



Meeting of the  
**HIV HEALTH AND HUMAN SERVICES PLANNING COUNCIL OF NEW YORK**

Thursday, June 25, 2020  
3:00-4:50 PM  
By Zoom Videoconference

**MINUTES**

**Members Present:** D. Klotz (Acting Governmental Co-chair), M. Lesieur (Community Co-chair), A. Abdul-Haqq, M. Bacon, F. Barrett, D. Beiling, A. Betancourt, R. Bruce, R. Chestnut, E. Casey, P. Carr, B. Cockrell, M. Diaz, M. Domingo, J. Dudley, J. Edwards, T. Frasca, C. Graham, G. Harriman, S. Hemraj, A. Lugg, J. Maldonado, J. Natt, D. Powell, J. Reveil, A. Roque, L. Ruiz, J. Schoepp, F. Schubert, C. Simon, M. Singh, A. Straus, M. Thompson, R. Walker, D. Walters

**Members Absent:** L. Best, P. Canady, B. Fenton, MD, R. Fortunato, B. Gross, O. Lopez, M. Mañacop, C. Reyes, M. Rifkin, T. Troia, B. Zingman, MD

**Staff Present:** *DOHMH:* O. Blackstock, MD, M. Lawrence, A. Guzman, K. Mack, G. Dominguez Plummer, C. Rodriguez-Hart, E. Jimenez-Levi, D. Ferdinand, B. Meisel; *Public Health Solutions:* C. Nollen, B. Carroll, G. Kaloo

**Guest Present:** Tracie Gardner (*Legal Action Center*)

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**Agenda Item #1: Welcome/Moment of Silence/Introductions/Minutes**

*Mr. Klotz* and *Mr. Lesieur* opened the meeting followed by a roll call and a moment of silence. The minutes of the May 28, 2020 meeting were approved with no corrections.

**Agenda Item #2: Public Comment**

*Saqib Altaf* (Hudson Valley Community Services): The Emergency Financial Assistance (EFA) program is open to all eligible PWH in the EMA, including the five boroughs of NYC. EFA can pay for utilities, rent, food and other necessities (including personal protective equipment like masks and cleaning products) for clients who have a pressing need and no other way to obtain assistance. There is a limit of \$2000/person per year. NYC providers are encouraged to make referrals to HVCS and PWH in need of financial help are encouraged to contact the agency. *Mr. Harriman* added that DOHMH is developing forms to help the provider gauge need and target clients with greatest need.

*Mr. Lesieur* announced that Village Care has spots open in their assisted living facility in Hell's Kitchen for people who have a documented disability, receive Medicaid and need assistance with tasks of daily living.

*Ms. Roque* announced that La Nueva Esperanza has received a grant to provide clients with "dignity kits" (e.g., toiletries), and to help pay utilities.

**Agenda Item #3: Recipient (Grantee) Update**

*Dr. Blackstock* announced that she will be resigning from her position as the Assistant Commissioner for the Bureau of HIV, effective July 17th. A transition plan is being developed. During her time with BHIV, Dr.

Blackstock has led the bureau in achieving a historic low in the annual number of people newly diagnosed with HIV in New York City, and in becoming the first large U.S. city to achieve the 90-90-90 goals. She also led the bureau's efforts in advancing racial equity through the establishment of the new Racial Equity and Social Justice Initiatives Program, and doubled down on their efforts to combat HIV stigma and promoted the Undetectable = Untransmittable (U = U) message through trainings, provider and community outreach, and the "Made Equal" sexual health marketing campaign. Dr. Blackstock thanked the Council and all the community partners who have worked with BHIV on these initiatives. Council members and staff thanked Dr. Blackstock for her exceptional and visionary leadership.

*Mr. Harriman* reported that the 2020 National Ryan White conference will be held virtually from August 11-14. Due to its virtual platform, the conference is open to all (to register click on: <https://ryanwhiteconference.hrsa.gov/register/>). Recipient and PC staff will be attending and presenting at this year's conference, presenting on the important work being done through the NY EMA.

