My name is Kelsey De Avila and I am the Jail Services Director at Brooklyn Defender Services (BDS). I am here today to testify on behalf of BDS about our experience representing people incarcerated at Rikers Island and other New York City jails. Many of the people we represent are incarcerated while awaiting trial because prosecutors ask for, and judges set, bail in amounts that the individuals cannot afford. The impact of this decision is significant and far-reaching: the conditions in the New York City jails are the worst they have ever been. People are suffering and dying, yet New York City’s jail population continues to grow.

We appreciate the Assembly Committee on Correction for considering these pressing issues and thank Chair Weprin for the opportunity to testify today about the crisis at Rikers Island and other New York City jails. We urge this Committee and the Assembly to take immediate action to do everything in their power to drastically reduce the jail population and bring an end to the deadly humanitarian crisis happening in our city’s jails.

ABOUT BROOKLYN DEFENDER SERVICES

BDS provides multidisciplinary and people-centered criminal, family, and immigration defense, as well as civil legal services, social work support and advocacy to nearly 30,000 people and their families in Brooklyn every year. In addition to zealous legal defense, we provide a wide
range of services to meet our clients’ unique needs, including help with housing, benefits, education and employment. Our Jail Services team works to mitigate the burdens created by confinement and to protect our clients against these collateral consequences. Through our jail programming, we are able to streamline our clients’ access to education, housing, family, immigration and re-entry services while attempting to meet their most immediate daily needs. Additionally, and most importantly for today’s purposes, our established presence in New York City jails allows us to monitor and document the conditions New Yorkers encounter when incarcerated and advocate for the basic human rights, health and safety of our clients and other incarcerated people.

UNPRECEDENTED CRISIS INSIDE NYC JAILS

New York City jails have long been in a state of crisis; a violent, mismanaged disaster and a stain on this city. It has been clearly documented by endless testimonies of lived experience from people in custody, both health and correctional staff, and correctional experts, major newspapers and networks, and by a federal monitor which has released 11 reports thus far. The level of crisis in the jails cannot be overstated. People are suffering and dying. They are enduring mental health and medical crises without access to medication or care. They are starving without regular or sufficient meals. They are living in filthy conditions, held in units surrounded by literal garbage. Toilets are broken and overflowing into living areas. Intake cells are over capacity, people are being confined for days and weeks inside showers with no beds, mattresses, or toilets, and are sleeping on floors of showers covered in urine, vomit, and feces. People in custody—including those with no preexisting conditions—are experiencing rapid deterioration of their physical and mental health. With units going unstaffed, New Yorkers are left crying out for help while locked in a cell with no officer at their post.

These are just a few examples of the shameful and horrific conditions in which New Yorkers are being held by this city. All the while, prosecutors and judges continue to send more and more people to the jails for what far too often amounts to a death sentence. What is happening today is a crisis once thought unimaginable, with deadly consequences and no end in sight unless serious action is taken.

3 All Nunez Monitor Reports are available online at https://www1.nyc.gov/site/doc/media/nunez-reports.page.
In the oral and written testimony being shared in today’s hearing, this Committee will bear witness to a litany of horrors that impacted people are being subjected to—some testimony will come from directly impacted people, while others will be offered by advocates, lawyers, friends, and concerned New Yorkers. But no matter what words we share or how unpleasant they may seem, they are only words. Whatever we share here today pales in comparison to the horrifying, inhumane reality that, as of September 29, 2021, 5,664 people are forced to suffer.

This crisis reaches all corners of jail operations. According to Ross MacDonald, Chief Medical Officer for the New York City Correctional Health Services (CHS), the city jails have sustained “a collapse in basic jail operations, such that today I do not believe the city is capable of safely managing the custody of those it is charged with incarcerating in its jails, nor maintaining the safety of those who work there. The breakdown has resulted in an increase in deaths which we refer to as jail-attributable, where jail conditions meaningfully contributed to the death.”

For some, the horrifying reality, isolation, and torture resulting from the complete breakdown of basic jail operations that Dr. MacDonald referenced has tragically become too much to bear. The desperation results in acts of self-harm and violence at levels previously unseen in New York City’s Department of Correction (DOC) facilities. In 2021, alone, there have been at least five suicides and a total of 12 deaths of people in custody, with two people dying merely weeks apart. By contrast, DOC reported no suicides at Rikers in 2018, 2019, and most of 2020, according to a statement by the NYC Board of Correction on recent suicides in the New York City Jails.

