs of those impacted by the criminal legal system. Upon admission to Riker's, 21% of women identified as being homeless or having unstable housing, and 32% identified as being homeless or having unstable housing upon release from Riker's. Overall, formally incarcerated women are more likely to be homeless than formally incarcerated men, and this is a racial justice issue. Black women experience the highest rates of shelter and homelessness, nearly four times the rate of white men, and twice as high as the rate for black men. Lack of access to housing is relevant to reducing incarceration at Riker's in two ways. First, when people are released from jail, lack of stable housing makes it difficult for people to reconstruct their lives and achieve economic stability and care for their families and too often, this puts people in the precarious position of trying to meet basic survival needs. Second, many alternatives to incarceration and treatment programs are difficult to access and complete successfully without a stable home. As Dana Taplin from MOCJ said earlier, the hotels are at capacity and as Chair Diaz very personally talked about transitional housing isn't permanent housing;

2 although those programs are doing amazing work, but
3 the City Council can take a tremendous step to
4 addressing the needs of formally incarcerated people
5 by passing Intro 2047, the Fair Chance for Housing
6 Act. The Bill would eliminate the use of conviction
7 records in housing and increase access for the
8 117,000 New York ... (crosstalk).

9
10 SGT. MARTINEZ: Time expired.

11 ALISON WILKEY: City Women who have a
12 conviction. The passage of the Bill would increase
13 access to housing, help women exiting Riker's, all
14 without cost to the city, all without having to build
15 new housing, and all without having to wait for RFPs.
16 The City Administration supports Intro 2047 and the
17 City Council needs to act now and vote on it at the
18 next dated meeting so that we can continue to
19 decarcerate Riker's and achieve justice for women.

20 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
21 Thank you. Next, we will hear from Noa Watford,
22 followed by Minister Dr. Victoria Phillips, followed
23 by Sister Eli.

24
25 SGT. MARTINEZ: Clock is running.

2 NOA WATFORD: Hello. Can you hear me?

3 SGT. MARTINEZ: Yes.

4 NOA WATFORD: Hello?

5 CHAIR POWERS: We can hear you.

6
7
8 NOA WATFORD: All right. I have bad
9 service. I apologize. So, on behalf of Youth
10 Justice Network, formerly known as Friends of Island
11 Academy, I thank the Committee on Criminal Justice
12 and the Committee on Women and Gender Equity for the
13 opportunity to address you. My name is Noa Watford.
14 I'm a Senior Youth Advocate at Youth Justice Network
15 serving young women, transpeople, and gender non-
16 binary people at Rose M. Singer Center. I remember
17 (inaudible) when she was around four months pregnant
18 and incarcerated at Rosie's in the pregnancy ward.
19 She was in good spirits and throughout her pregnancy,
20 despite the stress of a trial and pending court
21 dates, made an effort to engage with program, her
22 advocate, and was planning for her child and her
23 future. As her due date approached, my colleague and
24 Director of the (inaudible) and I walked her through
25 the process of childbirth, excuse me, driven to the
hospital, only given a few moments with her baby and

2 then her baby will be taken away. Her due date
3 approached and as expected, she was taken to the
4 hospital for 24-hours to have her baby. When we next
5 saw her, she was this trouble person we had last
6 spoken to. The correctional officers on duty
7 informed us that she had come back from the hospital
8 and had been in her bunk for seven days without
9 showering or eating. When we finally spoke to her,
10 she told us, I held my baby for only a few minutes,
11 then they took him away, gave me a pad and told me to
12 get running to go back to Rosie's. Nobody asked if I
13 was okay, nobody told me how I could see my baby
14 again. Throughout my years of working inside of
15 Rosie's, I've heard firsthand about the young women,
16 about the trauma they face on a daily basis, cruelty
17 at the hands of the correctional officers.

