NEW YORK CITY
BOARD OF CORRECTION

June 9, 2020 PUBLIC MEETING MINUTES

ATTENDEES

MEMBERS PRESENT
Jennifer Jones Austin, Esq., Chair
Stanley Richards, Vice-Chair
Robert L. Cohen, M.D., Member
Felipe Franco, Member
James Perrino, Member
Michael J. Regan, Member
Jacqueline Sherman, Esq., Member

Margaret Egan, Executive Director

MEMBERS ABSENT
Steven M. Safyer, M.D.

DEPARTMENT OF CORRECTION
Cynthia Brann, Commissioner
Hazel Jennings, Chief of Department
Brenda Cooke, Chief of Staff
Dana Wax, Deputy Chief of Staff
Timothy Farrell, Senior Deputy Commissioner
Heidi Grossman, Deputy Commissioner for Legal Matters/General Counsel
Patricia Feeney, Deputy Commissioner for Quality Assurance and Integrity
Judy Gill, Deputy Commissioner
Faye Yelardy, Assistant Commissioner of PREA
Jean-Claude LeBec, Assistant Commissioner of Strategic Initiatives
Steven Kaiser, Executive Director of Policy and Intergovernmental Affairs
Brian Charkowick, Executive Director of Infrastructure & Operations
Yanique Calvert, Operations Administrator
James Boyd, Assistant Commissioner of Internal Communications
Maura McNamara, Senior Policy Advisor
Nancy Li, Policy Analyst
Julia Szendro, Policy Analyst
Beatriz Gil, Strategic Planning Analyst
Jason Kersten, Press Officer
Juan Ramos, Adolescent Ombudsperson
Shante Alexander, OCGS Quality Assurance Administrator

Kristine McCormick, Captain
Rinzin Dorjee, Grant Writer
Wendy Reynoso, Program Administrator

NYC HEALTH + HOSPITALS - CORRECTIONAL HEALTH SERVICES

Patsy Yang, DrPH, Senior Vice President
Ross MacDonald, MD, Chief Medical Officer, Sr. Assistant Vice President
Michele Martelle, MPH, Assistant Vice President for Planning, Evaluation, and Reentry Support Services
Aaron Anderson, MPA, MSEd, Assistant Vice-President for Finance and Risk
Carlos Castellanos, Chief Operations Officer/Deputy Executive Director
Jeanette Merrill, MPH, Director of Communications and Intergovernmental Affairs
Giselle Cordero, Deputy Dir. of Communications and Public Affairs

OTHERS IN ATTENDANCE

Jennifer Parish, Urban Justice Center (UJC)
Elena Weissman, UJC
Doreen Odom, UJC
Victoria Phillips, Jails Action Coalition
Sarita Daftary-Steel, Just Leadership USA
Herbert Murray, Just Leadership USA
Frances Trousdale, Just Leadership USA
Charlotte Pope, Children's Defense Fund
Kayla Simpson, Legal Aid Society Prisoners' Rights Project (LAS)
Mary Werlwas, LAS
Emily Chazen, LAS
Mik Kinkead, LAS
Sandhya Prashad, LAS
Graham Ball, LAS
Elaina Ransford, LAS
Alexa Ornelas, LAS
Kalen Nehler, LAS
Claudia Forrester, Brooklyn Defender Services (BDS)
Simone Spirig, BDS
Irene Cedano, BDS
Martha Grieco, Bronx Defenders
Julia Solomons, Bronx Defenders
Tahanee Dunn, Bronx Defenders
Nicolas Sawyer, Bronx Defenders
Alana Sivin, NYC Council
Rachel Baker, NYC Council
Jack Storey, NYC Council
Chelsea Davis, NY City Hall
Joseph Thomas, NY City Hall
Wendell Walters, The Osborne Association
Alex Tereshonkova, The Emergency Release Fund
Amanda Maisel, The Emergency Release Fund
Julia Shaw, STEPS
Kelly Grace Price, Close Rosie's
Kimberly Mckenzie, Sylvia Rivera Law Project
Patricia Bailey, DANY

Jordyn Rosenthal, Women's Community Justice Association
Sharon White-Harrigan, Women's Community Justice Association
Martin Kaminer, Independent
John Jones, Independent
Jean Benincasa, Independent

AGENDA AND PUBLIC VOTES

1. Approval of May 12, 2020 Meeting Minutes (June 9, 2020 BOC Public Meeting Transcript ("Transcript"), at page 3)
    - After the item was moved and seconded, the minutes were unanimously approved, 7-0 (Chair Jones Austin, Vice-Chair Richards, and Members Cohen, Franco, Perrino, Regan, and Sherman).

2. Announcements (Transcript, p. 4)

3. Update on Board Staff's COVID-19 Work (Transcript, p. 7)

4. COVID-19 Response Update from DOC and CHS (Transcript, p. 14)

5. Update on DOC's Summer Heat Plan (Transcript, p. 53)

6. Public Comment (Transcript, p. 69)

A video recording of the meeting is available here.

NEW YORK CITY

BOARD OF CORRECTION

BOARD MEETING

HELD VIA VIDEO CONFERENCE

June 9, 2020

9:00 - 11:10 a.m.

June 9, 2020

MEMBERS PRESENT:

Jennifer Jones Austin, Chair

Stanley Richards, Vice-Chair

Robert L. Cohen, M.D., Member

Felipe Franco, Member

James Perrino, Member

Michael J. Regan, Member

Jacqueline Sherman, Member

Margaret Egan, Executive Director

June 9, 2020

(The public board meeting commenced at 9:00 a.m.)

MS. JENNIFER JONES AUSTIN: Perhaps we can begin and by the time CHS will have joined us. Is that acceptable?

MR. BENNETT STEIN: Yeah, I believe CHS has now joined.

MS. AUSTIN: Okay, well I can open up the meeting then. I want to begin by welcoming everybody to this Board meeting and thanking everybody for their participation. Our scheduled business will start by voting on the draft, May 12, 2020 Board meeting minutes, which Board members have received. I cannot see but I ask that a Board member ap-, move or vote to approve the minutes.

MS. MARGARET EGAN: Jackie is moving.

MS. AUSTIN: Wonderful.

MS. EGAN: Sure.

MS. AUSTIN: And I need another Board member to second the motion.

MS. EGAN: Bobby seconds.

MS. AUSTIN: Thank you. Are there any

edits concerning the minutes? Any debate concerning the minutes?

MR. STANLEY RICHARDS: Nope. I'm on, Stanley, my apologies everyone.

MS. AUSTIN: Good deal, I'm going turn it over to you in just a second, thank you. Thanks for your help.

MR. RICHARDS: Mm-hmm.

MS. AUSTIN: May I have a vote to approve the May 12, 2020 Board minutes, Board meeting minutes?

DR. ROBERT L. COHEN: Approved.

MS. AUSTIN: All in favor?

MR. JAMES PERRINO: Aye.

MS. JACQUELINE SHERMAN: Aye.

MS. AUSTIN: And I'm in approval as well. Not hearing any nays, the Board meeting minutes of May 12, 2020 are approved. We'll turn to the agenda for today's Board meeting.

And before we begin let me just say a few words concerning the events of the last two weeks that have been spurred by the tragic and unjustified death of George Floyd at the hands of

Minneapolis police officers, of the reckless killing of Brianna Taylor by Louisville police officers and the unprovoked taking of the life of a Ahmaud Arbery by two civilian men in Georgia. Every one of these losses, like the many that have preceded them for now 400 plus years in this country, many that we know about and then probably many, many more deaths that we never did learn of.

All of this is the result of systemic racism in law enforcement and criminal justice, and candidly speaking, everyday life in America for black Americans. As members of the New York City Board of Correction, it's our responsibility to help ensure that our city jails are safe and free of rules, policies and practices that perpetuate racism in the form of differential treatment and outcomes for persons of color, detained persons of color.

And over the next several months, working with all stakeholders we will examine our existing monitoring practices and make improvements and enhancements as needed to

effectively address incidental and systemic racism in the jails. This work will be slow. It will be hard, but it is necessary and on behalf of the Board I commit us to this work.

Let's move to the order of business. We have asked the department and CHS to provide an update on the response to the COVID crisis. Once again, the Board recognizes and thanks DOC and CHS staff and leadership for their collaboration, creativity and hard work through the pandemic.

I also want to recognize and thank advocates, defenders, families and friends, people in custody and providers for their advocacy and hard work in advocating for continued connection to community, access to care and services and information, transparent information on the pandemic. Finally, I want to thank the Board staff for their tireless work to monitor conditions in the jails, providing the public with much-needed information, raising issues for DOC and CHS and providing a space for people in custody, families, friends, advocates and defenders to raise their concerns as the

pande- pandemic has progressed.

I also want to again recognize the many DOC and CHS staff who've been working in the jails and putting their own health at risk in service to the city of New York. Many staff members, as we know have gotten sick during this pandemic and many have died. The Board sends our condolences to the family members to friends and colleagues of those who died. And we continue to send our wishes for good health to all the DOC and CHS staff who are sick or have recovered from COVID-19, as well as all the people in custody who are sick and who have recovered.

Before we hear from the department and CHS, Board of Correction Executive Director Meg Egan, will provide an update on the Board's work in the last month. Meg?

MS. EGAN: Thank you good morning before I turn to the Board's COVID update I wanted to acknowledge the death of a 38-year-old man in custody at Bellevue Hospital on May 22nd. His death was not COVID related, but we wanted to send the Board's condolences to his family and

friends.

In the last month the Board has continued to monitor and report on the Department of CHS's response to the pandemic and the general conditions in the jail. We have been working closely with the department, CHS, the defender organizations, advocates and others to identify and address issues as they arise. We are grateful for the collaboration of partnership we've received throughout all of us and I especially want to thank the Board staff for their tireless work.

As of June 1st, there were, there are, there were 346 people in custody who had confirmed COVID-19. This is a 12 percent decrease from a peak of 381 people on April 27th of 2020. Of those 346 currently in custody, 51 are currently under observation by, or as of June 1st, were currently under observation by CHS. This is an 82 percent decrease from a peak of 286 under observation on April 1st.

There have been three deaths in custody due to COVID-19. Through the hard work of many

criminal justice partners, the jail population has decreased by 31 percent from March 16th to April 29th, a decrease of 1,725 people from 5,557 on March 16th to a low of 3,832 people on April 29th. Since April 29th jail population has increased slightly with a population on June 2nd of 4,014. Admissions have also increased. The week of March 31, 2020, there were 101 people admitted to the jail. The week of May 12th, there were 261 people admitted to the jail, which was the highest point since March 16th. And the week of May 26th, there were 236 people admitted to the jail.

While we have not seen a dramatic increase in jail admissions through the protests, we will continue to monitor the jail population and admissions through the pandemic and the protests.