As this Assembly committee convenes here in New York City to consider the life-and-death situation in the Department’s facilities, thousands of people are enduring those conditions merely a few miles away. They are our families, friends, and the people we—New York’s elected officials and public defenders alike—are charged to serve.

They are people like Mr. A, who for weeks had been locked inside intake, a temporary holding area designed to house people for no more than 24 hours. Thirty days into his confinement in the “temporary area,” he remained in an intake cell with almost 30 people. The toilet in the cell was exposed for all to see and was broken and inoperable. Because it did not flush and leaned to the left, feces and urine spilled out onto the floor. There are no beds in the cell, so the men were

---

forced to sleep surrounded by or even on top of raw sewage. Although they begged for a mop to clean the floor, officers provided no response. Mr. A, and no doubt many others, had been holding his bowel movements for days because he was afraid and embarrassed;

And **Mr. B** who was transferred from the Vernon C. Bain Correctional Center (also called VCBC or “the Boat”) to the Anna M. Kross Center (AMKC) intake unit and waited over 3 weeks for a bed. Mr. B suffers from asthma and luckily he received an inhaler at VCBC and was allowed to bring it with him to AMKC, but while in AMKC intake he and others in the cell were repeatedly sprayed with chemical agent and provided no medical attention while he grasped for air with an near empty inhaler. Despite both Mr. B and our office requesting assistance, he was not allowed to see medical staff or had not received a new inhaler;

And **Mr. C** who spent almost a week in intake and shared that, although meals are distributed, there are only enough trays to feed half of the people in the cell, at most. Some make the difficult decision to skip their own meals so others who did not eat earlier can have at least minimal sustenance;

And **Mr. D** who witnessed one man in the intake cell begin having seizures because he did not have access to his medication for days. When his cellmates’ pleas for help and screams for a doctor went unanswered, the men in the unit lifted the man from the floor and carried him to the front of the gate, as if to prove the basis for demanding help. Rather than getting a doctor or providing emergency relief, officers used chemical agent spray to push the entire group to the back of the cell while the man continued to have a seizure at the gate covered in chemical spray. When DOC finally opened the cell, they continued spraying the chemical agent into the cell as they pulled the man out by his arms. Despite well-established protocols and policies,7 no one in the cell was allowed to decontaminate and no one received any relief—shower, circulating air, water, or milk—for their burning throats and eyes;

And **Mr. E** who spent 6 days in intake. He was held in a cell with about 40 other people, sleeping on a floor covered in feces, without access to showers or phones, and his only meal was cereal once a day. He was denied access to his methadone for 6 days, his body was in crippling pain as he went through withdrawal;

And **Ms. F** who is at the women’s jail and without staff present to restock or distribute femine hygiene products like pads and tampons. She has to resort to using whatever materials she can find—toilet paper, a shirt, or sometimes nothing at all. Without access to pads and tampons, she risks DOC charging her with “destruction of property” for staining DOC uniforms with menstrual blood;

---

And Mr. G who was in intake for weeks and never provided with a toothbrush or toothpaste. He used the water being passed around to rinse his mouth and his fingernails to scrape his teeth;

And Mr. H who is currently incarcerated at North Infirmary Command (NIC) and is someone that is medically vulnerable, but less concerned about his own medical conditions today. He is more concerned about those around him. He said, "People are really, really sick here. They're supposed to come here to get help and they're not getting it." Mr. H reports that quite literally, the ground is giving way on his unit. He has watched three different individuals step onto the unit floor and witnessed it collapse below them. On one occasion, the fire department had to be called to help remove someone from a hole in the floor that the individual had fallen waist-deep into. He watched another man fall into the hole, scraping his leg so badly that he was transported to Bellevue Hospital. The third fell into a separate hole created by the floor giving way to his body. He was also transported to Bellevue Hospital but returned needing a mobility device.

In addition to the floor collapsing, Mr. H reports people with sores and wounds that are actively oozing and bleeding in the unit. The unit has no cleaning supplies—such as alcohol wipes, bleach, or paper towels—to manage personal hygiene or contain bodily fluids and other biohazardous waste. As the unit for medically vulnerable individuals, many older people are incarcerated there. Mr. H has voiced concern about an increasing number of older people in the unit with memory deficits or cognitive impairments. One such person has confusion around toileting, he often urinates on himself or in inappropriate parts of the unit. The unit lacks any focused care for his memory issues and Mr. H is deeply concerned about this individual's stability. He is also concerned about the lack of cleanliness this creates because no maintenance team is tasked with regularly sanitizing and cleaning the area. The area smells of urine.