18 (inaudible) shown that the separation is incredibly
19 hard for both mothers and children. For babies,
20 separation from a mother at birth can lead to
21 multiple, severe emotional and behavioral problems
22 later on (inaudible) psychologically traumatizing and
23 has been shown to increase the risk of (inaudible).
24 Riker's actually has a nursery facility where women
25 can nurse their babies for up to a year. Women must

2 apply for this privilege and according to DOC
3 documentation, in the last five years, 26 women have
4 applied for the nursery, 11 applications have been
5 approved, and only 5 children have been admitted to
6 the nursery. I personally haven't witnessed any
7 young women using the nursery, none of my
8 participants have reported to using the nursery as
9 well.

10 SGT. MARTINEZ: Time expired.

11
12 NOA WATFORD: Additionally, advocacy and
13 support services lift up (inaudible).

14 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
15 Thank you. Next, we will hear from Minister Dr.
16 Victoria Phillips, followed by Sister Eli, followed
17 my Zoey L. Thill.

18
19 SGT. MARTINEZ: Clock is running.

20 MIN. DR. VICTORIA PHILLIPS: Peace and
21 blessings. Can you hear me?

22
23 SGT. MARTINEZ: We hear you.

24 CHAIR POWERS: Yes.

2 MIN. DR. VICTORIA PHILLIPS: Okay, my
3 name, peach and blessings, I'm Minister Dr. Victoria
4 Phillips. Everyone calls me Ms. V. Excuse me if I
5 talk fast, I had brain surgery, and I know you all
6 don't give time for people with disabilities. I
7 don't have a speech. I want to hit on some bullet
8 points. First and foremost, I want to say this is
9 2021. Why doesn't City Council still have a hotline
10 for the incarcerated individuals to call in and to
11 give you their own testimony? I've asked that
12 several times on the record. Second, when City
13 Council hears from the public, I think it's really
14 important that you put us first so that you can ask
15 DOC questions in real time and get real answers and
16 responses. It's horrible that you make us go last.
17 Third, I would like to say that you mentioned
18 earlier, Commissioner (inaudible) I support all the
19 Bills, but you mentioned Commissioner Brown supports
20 developing a training or a plan; don't ask
21 Commissioner Brown to develop anything. In her
22 entire time here, she has shown no leadership. The
23 Federal monitor report has given ten reports of lack
24 of leadership and lack of accountability. This
25 Council needs to take a stand against it and make it

2 change, right. So, I want to say she has also
3 testified to this Council that her most dangerous
4 population was the young adults. I sat in
5 (inaudible) Department of Corrections Adolescence and
6 Young Adults since its beginning, for six years. The
7 entire time of COVID, they have not had us meet.
8 Before COVID started, AC Torres (SP?) said that she
9 wanted to discontinue, but she wouldn't discontinue
10 the group because she knows I would run to City
11 Council. So, hold them accountable. Fourth, I want
12 to say, when we talk about the City Council, Human
13 Rights should be here, Finance should be here, Women
14 and Gender Healthcare, all of your committees are
15 responsible for the people in DOC custody, and so
16 often I see DOC lie to the Board of Corrections and
17 the very next day they'll come and tell City Council
18 something different. Enough of that. Have your
19 staff attend these meeting. Even if I miss a
20 meeting, I listen to the meeting while I'm cleaning
21 my house. There is no excuse any longer ...
22 (crosstalk).

23 SGT. MARTINEZ: Time expired.

24
25 MIN. DR. VICTORIA PHILLIPS: Any longer
for you not to be aware of the things that DOC is

2 saying in the capacity of your constitutes, and I
3 also want to say investigations, I advocated for
4 money for investigating youth to actually occur.
5 Hold them accountable. They give you riddles with
6 the data. The numbers don't match, and DOC does
7 their own reports and it doesn't even match what
8 investigators or CHS do. Hold them all accountable.
9 There's no PPE still, no cleaning supplies, and 53%
10 of people incarcerated have a mental health concern.
11 Mental health should be coming around more than every
12 28 days and should not have to be placed on a mental
13 health or (inaudible) as well. You should not have
14 to be a part of Brad H to be given mental health
15 services. If you request it, it should be given
16 because that's your human right, and I'll end there.
17 Peace and blessings. Chair, please, I want to talk
18 to you on the side. Council Member Rosenthal, I want
19 to talk to you because I have so much wealth of
20 information. Thank you, thank you, thank you for
21 using my questions today cause for over 10 years,
22 I've been coming to the City Council and a lot of you
23 ignore the things I say on the record, and it does
24 not make sense because lives are on the line and
25 this, you all have an accountability that we all have

2 to do our part. Thank you so much. Peace and
3 blessings.