Since May, the Board's, sorry, since May the, the Board, our May meeting, the Board staff has continued to provide a daily public report. Beginning this week, we will move, be moving from a daily report to a weekly report format with the

data for the previous week posted every Wednesday afternoon. As we did in May, we are, today we are posting a file that provides each, provides each day's data in one place and we will continue to provide that data file on a monthly basis as well.

This morning, we are publishing two reports. The first is our second report monitoring the response in the, in the jails via the Genetec surveillance cameras. This report covers Apr-, the time period from April 19th to April 30th and again monitors social distancing, the use of PPE among staff, use of masks among people in custody, phone access and cleaning and DOC rounding practices in cell units.

Board staff observed housing areas were used for confirmed COVID-19 patients, symptomatic individuals unlikely exposed by asymptomatic individuals or otherwise known as quarantine areas. Given the dates of observation, the department was not able to implement the recommendations from our first report and across all social distancing metrics, the findings in,

in this report are similar to the, to those found in the Board's prior report.

Board staff observed high, a higher percentage of staff wearing masks correctly and a slightly lower percentage of people in custody wearing masks correctly. Phone sanitation findings were similar to the prior reporting period and Board staff observed more consistent staff rounding in cell units

The department and CHS have created reasonable guidelines for people in custody and staff to follow in order to minimize the spread of COVID-19. It appears there is PPE available as necessary and the department has made efforts to distribute written public health communications. However, our Board staff continue to find issues with people in custody and staff following the guidelines.

Compliance with public health guidance is an issue in the jails, just as it is in the communities. The jails, however have particularly, particular barriers to compliance, and particular risk considering the congregate

setting and structure of jails. Board staff recommend, recommends that the department and CHS work with DOHMH to develop and implement a new public health campaign to communicate the health risks and what actions people in custody and staff can take to protect their health and the health of those around them.

We also published an audit report of our review of complaints, concerns and requests for information received by the Department from March 5th, when DOC began tracking COVID related grievances, through April 30th.

In reviewing and presenting these findings, the Board seeks to understand the issues and concerns raised by people in custody and staff in the first two months of the COVID-19 pandemic to iden-, and to identify lessons learned and to inform the COVID response going forward.

Key findings include from, from March 5th to April 30th, DOC received a total of 5,351 grievances, which includes request for information. Nineteen percent of those

identified were COVID related. DOC staff and incarcerated individuals had similar concerns during March and April. Many needed more information or access to PPE to feel safe during the pandemic. Eighteen percent of all staff-related COVID grievances were filed by DOC staff or their families. Medical and mental health concerns about access and quality of care were the most frequent grievances received by OCGF.

The department in proportion of these increased during March in the midst of the pandemic as people were concerned about exposure to COVID-19 and wanted to know how to prevent the spread of the virus.

Again, I want to thank the Board staff for their great work as well as DOC, CHS and the defender organizations, advocates, people in custody and their families for their incredible work through all of this. I will now turn it over to DOC and CHS to provide their update.

UNIDENTIFIED FEMALE: [Unintelligible] [00:12:09].

DR. ROSS MACDONALD: Hi, can you hear

us?

MS. AUSTIN: Yes, hi, Ross.

DR. MACDONALD: Hi, Ross MacDonald, CMO for CHS. So the, the brief update that we have there's that the positive trends that we reported to you last time have continued and really deepened, so the current new cases of COVID that we're seeing really show us that we've broken the chains of transmission within the facility among patients who've been with us through the duration of this crisis. And really our attention has shifted to the new admission population, where we are continuing to see a substantial, but declining number of new cases day-by-day.

The Board report reflects a lot of this with consistent declines in every metric or improvements in every metric. We understand despite that success, that this remains an unknown situation. The policies and procedures that we've put in place have proven effective. But we have to remain vigilant for a potential next wave. And we know that at this point the risk primarily is coming from new admissions to

the jail system and they, the volume of those does threaten our success.

So, we're in a maintenance phase, remaining vigilant and primarily focused on new introduction of COVID from the community into the jail via new admissions.

DR. PATSY YANG: And this is the Board staff's finding, that most of the, the majority of the complaints that were medical about access and quality. Our own work in this area shows that most of the, over ninety percent of these complaints were not substantiated. But the majority of those that were substantiated were not so much about quality and access to care and as anxiety about COVID, whether they were getting it, how they're getting exposed, whether they could get medicine that could treat them or prevent them from getting COVID.

It was those kinds of, of, of complaints that, that we found to be valid. It reflects I think certainly among our patient population in a, in a more concentrated way than the rest of the city or the world, a high level of anxiety

about COVID, getting it, how to protect yourself from it what it meant if you had it, if you had symptoms or not and what those meant. And we took all of those very seriously, including increasing direct access for patients to call us, whether for mental health issues or physical health issues, directly from their housing areas to us.

DR. COHEN: I have some questions. Is CHS ready to prevent the population from increasing? I know that earlier in the epidemic, you were, you were, you were spectacularly involved in identifying persons at, at risk and assisting MOCJ and the [unintelligible] [00:16:07] bar and the attorney generals and the judiciary in, in releasing those patients.

So what, the, the numbers of 50-year-olds are going up right now, the number of people who are medically vulnerable are going up right now. What are you doing to, to, to keep the population of people at the greatest risk of severe illness off the island?

DR. YANG: So, thank you, Dr. Cohen.

It's Patsy again. We, we, as you well know, we have worked on compassionate release and, and alternatives to, to detention way before COVID happened. COVID simply gave us a, a, a greater opportunity to accelerate that that work and also created a greater awareness among our, the partners who make those decisions of the, of the utility and the urgency of making those decisions.

We continue to present lists, continue to review our patient population, we continue to advocate with the defense attorneys, district attorneys and courts. We continue to give lists of people who, who should be considered. I, I, you know, I think it's, it's a, it's a struggle and I, you know, to the extent that the Board can its voice to encourage change at that level, at the city level in terms of who's, you know arrested and admissions to jail and, and alternatives to incarceration, that would certainly help. We are certainly doing our part.

DR. COHEN: Well, we certainly want to support your leadership. Can you identify the

number of people who have been released in the past month, due to this kind of activity?

DR. YANG: You would have to get that from MOCJ.

DR. COHEN: So you don't, you don't have that information? I have some questions about testing. At, at our, at the last [unintelligible] [00:18:04], I believe that you said you were going to be testing new admissions. We've been trying to, to ask, we have tried to ask you directly prior to this meeting, to help us understand your testing of new admissions. Because when we count them, the, the, you report the number of tests that are done each day. And they, in our analysis, they don't correspond with the number of new admissions that are being reported each day. So are you currently testing all new admissions to the, to the facility and do you have any numbers to give to us on that?

DR. YANG: We are universally, yeah, we are we are universally offering testing to all new admissions. People do have the right to refuse, but so far, the, the positivity rate

among the new admissions has hovered between about five percent and six percent.

DR. COHEN: But when we, when the numbers that you give to us --

DR. YANG: Well, also, people are, new admissions are also, we work with the Department of Correction so that new admissions are cohorted, so it's not just testing that, that -- ob- obviously with this, with this disease, testing is, is just one, one weapon in the armament.

DR. COHEN: So, are you testing people when they come in to Manhattan House?

DR. YANG: I'm sorry, your question again?

DR. COHEN: [unintelligible] [00:19:33] admitted to, to, and then is sent to Manhattan House, which I understand is the new admission area generally, with some exceptions. Do they get tested? And when, what day do they get tested when they come in?

DR. MACDONALD: They're being offered universal testing on intake in Manhattan.

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DR. COHEN: And how many, when you say -- how many are not accepting? You're, they're being offered. I mean what percentage of people are not getting tested?

DR. MACDONALD: So, there is a refusal rate associated with the nasopharyngeal swab, which is a, an unpleasant test and some patients don't wish to engage in that when they're asymptomatic, as all of these patients are by definition. As Dr. Yang pointed out, there are housing procedures consistent with their acceptance of the tests. So, we're able to contain the introduction of COVID into the facility without mandating testing, which we would not do.

DR. COHEN: Percentage are not te-, are not getting the test?

DR. MACDONALD: Sorry, we didn't get that, Bobby.

DR. COHEN: If a hun-, if a hundred people enter MDC, how many get the tests, how many don't get the tests?

DR. MACDONALD: So, I think it's a

shifting target, Bobby. I don't have an exact number. We have, we're constantly refining our workflows as well. Initially we were not doing it as part of the intake admission and when we go back to, to reach people, the refusal rates seem to be higher. So more recently we've integrated it directly into the intake admission. So, I don't have an exact number for you and I think that's a number that's shifting over time. One of the, one of the --

DR. COHEN: I mean it didn't shift yesterday, Ross. It was, there was a certain number yesterday, right? I mean every day some people accept, some people don't accept, right. It doesn't shift.

DR. MACDONALD: I'm not getting your question Bobby. It's technically --

DR. COHEN: There are so many people, maybe it was M people came into the jail since you announced at the last, at the council meeting that you were going to be testing new admissions. How many of those people have been tested? How many people were not tested?

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DR. MACDONALD: I don't have that number handy. It's a, it, it is a, a significant percentage who --

DR. COHEN: I've been asking you this question periodically, Ross. I don't understand why you why you won't provide us with this piece of information.

DR. YANG: Because we don't have it, Bobby.

DR. COHEN: We've asked for it for weeks.

DR. YANG: We're not collecting that number. What, what we, what we are, what we are focusing on is trying to get people to agree to get tested. That's one issue the other, the other parts of it is --

DR. COHEN: So what, so what percentage of people --

DR. YANG: -- as everybody knows --

DR. COHEN: -- are getting testing?

DR. YANG: -- testing is one point in time -- Dr. Cohen, I'm just trying to answer you. Testing shows one point in time, gives people a

good feeling at one point in time. It's not the end all and be all. Cohorted housing and watching for symptoms and doing all the other things that we're looking at doing also helps inform when somebody can, can leave their new admission housing.

DR. COHEN: Okay. And the new admission housing is how long? How many days do people spend a new admission housing?

DR. MACDONALD: It's 14 days.

DR. COHEN: And are they tested on --

DR. MACDONALD: Depending on testing algorithms.

DR. COHEN: Are they tested on release from, from there?

DR. MACDONALD: Not currently.

DR. COHEN: Why? [unintelligible] [00:23:20].

DR. MACDONALD: We've not seen downstream transmission from what we're currently doing. We, as you know, Bobby, collaborate weekly with systems around the country. And as we're seeing shifting epidemiology, we're

reevaluating these decisions every week. One thing I would also point out is that, that the experience around the country is that when you offer widespread testing to asymptomatic individuals, the refusal rate is quite high. Some systems are seen in excess of 50 percent. We're not seeing that and we don't see the refusal as a barrier to preventing downstream transmission from new admissions, provided the volume does not overwhelm our, our systems.

DR. COHEN: And how long does it take for you to get your test results right now?

