NYC Racial Justice Commission
Overcoming Racial Disparities in Health and Mental Health Panel
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View online

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Jennifer Jones Justin (JJA): 00:00
We're talking to racial equity scholars and we're also talking to subject matter experts like yourselves, and so today we're launching the first conversation centered on the issue of health -- Persistent, racial disparities in health and in mental health, and we have convened a panel, two panels, of three persons, each of, people with a great experience working in our communities that have been greatly impacted by structural racism when it comes, as it concerns health and mental health. And I'm going to introduce those persons to you and just simply, let you know that what we're hoping to do is to learn from those we've gathered today, what their thoughts are about structural racism as well as about policies and practices that

essentially cause or allow for this -- Essentially, I should say differently, that the policies, the practices, the institutions that bring to life the structural underpinnings of racism, and we're not asking you to speak specifically to what may be in the charter, but things that we need to be looking at and taking into consideration as we do this work. So we're going to get started and we have three panelists who I want to introduce you to -- The first is LaRay Brown and I've had the pleasure of knowing her for several years now and working with her, benefiting from her, she is the CEO of the Brookdale Hospital Medical Center and President and Ceo of One Brooklyn Health System. She served as the Senior Vice President for Corporate Planning Community Health and Intergovernmental Relations, and Corporate Officer at the New York City Health and Hospitals, where I actually first came to know of her work and just admire and respect her for all she does. As some of you know, HHC is the largest municipal health care system in the United States, it's now referred to as HNH but when I was coming along, was HHC, and she's the Past Chairperson of the National Association of Public Hospitals and Health Systems. The second person is Guillermo Chacon, President of the Latino Commission on AIDS, and the Latino Commission spearheads health advocacy for Latinos, promotes HIV education, develops model prevention programs for high-risk communities, and builds capacity in community organizations. Guillermo Chacon also serves as the Chair of the HIV/AIDS Service Administration, HASA Advisory Board.
The third person is Dr. Claire Green-Forde, who I just met, goodness, maybe not even a month ago. But was just immediately impressed with how she's showing up in the world. She's the Executive Director of the National Association of Social Workers, New York City Chapter. Previously, she was the Assistant Director for the LaGuardia Community College. NASW, as many of you know, is the largest organization representing social workers in the world, and Dr. Green-Forde is a licensed clinical social worker whose work and interests focus on the intersectionality of behavioral health, criminal justice, social disparities, trauma, and human development. The way that we are going to conduct this panel is we'll first hear from our experts. First, LaRay Brown, then Guillermo Chacon, and then Dr. Claire Green-Forde. And then we'll have an opportunity to engage in dialogue with them and have some discussion on the issues that they raised and questions that we have. So if I may, I would like to turn this conversation over to hear from LaRay Brown.

LaRay Brown (LB): 04:00
Thank you very much Jennifer and I am so looking forward to hearing my other colleagues in their commentary, and also in interacting with the Commission, I would start by saying that we've all been through and continue to go through a hundred year pandemic with COVID19 and the tragic fact of the pandemic is that people of color and in New York City were hospitalized and died in disproportionate numbers, which really showed the light on the inequities, and not just in healthcare, but in other aspects of our society. But we also, in healthcare, have to recognize that for many years, healthcare and/or health systems have played a role in perpetuating structural disadvantage and that we now have an opportunity, and I would say a moral responsibility, for health systems to help dismantle racism and other forms of oppression. And what I'm pleased to say is that more and more healthcare

organizations within this state, out in the country, are actually viewing equity as mission critical and also viewing the response and/or just even understanding how racism and and structural inequity exist in how they deliver care. And not just as a research project or as an academic exercise, but really, with the real commitment and actions to change their approach to how they deliver care. So I think you know that's one big thing in terms of One Brooklyn -- We are looking at several areas in which we believe structural racism and inequity have really impacted health outcomes -- One area is in maternal health in Brooklyn and in New York City, and the other area is around our, what are we doing in the recruitment of our medical residency programs. We are very large, we're not necessarily one of your super academic medical centers, but we train a lot of physicians. We are a large -- Internal medicine residents have a large internal medicine program, a significant psychiatric residency program, and so we are now really doing a deep dive into whether there has been even implicit bias in how residents get selected. And then the content of their training, we're at the beginning of that, but at least, what has, I think, what's also important is we're calling out racism, we're being direct and overt that it exists, and that we have to do something about it. I would also say in the context of our being an anchor institution and being a significant employer of individuals, and many individuals who live in the borough of Brooklyn work in the One Brooklyn Health System, one of the big issues that I would say that we should address, and that the Commission should consider, is in terms of personnel policies right? There has often been sort of, even if it's not overt, there's sort of been this implicit review of whether people who've been involved in the criminal justice system should have certain jobs. That, from my vantage point, limits access to career opportunities for many many people of color, and in particular, in our Brooklyn community, when we want to make sure that we are hiring people of, at all levels and all disciplines in providing responsive healthcare services, we want people from the community and then at the same time, we are sometimes limiting ourselves, and also, there's certain policies and screening that occurs as it relates to folks' involvement in a criminal justice, in the criminal justice system. And given what we all know of again, the disproportionate number or of impact of engagement in the criminal justice system, of people of color, I think that also is something that we need to address as an employer as a healthcare entity, but also in terms of the City of New York in looking at some of the policies in which that may be a factor. And I could go on, but I'll give another example of why of what's important to One Brooklyn and I would say, to other healthcare organizations, is because you know we have to work within the context of the social determinants of health and, which means the the status of individuals, health, our success in helping individuals be as productive as is possible and as healthy as possible, also depends on their housing status. And one of the big issues particularly in terms of public housing and affordable housing is also whether an individual has been involved in the criminal justice system or the issues in terms of credit right? The whether, what their credit scores are, I can relate to one extremely eye-opening issue --

When I was at Health and Hospitals, I was engaged in the development of affordable housing on the campuses of several of the public hospitals, and one of them, our significant projects, was the creation of 165 apartments that we were working with the city HPD and also, the HUD, et cetera, and the state for the financing. But as the lease of the the prospective tenants were, was occurring, found that many of the individuals who by the way, this was being developed,

this housing is being developed for people who had been in the Health and Hospitals Long-Term Care Facilities longer than what was clinically needed, who were people who were mobility impaired that the apartments were built and designed for people in wheelchairs so that people could leave out of the, the long-term care campuses they've been in for decades in some instances, and needed to be in the community and could live in the community, and only to find out that as the screening process for potential tenants included their credit with their status in terms of credit or work experience, and also involved in the criminal justice system -- That those were impediments. And so what, in that instance, it was this irony that we were spending $14,000 - $21,000 a year having people in a long-term care facility, in a nursing home, who did need to be here. Some of whom had, were, in those facilities because they had been victims of gunshot violence, who were in wheelchairs but who could function in the community, and we had to literally go through hoops for those individuals to get through that screening process. So I'll stop there. So because from a healthcare perspective, there's very, very much what we need to do, what we're working on. I'm frankly, buoyed by the fact that folks are beginning to to say openly, this has been structural racism, this has been social injustice, and we must do something, and we can't let, wait for somebody else to do it, we have to do it in the way we provide healthcare, how we screen people for health care services, how we place people and admit people for certain conditions or not, what we do in terms of prenatal services, how we need to create stronger alliances between the patient and providers -- So we need to work on that, but there's these other more systemic issues that also impede access and equity for the people that we serve.

JJA: 12:39
Thank you, thank you so much. I have lots of thoughts and I'm sure other Commissioners do as well.

What we're going to do is hold our thoughts first, that we can hear from all of our panelists and then we will engage directly with you in discussion. This is for us, not a meeting, it's not a Commission meeting where we're talking one to another and engaging in decision, discussion ,and making decisions, but rather, it's a meeting that has been called purposefully to hear directly from you and to engage directly with you, so we'll move on now to Guillermo Chacon, and then to you Dr. Green-Forde. Thank you, thank you LaRay.

LB: 13:23
You're welcome.