4 COMMITTEE COUNSEL AGATHA MAVROPOULOS:

5 Thank you. Next, we will hear from Sister Eli,
6 followed by Zoey Thill and then Cecily McMillan.

7
8 SGT. MARTINEZ: Clock is running.

9
10 SISTER ELI: Good morning Kings and
11 Queens. My name is Sister Eli. I'm a graduate of
12 Women's Prison Association Leadership and Media
13 Project and a Member of the Justice for Women COVID-
14 19 Taskforce. Did you know that I had to seek these
15 programs out for myself? No referrals were made by
16 New York City probation to assist me and my child be
17 successful in the community. Over 90% of women and
18 gender expansive people are detained at Riker's or
19 held at Rose M. Singer. In mid-March of 2021, 19%
20 were for parole violation. In mid-November of 2020,
21 23% had been diagnosed with a serious mental health
22 illness like my mother who was suffering from grief
23 and my father dying and a psychotic break. One night
24 she was pushed by a Greek male, whom she pushed back.
25 They began (inaudible) and when the police arrived,
only she was arrested and charged with a felony. She

2 was always from her family, unable to pay rent,
3 unable to participate in her defense, and unable to
4 participate in community programs for several months.
5 While detained, she refused to shower because another
6 woman with mental illness often defecated in the
7 showers. She witnessed correction staff being
8 disrespectful and unprofessional in the way they
9 spoke and had inappropriate relationships with people
10 detained that they have power and control over. Yet,
11 the women and gender expansive people are expected to
12 respect each other and staff. In past reports, 60%
13 of sexual assault were against officers. Why are we
14 not complying to PREA? There is no such thing as
15 consent when you are in DOC custody. With these and
16 many other issues being reiterated today, it makes
17 logical and physical sense for Rose M. Singer to be
18 the next Riker's location to close. We don't need a
19 smaller location in Queens County because the
20 majority of open cases are in Manhattan. We need
21 investments in our community and alternatives to
22 incarceration because women are insnared in the
23 system due to poverty, drug addiction, mental
24 illness, sexual assault and criminalized for
25 surviving ... (crosstalk).

2 SGT. MARTINEZ: Time expired.

3 SISTER ELI: We need programs to address
4 these needs. We deserve stability. Thank you for
5 your time.

6
7 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
8 Thank you. Next, we will hear from Zoey Thill,
9 followed by Cecily McMillan.

10 SGT. MARTINEZ: The clock is running.

11
12 ZOEY THILL: Hi. Can everyone hear me?

13 CHAIR POWERS: We can hear you.

14
15 ZOEY THILL: Thank you. Good afternoon.
16 I'm Dr. Zoey Thill. I was, for a short time, a
17 physician in the city jails, but before that, I was a
18 primary care doctor in the Bronx. I took care of
19 families with missing members and I saw how
20 incarceration complicated decisions about childcare
21 and schooling as many folks have already described.
22 I took care of folks who had been incarcerated and
23 saw how their struggles to get good jobs or housing
24 afterwards impacted their families, community health.
25 Jail is disruptive, and I always knew that, but once
I became a jail doctor and saw it with my own eyes,

2 the inhumanity of the place, I became absolutely
3 committed to ending the institution. I will comment
4 and submit written testimony on the Intro 1209
5 related to doulas and midwives but let me first
6 underscore that taking better care of people inside
7 cannot be our ultimate goal. As many have said, we
8 need to get people home, back to our families and our
9 communities, and we need to close Rosie's and all the
10 jails. Doulas and midwives are essential advocates
11 for pregnant birthing people. Having a doula is
12 associated with improved birth outcomes including
13 reductions in low-birth-weight babies and fewer
14 maternal and infant complications. For people in
15 custody, having a doula in the room during labor and
16 delivery will mean having an additional advocate.
17 I've heard from colleagues in labor and delivery
18 rooms from across the city that patients continue to
19 be shackled in labor, even despite policies
20 prohibiting that practice. Patients don't always
21 know their rights, but a trained doula will, and to
22 that end, I believe that language in Intro 1209
23 allowing DOC to override a patient's right to a doula
24 or midwife should be removed from the Bill entirely.
25 As someone who recently pushed a baby out of my

2 vagina and can therefore test to all consuming nature
3 of the birthing experience, I assure you there is
4 absolutely no birthing person that is a security
5 risk. Thank you for holding this meeting and thank
6 you for allowing me an opportunity to testify.