DR. MACDONALD: Sorry, Bobby.

MR. RICHARDS: Thank you --

DR. COHEN: I was wondering, the, the testing you're using, how long from the time of test to results?

DR. MACDONALD: It's been somewhat variable, as the volume in the city changes. So, we had gotten down to a 24-hour turnaround time. And more recently we've seen that increase again, a problem that we're troubleshooting with our laboratory partners.

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DR. COHEN: And then -- I, I have one other question, which is a question that Stanley asked at the last meeting, which was we, we, he was interested and I know the whole Board was interested in your quality analysis of the, of the, of the phone call system that you had. There appeared to be problems that we heard about the last time and we specifically asked for some, for a report on how that is working. Can you give that to us?

DR. YANG: If you're ca-, if you're talking about sick call triage, that was an initiative as part of our re-envisioning, as you remember well that even preceded COVID. It has nothing to do with COVID, it is supplementary, does not replace. We're happy to brief the Board separately or next month if you want a formal presentation of that. I apologize. I did not realize that you wanted -- the agenda said COVID update, not a re-envisioning of CHS. We can certainly talk to you about re-envisioning, as we did in February.

MR. RICHARDS: Yeah, that would be

helpful, Patsy, if we can get an update on, on how it's going.

DR. YANG: Sure. Sure, I'll do that.

MR. RICHARDS: And I want to just follow up with a question. First, I want to say thank you for your work. I know you are and your team is working really hard to try to figure this out and I just want to put on the record and say thank you to you and to DOC. Could you reflect and give us like what are the lessons learned in how CHS responded to COVID-19? What are those lessons learned that will be important to make sure that we implement in the new smallest borough-based system? Have you had time to reflect on that or are you still in sort of response mode?

DR. MACDONALD: So, that's a great question, Stanley and we have begun discussions on that question. I think it's -- I don't have an easy answer though. I think that this experience absolutely should prompt us to reevaluate certain elements of design. I think we saw the importance of ventilation, not

necessarily in, in specific medical isolation areas per se, but across an entire facility, in an indoor space where people are going to be living in, in a conjugate way.

I think that we, one of the design elements that was already in place was a more normalized living environment, around rooms, private rooms, you know hopefully moving away from calling them cells and that design is supported by what we experienced where people can keep social distancing because they have their own space and as much as possible analogous to like a small apartment.

So those are some things that jump to mind, but I think there's a lot of discussion that, that should be had in light of what we've experienced.

DR. YANG: Yeah, and I would just add that --

MR. RICHARDS: Yeah.

DR. YANG: -- I mean that CHS really did do a phenomenal job with, with -- and we were we were sort of the, the focal point of everybody's

attention and scrutiny in the heart of the global pandemic center, right and the fact that with all the scrutiny and all the sort of backseat driving, nobody said that we didn't something or we did something wrong. People, nobody has, has, has done that. And, and so the, the, the tsunami hit us before testing was even available. And so, I think the team was extraordinary creative and skillful and, and smart about using whatever tools we had.

The partnership that we had already with the Department of Correction is astronomically tighter and, and, and unified in purpose and, and operation and mission. And I, I see that only continuing to, to get stronger.

In terms of our workflows, we were able to capitalize on, on things that we've already been pioneers on including, you know, the whole model of therapeutic units where people, because of a clinical condition, were housed together, [unintelligible] [00:29:39] together, you know created a whole new designation that reflects that kind of a thing, where people are placed

because of where they are in, in a, in a clinical, in a disease spectrum or where their clinical needs are. We learned the utility of that, we knew that.

We were able to really capitalize on our, our technology, everything from telephonic access for patients directly and that was done in, in concert and partnership with the Department of Correction to really, really, using our, our telehealth capabilities. So that, that allowed us to augment, you know, the fact that we had no diminution at all in access and, and use utilization in our medical, our nursing, our mental health services during this period of time, despite the fact that, you know, patient-to-patient and patient-to, to-provider contact needed to be handled very carefully to avoid transmission. The fact that we had no reduction, and in fact some enhancement in, in clinical services and access, whether it was physical or mental health, both of which were, were more, more you know focused, because everybody was, was anxious and, and scared.

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And I think that the other piece is that, and this has been in, in planning, our reentry and our discharge planning work, has been cri-, has been critical, not only as we were able to get more people released, but just that people could be safely released. Both for the person who is getting released had a place to go and, and to get care and that the community wasn't scared that we were creating a pandemic by, by releasing more people. And that again was done with the partnership of the Department of Correction and we would expect it to continue that, that sort of processing as well, going forward. I don't know if that --

MR. RICHARDS: Yeah, I, I -- thank you because I think, I think there is an opportunity here for us to really reflect on what was done well and what can we learn from this. There was a number of variances requested for how people should either access medical or process be modified because of COVID. And I think we ought to be looking at what are the things that we should continue to do post COVID? And what are

the lessons learned from this that allow CHS and DOC to be nimble and effective, as you just described. So I think there is at some point an opportunity for us to really deep dive in what went well, what do we need to change that could continue to enhance both the collaborative relationship between CHS and DOC, and at the end of the day provide health and care to those who are in custody.

And finally, really establish, I think we established a, a protocol that CHS could be piv- pivotal in, in and diverting people from detention. And I'd like to see if we could somehow build that into the way that we operate going forward, so, so thank you.

MR. REGAN: Hey just, I agree with what's been said you have done a tremendous job. You know, the data and, and the loss of life numbers while each one was tragic, is amazing to me, amazing to me. And it has to be said, your partnership with the men and women in the Department of Corrections is extraordinary. This is, this is, the glass is like three-quarters

full to me. Alright, it's, it's, it's terrific stuff that you've accomplished.

The executive director, in her report, indicated that detainees were not wearing masks as religiously as the men and women of the Department of Corrections. Is that because of lack of supplies or is that just stealth decisions?

DR. YANG: The department, the department should answer that. The Department of Correction provides masks for, for people who are in detention. I don't know if --

CHIEF HAZEL JENNINGS: Are we muted?

MS. BRENDA COOKE: Yeah, no, we're not muted. Chief Jennings is going to respond.

CHIEF JENNINGS: So, hi, good morning. This is Chief Jennings. So, I think that from the beginning, when we had our first positive case, we went out to do the education for people in custody, as well as issue masks. We've done multiple teletypes, we've done multiple posters, our end of day reports, we have gone out and we've spoken. We've added in and I'm giving out

personal protection equipment at a minimum of three times a week to replenish the housing areas, which we've come up with a threshold, where they're replenished. And we're also providing personal protection equipment to staff, as well as all of the ancillary areas and units. And that's happening a minimum, at three times a week.

And so we've been doing that all along. So, I don't know where the confusion is. I myself look at it. I'm the one who approves it every other day and even during the weekend. We opened up the Emergency Operations Center to handle this in the middle of our surge, and which we have now closed it, however I have kept the storehouse open seven days a week just to meet the demands of any needs that may arise.

MS. COOKE: Yeah, and remember again, this Brenda Cooke, chief of staff, you know in my time in the facilities, I regularly am interacting with people in custody, with respect to their access and availability of masks, because I regularly see people in custody in

their dayrooms, in their housing units without a mask. And I'm almost uniformly informed that they have a mask, that they know where to get a new mask if they want to replace their mask. And the response is, and others here with me, who have been spending our time in the jails throughout this pandemic can explain as well, we're routinely told that people feel comfortable in their housing units with the people with whom they live and they, they wear the masks when they leave the house. They may wear the mask when they go to the clinic, they wear the mask when they go to recreation, they wear the mask when they go to a service. But when they're in the house, it's, it's, it's a place where they feel comfortable. They're comfortable with the people that they're living with and by and large they choose, on their own, not to wear a mask.

It's not a matter of supplies, access, knowledge, understanding or availability. It's, it's, it's a personal decision about, about the comfort of those that they live with.

MR. REGAN: Okay, thank you.

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MS. EGAN: CSA, do you want to present if there are no other questions for CHS, CSA, do you want to go ahead and give your update?

MS. PATRICIA FEENEY: Sure. So, this is Patricia Feeney, Deputy Commissioner of Quality Assurance and Integrity. The department continues to stress enhanced sanitation. And in so doing, the Environmental Health Unit continues to do the training for our staff members and our work details. Through June 2nd, we have trained 522 staff members and 385 work detail members from January 1st. And from March 1st, all of the training was done on our enhanced sanitation protocols, which luckily are quite similar to what we normally do, as I've explained in the past. The only difference that we have is some reapplication of the Virex, to ensure that the surface remains wet for 10 minutes. We have been continuing with our audit process, our three-tier process that we described the previous two months.

And, we are finding that our policies and procedures are working, as CHS described from

the numbers of cases have dramatically decreased, the comfort level of both the staff and the incarcerated all has certainly improved. As Chief of Staff Cooke, said when I tour I ask to see their masks, if they have them and they do. They understand both staff and individuals in our custody where to get additional masks, so I think that our educational campaign has also been successful.

CHIEF JENNINGS: Hi, this is Chief Jennings again. I just want to talk, a couple things. We are continuing to work with our, our care unit with the chaplains to go out and make hospital calls as well as home visits. As of June 1st, we will, 11 staff members, one captain, five officers and five non-uniformed staff members, our staff, our wellness staff continues to monitor and check in DOC staff. Since March 1st, 295 staff were followed up on for either home sick or hospitalized. As far as housing, as a result of the release program and some efforts with the judges, district attorneys, defenders, MOCJ, CHS and state DOCCs, the jail population

has reduced.

Our current census is 3,976 persons in custody. We opened up MDC to be the asymptomatic facility, which that has been successful. Prior to COVID actually hitting, we had closed down 50 percent of MDC and now as a result of this new housing area planning, we have every housing area which is currently open at MDC on a daily basis we're not a [unintelligible] [00:40:52] and then after approximately 14 days or more if we find that their housing areas are reaching more than 50 percent capacity, we have been monitoring and transferring persons to DCBC after consulting with CHS, so that we're still keeping more persons off the island.

As far as the week of May 25th to June 1st, we've also reduced the number of quarantine housing units by 71 percent from 38 to 11. We did over, or conducted 7,290 televisits for keeping people in touch, and that's through the dates of April 1st to May 31st. We've provided over 2,238,000 group phone calls, we've given out -- we've facilitated 2,961 video conferencing

between people in custody and the court. We have installed additional units in our attorney counsel visits to do those teleconferencing. We've also added some [unintelligible] [00:42:24] to our visit process. We have eight more televisit devices and facilities, and we're also looking to increase that as well, to add additional units to housing areas, as well as additional units for court purposes to each of the house units.

We are continuing to screen staff coming into the facility, where they're asked a battery of questions and they are having their temperatures taken. We've also expanded that and we have been doing testing for the antibodies at several facilities with staff. And so I'll let Judy speak to the, or DC Gill [phonetic] speak to the programming piece.