Guillermo Chacon (GC): 13:25
Thank you so much, thank you LaRay, that was great. I want to begin saying thank you to Mayor Bill de Blasio for, in this Commission, in these two year periods, I want to wish each

Commissioner, also you know, the best, and I'm here, and I'm sure all of us are here to support you, each of you. But third I think, is one of the kind -- This Commission, that means New York City, we have another opportunity to be a leader, and I think as we, still in the middle of this global pandemic, this on top of many epidemics, that we have been facing as LaRay once was reminding us. I just want to add that I think if we want to really address racism, we need to deal with poverty as the element that will perpetuate and will not allow folks also, to really reach their potential. But the second piece I believe is justice and I think you know, we didn't share you know, our talking points will array, but you know -- The bottom line is, we see it. I think from that perspective, I always remind people that the messenger matters, the message, the messenger matters when we talk about Latinos, Latinas -- Many times people use the word Brown and I want to remind all of us that that's one color in Hispanic, Latinx, or Latinos. We're very diverse you know, we have strong beautiful Asians, you know when you look at Peru, when you look at many other countries in South America, but also we have beautiful Black afro Latinos present, we have White nannies, White Spanish -- You go to Cuba, you go to Mexico, and I think diversity matters. If we don't recognize who we are, it's very hard for anybody to connect, and especially a year after a very difficult census you know, that just happened last year -- That was sabotage and it was, you know, really difficult to be implemented. I think we have 10 years to put our house in water and reset the button. This global pandemic that already killed more than 600,000 people in the United States, just think for a second that what that means you know, is the number of people that died during the civil war between the North and South, just to put it in perspective, and I truly -- It is not over unfortunately, and I really want to remind all of us to promote vaccination, because it's still a core element to really put us in a very position. I want to share three ideas that I believe is important is how we take advantage that the over 300,000 workforce that New York City represents and over 100 city agencies I think. For a minute, if 30 of the workforce will become a public health workforce, where we put prevention as a core element and we begin to change the narrative not to be reactive and just to treat people but to prevent illness -- That's one element that will require you know, that truly, the university Department of Health and Mental Hygiene you know, an international well-known and well-respected Department of Health will be the leading force within your city workforce to become that amazing force that will address racism as an indicator, as a challenge that impacted the wellness of us. The second component, is the same workforce which addresses stigma addressed to mental health to deal with diversity, homophobia and transphobia -- Is still a problem, we have people that walk into a clinic and then walk out because they're not welcome, and I truly believe that the second key idea, that I like to present, is that New York City will not do business if you don't take the pledge and a commitment to train your workforce, private, nonprofit, and will put forward three actions that you will do to remove structural racism in your private corporation. Because the city does business with the private sector, but also with the nonprofit sector.

And the third idea that I'd like to put forward is to launch the campaign Zero Racism, where each Council District that we, is going to be a beautiful one because in January 2022, an amazing new council that will reflect who we are as a New York City, that a niche council will do an in-depth community mapping and a route to get to know who we are, because you know, you could Haitian, you could be Hondurans, you could be Mexican, you could be Russian

speaking, but we share the beautiful big apple and for that reason, we better get to know who we are, work together, and be an example for the entire nation and why not the whole world. Thank you very much.

JJA: 18:47
Thank you. It's a big undertaking but you're pointing us in the right direction. Dr. Green-Forde.

Claire Green-Forde (CGF): 19:01
Thank you, thank you, thank you so much for the opportunity and I am so honored to share this space with you. I literally am not in my head to what you guys are saying. If I could scream yes, I would, saying yes slowly, since we are on Zoom, but I wanted to start with a story. Because I'm a social worker, I'm an unapologetic racial and social justice warrior, I'm a mental health practitioner. I operate from the lens of understanding racial trauma and healing as well, and the importance of cultural humility in our practices, not cultural competence because I do not believe we get commented in someone's culture. We struggle with our own selves to figure out who we are, so how can we figure out someone else? But we can be culturally humble, we can be culturally respectful, and we can be culturally inquisitive. And one of the biggest things for me is making sure that I tell this story because I represent an immigrant, I represent someone who is a person, who came here for a better dream. But I also represent someone from the Africas, someone who's from the Caribbean, and someone who did not really understand structural racism until I came to America and experienced it in work, in education, and healthcare. My primary care physician is a Black woman, my therapist is a Lebanese woman, my dentist is a Haitian woman, my lawyer is a Haitian woman, my gyno is a Carribean woman, my gastroenterologist is a Caribbean woman, my neurologist is a Caribbean woman. Over 15 years, to get culturally competent, culturally humble, culturally curious, culturally acknowledging services. Years and years in New York City of not getting adequate care, being told that I was making things up, that I didn't have the issues I thought I was having, that my stress asn't the stress that I was experiencing -- Until I had a team of people who saw me, who valued my humanity, who didn't just tell me check the box, and we already assessed this, but who were not satisfied until they exhausted every resource to figure out what was going on with me. And my story is not just my own, that is that of my Latina sisters that are part of my sister circle, that is that of my Asian sisters who are part of my sister circle, that is that of my Black sisters who are part of my sister circle. That is my story and that is the story of thousands and thousands and thousands of New Yorkers and people across this country and we're aware of it. Unless we take a lens that truly understands critical race theory, which has been under attack for I don't know what reason other than white rage and white lash, we cannot truly address the deeply embedded issues in our society. Our governments have long supported and upheld structural violence; when we look at our criminal justice system, our juvenile justice system, our health care system, our education system, our housing system, all of the systems are connected to health because the beauty about health is that we can't separate it. Our minds go with this best computer ever made into a new world, but it goes with us. Our bodies

go with us no matter what form or shape our bodies take. This is the vessel that gives us and helps us to live and engage with life. When we think about accessibility issues, how many of us consider the fact that we are having structurally violent practices when our healthcare clinics and facilities do not engage accessibility? And I'm not just talking about the fact that we think about, do we have a ramp, are we engaging in practices that allow audio only telehealth and services -- Because while many of us have been frustrated in the pandemic, I can tell you -- There's a group of people that finally felt seen and accessed, and were able to access care and services because of what we're doing right now. Because they were allowed to receive treatment. Today, I had a conversation with a friend who works in the school system in New York City school system, and she was frustrated that the principal in the school refuses to allow Spanish to be a language that is used to communicate with the students and their parents when over 60% of the population fo that school is Spanish speaking. And they're sending notices to their schools in New York City in English and to their homes in English, knowing that perhaps parents will not be able to understand what is happening with their children. And all I thought was my god, what if a baby was struggling, what if this baby is in need of help and their parents would never know they're suicidal, using drugs, or being bullied because the school refuses, in New York City, one of the most diverse places on this planet. I also talked to another friend today, who is in direct practice, a woman of color from the Caribbean, like me, who like me is frustrated with the health care system and reimbursements and all of those challenges that we have when we cannot access treatment, we can't provide treatment because reimbursement rates are low and you're going through hoops and all of that to know -- Hey, how do we access treatment and how do we get paid for treatment, how do we connect people to treatment? Because if an insurance company is not going to pay you back for months and months and months, you can't sustain your business, and then what that means is that people that look like me, people that look like the beautiful rainbow that we are as humans, cannot access services because people like me cannot provide services for free because we still have to pay the bills. And that is the system that we live in. When do we challenge the systems, we were asked to talk about issues and needs and perhaps present ideas, but for me, it's important to frame it -- We have a system where we are aware and have long been aware of the issues and have ignored them, so my questions are -- Are we capitalizing on a moment that will fizzle away like all of the others before, or will we actually use this time to truly work to root out racism and structural violence? Because racism is violent, we are continuing systems of harm, there's no reason why I have to have an entire team of brown, black, and beautiful diaspora women so that I can be seen and treated, and I am a mental health practitioner. It took me two years to find my Lebanese therapist because when I put in filters from my insurance for Latino or Black therapists, that took me from over 500 providers to only 20. That's unacceptable and it means then that as an advocate, while I'm advocating for myself, I call my insurance company to say this is structurally violent, that your panel is not diverse -- And that's what we're dealing with in New York City and around this country. Do we have places and spaces where people can get treatment through a language that they can understand, not a language line -- I think language lines are great but there's a disconnect when you're having someone in a space with you as a provider and you're using a phone or something else to go through. Are we acknowledging and lifting up the trauma that's

happening and has been happening to the Asian American community, the Pacific Islander community, the Caribbean community, the LGBTQ+ community -- All of these communities have long histories of being harmed in our healthcare system of not being seen, of cultural humility not being included in treatment, of being glossed over -- This is, this New York City that we live in and we cannot deny it. While it may sound good to say that we're all working towards justice and we're fighting this fight, we have to acknowledge that in healthcare and in social services, most of our leadership is white, most of our leadership is white but we are serving BIPOC communities, there is a disconnect and there's been a long known disconnect. Are the RFPs that we're giving out in New York City going predominantly to the same large organizations that get the money all the time? What about those grassroots organizations who are boots on the ground in their communities every single day but they don't have the resources, and the staff to go after those RFPs, and to do that work and to keep track of all of that. So when we asked when we were asked to talk about what changes can we make and what are some of the challenges -- I had to center what the problems are in this field and in our healthcare system because unless we name a thing, we can't address a thing and the reality is is that this thing has been insidious. It has been growing, it's been a cancer in our society, in our homes and it is causing generational trauma that doesn't need to happen. We do not need to continue to carry the issues with maternal deaths for Black women in this country regardless of socioeconomic status, education, who are still dying three times more than their White counterparts in childbirth. We don't need to continue to have research that shows us that Black babies are dying three times under the care of White doctors as compared to White children under the care of any doctor, and those reports came out last year. What has happened in terms of COVID is not a disproportionate impact, it is the intended impact of a system that is structurally violent and is maintained, so what work are we going to do together collectively to address not only the generational trauma, acknowledge the racial trauma, but push the changes through in the city, through a lens of critical race theory -- Which is not a binary concept and does not only address Black and White, but addresses the issues that are impacting Latinx communities and Native American communities and other Indigenous communities and LGBTQ communities because it has to have a lens of intersectionality. So my presentation to you is not about what we can do, but it's about -- Are we truly acknowledging where we are, and then what steps are we going to take to rectify the issues that we already know are present. Thank you.