7
8 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
9 Thank you. Next, we will hear from Cecily McMillan.

10 SGT. MARTINEZ: Clock is running.

11
12 CECILY MCMILLAN: Hi. I am Cecily
13 McMillan, and I am a survivor of Riker's, and I am
14 appalled. It has been five years since I've attended
15 one of these meetings. It has been nearly seven
16 years since I was released from Riker's. I have read
17 a book published by Hashet (SP?) through Nation Books
18 and yet, everything we're talking about is covered in
19 six different notebooks, and I can't believe that
20 we're still talking about the things that I risked my
21 life to talk about in the media, to talk, that I got
22 kicked out of New York for because the correction
23 officer said you can leave or see what happens. I
24 can't believe that, I cannot, and I talked about this
25 stillborn fetus that I watched get born in a waiting
cell. I can't imagine I'm sitting here talking to

2 all about when the only time in the whole of my
3 Riker's existence that women talked about responding
4 violently ever was that a woman was being shackled
5 and (inaudible) activists had to say, I'm not going
6 to stand against the women of Riker's, I'm not going
7 to stand for this. I can't believe that we're still
8 taking about sexual misconduct after I came up and
9 talked to some these members here. The woman who had
10 to hold semen in her mouth as a sample in order to
11 report on the two guards. I cannot believe that I
12 lost my entire life there, that I am now at my first
13 house, getting my first lease, seven years it took
14 me. I had my PhD work completed. I have actually
15 read all these books, but it took me seven years to
16 get this lease and I have to move out because of mold
17 poisoning and I'm going to back to being
18 homeless, and I cannot believe that I risked all
19 of these to sit here and have this conversation again
20 seven years later. Please, for the love of God, make
21 some changes. Get these women out of prison. Let
22 these babies be born. My best friend ... (crosstalk).

23 SGT. MARTINEZ: Time expired.

24
25 CECILY MCMILLAN: Called Rosie's babies
because all of the women who were born in Riker's and

2 continue to return. How is this Bill a thing?

3 Please.

4

CHAIR POWERS: Thank you.

5

6

COMMITTEE COUNSEL AGATHA MAVROPOULOS:

7

Thank you. This concludes the public testimony. If

8

we have inadvertently forgotten to call on someone to

9

testify, if that person could please raise your hand

10

using the Zoom raise hand function, we will hear from

11

you now. Seeing now hands, I will turn it over to

12

Chair Powers to close the hearing.

13

CHAIR POWERS: Thank you everyone for

14

sticking with us and testifying and sharing your own

15

personal stories as well as adding in a voice to

16

issues that I definitely needed. I want to thank

17

Chair Diaz and also Council Member Rosenthal for

18

their thoughtfulness and their of course, advocacy

19

here, and Council Member Rosenthal for her

20

Legislation as well. Before I close it out, I want

21

to just see if Chair Diaz, if you had any closing

22

comments.

23

24

CHAIR DIAZ: I just, I want to thank you

25

all that testified today. Again, what I bring to the

Council, my life experience, the last person that

2 spoke for me, to me being at St. Mary's Hospital, 19
3 years old, I was ready to give birth, and they
4 weren't listening to me. They thought I was just
5 being over emotional and do not know what I was
6 experiencing. I screamed until I got attention. A
7 few minutes later, my daughter was born. So, again,
8 I'm sorry for hardship. As a woman, I get it. I
9 understand it. Giving birth is hard. It's hard as
10 is, and being shackled, is human rights, and then
11 (inaudible) my understand is that there's
12 conversation about being able to choose whose
13 touching your body, rather a male or a female. That
14 should also be considered a human right, so I will be
15 getting together with my colleagues in supporting
16 that Bill. Thank you for the opportunity to have
17 (inaudible) comments. Enough is enough. Thank you.