MS. JUDY GILL: Good morning. This is DC Gill. The tablets I think are the, the topic you wanted an update on. We delivered tablets to all facilities except OPCC and BCDC, which will take place this week. We're systematically assigning

the tablets to inmates one house at a time and we're establishing a very tight tracking system so that we can monitor this program moving forward.

We've also worked with a APDS to provide monitoring of messages between the students, the, the people who are school and their teachers for internal and external stakeholders. So, we're looking forward to, to doing that with our education providers.

MR. RICHARDS: So, a question. This is Stanley, a question on the, the, the visits. How long are the visits and have we seen an expansion in terms of the number of people, number of detained people who are accessing visits as a result of televisiting? Or is the number --

CHIEF JENNINGS: So, so, Stanley, we have seen an increase. We are looking to expand this, [unintelligible] [00:44:52] even when we go back to what will be a norm, this will be a program that we're looking to continue. We started working on this about two years ago with Securus, where we're looking to add

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[unintelligible] [00:45:12] unit to the housing areas so that families will be able to register and to be able to use this unit, even on days in the housing area where there are no visits, because we know how important that communication is. And we're also looking to expand the kiosks in the housing units for televisiting, court processing as well as telehealth. And that was something that we offered two years ago, in a meeting, when we sat on one of those co-chairs for the group.

MR. RICHARDS: Mm-hmm.

CHIEF JENNINGS: [unintelligible] [00:45:55] talked about extending this communication so that, with the attorneys, so that they would not even have to leave their offices or a secure location when Skype first came out. And we have been pushing this for the last two years to get this. So, we're definitely look at the change in this, even thereafter.

MR. RICHARDS: Great, great. And the question I think for me is how are the officers feeling about the Department's response about

their health and safety and how are they doing? How are, how are officers doing in this, in this pandemic?

CHIEF JENNINGS: I, I think that you know, we, at one time, we had, had over 2,000 staff members out sick. And most of them out sick are now back. I think that, you know, they know again, where to get the personal protection equipment. I mean, there are days when I'm looking at Genentec and I'm calling the house to say hey where's your mask? And they're taken out of reserve. And the same with the people in custody, they know. They say well, Chief Jennings, I have, you know, and because we've done such a great job with putting the vulnerable population together like in NIC and housing areas that CHS had identified persons and that we'd done such a really good job with people living together healthy, I think that, you know, most of the fear, because there's just the matter of the unknown, you know, we've done so many different things just trying to get informed.

And I think that we're at a better

place, when, you know, as this starts to die down, more, I think that we will get back together, because we did several roundtables prior to, to say hey, what did we learn, you know, what could we improve upon, and then, you know, God is, you know, with, with us, and we get a surplus of all the things that we have done and put in place, it's going to work, you know, to our advantage, because, you know, there was a lot of thought put into it. There were plans that has changed.

I think another thing with us having an alternative location for people who were sick, we had upwards of 12, 13 housing areas open at EMTC and we're only down count today at EMTC is only 29 and half of that is our, we created a work house for anyone who was cleared, we got people to volunteer, to pay, we provided them with the equipment, we, we put together a housing unit, and it was night and day.

I mean those guys have done a tremendous job with taking care of EMTC, with the painting, with the cleaning. We've added dedicated EHO

supervisors to that facility, and a lot of things that we have done that have worked. And, and so I think you know, when we talk about people not wearing, I think the biggest thing is, is that they felt safe because people were not getting sick in the housing units and they were living together for long periods of time and we were not moving people around and transferring like we had done.

And, and again, prior to COVID, we had, did a big consolidation plan and we have AMKC, which is our largest facility, they're at about 50 percent closed. It was a lot of thought that went into, and, and a lot of hard work in collaboration with CHS and all of our other stakeholders in getting this done.

DR. COHEN: Stanley, Stanley, can, can you hear me?

MR. RICHARDS: Yeah, Jackie, she has her hand up.

DR. COHEN: I, I have a question.

MS. SHERMAN: Yes.

DR. COHEN: For the --

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MS. SHERMAN: I also have --

DR. COHEN: My, my question is, is there anything new you have planned to, to decrease the rate of, of, of infection among your staff? It's, it's a, it's a very dramatic number that, of the number of people who become infected. Do you have any ideas or plans with, you know, with yourself, with the Department of Health in terms of within, with, with Correctional Health Services to, to protect people going forward because there is likely to be a large amount of virus and in, in the surrounding and in Nassau and Suffolk County and in Westchester and all over the place coming with this, this, this, this fall.

So what, what, what are you doing and what would you like to do to decrease new infections among, among your people? And, and I was wondering if you think there's any, I mean I must say that I, you know, the, the union was prescient in their, in their approach to, to this in ways that many other, you know, more you know more powerful forces weren't in terms of their

concerns about, about, about masking. Is there any way that, that [unintelligible] [00:51:47] and the men and women, and the people who, the supervisors within the jails can work together to try to decrease the, the, the next wave of, of, of infections which, which is likely to likely to occur?

I mean it, every day, people come in and out every day, people are admitted and discharged, and it's not over. So I, I, I do think a collaborative process, if possible, should be attempted, and could make a difference.

MS. COOKE: Thanks, Bob. This is Brenda Cooke again. So with respect to you know our efforts to keep staff safe, I think as Ross and, and Patsy mentioned earlier, the coronavirus was within our community and our facilities, both staff and people in custody, you know, before we were really aware of it and certainly before testing was available.

That's where we saw, as a community, just like the, the community of New York City and New York State and beyond saw a very, you know,

significant and early spike in, in infection amongst clinical staff and the people in custody. And so it is, it is by adhering to the practices that have, have enabled us to flatten that curve and, and virtually eliminate it from, from both the population of people in custody and amongst our staff, its the strict adherence to those practices that have worked that are going to keep us safe and healthy for the duration and, and keep us nimble for the presentment of a, a [unintelligible] [00:53:42] spread as people in the city begin to go back to work.

I think the, the vectors of risk, just like we were, you know, discussing earlier, Ross and Patsy, the vectors of risk right, now they're seeing its new admissions that, you know, a five to six percent rate of infection, it's, it's the risks that are coming into our system as well. You mentioned our staff, you know, go home and come back to work every day. And, and, and that's true. And so our staff has been educated and our staff are, you know, really strongly encouraged for their health and safety and those that they

live with and those that they come into contact with, you know, to maintain the social distancing, the PPE, you know, the, the sanitation, the hand-washing, all of the protocols that SP workers were talking about, that's, that's what's going to keep our, our staff safe as well.

I would say with respect to the, the rates of positivity amongst our staff, in the month of May we saw very few new positive cases reported from our staff. And in fact, the positive cases, by and large that were reported during the month of May were those staff that had actually been out sick since April or even March and were just, just reporting back to us for the first time the positive test results.

DR. COHEN: In nursing, I just wanted to follow up. In nursing homes, there is a movement to have staff and patients in, in -- tested with the notion that that as long as there's an epidemic going on within the facility, that, that there should be testing of all the groups that are, are, are exposed and they should be

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[unintelligible] [00:55:31] staff. Have you considered that?

MS. COOKE: We're not doing that at this time, and I actually would defer to Dr. MacDonald as to whether or not in fact he thinks we have an epidemic at present, you know anywhere in our facility, let alone [unintelligible] [00:55:49] area of our facility, because I actually think that based on my, my partnership with CHS that, that, in fact we have a very minimal presence and a really robust early identification of anyone who in fact is presenting in this [unintelligible] [00:56:08] and it's not that we are seeing a downstream infection of, of the population in custody, amongst the population in custody. We're identifying those that may be coming into custody as carrying coronavirus at the time when they enter.

DR. COHEN: Thank you.

DR. MACDONALD: Yeah, yeah, I would just agree that, you know, I think our --

MR. RICHARDS: Let me get Jackie in.

DR. MACDONALD: -- through, throughout

this response, our strategies have had to remain fluid based on the situation and the epidemiology and right now, what we're seeing does not warrant an intervention like that.

MR. RICHARDS: Jackie?

MS. SHERMAN: Hi, yeah. I, I'd like to go back to Chief Jennings and thank you very much Chief Jennings, for your leadership and for the specifics you provided on the visitation issues. I'd like you to speak a little bit more to the department's current thinking around visitation relating to a specific population and that's the population of parents in custody with very young children the limits on visitation fall particularly hard on such parents and taking all of the measures that DOC and CHS and others are taking to keep the population of the jails healthy.

I'd like to hear what the current thinking is around how to maximize opportunities particularly for parents of very young children to have quality visits with those babies and children.

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CHIEF JENNINGS: Hi, Jackie. So, I think that we have always realized that the communication that people have with their families has been important. We had looked at previously Rose M. Singer to be one, because we find that the women in custody get the least amount of visits. So, we talked about opening up visitations for them and then you know we moved to doing the museum of visitation so that we can make sure that they build connections. And prior to COVID hitting, we had also toured a museum and we were ready to start up visitation with our male population. But unfortunately, COVID came along and we couldn't do that for that population.

So, I think, you know, with us looking at looking at different opportunities in which we can do visits so that even when we return back to contact visits to still keep this in conjunction to, is one options. And again, we're also looking to put these units in the housing unit. Okay. So, we're also looking at putting these additional units in the housing areas to increase

that.

And as we go forward, you know, one of the things that we liked when we went and we looked at Norway, and Amsterdam, was allowing people, you know, to have this capability of doing things on the tablets also. And even e-texting so that people will be able to send like little [unintelligible] [01:00:07] you know, events, to their, to their loved ones. So, you know, we've been looking at this technology. A lot of it has a lot to do with the fact that our facilities are older, and it's a lot. I'm, I'm thankful for our IT and facility maintenance for all of the hard work that they've been doing to just help us get to this point with adding WiFi and things of that sort.

MR. RICHARDS: A final question, Commissioner. What, what is your thinking around the relaunch, the reopening of the City? And what is DOC thinking about next steps?

COMMISSIONER CYNTHIA BRANN: So, we are following the guidance that we are being given by the city agencies who are making those plans, and

we will adjust our, our practices according to what they're, they're telling us.

MS. COOKE: Hi, Stanley. This is Brenda Cooke. By and large, our, our agency you know, we have just over 11,000 staff and almost all of those staff save, save about 800 people have been coming to work, reporting to work throughout the pandemic and doing their jobs and, you know, and putting themselves, you know, and their health at risk and in harm's way in order to maintain the continuity of, of services and, and to keep others safe. And so I just, you know, we have been, we have been in many ways, you know, we have seen a, a dramatic change, you know, to many of our operations in response to the pandemic, and, and are successful to, to keep those in our care and ourselves safe. But in many respects, you know, our staff has been stalwarts in carrying out their duties and responsibilities almost every- everybody at 100 percent so.

MR. RICHARDS: Great thank you. All right, if there's no other questions, we're going to move into the DOC plan for summer heat. Meg.