JJA: 29:10

Thank you very much, appreciate all that you said and all that you shared along with LaRay Brown and Guillermo Chacon. And let me just quickly, we can’t answer every question in this conversation, I’ve only got another 20 minutes -- But what I will submit to you since you’ve asked the question very important Dr. Green-Forde, is that this is our aim, and I’ve lived long enough and I’ve been at the sport long enough to know that, you know your heart and your mind have to be in the right place and you have to be humble to appreciate that you know this work. It requires all of us, we’ve got to lay the right foundation. You talked about critical race theory, our work is actually seen in Gregory’s Theory, the fact that we are centering on the

Charter -- The Charter is the structural foundation for the laws that birth, prop up, and allow racism to persist, and that's what critical race theory is all about. It's you know, looking at the foundations upon which our society is based and why things happen to Black people and other people of color and Indigenous persons, and how it's rooted in the laws of this nation. So we're looking at the laws and we're coupling it with the issues that you all and others are bringing forward to make those, to connect those dots, and to take those very first steps. So I appreciate what you had to say, I appreciate what you had to say LaRay and what you had to say, yeah. And I'm going to step back so that other Commission Members have an opportunity to engage directly with you. We have a limited amount of time, a limited period of time, but as we say to everyone, we're coming back to the well and as we get smarter in this work and as we begin to fashion ideas, take thoughts and turn them into thoughts and concepts and proposals, we're going to come back to the gloves. This is not the only bite at the end, but I'm just going to sit back and I'm going to ask our Commission Members who are with us today, you know, I'm looking at Vice Chair Garrido, Commission Member Thompson, Commission Member Davie, but please -- Oh, I think Commissioner Bermudez is here with us -- Yes, yes, and Commission Member Yoo -- Okay, alright, we've got the whole cast here -- Please.

Henry A. Garrido (HAG): 31:56
Madame Chair, but I'm sure I raised my hand, and I have a question for each of the three. Commissioners, if you permit me, starting with LaRay Brown, thank you for your testimony today and thank you for all the work that you've done over the past. I think I feel privileged when I'm in your presence. When talking about health care, my question is this -- We've seen studies that show that the almost one million New Yorkers who have contracted the COVID disease and almost you know, all of the deaths seem to be located in certain zip codes, where proportional, communities of color have bee unfortunately the most affected by it all. And I think you testified about access to quality health to some degree. How much do you think either the lack of investment, I'm very clear of this, or the lack of distribution of existing resources from the icty and the states have contributed to the lack of quality access in those communities that we're talking about?

LB: 33:15
Thank you Henry, and I want to underscore something that Dr. Green-Forde mentioned and very specifically in addressing your question earlier today -- I said in one of my staff meetings, is that evidence of the lack of or of frankly, structural and institutional racism, is the fact that those institutions that serve healthcare institutions that principally serve Medicaid patients have not had an increase in our reimbursement for decades, and the fat that that reimbursement 10, 20 years ago was inadequate -- It is even more inadequate now. And so when folks say well, you know there are issues with regard to safety net hospitals, as to whether or not safety and hospitals and the quality of care that's provided, or whether there are certain services that can be rendered by safety net healthcare entities, hospitals, and other healthcare organizations, one has to look at the fact that when you have 50%, 60%, 70% of your patient population are

folks who are insured by Medicaid and Medicaid pays 67 cents on the dollar -- One has to question again, the issues there are as to, and I think Dr. Green-Forde said -- Intentional harm, intentional harm to the institutions that are in those communities and to the people who depend on those institutions, that are in those communities, and to the people who depend on those institutions. Even with Medicare, it doesn't pay the cost of services, of what it takes to provide care, and I you know, I've said in other forums -- If you can be a hospital in Central Brooklyn, that's a, you know, the hospital that's in on the east side of Manhattan. The expectations in terms of regulatory authorities, in terms of federal government authorities, in terms of, you know, needing to make sure that you have infection control policies in place, needing to assure that you have trained staff -- Those expectations are the same. The issue is the resources that are available to invest in all of those things night and day. Did that answer your question, Henry?

HAG: 35:48
Yeah, I just wanna it, absolutely indeed, as it applies to Medicaid, but also within the State of New York. Well, yeah --

LB: 35:57
I would say, let me expand, because it's not just Medicaid -- The health systems, the hospitals, and the healthcare centers who attempt to negotiate with commercial insurers -- We don't have the leverage and they believe they don't need to afford us rates that are competitive. And so we can barely eke out getting 100% of Medicare for, from commercial insurers. And I say "we," and I want to make sure I recognize that there are small clinical practices in our neighborhoods who are dying because they're not adequately reimbursed, and that creates a huge deficit in terms of access. So we have you know, small practices that are just getting out of business because as Dr. Green-Forde said -- They can't afford to stay open. And that's with the commercial insurers,so one of the issues is whether state and or city in the, having a position that if you are a large insurer, even if you're not based in New York but if you want to do business in New York, that you should pay the healthcare entities a living wage so to speak, that they should, there should be fair rates that are respectful so that no matter where the organization is, that is, healthcare institutions in every zip code should be receiving fair reimbursement, and because that's another structural issue, and so that's one thing and I think again -- I'm not sure of what the Charter can do about policies and contracts with health plans, but I think at the state level, there's the -- I think, the Department of Financial Services regulates healthcare plans, and that they do business in New York. And particularly, those plans that have medicaid, managed care books of business I think. There's a -- And those who have larger employer book of business, so public employees who buy, you know, from you now, who have contracts with those plans as well as other employers who have staff that they're providing, they're paying for healthcare coverage.

HAG: 38:21
Thank you and Madame Chair, if you permit me, I'm gonna ask Guillermo -- In your testimony, you talked about the workforce and one of our concerns if how prepared we are for the next healthcare crisis. We haven't gotten out of this one, I have prepared our own so the other thing some people have suggested, the idea of creating a Health Corp or some sort of workforce that would prepare us for another pandemic or something similar to that. I know that, you've talked about some of that in preparation for the next crisis and so, how prepared are we in your estimate for this next crisis, that by all accounts, it's coming --

GC: 39:11
Yeah, I thank you Henry for your question. And I just really believe that this is a horrible test because the human cause has been and still evolving, but it's also a call to action toe ach of us and all of us to really look into a force. It could be, the stage has announced that the, Governor Cuomo has announced that he will aim to create something like that, but a public health force, I call it for the court, that will also go and put attention from elementary forward to mentor and motivate, in prepare that this from the beginning forward, that we're going to change -- Also, the public health workforce, I think Dr. Green-Forde was very clear that you know, my doctor is from India, and I tell people I say you know, I say yeah you know, but this fellow is the best you know. I love him and my acupuncture you know, from China, and I talk to people, I saw you know -- The more that we understand that we are together interconnected, a potential, a public health court could be an element that will reset this stage because we don't understand that public is health is not just to react to a crisis, but to prevent a crisis. We will again, you know, fast forward. It could be the next public health crisis at the magnitude of this current one that we're still confronting. It could be not 600,000 but it could be you know, whatever you know, millions of people's death. And I truly believe that how we also learn, the misinformation and confusion is all related that we have not invested to educate all of us how to be more proactive and to prevent the next crisis. And the other piece that I want to highlight is also, New York City is the home you know, for so many immigrant communities. And I told people I say, when you like to have the best arroz con coco, you know,rice with coconut, you go to the Bronx or Brooklyn or whatever you want you know. And I think that we can also take it as the, all the positive things that we represent. But we don't know, we don't know and how we learn and begin to evolve into again, an example out of these two years, a cycle of this important Commission that we can begin to change the narrative and again, it's not only about the structural issues -- Especially about reimbursement and investment strategic investments, but also who is involved and who is incorporated into this. Thank you for the question Henry.

HAG: 42:11
Thank you, and the last question is for Dr. Green-Forde. You mentioned the issues of procurement as an impediment for many of the locals and also the, in particular, mental health as a challenge to a community's access to this care. What are some of the procuring ideas that you have seen in your experience, heard from providers that would help us facilitate greater

participation by particularly, people of color in institutions who provide services to people of color? So not necessarily just people of color in this space, in your experience.

CGF: 42:54
Thank you for that. So I think one of the biggest things is mentorship around this process right? And so, whatever you think of it, you usually have someone that can help you understand the complexities and how to navigate the system. And so these large companies and organizations who have the resources, who have an entire team that's going after the hour of peace -- It's very different when you know you're in a nonprofit and you're one of five staff members and you are the secretary, the you know, all these other roles, and I'm saying that because that's me. And you don't have the bandwidth, the energy, and the time. So I would love to see opportunities that are well publicized, not the short turnaround times that we usually have for RFPs -- Well publicized and really, efforts to engage and send those out.
We are well aware of many organizations that are focused on BIPOC communities. Are we specifically doing direct targeted marketing to those organizations to let them know about RFPS, they're out, and are we providing adequate time, resources, and tools to help them learn how to fill this out, here's how you navigate? Maybe their partner, small organizations can be partnered with large organizations to learn how to do this right, because we're all serving the same community, so it shouldn't be a you know, this is my, these are my clients and you can't get them. We need to provide the best care and the best services, and if that's not me and that's you, oh my gosh, I'm celebrating it, that I found you. So we want to make sure that we can provide adequate training resources and time for people to do that.
If they're getting rejected from their RFPs because something's not filled out, are we explaining hey, maybe there's a period of resubmission. Hey, this is what we really need because I think that we have very, you know, academic experts like white tower approaches to how we engage treatment and how we engage services and RFPs, but everybody doesn't have the ability to go to the ivory tower. We need to go to them -- So that's my suggestion in terms of how we can make this more equitable. We could be more supportive for those organizations who are doing the work everyday and don't have the resources to do it.