The uniform and continuous denial of access to basic, essential services, including medication, food and telephones to call their loved ones, stokes tension in the jails. Without any other way to access basic human needs, people in custody become desperate to get the attention of the few correction officers around. In response to this desperation, often manifesting as yelling, punching walls, or banging heads on bars, DOC routinely dons riot gear and forcibly pulls people out of cells and throws them into locked, DOC-controlled showers. Like Mr. I who had been in intake for days. Our office tried to visit Mr. I, who was being held at the Otis Bantum Correctional Center (OBCC) and, after waiting 6 hours, DOC informed our staff member that they could not locate him in the facility and advised her to return another day. A week later, Mr. I was sprayed with a chemical agent and thrown into a shower cell at OBCC, where he remained for four days without food. There was no bed, toilet, or working water. He slept on the floor of a tiny shower cell covered in feces and rodents. A correctional officer slid him a used food tray through the cell slot and told him to use it as a toilet. When we finally met with him a couple days later, his skin was still burning from the spray.
Officers use these locked showers as makeshift solitary confinement cells, leaving people for days at a time, forcing them to sleep on the floor, surrounded by feces, vomit and urine from themselves and others that preceded them. Most people are not provided any food at all. Without access to a phone they cannot call to alert loved ones or advocates of their location. When legal representatives try to visit, we are met with officers laughing and saying, “it’s not going to happen, but good luck.” Other times officers tell us they cannot “locate the person” or “there’s no escort officer available so you can either wait all day or come back another day.”

Meanwhile, people detained in these cells are essentially lost in the system. Because it is the Intake Unit, the DOC website does not yet reflect their presence at Rikers, so family members, friends, and advocates are unable to post bail. This results in a particularly appalling cycle: people are in an especially horrifying unit, no one is able to post bail to free them from that horror, and thus they remain at Rikers—in some cases even in intake—to endure even more horror.

Once people finally receive a “permanent” placement in a facility, the situation is hardly better. Conditions in general population are similarly inhumane and intolerable. We hear constant reports of people not able to access basic healthcare services; calling, requesting and demanding to see clinicians or receive their medication with no one to escort them to the clinic. Like Mr. J who has a broken tooth and can barely eat or brush his teeth. He said he has been scheduled for a dental appointment for months and DOC never produces him. When he called our office he said, “I am in so much pain, I am going to just rip my tooth out right now,” and he hung up the phone;

And Mr. K who is asthmatic and can barely breathe some days, and called BDS to report he was vomiting all morning. He was told he tested positive for COVID-19 three days prior but was sent back to his dorm at OBCC, with no mask or medication. He cried to us over the phone and said he is scared he will die;

And Mr. L who is currently at OBCC, where he has been in for over a month with no correction officer in his unit for weeks. Mr. L suffers from various medical conditions that require daily medication and care, but without staff in his unit he is continuously being denied access. On the off chance an officer does come into the unit he is being told they cannot help him and to “wait 3 weeks because there’s a backlog.” Mr. L fears for his life every day and tells our office that if he doesn’t die from the violence in the jail, he will die because he could not get his medication.

And Mr. M who was scheduled for surgery prior to his arrest and is in immense pain, requiring a cane to walk. The Department took his cane so he is now forced to lean on other men in his unit for assistance. He has waited weeks to see medical staff.

For weeks now people in housing units have gone without staff on their floors and or staff missing from essential facility posts. This is leading to group lock-in or solitary confinement,
people cannot access services with no escorts, and violence becoming rampant leading to horrific ramifications.