MS. EGAN: Thank you. On Friday June 5th, DOC released their plan for summer heat. This is the plan for managing housing and care for people in custody who are sensitive to heat, which is important every year, certainly, but takes on a particular importance, given the COVID-19 pandemic. This plan takes into account recommendations made by the Board last summer after the sum-, the, last summer's heat emergency and subsequent report.

In this year's report, the department indicated that it currently operates two facilities with centralized cooling systems. Over the past year, the department has installed air conditioning to housing units resulting in an additional 145 beds with air conditioning. They've also installed additional fans and will make ped- pedestal fan available in the housing areas.

As of May 31st, the majority of the depart-, of people in dep-, in the, in, sorry, in custody, 58 percent are housed in air-conditioned housing units. As of June 2nd, there are 804

heat sensitive individuals in the department's custody. Nearly 600 heat sensitive individuals are housed in heat sensitive housing. Of the remaining individuals, 162 refused to be transferred to their current housing area -- from their current housing area to heat sensitive housing and signed refusal forms in the presence of a clinician. An additional 43 individuals received an approved housing override for serious security or safety concerns, and the few remaining, about one percent of the total, are pending transfer to heat sen- sensitive housing.

On May 29th, the department issued a teletype instructing all staff of temperature monitoring procedures for the summer season and will, the department will post the, their heat plan on the web along with a Q&A document.

The Department isn't going to formally present their plan but they are available for questions from the Board are there any questions from Board members? You're muted. Bobby? You're muted.

DR. COHEN: Can you unmute me because I

can't. I don't -- can you unmute me?

MS. EGAN: You're good, go ahead.

DR. COHEN: Can the department give us the timeline for when there will be [unintelligible] [01:05:17] units for persons living in the New York City Department of Corrections?

MS. FEENEY: I'm sorry, what was the question?

MS. COOKE: Bobby, Boddy, when we have, when we have new facilities, all of the facilities will have entirely modern climate control and ventilation and, and other state-of-the-art systems. Presently, we're in the process of adding some additional air conditioning to, to upper level housing units ourselves, with our facilities in this division and some, and some buildings in our RNDC that should be finished in the next, in the next few weeks and months. But, we can [unintelligible] [01:06:05] with our physical plans to add an essential [unintelligible] [01:06:11] to our present facilities.

DR. COHEN: I, I just want to comment on that. I think that that is consistent with why this country is rioting right, right, right now. There -- people should have air conditioning. It is a predictable, horrific moment on Rikers Island that that comes almost every summer where, where people are placed at risk. People have died all over this country in jails and prisons from, from, from, from heat exposure. It's, it's a soluble problem. It does not require [unintelligible] [01:06:51] and, and it is, it, it, it is a, I don't, you know, I -- you have lots of priorities, you have a, you have a huge responsibility. And, but one of them should be to have air conditioning in the summer. I mean you did add some air conditioning this year but why didn't you add all the air conditioning that's, that, that's needed? Why should, why should, why should people in, in ESH you know have limited access to showers and, and not all have air conditioning? Why, why, why would that be a prioritization? I mean I hope that the, that the building project, I know that everything

is up in the air in this right now. But we do know that the summer comes every year and, and I hope Bulova is, is air conditioned and I hope the bubbles, you know, where, where your staff works are air-conditioned. And I want everyone to have it, to have air-conditioned.

And I don't know how this meeting is going to run, so I'm just going to make a couple of brief, brief, brief comments at this, at this point because the department is up. I just, I just hope that we recognize, because of this moment, that, that we have made some really wrong turns, you know, for the past 400 years in this country. And that we change it and that we recognize the original sin of, of, of, of, of slavery and, and that in places like Rikers Island, which are designed to control and manipulate and cru-, and crush black bodies, that we stop. And we stop putting people into solitary and we stop shackling people to, to themselves or to, or to desks, we, we don't create a system where you can either be in a dark cell with, with small openings where you have to

kneel down to talk to, to someone or otherwise you can have your legs shackled together and then attached to a, to a metal rod.

I hope we can get quickly to a place where the Nunez Report looks different. The ninth Nunez report is worse than the eighth Nunez report is worse than the seventh Nunez report is worse than the sixth Nunez report. They all describe increased levels of violence. Not just violence, but in- intentional, unnecessary ov-, use of excessive force and a failure to do anything about it. That's why the streets of New York and Philadelphia and Minneapolis and Los Angeles and London.

So I, I, I, I link this to the air conditioning because who, who would not provide air conditioning to people in New York City in the summer who are, who are confined and can't, you know and can get out maybe for an hour a day? Who would do that? We do that. And, and it's time to stop, so I, so the next time I ask you, I hope you hope you don't say when the new borough built fac-, I mean I understand that and that's,

that's respectful.

But I don't know if the new borough-built facilities are going to happen right now. I don't know what this mayor's priorities are going to be right now and it's going to be complicated. Is he going to have schools, is he going to have new jails, is he going to have housing? [unintelligible] [01:10:29] people, maybe they only need to build three jails or two jails rather than, rather than all of this. Make sure that the population comes down, but, but we cannot separate our responsibility in terms of, of the control of a group, which is over 50 -- you know, I mean there are not a lot of white people in ESH. 90, More than 90 percent of the population are, are, are, are people, people of color in the, in, in, in the, in the jail.

So where we are we are it. We are a, the instrument of, of what -- it goes from the police and they dump them into corrections and that's, and that's and, and, and our job is to make it as, as moderate as, as possible.

And sometimes we think we're doing a

good job. Sometimes you think we're doing a good job. Sometimes we don't do a good job, sometimes you know we're not doing a good job. But, but everybody should, everybody should have to the temperature down in, in, in the summer, and it's and it's an embarrassment and it's an attack on the people who live there not to provide it.

So, so I'm going to ask the question at the next meeting and I really hope the department can tell us that every housing area will be air-conditioned next summer. It's, it's doable. You just have to, you have to, you have to probably go on the internet and find that person or an organization which provides air conditioning. City list.

MR. RICHARDS: And thank you.

DR. COHEN: Okay.

MR. RICHARDS: Thank you. Thank you for, for saying that Bobby, and there is a fundamental question, I agree. There's a fundamental question and we know that every year summer's coming and we know that there is a heat related issue. And it really is compounded,

Bobby, when you, when you talk about black and brown people who are detained. When you look at the Department of Corrections workforce, I don't know what percentage of them, but the majority of them look like me.

And so not only do we have an institution that is bricks and steel and holds heat and we know that the heat is coming, we have a subset of a population that doesn't have the ability to leave their housing area go into an air-conditioned room. We have the officers who have to stay in some of those hot, work in some of those hot dorms, but they have the ability to peel out every once in a while and you go get some access to AC.

But I tell you last year when I walked out, toured in, in the middle of summer, I seen officers drenched with sweat right next to people who are detained. So, when we, we talk about how we treat people and how we ought to be operating that, is a real fundamental question I think the department needs to answer. And it is, it's about AC. But it's about we know it's coming,

how do we do it? And let's get it done so we don't have to keep revisiting this. Any other comments from Board members? And DOC's response?

COMMISSIONER BRANN: Hi, Stanley, the commissioner would like to comment. Okay?

MR. RICHARDS: Commissioner, thank you.

COMMISSIONER BRANN: So, a couple of things. Thank you for acknowledging that our staff have to be in those same conditions every day. We know summer is coming every year in New York City and it seems like it comes earlier and earlier each year. I too, would like for every place that we live and work in to be air-conditioned.

However, we have financial and structural limitations with all of that. We have worked very hard over the past couple of years with our capital improvement plans to put air conditioning where we can. And as we are closing buildings, we are repurposing the air conditioning infrastructure to those places where we can put air conditioning. In some of the buildings, structurally, it just cannot be done

because of how the building was constructed, when it was constructed. I think you'll find the same types of things in public housing areas. We just can't put central air conditioning in old buildings not designed for that.

We, we do the best we can to mitigate those very hot areas with ice and, and lighter clothing and more fans and access to showers. We know it's not ideal. I tour, the chief tours, everybody who's sitting in this room tours, so that we can be in those locations to see for ourselves what's going on.

So, I agree with you I wish we had air conditioning everywhere. And as the chief of staff mentioned, when we do get those new buildings, it will be designed for that purpose. It's not an excuse. It's just our reality right now. And because of our restrictions with capital funding and ULURP being the way it is now, it will be difficult to get funding, because we don't have a five-year use after the completion of the project. So that's the conundrum that we're in right now.

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With regard to Bobby's statement or implication that the ninth Nunez Report were worse, the conditions at Rikers is the cause of global unrest, I take offense to that. It's inflammatory, it's false and it's shaming and blaming for, for something that not resting with one particular place in this country. And to refer that the police dump people on correction, it's not the police that bring people to our door, it's the court system.

And if we are going to solve this problem, we have to work together. We have to stop the pointing fingers, we have to shop, stop the shaming and the blaming and sit down and to listen to each other and find ways forward. We are where we are, but to say that the staff here at Rikers, New York City Department of Corrections is the cause for what's going on in this city, I strongly deny that, and will not accept those inflammatory comments.

MR. RICHARDS: Thank you, Commissioner. I think one of the things we do, do need to do and I agree with you, I think we need to work

together. And it, you're right. It's not one system versus another system. I think there are systemic problems in every system that touches our lives that we need to look at and we need to examine where there are barriers and where there are institutional barriers based on race, gender, et cetera, et cetera.

So, I, I, I agree, I think we need to work together. And one place I think to start that work is around reducing the number of people who are in. And we've seen that happened during COVID-19. Continue to work together to do that and then close the facilities that you said that are just structurally, there's nothing we can do to provide AC. Reducing the number of facilities we have like that allows us to, if we have to detain someone, detain them in the facilities that have the capacity to provide AC and to provide some comfort to those detained and those that work there, and while we build the new smaller system. That is going to be a while so I think there's some work that we can do together.

And I agree. We've got to get out of

the blaming, but we do have to get into self-reflection and look at what we can do from our lens, from our viewpoint to change the system. So, so thank you. Any other comments from Board members? Okay, so thank you everybody. We're going to go into public comment. Bennett, I don't have the public comment list.

DR. COHEN: Jackie, are you going to -- aren't we having a report from the PDRB?

MS. SHERMAN: Stanley, your, the list should be in your email. I will send it to you again right now.

MR. RICHARDS: Okay.

MR. PERRINO: Stanley, this is, this is James Perrino. I've just got a quick -- can I think out loud for a second? We have an 800-bed, I know the department built an 800-bed addition to Rose M. Singer. I'm just asking the department, are they utilizing that space and being it's kind of new, it that space air-conditioned? Would that be an option, maybe just to alleviate? I mean 800 beds is almost, maybe one-third of the population right now the

population is so down. Just a thought. I guess that's a Chief Jennings question? Chief?