HAG: 45:03
Thank you, all of you. Jennifer, we can't hear you.

JJA: 45:13
Thank you, thank you. Next, we'll hear from Commissioner Darrick Hamilton.

Darrick Hamilton (DH): 45:19
President Brown -- Well thank you everyone for those wonderful presentations, and my query is -- With you, President Brown, where I'm curious, you referenced credit scores as a mechanism

that can lead to disparate treatment and I imagine credit scores is one example of various seemingly race neutral metrics that obviously have differential race impacts. Any advice for us as a Commission of what we can do, and you know, I'll just give you an example of perhaps one of the things that and I don't know the legality of it, and whether we can do it, but perhaps an infrastructure around just like, you could show how that metric leads to disparate impact. Should the city be periodically examining ways in which criteria set up for distribution or access, as to its effect on different groups. Any thoughts on that?

LR: 46:23

Well you know, I was -- Darrick, and good to see you -- I was referring to the application for affordable housing and as it relates to, yeah, and as you well know, for housing, is so essential and critical and intrinsic to the provision of healthcare. You know, you can have the best doctors, you can have the best doctors of color, you can have the best culturally humble doctors, but if the patient sitting in front of you doesn't have a place to live and or is stressed because they know that their housing is tenuous, then you're not doing them any, you're not doing, no one's doing, going to get what we want out of that interaction. And so I was talking about when even, when the housing was being created for people who were sitting in hospitals and nursing homes that could save the sisters, the City of New York and health and hospitals, that more importantly, the City of New York and the state Medicaid program, hundred of thousands of dollars, this criteria for the patient to be able to transition into this housing was included exclusive of a credit score. And I don't know that credit scores are race neutral you know -- I read something recently with FICA scores and FICO scores and all those things -- There's something built into those algorithms that isn't necessarily race neutral. And so I again, I don't even, I don't know either Commissioner, as to whether, what the legality is, but my thing is -- Why have a credit score as criteria? Why not come up with other types of criteria to enable that per -- Did they you know, these were people who hadn't paid rent because they had been in an institution for 14 years on average? So are there other questions that could have been asked to us, and I presume the entity that was screening them, the not-for-profit organization that was going to be running this housing program -- They just wanted to know that people were going to pay their rent and in many cases, that rent was coming out of SSI you know, it was government resources. But can we look at the criteria that are being applied for people to access what we, what we very well want in terms of other public services housing and employment training opportunities; whereas I mentioned sometimes training your credit score is used now in employment and for people to be hired for certain jobs. To me, that is an impediment, that is injustice, and particularly when we know in some of the communities, people can't even, they're not banks and people haven't established a banking you know, history or experience -- They're using those paycheck places so there's all kinds of things that you know are built up to impede people from succeeding economically and frankly, in order to get health care services and other supports, yeah --

DH: 49:27

And just for quick clarity, I've tried to use the phrase seemingly race neutral because as you articulated with clarity, they are not race neutral -- But there's an accountability that needs to be used to determine if that's the right metric and whether or not it has de facto racism embedded in it.

LB: 49:45
Yes, thank you Commissioner, and may I, to Commissioner Garrido's question to my colleague Dr. Green-Corde on what can be done around the procurement issue - I think we need to look at osme of the OMBs. If it's not their policies, then their practices. And I'll give you a concrete example -- we, One Brooklyn, our hospitals, Brookdale, Kingsborough, can interfaith over the last few years, we've applied for funding through our City Council Members right? The City Council Members says "I want to support this project," it gets to OMB and then they look at our finances and they say "you're not an ongoing concern interfaith, you went bankrupt in 2015. We're not going to approve this funding" and that also goes to violence, to the institutions who are in those communities, serve in the community, and then the OMB says "I don't know if we should fund you for this project, so we need to look at that too." And I'm sure that OMB is using certain criteria as they consider funding the other not-for-profits, so that's why those who have, so you know, the richer hospitals will apply for money and get large grants when the smaller hospitals and health systems who need the money won't get those city grants -- Don't let me get started --

JJA: 51:21
Thank you -- It's soon to be five o'clock, we determined when we put this down the set of panels together that we would go beyond five o'clock. For a few minutes with the first panel, just given that we have time, we put in time for introduction, so I'd like to hold you for a few more minutes to hear from Commissioner Yoo, and then I have a question that I'm going to put to you. We may not have time for it, but it is something that I'd like you to think about in the flesh when we don't have time, and then perhaps follow up with us if that's okay with you. I appreciate that. Commissioner Yoo --

Jo-Ann Yoo (JAY): 51:59
Thank you so much, this is a very powerful panel -- This is our first expert panel and you know, there's so much, lots of pages and notes and you've given us so much for thought. And LaRay, I've known you for so long and of all the opportunities that you've used your voice to amplify the Asian American community and Guillermo and I've stood in picket lines together and rallied na protested together, and Dr. Green-Forde -- My question to you, everything you said to me on just resonated so deeply with me and I'm just so moved by what you had to say and you know, you talk about the immigrant communities and I want to ask you, you know, for new immigrants and as we face this crisis, how do we even build something as like, a lexicon, to be able to tell people what they should be asking for because oftentimes, our own communities

don’t even have the words to advocate for themselves. And so, what should we be thinking about and how do we start building some vocabulary into, ask, tell people, this is what you say and this is how you say it and this is where you go? And so I’d love to hear your ideas.

CGF: 53:10
Absolutely, and that’s such a great question, and I think that one of the biggest things that we can do is again, have this culturally humble lens in approaching communities but always knowing that we need to have a trusted person or a group of people right? So for some communities, that may be their Clergy, for other communities, it may be through sports right? For other communities it may be through cultural practices, some communities it may be well-respected elders, and so building those bridges and communities. So I think often of what has been done in certain Native American communities in terms of of educating around health and diabetes where people recognize we can't go into this community and tell them what to do and tell them what to eat; but how do we actually build a relationship with the understanding that this relationship, because of the harm done to this community, is one that we have to work to engage and that it could take a long time to build that trust? And it's not based on our research methods of how long something takes checking boxes on, it's really based on our cultural awareness and humility towards engaging and seeing how do we honor their practices and work alongside them. I think one of the biggest misconceptions in our practice is that medicine and treatment now is complementary and alternative right? Whenever I hear that term I want to scream because the current medical practices we have are complementary and alternative to the Ayurvedic medicine practices and to the industrial practices and practices that have been long for centuries. This is modern medicine, is complementary on the alternative to what's been going on, and so how do we actually infuse that right? I think you know if someone says you know, we are in our community, we need to have you know, the main lead, we have to respect and honor that right? I can think of when I worked at interfaith -- By the way Ms. Brown, so I definitely know what you're talking about with the lack of services in the community that's served. But I often think of when I was there, I remember having a client who was of Asian descent and the cultural, in cultural, in that community, was male focus and I'm inpatient psych, and everyone, my colleagues were great but predominantly white -- They were like well, we can't get this person discharged, they kept asking the client and I said, “hey, did you ask her who the male, people identified individuals are in her life because this treatment plan is not going to happen unless you engage them?” “Well she's the patient, she's the client” -- Yeah I get that, but her brother and her father are the males in her family, they have to be included in this treatment plan. We can't do what we typically do. I get that she's the payee but still, we have to answer and that was the approach. So I think when we have approaches that honor people where we're not trying to get something from them, because it becomes very evident when we're just doing it to check the boxes.
I think that those are ways that we can engage and learn and perhaps maybe there is, not this word right, like, I think of, in mental health it's attacking the nervous right? Like if we take that space and I may be saying it wrong like in the DSM, you know that's happening in Latin, but we weren't acknowledging it in mental health because there wasn't something in the DSM that

that checked the box -- But that's a real thing and it's a real example of when we do not honor cultural practices, when we do not engage people. It may not be the same word, but are we looking to the feeling, are we looking to the experience? We find connection and experience, we may say the different words, but that feeling you get when you listen to a song from Pakistan that moves you is a similar feeling that you get when you listen to opera that moves you as well. It's two different things but the same response, so I think one of the biggest things that we can do is seek to find connection, to honor the connection, to acts, to be curious, and to also experiences -- Connect even if we don't share the same languages.