Mr. N was in a dorm style unit at OBCC. A door between units was left unlocked, allowing close to 20 men from a neighboring unit to enter. Mr. N and the other men were left to fight for their lives when the 20 men rushed in with makeshift weapons from the decrepit facilities and stabbed Mr. N and others repeatedly in the torso, legs and head. Mr. N and the others ran to the “bubble” begging for the officer to let them in. Mr. N was one of the lucky ones, and despite the actions that took place that night and his pleas for medical attention, he has yet to be brought down to see medical staff for his wounds;

And Mr. O, a young person at the Robert N. Davoren Center (RNDC), whose cell door has been broken since his arrival. This has enabled other people to force their way into this cell to repeatedly slash and attack him. He has requested a safety transfer multiple times, but staff never follow up. “There are barely ever COs monitoring the unit, it’s a free for all here” he said. Our office sends urgent requests to the Chief of the Department and has received no response while this person is continuously assaulted;

And Mr. P who was immediately assaulted by people in his unit where no staff were present. With no staff in his unit, he called his family, his girlfriend and his attorney begging for help to get him moved. Our office sent over three referrals to the Department, even including the Chief of Department Kenneth Stukes, with no response. Mr. P called our office just this week to tell us he will be killed and he would rather die by his own hands than someone else's. He attempted suicide soon after and was cut down by staff. We are continuously reaching out to the Department, the Board, and Correctional Health Services for help with no immediate action to intervene;

And Mr. Q who is in a general population unit with cells. Department staff may appear on the floor occasionally, but not consistently and certainly not every day. Some of the men in the unit have taken it upon themselves to take charge of the unit, determining movement of who can enter or leave the unit, who can eat and what they can eat in the unit, but most alarmingly, who will be sexually assaulted. Mr. Q was the victim of a serious sexual assault and has been sexually assaulted nearly every time he has left his cell. There has not been a single correctional officer present who he could trust or report the assaults to. In fact, some officers themselves have contributed to the dangerous environment. Mr. Q has reported that on several occasions, officers have entered the unit after forcing everyone to lock themselves into their cells and then come around to various cell doors, opening the food slot to sexually harass the men before letting them out again. Mr. Q fears for his life and now chooses to never leave his cell, missing court appearances and visits with family and legal counsel;
And Mr. R who is in a cell styled unit and fears for his life. There are no officers on the floor of
the unit, and there hasn’t been for weeks, leaving the unit in control of a small group of men. The
rules of the unit have been made clear and no one is allowed to use the phone and no one is
allowed to enter the top tier cells. Mr. R witnessed one man in his unit use the phone before he
was slashed across the face and beaten. Shortly after, a new person entered the unit and was told
to walk up to the top tier where he was met by several men. They beat him up in an empty cell
and then pushed him over the top tier railing. Mr. R does not leave his cell unless he can trade
commissary goods and funds, which usually fall on his struggling family who will put money on
the accounts of men to ensure Mr. R’s safety.

The violence, isolation and trauma endured day in and day out by people in custody is leading to
increasing rates of self harm. Reports of attempted suicides have become common and almost
daily in our discussions with people in custody. For instance, Mr. S is in a cell in a general
population unit. There has not been a correction officer on the floor of their unit for weeks,
resulting in weeks-long solitary confinement for most of the men in the unit. If you’re loud
enough, and lucky enough, to catch the attention of an officer in the “bubble,” the officer may
unlock your cell. One man in Mr. S’s unit was so desperate to be let out of his cell that he
declared he would commit suicide and followed through by hanging himself with a bedsheets.
Only after the entire unit erupted loudly enough for officers in the hallway to hear was the man
cut down. EMS arrived shortly thereafter and carried him out on a gurney. No one in the unit has
seen him since;

And Mr. T who was begging for his medication only to be told repeatedly by DOC that no escort
was available to take him to the medication window. Mr. T told DOC staff that if they didn’t take
him to get his medication he was going to jump from the top tier. Mr. T jumped later that night;

And Mr. U who was approached by three correction officers who told him he needed to leave the
unit. Fearing the unknown of where he was going to be moved to or why, Mr. I took a bedsheets
and tied it around his neck. Several other incarcerated men begged the witnessing correction
officers to intervene, but instead the staff said, “go ahead, because either way you are leaving this
unit;”

And Mr. V who was put on and off suicide watch for months and who has documented suicide
attempts in jail. He was locked in his cell for weeks with no support from staff. Mr. V recently
attempted suicide again and was critically injured. He was transferred to the hospital and our
office, and his loved ones, are still waiting to learn if he has any remaining brain activity.