The Recipient will submit the RWHAP Part A Progress Report and Expenditures next week. The Report documents the successes and challenges to address the National Goals to End the HIV Epidemic and HIV care continuum outcomes, changes to the healthcare landscape, planning council activities, and final FY19 expenditures to HRSA/HAB. The 2020 RWHAP Part A Program Terms Report (PTR) and Program Submission is now open via the HRSA Electronic Handbook site. The Part A PTR deadline is July 9, 2020, and the Program Submission is due July 30, 2020. The PTR is comprised of the Consolidated List of Contracts (CLC) and Allocation Table, identifying all service and non-service contracts being funded for the current grant year and reports PC allocations of funds in accordance with the Notice of Award (NoA) reporting requirements; and the Program Submission is comprised of the PC Chair(s) letter, PC membership roster and reflectiveness, demonstrating the PC's endorsement of the FY2020 priorities and allocations and the PC's membership is in compliance with legislative reflectiveness and representation requirements.

On June 10, the NY EMA's Care and Treatment Program hosted an abbreviated webinar for program staff from Ryan White Part A funded organizations throughout the NY EMA. Over 140 people were in attendance. Mr. Harriman reported on recent developments in the RWPA program at the local and national level. Dr. Oni Blackstock, MD, MHS, Assistant Commissioner for the Bureau of HIV (BHIV) reported on the intersection of COVID-19 and HIV, and the Health Department's and BHIV's responses to the pandemic. Meeting participants reported that their clients' greatest challenge amid COVID-19 concerned dealing with loneliness and isolation, keeping with rent and housing costs, and food security.

#### **Agenda Item #4: Policy Update**

*Mr. Guzman* gave an update on current issues in HIV-related law and policy. On June 22<sup>nd</sup>, NYC entered phase two of the New York Forward reopening plan, allowing certain business to resume operations. Businesses must develop a COVID-19 Health and Safety Plan detailing how they intend to comply with required health and safety standards on physical distancing, protective equipment, hygiene and cleaning, communication, screening, and contact tracing and disinfection. On May 15<sup>th</sup>, the U.S. House of Representatives passed the Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act, a \$3 trillion legislative package. The Senate leadership has rejected it.

On June 7<sup>th</sup>, Mayor de Blasio announced plans to reduce the NYPD's \$6 billion annual budget as part of his fiscal year 2021 (FY21) budget due July 1, 2020. He did not specify the amount of the cut but stated that funding will move from the NYPD to "youth development and social services for communities of color." On June 8<sup>th</sup>, thousands of City workers gathered in front of City Hall to protest the Mayor's handling of recent citywide protests and his response to calls for policing reform. Mayor de Blasio and NYPD Commissioner Shea have since announced additional reforms, including: Expansion of Crisis Management System community safety program; Mandated release of body camera footage; Reassignment of roughly 600 plainclothes officers in anti-crime units to other duties; and Expedited investigation and discipline for

incidents involving substantial bodily injury, and greater transparency on disciplinary records and decisions. On June 18<sup>th</sup>, NYC Council passed a series of policing reform bills, including banning chokeholds. City Council leadership also announced plans to cut \$1 billion (roughly 16%) from the NYPD's FY21 budget. Last week, Governor Cuomo signed into law several policing reform bills, including repealing one that permits law enforcement officers to refuse disclosure of their disciplinary and other personnel records. Governor Cuomo also signed executive orders on police reform. The US House and Senate have introduced competing reform bills.

On June 12<sup>th</sup>, the U.S. Department of Health and Human Services (HHS) announced a final rule indicating that civil rights protections against sex discrimination under section 1557 of the Affordable Care Act (ACA) apply only to biological sex assigned at birth, narrowly defined as male or female. This rule change asserts that section 1557 protections against sex discrimination do not apply to discrimination transgender, gender non-conforming, or intersex people experience based on their gender identity. This rule may be undone by the June 15<sup>th</sup> U.S. Supreme Court decision that firing employees based on their gender identity or sexual orientation is sex discrimination in violation of Title VII of the Civil Rights Act.

### **Agenda Item #5: Health and Criminal Justice: A Mandate for Change**

*Ms. Gardner*, Vice President for Policy and Advocacy at the Legal Action Center (LAC) presented on the negative health impacts of the criminal justice system and changes that need to be made to lessen those impacts. LAC uses legal and policy strategies to fight discrimination, build health equity, and restore economic opportunities for people with criminal records, substance use disorders and HIV.