JJA: 57:19
Thank you, thank you, thank you. We unfortunately are timing out, but I first, just want to thank you all. This has been so rich and we're going to have to go back and spend a lot of time with the transcript to unpack so much of what you said and to do the most that we can to you know, to essentially respond to the issues as you're raising them. I want to leave you with this and ask you, you know, at a later point in time, maybe even send something to just to give us your thoughts and reflections. I'm at that point in my life where I'm learning, actively learning professionally from my children. I have a daughter who just graduated from the Columbia School of Public Health -- She studied Sociology in her undergraduate years and went into the School of Public Health believing that she wanted to engage in the health space. Came out appreciating that the way that she in her estimation, the way that you really get at the public health crisis that present for communities of color is by addressing the sociological underpinnings and the legal underpinnings that prop up this system. She says that when you look at maternal mortality rates of Black persons, that you're not just going to fix them with the program because the Black female from the beginning of slavery has been seen as simply nothing more than a medical body. So my question and especially as I'm centering on structural racism is how do, and I think a lot of what you've shared, points in this direction, but we've got to address not just the programs or systems, the institutions, but this sociological underpinning that sees the individual and the family of color as less than and less worthy. And so I'm just going to pause you, put to you and to the others that come behind you -- This is a whole and other maybe conversation, but what do we do to get at that structural underpinning that the person of color is not as worthy, their experience is not as significant, as meaningful. So I'm just going to leave it there, but if you can help us with that because I think it's this kind of bulk, if that is fair. Thank you so very much, we could spend like hours with you because we're learning so very much. But we're going to come back to the -- Well, if that's okay with you, we're going to come back to the well. I'm now going to turn to our second panel, and we have another 3, very rich in knowledge and experienced group, and I'm going to introduce you to them and then I'm going to turn the conversation over to them. The first is Wayne Ho, who I know very well. We've had the opportunity to work very closely together over the last several years -- He's the president and CEO of Chinese American Planning Council. Chinese American Planning Council's mission is to promote the social and economic empowerment of Chinese American immigrants, and low-income communities -- CPC serves over 60,000 community members throughout New York City. The next person is Nathaniel Fields and he's the Chief

Executive Officer of the Urban Resource Institute. URI is the largest provider of domestic violence shelter services in the United States. Nat has led the New York City Coalition Domestic Violence Residential Providers as Co-Chair for over 10 years. And then you have Joo Han -- Forgive me if I am not pronouncing correctly. Despite your last name, please correct me when you come along -- Is the Deputy Director of the Asian American Federation. AAF is the largest leadership organization in New York, representing 1.3 million Asian New Yorkers in a multitude of issue areas, including immigration integration, mental health, economic development, and civic engagement. I am going to turn the conversation over to you.

Wayne Ho (WH): 1:02:08
Great, thank you Jennifer for the introductions, and it's great to be here and it was great to listen to the first part of the panel. And I want to thank the Commissioners of the Racial Justice Commission, first launching these testimonies as we hear from folks in the different sectors to talk about how we promote racial justice in New York City. So given the fact that the Chinese American Planning Council represents Asian American Pacific Island AAPI communities as well as immigrant communities, I want to focus my remarks on how health and mental health can be better addressed for New York City's fastest growing community as we come today to talk about overcoming racial disparities in mental health. Like LaRay, I also come from the perspective of the need to address the social determinants of health -- These conditions that determine how New Yorkers live, work, learn, play, and worship, and how these affect health risks and health outcomes amongst New Yorkers, so when we talk about health care access and quality education access and quality social and community connections, economic stability, and the built environment -- These are all conditions that must be addressed if we want to eradicate white supremacy and promote racial justice. This is especially important for the AAPI community, which is the fastest growing racial group in New York City -- We currently make up over 15%, New York City consists of over 40 ethnic groups and dozens more language andidalect groups, so for the 1.3 million New Yorkers that are Asian American, racial justice becomes very important. And when we define racial justice, it's important for us to talk about data, justice language, justice and budget, justice as it relates to health outcomes in terms of data justice. As I've mentioned, there's 1.3 million New Yorkers of Asian descent, but oftentimes, New York City's data does not capture the diversity of our community -- That's where we rely on organizations like Jo-Ann and Joo's with the Asian American Federation and the data they put out based on their own research. Oftentimes, New York City government classifies us as Asian or other, sometimes we're not even included in the data. So if we were talking about racial justice for the fastest growing racial group in New York City, we must have inclusion of Asian Americans in all data sets. And when we are included, we must make sure that this data is disaggregated. While in 2016, New York City did adopt Local Law 126 that mandates certain government agencies to provide standardized, voluntary and anonymous demographic data, this is conducted through a survey, it's not mandatory. And we know there's been very inconsistent data collection, so one recommendation is we must make sure that Local Law 126 is fully enforced. We also want, must improve and strengthen the law ehre it's not entirely voluntary based on a survey. And once the data is collected, it must also be

publicized. The data must show how Asian Americans are doing by the different ethnic groups and language groups. And then how does this utilization of different government services impact the communities themselves, and the health outcomes as well as other outcomes of Asian American New Yorkers. We know for example, we know from COVID, 64 of racial demographic data was incomplete. We know based on research that AAPIs were twice as likely to test positive for COVID than their white counterparts, 53% more likely to die from COVID, but this is information that was not reported or shared by city agencies -- It was universities and non-profits who work together to collect this data, so we must make sure that there's data justice for the Asian American community in terms of language justice. The Asian American community is a predominantly immigrant community, about 40% are limited English proficient, and that varies across ethnic groups. So once again, based on data that the Asian American Federation has collected, we know that for example, Chinese Americans, 60% are limited English proficient and it goes down to 20% for Filipinos. While there is a local law around translation, interpretation, and there's an Executive Order 120, the mandate, city agencies that have translation and interpretation, we know that this is only given to the top six languages, and we need to expand Executive Order 120 as well as Local Law to make sure that it covers more languages. Four of the languages right now are Asian languages -- Chinese, Bengali, Urdu, and Korean, but we want to increase the number of languages that translation, interpretation is mandated. And this goes not only for city agencies and city services, but we need to make sure this covers everything from DA's offices to City Council Hearings to the court system. Definitely the NYPD and other uniformed services and how they interact with our communities, especially during a time right now with the rise in AntiAsian violence and hate crimes, so we need to make sure there is more language access for not just the Asian American community, but keep in mind that Asia, that New Yorkers are either immigrants or children of immigrants. 2/3rds of New Yorkers are immigrants or children of immigrants. Last but not least, budget justice is important to promote racial justice -- Not only for Asian Americans, but for other communities of color and I'm going to break this down by contracts, by organizing, by the workers themselves, and the services that we offer. New York City currently contracts out about 4 billion dollars a year in human services to 1,200 organizations. The top 100 organizations have 70% of all the contracts. Based on the research that the Asian American Federation has done, we know that the Asian American community, which once again, makes up 15% of New York City, only has about 1.4% of human services contracts -- So that means that the fastest growing ratio group in New York City that already does not have data being collected on them, that does not have language access to government services, is not being properly served by nonprofit organizations that come from their community, employ the community, and represent the community. So in my written testimony, which I'll submit later, there's different recommendations that we have on how we can improve procurement processes to be more racially just. But what I would like to point out tonight, is that, let's take a look at what happens with the for-profit world. New York City has done a lot with for-profits and companies around FWBEs minority and business women -- Sorry, minority and women business enterprises. Unfortunately for nonprofits, we do not have owners so we cannot be classified as MWBEs, so what we encourage you all to do is, let's really take a look at Local Law 1 too. Oftentimes, New York City always says that Local Law 1 ties our hands so we cannot carry out

social justice or carry out social goals, so maybe it's time for us to amend Local Law 1, so we can better capture racial justice. So we encourage in addition to amending Local Law 1, we also believe that the city should create a new classification that mirrors MWBE certification for for-profits -- But let's create a new designation specifically for non-profit organizations that promote justice not only for people of color, but also for women, immigrant and lgbtqia led organizations. Secondly, for budget justice, we must look at the workers, the human services workers of nonprofits. I believe Nat will go deeper into this, but all I want to touch upon is that over 60% of all workers and nonprofits are women -- Predominantly women of color and immigrant women of color. They live and work in the communities, which means then that the monies that's going from New York City contracts to nonprofit organizations are going into the communities of color and immigrant communities. Unfortunately 60%, while 63% of human services workers have four-year college degrees or better, there's a median annual income of $47,000 dollars and there are often not, cost of living adjustments and a significant portion of our workers actually rely on public benefits or public housing. It's New York City that determines contracts, that determines wages, that determines compensation for our workers, and that's why it's important for us to have a city where New York City human services contracts are amended and to increase compensation for our workers. I'd also like to put a point out that it's not just for human services workers this affects -- Direct care workers, this also affects home care workers. As many people know, the New York City Human Resources Administration continues to contract out home care and while there's about a quarter million home care workers across the state, there are 33,000 home care workers that have 24-hour shifts but are only paid for 13 hours, and this is codified in union agreements as well as court of appeals decisions as well as contractual obligations. So we as CPC stand with other home care agencies as well as advocates that are pushing for those who work 24-hour shifts to get compensated better for all their time that they worked, and making sure that home care agencies are properly compensated. Last but not least, we have to look at services. If we want budget justice, we need to make sure we're not, we are investing in communities themselves and not investing in over policing. Once again, my written testimony will provide more examples, but let's make sure that we in the human services and nonprofit world are bringing the communities [that] are impacted the most to the table. So let's make sure youth that have been part of juvenile justice are at the table for juvenile justice decisions, let's make sure the families impacted by child welfare are at the table decision making table for child welfare. Let's make sure that Asian Americans, immigrants, and other marginalized New Yorkers and BIPOC communities are in City Hall when decisions are being made. Let's take a look at the education curricula and not perpetuate white supremacy in our history, and let's open it up for a critical race theory which Jennifer already mentioned. Let's make sure we expand services for young men of color, let's make sure workforce development programs really target specifically comedians of color and immigrant communities, let's make sure that we are expanding upon violence interruption programs as opposed to expanding over policing in certain communities. Thank you again for this opportunity to testify. I look forward to hearing the rest of the testimony from the other experts and I look forward to hearing the questions from the Commissioners later today.