18
19 CHAIR POWERS: Yeah, thank you, thank you
20 Chair Diaz.

21 COMMITTEE COUNSEL AGATHA MAVROPOULOS:
22 I'm sorry, we have one more person who is here to
23 testify. Susan Shah.

24 CHAIR POWERS: Hi Susan, okay, go ahead.

25
SGT. MARTINEZ: Clock is running.

2 SUSAN SHAH: Hello. Sorry about that
3 before. Good afternoon Chair Powers, Chair Diaz and
4 members of the Committees of Criminal Justice and
5 Women and Gender Equity. My name is Susan Shah, and
6 I'm a Managing Director for Racial Justice at Trinity
7 Church Wall Street. Trinity is an active episcopal
8 church just down the street from City Hall with more
9 than 1600 partitioners. In addition to our ministry,
10 we have an established grants program that provides
11 more than \$20 million in annual grant funding to New
12 York City organizations that are working to end the
13 cycles of incarceration and homelessness. We are
14 proud to support a number of the New York City
15 organizations that are proving the potential for
16 combining housing with re-entry services for justice
17 involved women and families. Last year, earlier in
18 the pandemic, Trinity Church helped to form Faith
19 Communities for Just Re-entry which is a coalition of
20 over 40 faith leaders from across the city that seek
21 to address the urgent needs of those being released
22 from jail and ensure they are safe and set up to
23 succeed in the community. As everyone has said,
24 today, New York City's jails have failed women. The
25 city must do more to protect the wellbeing of

2 incarcerated women in all of the city jails. Trinity
3 recommends that the city implement the following five
4 measure to protect the wellbeing of incarcerated
5 women and other leaving city jails. I will just list
6 these recommendations now and you can find additional
7 detail in my written testimony. First, we must issue
8 ID NYC cards to everyone upon release from city jails
9 so they can access housing, healthcare, employment,
10 and other vital services. Second, we need to ensure
11 that individuals released from jail have immediate
12 access to Medicaid coverage upon discharge. Third,
13 we must ban housing discrimination on the basis of
14 arrest or criminal record and increase the value of
15 city financed housing vouchers. We ask that the City
16 Council quickly pass both Intro 146 and 2047.
17 Fourth, we ask that you provide everyone..

18 SGT. MARTINEZ: Time expired.

19
20 SUSAN SHAH: In jail with access to the
21 COVID-19 vaccine as well as COVID testing, and
22 finally that you develop a coordinated re-entry
23 system to guarantee the safety and success of
24 everyone when they return to the community from jail.
25 Thank you very much for providing me with this
opportunity to testify.

2 CHAIR POWERS: Thank you, Susan. Very
3 good closing argument there for all of us, but
4 undoubtedly, we have work to do. The Fair Chance
5 Housing Act which you mentioned, I'm a sponsor of,
6 and Introduced with Council Levin. The Increasing
7 the City's Vouchers, other things we talked about,
8 re-entry, which is only one part of the equation, but
9 certainly a big part of it, make sure we create
10 stability here, and I want to thank Trinity for your
11 work and our partnership in terms of focusing on the
12 re-entry (inaudible) ID NYC aspect of that, which is
13 just a simple measure we can push for, to make it a
14 little bit easier for people to restart their lives,
15 so, thank you for that and thank you for your
16 testimony, and with that, we are going to close out.
17 Thank you everybody, our staff, your testimony, this
18 Legislation, taking feedback, and of course, going
19 back to the Department of Corrections with or follow
20 up the need for information and data. So, if you
21 want to reach any of us, you can email us and reach
22 out to us, thank you to Council Members who stuck
23 with us and asked questions, thank you to everyone
24 for your patience through a long hearing, but thanks
25 everyone, and please get vaccinated and continue to

2 wear a mask and be safe and healthy. We'll see you
3 soon. Thanks so much. Bye everybody. Thanks.

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C E R T I F I C A T E

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



Date June 13, 2021