In NY State, 77,000 people are incarcerated in State prisons and local jails on any given day. The yearly number of people who leave NYS prisons is 22,000. The yearly number of people who leave New York City's jail system is 80,000, and 36,000 people are on parole yearly. The yearly average cost to incarcerate adults is \$31,000, and the yearly average cost of incarcerating youth is \$148,767. The expense of treating chronic health conditions such as HIV, Hepatitis C, asthma, diabetes and heart disease that are prevalent among the incarcerated is astronomical. Maps showing NYC COVID-19 infections, poverty and prison admissions by ZIP codes shows that all three overlap in the same areas (particularly the Bronx and central Brooklyn).

Factors that led to the current high rates of incarcerations include: Incarceration as a response to the national drug crisis; The "War on Drugs" -- Policies/laws begun in the 1970s; NYS Rockefeller Drug Laws as the "Mother of Mandatory Minimums"; "Just Say No," and "Zero Tolerance" (Three Strikes) policies, Harsh sentencing penalties in the 1980s – 1990s; and Criminal justice approaches to individuals (often with SUDs) for non-violent drug offenses in the mid-1990s. There is a history of the criminalization of cannabis that has its roots in racial prejudice.

Criminal justice system reform requires a cross-sector approach that recognizes the relationship between systemic racism, mass incarceration and inadequate community health care systems. Decades of flawed criminal justice and health policies, that time and again have most harmed low-income Black and Brown communities, perpetuate a malicious cycle of deprivation and hardship. Policing practices and sentencing reforms of the 1980s and 1990s meant that incarceration was the measure of first resort in the war on drugs. The total number of incarcerated in the US grew from about 200,000 in the early 1970s to over 1.4 million today, resulting in overcrowded jails, weakened communities and perpetuation of cycles of persistent economic and social instability.

Health Disparities and mass incarceration are deeply linked at the population level and not connected at the systems level. Discriminatory health care and criminal justice systems in poor communities have also been largely siloed from each other, operating separately for decades, thus neither can be reformed. Corrections should be acting as Community Healthcare Provider. Lack of access to quality health care among vulnerable populations is also at play. Approximately [22.6%](#) of New York State's uninsured population are poor. Racial

minorities make up [58.6%](#) of the uninsured, but only about 39.6% of the population. COVID-19 is killing Black and Latino New Yorkers at [twice the rate](#) of white New Yorkers. From 2014-2017, among the non-Hispanic Black population drug overdose death rates involving all types of opioids increased, with the sharpest rise from synthetic opioids. Death rates involving synthetic opioids increased by 818 percent, and was the highest for non-Hispanic Blacks compared to all other race/ethnicities.

Solutions to these issues include: Reparations for communities and families impacted by the war on drugs; Dismantle don't reform broken systems; Reprioritize community investments; Public safety=Public Health and *vice-versa*; Cannabis regulation must include policies to ensure profit sharing & social equity strategies with communities impacted; and Access to treatment and harm reduction services on demand. LAC is working to: 1) Increase access to treatment for millions of individual with SUDs through insurance reforms including ACA, Medicare and federal and state Parity Laws; 2) Dramatically reduce incarceration and Improve outcomes for people at the nexus of criminal justice and health systems through Medicaid enrollment, linkage to care, and leveraging federal opioid funding, reentry reforms; Access to MAT and evidence-based care in CJ system; 3) Reforms to historic barriers in the Medicaid program: Inmate Exclusion, IMD Restriction at NYS and national levels; 4) Protect People with Criminal Records Against Discrimination and End the CJ Revolving Door by sealing and expungement in NY (Automatic) anti-discrimination laws in housing, replicate NY Article 23 anti-discrimination employment laws; 5) Federal advocacy to protect and expand Second Chance and public benefits for returning citizens; and 6) Voting law reform by eliminating Felony disenfranchisement.

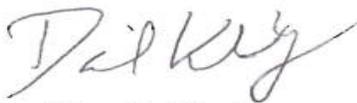
In response to a question, *Ms. Gardner* noted that it is important to ensure that as cannabis is legalized that people of color have equal opportunity to participate in the economic benefits.

#### **Agenda Item #6: Public Comment, Part II**

*Ms. Lawrence* announced that iPads are available for loan to consumers to help them connect with the Council and its activities.

There being no further business the meeting was adjourned.

Minutes approved by the HIV Planning Council on July 30, 2020



David Klotz  
Acting Governmental Co-chair  
HIV Planning Council