JJA: 1:13:52
Thank you very much, thank you very much Wayne. And the next person is Nat Fields.

Nat Fields (NF): 1:14:01
I know that it's been a long night so I'm not going to be long -- I want to compliment some of the presentations that you've heard earlier today, but I would be remiss if I didn't thank Jennifer Jones Austin for her leadership. I've been a fan for many many years as well as your entire time and this Commission -- So many of you have been so dynamic and so passionate in your presentations and because I'm an optimist, know that I get filled by all the things that you've had to say so far and Wayne, you know we have some similar points. I'm gonna again compliment what you've said so far. So you know URI is -- Interesting story about Urban Resource Institute, my predecessor, Dr. Prim, started in the 60s, and he believed that you could have an organization of the community. So right from the beginning, he worked from Brownsville to East New York to Harlem to the Bronx, identifying those knowledgeable, skilled, abled individuals with the right dose of compassion to be leaders in the organization to provide and work in partnership with the community. And it was amazing, I know it sounds very involved, based on the presentation we heard today -- So for Urban Resource Systems, we did just that. We started our roots in the 60s, we looked at a lot of research to practice, and informed a lot of policies. Our, if you look at our organization, I think we have about 550 individuals, about 80-90% represent people of color, that is represented on our Board of Trustees as well as our leadership team. I think if Dr. Prim was around today, he probably would say in terms of his vision, that has not been realized by the nonprofit sector. We're one of unfortunately, very few organizations that have representation up and down. I want to talk a little more about, while we are here tonight, but I want to speak a little bit about domestic violence in the communities because it is, of course, disproportionately impacts BIPOC, so you know URI is a leader here. We've been at this since 1980 and our goal is to end domestic and gender-based violence, and so we work in schools where we touch about 40,000 individuals. We do so, a lot of prevention work, and we work on the other side, with those who do harm, looking at new models to help individuals be held accountable. But also, understand the impact of their untreated trauma that continues to drive some of this behavior to our working shelters, where we work with people ready to need safe, safe shelter beds. So racial inequity is prevalent in our mission, in which we work. There are some key stats I want to set the stage for -- About 94% of women who are murdered are Black women. We want to say about 28% of all women in the U.S. experience some type of rape or sexual violence by an intimate partner disporportionately, so 44% of African American women have experienced these same types of violence. Black females account for 13% of New York City's population, but over 30% of intimate partner homicides and homicides of course, we don't get a second opportunity to save lives. So we also want to look at it from an income perspective as we relate to intimate partner and domestic violence where, when we look at low-income neighborhoods, we account for just about 20% of the city's population by about 40% of New York City intimate partner homicides. So we see in the work that I, we've developed, expertise myself and my colleagues,

we see this disproportionate raid from people of color being evidenced here. And so I wanted to set the stage by talking a little bit about this work and how it disproportionately impacts Black, Indigenous, and other people of color but also, the nonprofit sector at large. Because you know, I do want to talk about URI, but I also want to talk about the larger sector at all, so New York City -- Some would say, plays a role in perpetuating core inequities, and we need to take this opportunity to drive meaningful change. I know in the last discussion, someone said, well, how do we avert the next crises, and I want to say to you, we've been in a place in New York City for a sustained period of time where we have to deal with the situation before us, so this long-standing crises where often, people of color have the worth outcomes with the health or directly in the nonprofit sector. Some would argue that some veterans believe that human service organizations are devalued because of who they serve often. Women, often people of color, you heard some of the stats that Wayne talked about. While I work in the area of DB and homeleness, our experience around inequity and respite racial disparities, echoed across the human service sector, and so I want to talk about some things we can do today, that we know have been in existence for some time. I do want to back up and say, I think our Mayor talked about early on, the tale of Two Cities, and so as he took office, part of the work -- His vision was to reduce the gaps, and I want to compliment, to compliment the administration because we've had some success. I think we can applaud the work around universal Pre-K and the impact it's had in New York City. So more work needs to be done. This nonprofit sector we applauded, the frontline workers who are often again, women who are often again, people of color, for really providing the invaluable services at high risk to themselves. And when we step back for a bit, we need to now follow up with actual behavior as part of the nonprofit sector. There's some things we can do now, follow up with actual behavior, as part of the nonprofit sector. There's something we can do right now, we can start to look at the realities that these contracts continue to press down the sector. This sector of course, is comprised mostly amgain, women and people of color -- Over 60% as you heard from Wayne, is represented in terms of the dtaa. We can start very, after this conversation or as we continue this conversation, is to start to invest in a nonprofit sector that of the, are engaged in bypass with BIPOC communities. This community, this Commission -- I think we are all aware of the data but we can act and move forward by doing some simple things.We've had some success, more specifically, some of the recommendations around the indirect cost, that we know nonprofits are often starving -- We are not able to pay our workers a living wage, we've heard from our workers time and time again, I'm providing these services but I'm also one step away from being a recipient of services, a person in a shelter, a person in a domestic violence situation, a person who's not able to access appropriate healthcare. So investing in the nonprofit sector will also invest in these communities. We can do some things I think, from the other panel, we talked about how do we do things around the procurement process or RFPs -- You know, we want to partner with our doc, with government -- When we start to look at our request for proposals, we want to inform that process. How do we determine the cost of a proposal, we want to be around the table as nonprofit leaders with great experience, to partner with government to ensure that we are placing the appropriate value on contracts from the beginning, and as we look at the ability to engage a wider audience, particularly people of color to ensure that we're engaging those communities and giving them an opportunity to

participate. So I do think that's low hanging fruit, I do think we have an opportunity here tonight to really prioritize some of our recommendations as we continue the conversation. I'm really excited some of the things the other panelists have said that complements some of the things that I've said -- The takeaway here is that I do think that being a non-profit provider and looking at the sector at large, we can actually do invest in our nonprofit community by doign some fo thethhings I suggested. Again, looking at the RFP process, looking at the contract value, ensuring that we're around the table as we start to engage in the process. So Jennifer, I'm going to turn it back over to you because I know the night is long and I think we have a few other presenters as well as some questions that may be raised.

JJA: 1:22:57
I appreciate all that you had to share in that and just want us to center as we think about procurement like -- What is the racist you know, like what are the racist elements in who is at the table and who is not. And just pick up on some of what others have said as well, thank you for that, for your presentation. The next person from whom we'll hear before we go to conversation and dialogue between our panelists and the Commission Members is Joo Han and forgive me if I'm not pronouncing your last name correctly and correct me, don't hesitate. She's the Deputy Director at the Asian American Federation and I state that again because on our Commission, since Jo-Ann Yoo, who is the Executive Director for the Asian American Federation, I'm reminding us all of that because it's important to note that Joo and you and all Commission Members serve in their individual capacities -- They do not serve as members representing the organizations that they lead or that they serve in. And so the remarks that will be presented today by Joo are not at all informed by the thoughts and the concerns of Jo-Ann Yoo as a Commission Member. Good deal. Okay, please begin.

Joo Han (JH): 1:24:26
Thank you so much. I hope people have their coffee, their tea. I know it's late in the day, I'm just hydrated. Good afternoon, good evening, thank you to the Racial Justice Commission for communicating this important panel on such a critical issue and thank you to the Mayor for creating this Commission to ensure racial justice is addressing the way the city operates, both in the short and the long term. As a leadership organization that's been leading advocacy efforts to address the mental health needs of the Pan-Asian American community as well as a surge in Anti-Asian violence, the Asian American Federation has seen firsthand the building mental health crisis in our community, the invisibility of our community of not receiving enough attention on our needs even as we have been increasingly attacked in the past year, stems directly from structural racism of as other panelists have referenced for all communities of color of not being deemed important enough to warrant the investment that tackles poverty and related mental health, even prior to COVID -- Asians were the only racial group in New York which suicide was one of the top leading causes of death. Additionally, Asians are the least likely of groups ot report, seek, and receive medical help for depressive symptoms, a challenge that's further exacerbated in the city by the fact that 25% of us live in poverty, we are the