---

8George Joseph and Reuven Blau, Self-Harm is Exploding in New York City Jails, Internal Numbers Show, Gothamist, September 7, 2021, Online at
The trauma being endured daily by people in custody cannot be overstated. People are witnessing deplorable conditions, deaths that could and should have been prevented, and constantly in survival mode, with Mr. W saying, “I don’t want to be number 13, number 14 or number 15 on the jail’s death toll.” People are scared for themselves, they are scared for those around them and without real solutions and no end in sight, the emotional and psychological toll on people in custody is only contributing to the humanitarian crisis before us.

Mr. X witnessed a man in his unit request medical care, show obvious signs of pain and discomfort, then collapse in front of him only to die soon after. Mr. X befriended this person—he had worked out with this man, talked about their homes and their families. Because of how similar their lives were, after his friend died, Mr. X can’t help but think it can and will be him next. He cannot sleep, and despite requests for mental health counseling or follow up, he has not been seen by a clinician. Since the death of his peer, Mr. X shows obvious signs of decompensation, and even has thoughts of suicide;

And Ms. Y who is currently housed at the Rose M. Singer Center (RMSC). During a meeting last week, she shared an experience of watching another woman housed in her unit have a seizure and cough up blood. The individual, who she believes may have had an allergic reaction to a medication, began seizing, falling off her chair onto the ground. Ms. Y immediately started calling out for help. Officers, who were in the unit and discussing a maintenance order, ignored her cries for help. Ms. Y, worried that this woman would die in the unit, did what she knew - got a wet rag, fanned her face, tried to get her air and continued to sit with her until she came to. While the woman ultimately was taken to medical, Ms. Y remains traumatized by watching this medical emergency. Ms. Y, a woman who has experienced extensive trauma in the community, is left reeling, without any real support to work through the emotions accompanied by the event she bore witness to. Through tears, Ms. Y explained that she fears she will have panic attacks when remembering the event, as she's already had intrusive nightmares about the experience;

And Mr. Z is housed at VCBC and recently observed a friend and fellow detainee have a seizure in their unit. He watched as blood poured out of the man’s mouth as other incarcerated people turned the man to his side to prevent him from choking. Mr. Z watched as medical professionals carried him out of the unit. He never returned. Mr. Z found out a day later that the man had died. He said, "He was so young. He had so many medical problems. He should've never been here. We're all afraid we're going to die. Every day, we think we're going to die. If you have a major medical thing, you're probably not gonna get the treatment. Then what?"

Tragically, these stories are not anomalies. While we work to educate the judges, city officials, and the public about the conditions, the reality of the horrific conditions inside the City jails is beyond our control. Every day judges and district attorneys disregard our warnings and cruelly place people in the custody of the Department of Correction without fully understanding or
appreciating the horrors that await them once confined to the city’s jails. We beseech this Committee to work with city and State leadership to decarcerate the city jails immediately.

RECOMMENDATIONS

DEMAND TRANSPARENCY

In the last week, we have heard proclamations from the Mayor and other actors with substantial control over the jails that there have been “[t]remendous improvement[s].” Yet my team and I spent days in the jails this week and I saw it with my own eyes - the crisis continues as conditions deteriorate. “Improvements” are merely sleight of hand, attempts to trick the public by opening new facilities or dousing housing units with cleaning detergent. But after the Mayor leaves his brief tour—without talking to a single person who is incarcerated or staff working in DOC facilities—and public officials return to the safety and security of their homes, the truth emerges: the culture and operations riddled with problems have merely been transferred to a new building, the decrepit conditions are uncovered as quickly as the disinfectant is washed away. The Mayor claims that intake is down to five and a half hours, yet this week my team heard from people who had been in new admissions housing for six days. We heard unsubstantiated claims that access to services is improving, but just two days ago, I spoke to yet another person who had called for medical help fourteen days in a row and yet still has not been brought to the clinic. The city has long perfected the art of painting a better gloss on the situation in its jails. The patina is starting to crack, but we urge you to demand more.

➢ We ask that you implore your colleagues to continue touring these jails and that each tour include one advocate/defender per legislator to provide a counter-narrative to the one that DOC is telling.
➢ We ask that you insist that reporters be allowed to document the tours with words and images to allow the reality of life in DOC facilities to get out to the public.
➢ We urge you and your colleagues to continue to hold public hearings and allow people in custody to testify via livestream from the facilities.
➢ We encourage you to go to the most impacted communities and hold town halls where people who have recently been incarcerated at Rikers, or loved ones of people who are still incarcerated, can tell you directly their experiences.