MS. COOKE: James, James, James, this is Brenda. So, yes, we presently, you know, the Rose M. Singer Center houses our female population and so we are using air conditioned housing for the female population. And obviously our female population is, is quite low. I think it's, it's around 160 individuals, as I saw the census this morning and the Rose M. Singer Center is a, is a jail that is far larger than [unintelligible] [01:20:55]. And so that's, that's the population it's housing [unintelligible] [01:20:58] housed there.

MR. PERRINO: Is there, is there a way of like separating that, that addition and, and just utilizing as its own facility, I mean just because, because there's no way you're going to put air conditioning in these old buildings. I was sweating in 1989 and, and nothing has changed. I used to hate summers in, on Rikers Island, because I knew that's when the violence was up and that's when it was going to be very

dangerous. I mean I can remember that vividly, you know.

I'm just wondering if like that 800 -- even though Rose M. Singer is a, a female facility, half the facility is kind of [unintelligible] [01:21:33], it doesn't even have air conditioning. I know that new addition might. Is there a way of separating that and utilizing that as a, a separate facility?

MS. COOKE: [Unintelligible] [01:21:40].

MR. PERRINO: I mean just, just a thought.

MS. COOKE: Yeah, it's something that we've thought about as our female population over the last two years in particular, it has dropped significantly. But in order to, you know, have services for, for additional populations at that, at that facility, significant structural modifications would need to be made, and we don't have [unintelligible] [01:22:08] that is not part of a capital projects plan, given [unintelligible] [01:22:15] for us to be off Rikers by 2026.

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MR. RICHARDS: Okay. Jim, anything else?

MR. PERRINO: No, no that's good, thanks Stan.

MR. RICHARDS: Okay. So, I do, I have the participant list, everybody who signed up to speak I'm going to call the person's name when you hear your name, please raise your hand on the WebEx screen. It's located underneath the participants. If you don't have that, click on the person's silhouette at the bottom of your screen and the participant list should show up and you can raise your hand. Once you raise your hand, we will unmute you and you can begin to -- turn, you can turn on your video and we'll unmute you and you can begin to share your comments. You will have three minutes to share your, your comments and I will let you know when your three minutes are up

So first, we have Kayla Simpson. Kayla your hand is up, so we should -- perfect. You may begin Kayla

MS. KAYLA SIMPSON: Hi, good morning, everyone. My name's Kayla Simpson. I'm a staff

attorney at the Prisoners' Rights Project of the Legal Aid Society, and to confess to you, I had comments prepared our primarily addressing COVID-19 and the heat emergency. But based on some of the comments made for the department, moments ago about Nunez, I feel it is incumbent upon us as plaintiff class in Nunez to address that sentiment.

The Commissioner is, when she suggests any doubt that the reason that people are in the streets is anything other than the failure to take accountability and to impose accountability on bad actors in these systems that systemically oppress and cause violence to black and brown people, that is precisely what the Nunez report shows over and over and over again.

And she is right to say that it is not unique to the Department of Correction in New York City, but the inability to accept responsibility, to point the finger back at ourselves and to say how can we actually fix this is exactly why people are taking to the streets.

The Department of Correction is out of

compliance with the four most essential components of the consent judgment that events reform. That is implementing the new use of force policy, fairly and objectively and timely investigating use of force misconduct, imposing discipline and addressing the violence that occurs in the young adult population.

For anyone to come into this forum and blame shift after just reading that report is exactly why we need a Nunez Monitor and exactly why people are in the streets. It is, and I, I, I speak as a person who has white privilege, so I can't imagine how that would land on people who don't have white privilege.

But it's, it's coming in here and it applies to COVID-19 and the heat emergency as well. And talking about policy, I hear policies that we are, we are attempting to do to address these problems. But what people in those facility need, and include staff in this in terms of COVID-19 and, and the heat wave, is for policy to be practiced. And over and over and over again, policy is not practiced.

They can release a heat plan to you, they can talk about their sanitation protocols, but your Board found in terms of cleaning that the phones are not being cleaned. When there are public health emergencies, like a pandemic, like a heat emergency, the ability to actually translate policy into practice that benefits and, and minimizes the vast harm to the black and brown people in DOC facilities, the ability to actually hold bad actors accountable in the system is everything. And --

MR. RICHARDS: Thank you, Kayla.

MS. SIMPSON: -- that is precisely why there was a Board of Correction to, to, to provide oversight and we really ask you to step up your vigilance in this time. Thank you so much.

MR. RICHARDS: Thank you. Thank you. I'm sorry. Next up is Jordyn Rosenthal. Jordan, your hand is up, you should be unmuted.

MS. JORDYN ROSENTHAL: Hello, and thank you --

MR. RICHARDS: You can go.

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MS. ROSENTHAL: Okay, thank you Stan. Hi, everyone. Thank you for having me and allowing me to speak. My name is Jordyn Rosenthal and I'm the Director of Community Engagement for the Women's Community Justice Association and the Beyond Rosie's 2020 Campaign. As part of my work, I have been diligently tracking the COVID daily reports that have gone out from the BOC. And I have noticed some inconsistencies that I would like to bring to the Board's attention.

Specifically, the daily data report has stopped announcing how many pregnant women are on Rikers Island and that has stopped on May 20th. This is really concerning because we do know that there are pregnant women and we want to know if they are being exposed to COVID, which brings me to the other problem.

Starting on June 1st, the BOC reported that less than ten women have been likely exposed, but asymptomatic. And this may be an error or some type of issue because on May 30th, there were 118 women who were likely exposed, but

asymptomatic. This huge jump makes me kind of leery of the data and I'm just kind of really wanting an answer or some type of information from the BOC as to why they've stopped reporting about pregnant women and what this jump has, why this jump has happened of likely exposed, but asymptomatic. Thank you and I relinquish my time.

MR. RICHARDS: Thank you. Thank you. Next up to Jennifer Parish. Jennifer, I see here, yeah.

MS. JENNIFER PARISH: Good morning.

MR. RICHARDS: You can begin, Jennifer. Good morning.

MS. PARISH: Okay. Thank you. Good morning. Sunday June 7th, was the one-year anniversary of Layleen Polanco's tragic death in a restrictive housing unit at Rikers Island. Following her death, there was an outcry from the public and politicians to prevent future deaths and isolation and in the solitary confinement of people in DOC custody. Yet one year later, nothing has changed in the city jails.

In 2019, 1,925 people were subjected to solitary confinement. That is almost 2,000 people who experienced the trauma and mental and physical pain caused by isolation. In the last year, you have heard from so many people who have lived through that experience. They have come to these meetings and bared their souls, they have shared the damage that solitary caused them while incarcerated and how that traumatic experience continues to haunt them after release.

That has not spurred you to act. It took years for the Board to release its proposed rules regarding restrictive housing. And it has now been six months since the hearings on those rules. You seem to feel no urgency to address the harmful conditions of the city jails. The Board's actions and failure to act have consequences for thousands of people's lives. How many more people will have to suffer the harms of solitary confinement and even lose their lives before the Board takes a stand?

We urge you to vote at the July meeting. End solitary confinement and adopt rules

consistent with the blueprint for ending solitary confinement in the city jails. Thank you.

MR. RICHARDS: Thank you, Jennifer. Thank you. Next up is Julia Solomons. Julia Solomons? There she is.

MS. JULIA SOLOMONS: Okay. Hi.

MR. RICHARDS: Yes, you can go.

MS. SOLOMONS: Hi thank you so much. My name is Julia Solomons. I am a social worker with Bronx Defenders and a member of the Jails Action Coalition.

As many have spoken about, today's meeting takes place during a political moment in our country, where real change feels imperative. The amount of people speaking out against institutional racism is powerful and it is critical that the Board listen, not only to the public represented in these meetings, but also to those in the streets chanting about the pain and suffering that black people have experienced in this country since its inception.

We appreciate the Board's efforts in compiling and releasing their recent report on

COVID-19 in the jail. Particularly notable, the report confirms that the current jail population is 90 percent people of color, 55 percent of which are black people.

Anyone impacted by the criminal legal system knows that systemic racism is deeply ingrained in this system and these numbers prove that. And while the Board can't erase racism from our city jails, they can work to create systems within the jails that promote equity and reduce the opportunity for racial bias.

As noted, one year ago, Layleen Polanco died in restrictive housing and it prompted a wave of momentum and interest from the Board in creating such a system, a restrictive housing rule to balance the authority of DOC with the rights of [unintelligible] [01:32:32].

And yet here we are, one year and many Board meetings, conversations and a lot of advocacy later and nothing has changed. In fact, with the onset of COVID, there has been even less oversight and systemic checks and balances within the jails. Our clients' court dates are few and

far between and occur virtually, their access to their legal team and their families is extremely limited and any semblance of due process with regard to disciplinary proceedings has all but disappeared.

The Board made a commitment to put policies in place to govern the use of restrictive housing. And several Board members made commitments to end the use of solitary altogether. And yet a full year has gone by and there's been no justice for Layleen or the many other lives lost to this torturous practice. Every day, more people are being tortured in New York City, disproportionately people of color.

The delay is truly shameful and we call on the Board to act immediately and implement the blueprint to end solitary confinement presented to you by the Jails Action Coalition and the HALT Solitary Campaign. We also continue to express how crucial it is to allow access to counsel in any implemented disciplinary system.

Currently, we are witnessing a national call to action. At every level, those with power

choosing not to act, are in a sense complicit in the systemic injustice happening everywhere. As Chair Jones Austin correctly stated in opening this meeting and Dr. Cohen elaborated on further, it is the Board's responsibility to help combat systemic racism in our city jails. And as such, there is no more time for delays in restrictive housing rulemaking. Continuing, continuing to allow primarily black and other people of color to languish and die in solitary confinement, despite the horror stories impacted people have shared publicly over the past year is not only unacceptable, it is violence in and of itself. Thank you.

MR. RICHARDS: Thank you. Thank you. Next is Kimberly McKenzie. Okay.

MS. KIMBERLY MCKENZIE: Can you all hear me?

MR. RICHARDS: Yes, we can hear you, Kimberly. You may begin.

MS. MCKENZIE: Thank you. On behalf of the TGNCNB task force and the Sylvia Rivera Law Project, I'm the Director of Outreach and

Community Engagement. We stand in solidarity with the targeted, senseless murders of those lives taken by police brutality. As the task force consists of community advocates, organizers attorneys and the Department of Corrections to produce an annual report that ensures the safety of TGNCNB populations in custody by reviewing these policy and regulations, we still stand in solidarity with the senseless death of Layleen Polanco at Rikers.

Last year, during the month of Pride, Layleen, an Afro Latino trans woman was placed in solitary with knowledge that she had chronic seizures and died in solitary, due to being unattended. So, as a black trans woman, I'm offended at the shame, that we shame and we blame and we continue to not hold each other accountable. And attending, and, and we continue not to end the torture of solitary confinement.