poorest community here in New York City and the fact that nearly 50% of us have limited English proficiency, which is much higher among certain demographics like seniors. When you consider the deep cultural stigma, that's the single greatest deterrent for the asian community, and the fact that there's a dearth of culturally competent mental health services for the community, there are multiple barriers for the community for immigrants to overcome in order to receive the services. And now over the past year, we've seen an increase of at least 20% in demand for mental health services from the Pan-Asian community due to the impact of the surge in Anti-Asian violence. The largest increase in unemployment rates across all racial groups, an alarming uptick in domestic violence as Dr. Fields are referencing and a severe, the severe social isolation that our scene are experiencing. As we look to ensure racial justice for the Asian community and other communities of color, we must ensure that access to culturally competent mental health care is a fundamental right for all New Yorkers, but especially our most vulnerable community members, we must recognize that communities of color like the Asian community is facing a crisis within a crisis, particularly in light of the fact that 1700 assaults targeting Asian New Yorkers have occurred in the past year and we must proactively offer solutions before we begin to see overcrowding and emergency room, mental health crises. And we also know that there is an impending report that's about to be released from the Biden Administration on the origins of the COVID virus, but we also have to create resources to support individuals who will likely be targeted in the aftermath of the report release. So in light of the Anti-Asian violence that we have referenced, I reference, and other speakers here on the panel, we have to reimagine what public safety looks like and the fact that it should encompass mental health, we cannot separate physical safety from psychological safety as long as 16% of New Yorkers are targets whenever they walk out their front doors, their mental well-being will always be at risk. The safety of other New Yorkers will also, other New Yorkers of color will also be at risk, we must center the safety of our most vulnerable community members when we talk about public safety, and we should have community leaders representing and serving the Asian community working alongside community members also representing the BLack, Latinx, and LGBTQ+ communities in order to come up with community-based solutions that provide, prioritizes safety for all our community members in the coming years. We must also ensure that we're not punishing perpetrators who may have mental health needs themselves and instead, connect them to the essential services that they need. We have to create as we think about the short and long term -- An office for community mental health, whose sole purpose is to build the mental health capacity of community-based organizations and acts as an intermediary between cities and between the city and nonprofits. Currently, the way our system is set up in the city, we do not have this capacity, building agency. In fact, sort of the function of that office has really been more to build the city's capacity for providing mental health services rather than building a pipeline and supporting the mental health efforts that are already happening in community-based organizations that know and know their communities best and have the trust of the community members that they serve. This office, this agency's, agencies, should be led by people from communities of color with expertise in culturally competent care in both clinical and non-clinical services, as many people of color access mental health, not through clinical care, but also through non-clinical services, it should serve as a mental health resource center to help centralize and incubate social workers. As we talked about, there is not enough

pipeline for culturally competent providers who can be placed permanently in CBOs that are with funding that's managed by these community-based organizations. We've talked time and again with our community groups that have been the city's efforts to build capacity, but then oftentimes, we'll woo away mental health, culturally competent mental health providers with higher salary levels potentially providing visa coverage and things like that directly competing with the community groups that actually provide the type of culturally competent mental health care that our community members need, it should not serve as a crisis center. Currently, the pilot program that does exist, very much exists as a way to address when a crisis occurs, when 911 is called -- But as we talked about in terms of the current mental health crisis in the New York City community as well as longer-term mental health needs, we don't want to react in a way that's just reacting to crisis versus preventing those crisi from happening in the first place. And we should work towards placing a mental health clinic in every community to make mental health care easily accessible to destigmatize through integrated programming right now.
The way that our organizations operate with very little funding support from the city and other funders is, they're actually integrating mental health care in their ESL classes and their youth programming and their senior wellness programming. We have to find a way to support the groups destigmatizing mental health care versus again pointing them to Western models that don't work for our immigrant communities and communities of color. And right now, you know, we get daily inquiries about accessible language mental health services that take into account the different cultures that our community members come from. There's only a handful, less than five mental health clinics serving the Pan-Asian community in a city where we have the fastest growing population, the Asian community. That is systematically a barrier to people who are needing services in culturally competent ways and oftentimes, right now, because of the lack of infrastructure that we have set up for immigrants and for Asian immigrants. Asian immigrants' first encounter with mental health services is often through emergency or mandated services, so due to the stigma in the community, when they are, there's court involved, mandates that require them to receive mental healthcare. They're not actually being introduced in a way that's friendly, in a way that's receptive -- It actually drives them away and further stigmatizes the ability to access mental health care. And in the same way, we should be placing social workers in every community based organization as though, just normally,a s though, just like social services, they can be screened for mental healthcare for mental health needs through other programs and provide clinical and non-clinical mental health support. Right now during COVID, Asian immigrants who are seeking mental health services, they don't do it directly. They come in looking for assistance with food, with unemployment, housing, and services. And they become connected to services like a women's support group, a group counseling program, because they share with nonprofit staff that they are going through emotional and psychological challenges, and can then be connected. But it's never directly because they say we talked about the fact that there is a very little lexicon in the Asian community, immigrant communities as well as all communities of color around seeking mental health care. So we need to make it as accessible with multiple points of entry to be able to access those services. And we talked about the fact, other speakers have, other panelists have spoken to this, which is that we need to recognize, acknowledge, and credit community-based organizations who are offering mental health care that's integrated into the social services they're doing. This in a way,

just like we do with sort of annual physical checkups, we should think about how we can structurally support the groups that are the front-line staff to being able to direct people to services before they become crises. And they end up in the emergency room oftentimes because they don't have access to preventative care. So so many of our groups right now, not through choice, but because of demand and need, are actually having to allocate so much of their staff time to case management services because of people who need food assistance, housing assistance, unemployment assistance, and through those avenues, they're actually connecting people to mental health service or creating mental health services right now just because the need is so much higher than the actual capacity. And lastly, the one thing that we should definitely be thinking about is the need of Asian, I would say, all children of color, but I would say I'm thinking especially in light of the surge in Anti-Asian violence and violence, and the fact that the Biden Administration report is going to be coming out any day or in the next several months, that we should be requiring local schools to link up with community-based organizations that can support Asian children and families who will, who are currently experiencing high levels of anxiety and stress due to the Anti-Asian violence. Come the fall, when we have in-person learning, there will be a really high level of need and demand for children and families needing mental health support. And there will be no infrastructure to support them, and right now, from the conversations that we're having, ery few schools are prioritizing that as they think about reopening plans in the fall. Thank you so much for this opportunity to share about our needs, of our community's needs.

JJA: 1:34:55
Very very helpful. Alright, we've reached that point of our conversation, and so I'm going to, I see the first hand up is that of Commission Member Jo-Ann Yoo, so please begin.

Jo-Ann Yoo (JAY): 1:35:21
Thank you so much. Sadly, the conversation that Deputy, Wayne has shared with you, is what we talked about in our community. And so, but you know Nat, I also really appreciate what you had to say. So my question actually is for Nat and for Wayne, you know, you both talked about communities of color who are unable to compete with these larger, mega organizations to be able to get the resources they need to support our community. So I would love to hear from both of you about your ideas for funding equity to support, especially the smaller nonprofits that have vital services but lack the capacity to even compete for some of the grants, the city grants, and so you know, I know that you're both very well versed. Wayne, Nat, you aren't on -- You've unmuted first, I'm gonna go with you and then I'm gonna ask Waye.

NF: 1:36:16
Yeah you know, thanks for your question. I do think from the sort of big perspective that when we start to look at the nonprofit sector, I want to say that the overwhelming majority of individuals working leave our sector for better jobs. I think we get a rate at that, it's about 70%

of what a government worker would receive. So from this larger perspective, I think we need to resource a non-profit sector so we're competitive that we can engage our workers in a meaningful career where they would want to stay for a period of time. I do think then it's some of the things that we just talked about in terms of when we start to think about who's around the table when we're engaging a need for a proposal to be very concrete on some of the agencies, in terms of that we would want to be around the table to inform their RFP to make sure that there's some studies, some data that suggest the RFP in and of itself is at the right level and of course, the representation -- Those who get to the table is more specific in terms of how we engage communities of color, particularly from smaller CBOs. Wayne --

WH: 1:37:22

Thanks, Nat -- Thanks for the question Jo-Ann. I think, just some other ideas, we know that government RFPs are based on 100 point scale, so let's really take a look at how those points are distributed if the majority of the points, a third, 40%, 50% are based on previous government contracted experiences. Then right away, it's harder for new organizations to enter that space, whether they're small, whether they're big, whether they're new, whether they're old -- It's hard to enter that space. So I think we need to revisit the 100 point scales and what's being weighed. I also think we should do more points for organizations that provide culturally competent and language accessible services. So if we can't create a new classification like a nonprofit NWBE, then let's make sure there's extra points or bonus points for organizations that come from the community, are of the community and serve the community. We also need to make sure that before the RFP is released, that the way the design is set up, can allow small organizations and new organizations to enter the space. Commissioner Bill Chong of DYCD has done a good job on many of his RFPs by making sure that the outcomes and deliverables make sense for small CBOs -- You can't have like, the Department of Health often puts out RFPs for one provider per borough. That's not something a new provider can do, so we can make sure that there's more opportunities and more awards going to more CBOs to serve smaller populations. Then that's better too for new CBOs to enter the space. Last but not least, in terms of data, oftentimes once again, the data that is scored on RFPs is based on governmental quote on quote, independent research for the Asian-American community. Once again, we're left out of governmental data, so we use our own experiences, we use qualitative data, we use data from other CBOs that has to carry equal weight in the needs section of a hundred point score. And then last but not least, census data is not necessarily the best for immigrant communities where we might have two, three, four families in a household where household income might be inflated because of that. Where ethnic enclaves are no longer defined by geographical boundaries, so i think we really need to look at what are the needs that are really trying to be solved by an RFP, and how they play out in a scoring system that automatically hurts smaller CBOs or CBOs of color women led, immigrant led, or LGBTQ led.

JJA: 1:40:14

Thank you. I'm going to go next to Commision Member K. Bain, who is not able to be on, to speak directly to us. But he does have a question. We'd like you all to speak to what expanding Local 1 could look like for nonprofit organizations with historically marginalized leadership.