And then we implore you to use that knowledge to inform your actions, to pass legislation, to hold the city and the Department accountable for human rights violations, to urge the Governor

---

10 Id.
to implement the Less Is More Act immediately, and to ensure the life threatening conditions are ended.

**HOLD THE JUDICIARY AND PROSECUTORS ACCOUNTABLE FOR CIRCUMVENTING BAIL REFORM**

As part of bail reform, the legislature passed Executive Law 837-u which requires the Office of Court Administration and the Division of Criminal Justice Services to collect and provide data on bail. This legislation was designed, in part, to track the racial disparities that still exist in arrest and bail decisions. However, what has become clear in the past two years is that vast discrepancies exist depending on the county prosecutors (who influence bail decisions) and on individual judges (who make the ultimate bail decisions). There are vast discrepancies in the bail amount being set by judges. Many judges routinely set bail at amounts that are too high and cannot be posted. Many judges circumvent the bail laws by setting the required third form of bail, usually a partially secured bond amount with a 10% down payment requirement at ten times the amount of cash bail. In essence, a surety would have to come up with the same amount whether cash or the 10%. In other cases, judges require up to four sureties (or signatures) knowing that our clients have only one family member or friend who would qualify as a surety.

Racism and bias exist at all levels and judges and prosecutors are not exempt. Discrimination occurs even at sentencings. Given their wide discretion, some judges have become known to set bail in almost all bail eligible cases without considering any statutory factors or putting their reasons on the record. Data is available on the Office of Court Administration website. The legislature should conduct further hearings to determine how many judges are contravening the legislative mandates of the bail laws and do whatever is within their power to hold the judiciary responsible for setting the least restrictive bail option.

It is also widely known that prosecutors exercise wide discretion in the types of charges they file. Some prosecutors are known to overcharge cases in order to make them bail eligible. Data showing bail recommendations, based on charge type (compared to arrest charges), should also be publicly available for those counties most responsible for the highest/higher pretrial incarceration rates, and the legislature should do whatever is within their power to call upon District Attorneys to stop asking for bail.

---


PRIORITIZE LEGISLATION THAT PROMOTES DECARCERATION AND JUSTICE

Over the past few years, the New York State Legislature has championed and won historic legislative change in the criminal legal system—including bail and discovery reform. However, prosecutors and police are pushing back against these reforms—using the same polarizing scare tactics that created mass incarceration to further perpetuate it. This led to bail laws being rolled back before they even went into effect. New York must not be governed by fear. We urge this Committee to advocate for and legislative reforms that decrease the numbers of people whose lives are impacted by the criminal legal system, such as the Treatment Not Jail Act (S2881 - Ramos/A6603 - Hevesi), and increase the resources available to communities most at risk of involvement with this system.

REALLOCATE RESOURCES TO SOCIAL SERVICES AND HOUSING:

The Department and the Correction Officers Benevolent Association (“COBA”) have repeatedly claimed that the conditions inside Rikers are due to a “staffing shortage.” This is a blatant lie: There is no staffing shortage at Rikers or any city jail. The Department already has one of the largest forces in the country and far and away the highest staff-to-incarcerated person ratio. Rather than pour additional funds into the already bloated Department budget, the city and state should instead use those funds on programming, resources, and housing, as is allocated in the budget, that will help keep people at home in the very communities that are overrepresented in this city’s jails. At least half of the city jail population has a diagnosed mental illness. Due to the pandemic, many programs were not able to provide in person services and were operating at limited capacity. Many people lost access to vital and necessary treatment, including medication. Those who are currently incarcerated continue to decompensate.

CONCLUSION

We do not have another moment to waste or more lives will be lost. In addition to the above listed recommendations, we urge the Assembly and other state legislators to call on the city to immediately stop sending people to Rikers and to require the DOC and BOC to use all available resources and personnel to ensure the basic human rights of any person who remains incarcerated.

***

14 Kimberly Burrowes, Can Housing Interventions Reduce Incarceration and Recidivism, Housing Matters, February 27, 2019, Available online
BDS is grateful to the Assembly Standing Committee on Correction for hosting this important hearing to address the growing humanitarian crisis inside Rikers and other New York City jails. Thank you for your time and consideration of our comments. If you have any additional questions, please contact our office at kdeavila@bds.org.