The Board has ignored the political cry of community's efforts to hold these systems accountable, obviously system institutional racism barriers and race and gender, we have to

implement this by honoring policies that support these folks. While I understand that 50 percent of housing has been air conditioned, we should be focusing on placing people in places that have these systems in place. And if the building's don't, aren't designed to keep these people safe, then should not be placed in these institutions. Thank you.

MR. RICHARDS: Thank you. Thank you. next is Minister Dr. Victoria. Ms. V. I see her. Ms. V?

MS. VICTORIA PHILLIPS: You can hear me? Sorry, I had the --

MR. RICHARDS: Yes.

MS. PHILLIPS: -- to [unintelligible] [01:36:42] the City Hall, the City Council meeting. I'm trying to do both. Okay, so let me address --

MR. RICHARDS: We can hear you.

MS. PHILLIPS: -- okay let me address some things with y'all today. I think the Board should pay attention to the Nunez Report because as Dr. Cohen brought up the attention, this is

the worst one yet.

And as so often, yes, we try to praise people when they do the right thing, and so often this Board has said to the Board of Corrections and to the Department Corrections and CHS how wonderful of a job they are doing. But we still have to remember to hold them accountable, whether they agree with the accountability or not. We have to be stern and implement certain things. Because the Nunez report is there more than we are and they are clear on nothing is getting better, it's getting worse.

And so today, it was brought up the number of cases have decreased, or the number of tests that are given have decreased. So, my question is the number of cases of COVID is decreasing amongst the population or is it the number of tests actually being given amongst the population decreasing? CHS stated when we go back to take tests, the number of people with, the number of people that refuse is higher. And I agree with Dr. Cohen, why aren't we giving that number of refusals?

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CHS was very clear at the last meeting that they were testing all new admissions. So that tells me you've had a month even if you wasn't collecting data before you spoke on the record about it, you had a month to start collecting that data. So there's no reason you're now showing up a month later with no data. That's unacceptable and people get paid too much money to continue to come to these buil-, these meetings and not produce the work that they're supposed to be, be doing for the people of New York City.

Second, I'd like to address that Patsy stated to Dr. Cohen's question about access and she wanted to speak on, and not necessarily being the majority of about quality to care, but around the higher level of anxieties around access to care or about COVID in general. That might be true, and given I've worked in the mental health field and nursing field, I totally understand that. And having, speaking to people directly on records, even up to last night I totally understand that.

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But, let's be clear, Patsy. Let's be very clear. Many people are still saying behind the walls that they are not having access to even reach medical staff through the phones. I even had DOC and CHS questioned by City Council members about the access to calling and making appointments with medical staff. And them telling me that there, that they had a recording as if they was calling out to the public to listen to when they're calling medical staff, and at times, they're not even able to make an appointment because their time runs out. And DOC was very clear with their response to City Council that there is no time allotted when you're calling medical staffs, it's ran differently. That's just a disclaimer that Securus use all the time when you use the phones.

And that, Michael, also my question was if the people are hearing those same recordings. are they actually having their recordings record it when they're speaking to medical staff, and no one had an exact answer on that.

So, I want the Board to find out, one

are people's time or the people's minutes actually being used to make medical calls? Because I know, I was part of the Zero Profit Coalition when we got medical calls, all calls free for people in New York City Department of Corrections. But that was not supposed to be anything according to their access to medical. So let's --

MR. RICHARDS: Thank you, Ms. V.

MS. PHILLIPS: And lastly, I want to --

MR. RICHARDS: Thank you.

MS. PHILLIPS: -- excuse me, lastly I want to say --

MR. RICHARDS: Your time's up Ms. --

MS. PHILLIPS: -- policy and DOC does have to do with NYPD, 'cause Tim Ferrell who used to be part of classifications, and I believe he still is part of that, even though he's right underneath the commissioner now, often brought up in meetings that they use classifications according to what NYPD told them on the streets. So, when the commissioner says NYPD has nothing to do with DOC, let's be clear. It very well

does. Have a blessed day.

MR. RICHARDS: Thank you, Ms. V. Next is Alex Tereshonkova, my apologies for the pronunciation on your last name. Alex, I see you.

MS. ALEX TERESHONKOVA: Hi, good morning thank you for hosting the hearing today. My name is Alex Tereshonkova, and I'm one of the organizers of the Emergency Release Fund, a grassroots bail fund for LGBT- LGBTQ individuals in New York City and COVID-19 Bailout Community Response.

First, I want to acknowledge what's happened in the current environment and the history of Rikers. Rikers was named after Richard Riker, who presided over the main Criminal Court in New York City in the 1800s. He used his authority in the position to send blacks to slavery, as part of what abolitionists called the Kidnapping Club. In accordance with the Fugitive Slave Act, members of the club would bring a black person before Riker who would quickly issue a certificate removal before the

accused had a chance to bring witnesses to testify that he was actually free.

That is not much different from what's happening currently at Rikers Island, with individuals being held pretrial. Eighty-eight percent of the current population at Rikers is there pretrial, which went up from seventy five percent in March 22. That means over a 1,000 people are being held indefinitely on cash bail totaling over $293 million. Over 90 percent of these people are black.

Believe, we believe that cash bail is an unjust system that punishes people in poverty with jail time and should be ended, and is unfairly being used, even during COVID, to keep medically vulnerable and marginalized communities in unsafe conditions in detention. Since the mayor and governor refused to release people during this pandemic, especially medically vulnerable individuals, we are using cash to get people out of jails fast.

Since March, we have paid over $1.1 million in bail to release over 140 people.

These include in your [unintelligible] [01:42:32] people, doesn't count people who have gone down in your, in jails.

In recounting the experience at Rikers, individuals we work with, constantly report a blatant disregard of Public Health best practices or even basic hygiene. The communal phone, which might be touched by hundreds of people a given day was only cleaned three times at night out of the 45 times the Board of Corrections observed it. Buckets of water were positioned next to the phones to assist this all cleaning, but instead posing additional health risks.

While the [unintelligible] [01:43:00] percentage of incarcerated persons at Rikers wearing masks, we heard the PPE is limited with incarcerated persons wearing the same masks for days and weeks. We've also heard that incarcerated persons had a make your own mask workshop, guised as art therapy. The incarcerated people spoke to -- I'll move on to the next part.

People are not being tested upon leaving

Rikers, and are [unintelligible] [01:43:20] to go into quarantine before to community. However, there has been a shortage of socially support services all around the city and housing through the city. MOCJ hotels a reported a limited capacity issue and a shortage of supplies.

We hope you consider pressuring the City to expand non-DHS emergency housing support to people leaving Rikers as, as well. The department should be doing everything in its power to re- reduced the population, which could include efficiently and quickly processing bail payments, so that people being bailed out could be released expeditiously. However, we have seen bail payments take multiple days and even up to 50 hours, in clear violation of local law 12-123. Especially during curfew last week, as the mayor announced everything was shut down between 8:00 p.m. and 5:00 p.m., we couldn't physically post bail, which the majority of bail you can only post at the bail windows. And in addition, our bank is only open three hours a day, in one branch in the entire city. So, we only have like

eight hours that we can post the bails at. That that means people can't get out. One person with medically vulnerable --

MR. RICHARDS: Thank you, Alex.

MS. TERESHONKOVA: Okay. Thank you.

MR. RICHARDS: Thank you. And I would encourage people, if you have written testimony to please submit the written testimony. Written test- testimony will become part of the record, and so while you might not get a chance to finish your entire statement, by submitting your testimony it will become part of the record, as will the version of your testimony. So, thank you all. Next up is Herbert Murray. Alright, Herbert.

MR. HERBERT MURRAY: Oh, okay, you got me? You hear me?

MR. RICHARDS: Yes, we can hear you.

MR. MURRAY: How are y'all doing? I am so ecstatic about this committee, this commission to eradicate solitary confinement in New York City. My name is Herbert Murray. When I was 21 years old, I was arrested for a murder I didn't

commit. But after two years, two trials I was found guilty and sentenced to 15 years to life. Subsequently, I did 29 years. Between Brooklyn Housing Detention and Rikers Island and upstate New York, I did approximately 10 years in solitary confinement.

DOC has a long history of placing people in solitary confinement, even though it has caused harm in many ways. I'm getting a little emotional. Yes, it has caused harm in many ways. Physically, psychologically, emotionally and it caused people to even kill themselves, crazy because of the torture, being isolated having nowhere to go, being stuck in that cells not even equipped for a dog, for a cat, for nobody. And subsequently people kill themselves.

No form of isolation can promote good behavior. I can't emphasize that enough. It can't. It hurts. It isolates. And they underfeed us. We come out 20, 30 pounds lighter in an environment that is confined to hurt black and brown people. It has to stop.

And as everybody indicated, it has a

long history. Rikers was a slaveholder and he's still holding us as slave. In 2020, and we sitting around and I'm hearing the people that represent the DOC and they sound like it's okay. It's okay, and they saying they doing this and they doing, and in essence, they're not really doing nothing but, but collecting a paycheck.

I'm going to close with this. It's the same thing going on. I did my years 40 years ago. And it is still happening today, especially when we talked about that female Polanco. Five days she was in solitary confinement and the pressure subsequently made her kill herself. That's torture, man. It's enough is enough. We are in 2020. We are in the time of reflection and appreciation. We have to understand that we are in a new time now. We can't continue like that. We can't condone it. By condoning it or not saying nothing, you are, you are promoting it. You are promoting it, consciously promoting it. And I thank you for listening to me and I pray to God that we do something about it. Thank you.

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MR. RICHARDS: Thank you, Herbert, thank you for sharing your experience and showing us all the humanity that rests in you and rests in all of us. And we ought to value it, thank you. Next up is Sarita. Sarita.

MS. SARITA DAFTARY: Yes. Good morning.

MR. RICHARDS: I see you, yes, there you go.

MS. DAFTARY: Can you hear me? Good morning.

MR. RICHARDS: Good morning.

MS. DAFTARY: Thank you everyone. I am testifying today on behalf Just Leadership USA and the Close Rikers Campaign and as a member of the Jails [unintelligible] [01:49:15] than it has been in more than 70 years. And we are grateful to the Board for your role in pushing to release people in response to COVID-19. But the nearly 4000 people still held in city jails are subjected to inhumane conditions and horrific abuse at the hands of the Department of Corrections. That is this Board's job to deal with.

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Recently the Nunez Independent Monitor released its ninth report at a time when people across the city, nation and country are witnessing and reacting to video evidence of police aggression and escalation on a daily basis. Incarcerated people and their loved ones know and this report confirms, that those same acts of aggression, escalation and brutality are carried out by the New York City Department of Correction on a daily basis, but in secrecy behind bars.