WH: 1:40:43
So Local Law 1 oftentimes, when I sat through and Jennifer you did it too for parent policy board meetings. Oftentimes, whenever we're looking at new ways of expanding MWBE certifications or looking at new ways of scoring MWBEs, Local Law 1 was always brought up as well. There's been positives on Local Law 1 about around MWBEs and ensuring transparency and xyz. Local Law 1 also has language in there that says procurement cannot be used to carry out social policy so right away that's been defined by city government, specifically the law department, from a conservative legal interpretation that we cannot carry out certain social policy like promoting racial justice or immigrant justice or gender rights or immigrant rights. So I do think that one the law department needs to go back and revisit their interpretation on Local Law 1 and 2. If the law department's interpretation is correct that we cannot carry out certain social policy under Local Law 1 then I think it's time for the Mayoral Administration and the City Council to care to amend Local Law 1 so it does define certain amounts of social policy that can be carried out through the procurement process of the City of New York.

Phil Thompson (PT): 1:42:10
And I mentioned something on that.

WH: 1:42:13
Hey, Deputy Mayor.

PT: 1:42:42:15
Hi, how you doing? Good, good. That is really not the City Law Department, that is state law and it's part of the General Municipal Law and actually, the city proposed legislation as part of a community hiring bill at the state level. To change that law to allow social criteria to be included and considered doing procurement -- And 50 legislators, 130 community groups, and a lot of unions supported this legislation at the state level, so I agree with you. This would be a monumental change but it is something that requires a change in state law.

WH: 1:43:07
I stand corrected and Phil always knows the history of everything I've learned --

JJA: 1:43:16
But very helpful because it is, I mean, raising it, one of the areas of the engagement of the Charter is to look at what laws impacting New York City, that are, state laws, have to you know, should be visited, revisited, and advocated for war against, so it's very important, very reliable.

DH: 1:43:45
Thank you, so my query is kind of general and directed at anyone and it's trying to distinguish when it's most appropriate for public to engage in social service versus non-profit. Of course, if the public's not doing it and the non-profit is stepping up, that is affordable and appreciated, but if you just had to frame, what are some broad criteria by which you think non-profits should be delivering social service versus municipalities, what might they be?

WH: 1:44:32
I come from California originally and I think that this is something that New York City and New York State needs to look at, which is that there are many things that are government mandated services that the City of New York and the State of New York actually contracts out to nonprofits. So I think the question that you ask is actually a hard one to answer within the framework of New York City because child welfare home care, other services, are actually government-mandated services that nonprofits are contracted to carry out and contracted in a way that as Nat, Joo, and I have raised perpetuates inequities and perpetuates income inequality and racial inequality. So I think before we answer the question of, are there conditions where something should be more government carried out or carried out by mutual aid groups, which we saw a lot during the pandemic or by a non-profit. I think the larger question is, why is it that New York State, New York City, have set up a system where they do procure out government services that other states or other localities usually carry out, and then they do it in such a way that is aiming to now save money in a cost-effective way that ends up hurting the organizations or the staff of organizations or the recipients of the services of these organizations?

JH: 1:45:59
And I would say that if there are services that exist, I mean, there's certain, obviously largely coordinated efforts like the healthcare system that we donned in place, but I think, if there are systems that -- Thinking about the Asian community and are often times, distrust of government agencies, especially in the wake of the Trump Administration, where there often times have been harmful interactions and thinking about mental health where again, most people in the Asian community, if they're accessing mental health services, often times it's through community-based organizations. So it's decentralizing, services are important because again, thinking about who has the relationships and trust often times and where people are

going for services versus these mandated services that we've talked about where people go when they're in times of crisis. So I don't think we should think about it so much as maybe it's more about the nature of the service that we're providing. But often times for the Asian immigrant community, often when they are interacting, I'm talking specifically about mental health, these exist -- These systems that are already existing and set up by the city, it's times when it's become so severe that they can't avoid it but there are so many things along the spectrum of mental healthcare that could be and should be provided by community-based organizations and should be fully supported in that way; whereas right now, the current system is sort of one. It's not funded, it's very minimally funded, and then it's sort of cobbled together with funding from private funders and entities, and things like that. And I think that's a government responsibility right? We talked about what are fundamental rights that communities of color, that the most vulnerable community members should have access to and mental healthcare, just as we mandate having hospitals and having public hospitals that all New Yorkers should have access to, I think the same exact thing should apply for mental healthcare but not in ways that the government says "these are the ways that you should access mental healthcare," it should be the ways that community leaders, community members, say, "these are the ways that I actually feel safe and actually helps me to get towards and work towards mental health well-being" versus models that are set up. And that, as we've seen that, with the city where models from top down have been sort of given to us, and then I'm just going to point out, we talked about the limitations of hotlines we had in New York City, as well as, an example of where everybody should go during COVID, especially for mental healthcare, and this, and the report that came out for the Asian community was one we had the least amount of participation in using the the hotline. But secondly, had also reported the lowest quality of sort of service or experience with that hotline and we had very clearly said that is not a model that works for our community. So again, listening to community members, community leaders, who can say "what does mental healthcare look like specifically for my community in a way that makes it accessible and actually just and it leads to more mental health for our community" versus again, forcing them to fit into a model that doesn't work.

JJA: 1:48:58
thank you as I listened to the three of you [Music] I appreciated your your close connect to the community and you know appreciating in many ways firsthand the experiences of many people challenged by the existing systems you know at all levels and what I am hopeful of and desirous of is that as we continue along this path and along this journey that we can come back to you because the work that we do has to be if you will vetted and filtered you know we may think that we've made significant progress but if it's not appreciating that like kind of like that like the direct on the ground experience if it does not take that into consideration that we will not achieve what we desire to achieve so I am just at this moment asking that we can come back to this you know to this table with the three of you and also if there are other persons who are engaging with and representing communities that you do not represent that you bring them to our attention to make sure that we have them at the table as well.

HAG: 1:50:21
Madam Chair, I would say this right, I think with this panel and with the previous panel, I thank you both -- All of you for your testimony. I'm beginning to see a pattern emerging on something Commissioner Hamilton said before, which is a seemingly racial neutral criteria that is applied across the board, whether it's for individuals with credit score or institutions that are filed for bankruptcy, or housing right? Or procurement in this case, that are not so neutral right? If I set a criteria that says anybody who's six foot and taller could walk through this door right and be accessed to you know, 70% of the contracts being talked about, it may be beneficial for those who are tall, but if a particular community is tends to be you know, lower in height then that is a discriminatory policy and I think this is a crossover we're talking about. I'm interested to see you know, when Wayne talked about the statistics of a hundred contractors getting 70% of the contracts right? When they talked about resources being not directed away from the communities who needed the most and when LaRay talked about medicare recipients, we're talking about a pattern that in my view is emerging here that's clear at stake right? And so the question becomes is, as we begin to unravel and basically provide this as evidence of the institutional racism we talked about and the inequities, when we turn over the solution as a charter solution given the challenges that Phil and Wayne talked about in terms of procurement, why can't we create our own rules just as we create a local law? One, maybe not amend the local one but maybe local law too, that now says here's a new rule for the purpose of doing -- We create our own procurement so I think, I don't want to sell ourselves short on the idea that yes, there's a load apart from, there's all these rules but I have found when people want to do things, they'll fix the rules to make sure those things are done. So the question is are we bold enough in New York to push you know, this concept of whatever power is to set the rules that allow us to access and do a more equitable distribution? I'm not even enough to think that we're going to turn this overnight, but do we begin to find a process that we begin to allow a more fair, a fair or a more equitable distribution of resources and access for the people that are providing services to the community? Indeed. So I am interested in amending Local Law 1, or creating Local Law 2. I'm interested in looking at Medicaid rates, I'm interested in looking at the issue of housing and bankruptcy and all those ideas so, merge from this panel, but I think this is, it's really important and I want to thank all three of you for your testimony today.

JJA: 1:53:28
Yes, thank you, thank you. Thank you Vice Chair and just note that I agree with what you're saying and one of the, we're gonna look both, when we're looking at the laws and the issues that are being presented and what has been, we're looking at design like well, that which by design, like you know, just you know, it's very obvious by design, is intended to discriminate and keep others from getting hit and then that which by impact, both in implementation and then, just the result that ignores what is the, the the racial, you know, the racial difference if you will, so we're going to be looking at these issues as well.

We are wrapping up, want to thank you all. As I said, we're going to come back to the well, if you all will just respond in kind, we very much appreciate it if there are other thoughts that you want to share with us that you haven't had an opportunity to, we want to make sure we really center on something you want to bring it home, please reach out to us and we will take that up. I have to say happy birthday to Wayne, who because it is his birthday, we heard a lot of the timeline given us and he didn't invite me to the party, there's a party somewhere, I guess I just gotta have my own party in celebration of them. I'll figure it out but wishing you a great great birthday and celebration. Reminding everyone that the next panel will be Friday from 9 30 a.m to 12 30 p.m and that panel will center on eradicating education inequity for the BIPOC community. So I want to thank all the commissioners for their appearance and their participation. We got so much out of these conversations, can't thank you all enough. And lastly, I have to thank the Executive Director, Anusha Venkataraman and the staff for putting these conversations together. We will be smarter because of it and more importantly, we'll be more intentional, more thoughtful, more planful, and we will be able to evolve and achieve the gold change that we desire. So thank you all and I wish you a very good evening.

JAY: 1:55:56
Happy Birthday, Wayne.