Today, I want to ask the Board how you're planning to address the findings of the most recent Nunez report. The report describes that the department is in noncompliance with the four essential areas of the agreement. The report describes staff as often hyper confrontational and the department's leadership as failing to implement meaningful reforms of accountability for staff misconduct. The report also notes that the use of force rate is now more than double what it was at the start of the monitoring period and the backlog of internal

investigations for the use of force has grown to over 8,600 incidents. In short, it describes the department unable or unwilling to protect the basic human rights of people in its custody, and to meet the minimum standards the Board has set.

These findings are not only deeply troubling, but are further evidence of the structural violence this city carries out against people of color who comprise 90 percent of the New York City, of the people in New York City jails.

Two immediate questions for this Board. How will the Board address the backlog of over 8,600 pending investigations of staff misconduct? And when will the Board meet with department leadership and the monitor to review videos of uses of force by correction officers, which the independent monitor, monitor identified as inappropriate, but which the department identified as appropriate through their internal reviews. In the January Board meeting Dr. Cohen requested the opportunity for this joint review and Commissioner Brann offered to bring this idea

up to the monitor and get back to the Board.

We are seeing that all over this country, elected [sic] and government administer are being held accountable to use their power to actively oppose systemic racism and the manifestations of it. We call on this Board to find the courage to immediately use every tool in your power to end the Department of Corrections reign of terror. It will require each of you to have the courage to break old patterns, because those patterns have resulted in countless trauma, injury and loss of lives at the hands of the Department of Corrections for decades. Thank you for your work continue to work with you to protect the lives of people in the department's custody.

MR. RICHARDS: Thank you, Sarita, thank you. Next up is Mik Kinnerd, Kinkead, Mik Kinkead. Mik, I don't see Mik here.

MR. MIK KINKEAD: No, you unmated me. It's Mik Kinkead.

MR. RICHARDS: Oh, hey.

MR. KINKEAD: Hi. Thank you so much.

I'm speaking today simply as an individual and as a member of the task force to address issues facing TGNCNBI individuals. We've already heard, so many people have brought up her name, but Ms. Polanco's, the anniversary of her death was June 7th. We also just passed the anniversary of the death of Kalief Browder. It's very important to us to remember that both folks passed away either in solitary or because of the effects of solitary. Ms. Polanco was a young, [unintelligible] [01:53:05] black and Latinx trans gender woman.

At the one-year anniversary of her death, it was announced that there'd be no criminal charges pursued by the Bronx DA. That was a horrific insult and a deep [unintelligible] [01:53:15]. But importantly the Board and the department can act. You can end the use of solitary confinement in the city jails now.

In December, I testified before the Board. I brought written testimony from multiple transgender women currently held by the City, all of them are black or Latinx. They were all

expressing their experiences with restrictive housing, either solitary confinement or protective custody, other kinds of reduced solitary confinement. These women shared what it was like to be housed in solitary because of their gender identity, because they were afraid if they were housed with men or because they fended off attacks due to their being housed with men. But we know that even housing people correctly, housing transgender women as women, it doesn't solve the horror of solitary. Ms. Polanco was housed as a woman and yet she still died due to her vulnerability and how solitary increases medical and mental health exasperations.

The Board has heard these recommendations. It's been six months since those hearings and yet there's been no action. It's upsetting to me to think that the department's response was that this is not a time for finger-pointing, when actually this is exactly what that time is for. This is a time for us to all look internally and say what can I

do better, what can I do to be the change that needs to happen right now?

And ending solitary confinement is exactly what we can do right now. The department has that as an option, the Board has that as an option. It is exactly what should be happening it's absurd to state that Rikers is not a part of the over 400 long years of anti-blackness in this country or to somehow take that personally or as an offense. It's a fact it doesn't mean that anyone who works there personally invests in that. It is simply a fact. We have to be able to all of us look at our institutions that we work in and, and name these things.

It's also important to note that racism involves the policing of gender expression and identity. What's considered as an acceptable way to be a woman or a man or that one must be a woman or a man. We need only to look at [unintelligible] [01:55:22] women's prisons to see that. It's a clear mission and where women's prisons began, the jails in New York City are not unique. But there are places where we can make

that change right now by ending solitary confinement and by taking the issues raised by TGCNBI people very seriously.

In early April members of the task force released a letter calling upon the release of all medically vulnerable and socially vulnerable people in the city jails. DOC did not respond to that letter. DOC did not acknowledge that letter. And as the violence rises, which we know from the Nunez report and as we also all know what happens in the summertime --

MR. RICHARDS: Thank you, Mik.

MR. KINKEAD: I'm, I'm just going to be very quick, I'm sorry. As that violence rises people who are targeted for violence will also be at risk for COVID. I wish that the violence alone was sufficient, but we now also know that COVID will be, people will be at even more risk for that.

MR. RICHARDS: Thank you. Thank you.

MR. KINKEAD: And the, it's important that the task force not be delayed because of COVID. It's actually more urgent now than ever.

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Thank you.

MR. RICHARDS: Thank you. Next up is Kelly Grace Price. I see you, Kelly. Thank you. You should be good, Kelly.

MS. KELLY GRACE PRICE: Thank you for holding this hearing. Can you hear me, Stanley?

MR. RICHARDS: Yes, we can hear you, Kelly.

MS. PRICE: Great. So, I'm Kelly Grace Price. I've been testifying in front of the Board of Corrections since 2015. The main narrative thrust of my testimony, of course, has been PREA and the implementation of Prison Rape Elimination Act on Rikers Island and in our city jails. I've also raised numerous inconsistencies within DOC data and DOC data and I want to thank the BOC for always being very responsive to the [unintelligible] [01:57:23], although I have to say regarding PREA, I know that there's a lot going on with the DOC and the BOC and COVID this year, but the ball has completely been dropped on, on PREA. And I would ask the Board to please turn its attention to implementing the rule that

was passed in 2016 and still remains over 80 percent unimplemented, as soon as possible.

The Downstate Coalition wrote a letter in February to pass to you, but we put it on hold because of the pandemic. But I think the Board is aware that the latest report, the semi-annual report released by the DOC as per local law passed by City Council, in late 2018 [unintelligible] [01:58:10] insufficient, the responses aligned in that report are vastly insufficient to the demands of the local law itself.

I would just like to point out a couple things very quickly that came out in this last report. I'm not quite sure when the last six-month annual, bi-annual report was published. The DOC just sort of puts things on its website without a date on it. But this one was published within the last 60 days and if someone could let me know exactly it was posted, it would be great. The, the lack of transparency in when data is published is very obfuscated to our attempts to calculate the total numbers sexual abuse and

harassment complaints on the island and in our city jails. Pursuant to local law 21 and of 2019, codified by Section 9-156 of the NYC Administrative Code, the department is required to report incidents of sexual abuse bi-annually. But the latest report has all kinds of obfuscations that still do not allow us to understand the full picture of what's going on with rape, sexual assaults and sexual violence, sexual harassment in our city jails.

First off, the reporting only covers incidents, complaints that last longer than 90 days in the investigative lifecycle. So, we don't even know the full and true number of complaints. We only know the number of complaints that lasted longer than 90 days. And I'm really appealing to the BOC, to the chair, to the vice-chair and to the new director, Ms. Egan, to please, a baseline, we need a total number of complaints within each six-month period. This should be a minimum baseline and we shouldn't have to beg for this. For over a year now, I've been begging for this.

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And also, the, the DOC is pretending that it cannot give us durations of investigations. In the report, they claim that the information cannot be aggregated. But that's not true. In the past, the DOC has provided the length of investigations, of sexual assault aggregated by I believe 30-day increments, but now they're pretending that they cannot provide that information. I suspect that that has something to do with the fact that the backlog was just resolved in this latest batch of reporting. And they do not want dispositive, long duration cycles for their investigations being published. But we really need some transparency.

MR. RICHARDS: Thank you.

MS. PRICE: Please, can someone give us a hand up here. Also --

MR. RICHARDS: Thank you, Kelly.

MS. PRICE: Is that my three minutes?

MR. RICHARDS: Yes. Thank you.

MS. PRICE: Okay. Thank you. As always, I will submit by written testimony. But

I want to point out one really big issue is that the DOC is not letting us know how many investigations are being done by the NYC Department of Investigations versus the DOC Department of Investigations. And there's a lot of monkey business in the explanation for why they're not providing that data. But that's another bright line issue and I'll highlight that my written testimony. Thank you for letting me go over 30 seconds and thank you for holding this hearing.

MR. RICHARDS: Thank you, thank you. And our last speaker is Amanda Marcel. Amanda? I don't see Amanda. I don't see Amanda.

MR. STEIN: I don't think Amanda's on the call.

MR. RICHARDS: Okay. Okay, so that concludes our public comment period. I'd like to just offer a closing comment, and I offer this to the Board as well. Any Board members, if you want to make any closing comments. And, and my comment is this.

What we have seen over the last number

of weeks has really hit home to me, as a black man in America, that we have lived and we have learned to live with the pain of our suffering in silence. We have learned to accept and to justify in our own way, in our own existence, we have learned to, to accept the mistreatment of black people. And now it is the time and I heard a number of speakers call on this.

Now is the time to not look for what is perfect and good about how we do our work and the work that we do. But it's how we can each look inward, to make a critical improvement in how we see people and how we interact with people and how the system we are charged with maintaining and upholding and fixing interacts with black and brown people. And it's not time for work around the edges. It's time for going at the heart of it. It's time to go at the heart of it.

And so, for the advocates that spoke today, I hear your urgency, I feel your pain and I feel your call to action, I feel your call to action. And to our partners in DOC and CHS, this is not about finger pointing. This is not about

looking at all that you do that's wrong, but it is a moment for us to collectively reflect on what we can do to make the system better.

So, I end this meeting feeling hopeful, as I have been feeling over the last week or so. And my hope is embedded in the desire and the energy of people around the world, to not give up and no longer live and suffer in silence, but to speak out in whatever voice you have. Be it protest, be it public comment, be it voting, but to speak out. The only one who would do that are those who are willing to fight to make a difference. And I know all of you, our partners, our friends, our family and our allies that you have showed me over the last couple of weeks that we are all still willing to fight. So, I want to open it up to any Board members that might have some last words or reflections.

MR. FELIPE FRANCO: Thank You Stanley.

MR. RICHARDS: So, I'll close this meeting with the hope of the future, locking arms with each of you that we will make a difference. We will make a difference. So have a blessed day

everybody, have a blessed day.

The next Board meeting is July 14th. Details regarding that meeting will be announced in the, in the coming week. So, the next meeting is July 14th. Thank you everybody, have a good day.

MS. EGAN: Thank you, thank you, Stanley.

(The public board meeting concluded at 11:10 a.m.)

CERTIFICATE OF ACCURACY

I, Claudia Marques, certify that the foregoing transcript of New York Board of Corrections Public Hearing on June 9, 2020 was prepared using the required transcription equipment and is a true and accurate record of the proceedings.

Certified By

Date: June 22, 2020

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