Testimony of Anthonine Pierre, Executive Director of the Brooklyn Movement Center

Submitted to the New York City Council For February 6, 2023 Joint Hearing of Committee on Hospitals, the Committee on Mental Health, Disabilities and Addiction, the Committee on Fire and Emergency Management and the Committee on Public Safety

Good morning Chairs Narcisse, Lee, Ariola, and Hanks. Thank you for your coordinated efforts to hold today's joint hearing on this important topic. My name is Anthonine Pierre and I work with the Brooklyn Movement Center (BMC), a Black-led group that organizes in Bed-Stuy & Crown Heights. BMC builds power so that Black Central Brooklynites are able to play an active role in shaping the decisions and institutions that impact our daily lives. We do this by getting to know our neighbors, nurturing local leadership, leading advocacy campaigns, and securing real change for Black Brooklyn.

Nearly three years into a global pandemic, we have to face the truth of our City's mental health crisis, not punish people for not meeting their "basic living needs." We are all suffering from long-term untreated trauma and managing conditions like anxiety, depression and PTSD on a daily basis. The changes that were made to all our lives in lockdown, mass unemployment, and the harsh economic conditions Black, Indigenous and other people of color have experienced during the COVID-19 crisis have harmed all of our mental health. While the Mayor would like us to believe that the people being removed from the street are served by being ushered through the revolving door of the City's broken mental health system by NYPD officers, we should remember they are actual people who have actual family members like us who care for them when they are not well.

If you have ever cared for family and friends with mental health conditions and in crisis, calling a hotline for help and trying to calm them down, you know that a police officer's presence can turn an already stressed out person into an agitated and panicked one. Responding to crisis

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often looks like pleading with someone to go back inside the house, to please take their medication, or to go to sleep after days of being awake. It's hard to believe that training can equip police officers with what they need to be able to do the job unless they are re-educated and re-hired. We're not going to train cops out of being cops.

The tragic murder in Crown Heights of Saheed Vassell by the NYPD on the evening of April 4, 2018 tells a story of a broken system that is more likely to inflict harm than offer care to Black, Indigenous and other people of color suffering from chronic mental health issues.

Saheed's ongoing mental health issues were largely untreated by the City's treatment system. He and his family tried to get support beyond medication and crisis hospital stays, but that is what is largely available to low-income and working class folks in the current public system.

There is no causative link between mental illness and violent behavior (Ebogen & Johnson, 2009). Actually, the opposite is true. Those living with mental illnesses are among the most vulnerable to being victimized by violence. Many of us are already doing this work, learning through emergency after emergency how to keep loved ones safe during crisis. Support from City agencies should broadly resource communities to do the mental health first aid we are stumbling into one crisis at a time.

While we support the development of a community mental health guide and portal, this community support is undermined by re-training police officers who are just in the wrong agency to do this work. This resource would be better reallocated to more widespread community training that can help create a culture of care around mental health.

This plan is an attack on Black mental health at a time when we need to be rebuilding community health infrastructure. We deserve a new vision for supporting New Yorkers through crisis that honors our dignity and moves people in need from the streets into stability. Mayor Adams' Giuliani-era policies will only give the same results we've already gotten: long-term psychiatric incarceration with no pathway to wellness.

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A generation of Black families in Central Brooklyn has already been torn apart by the City's involuntary hospitalization policies in the '80s and '90s that locked up our loved ones under the guise of "treatment." An appropriate mental health response should take into account more than the acute symptoms of the City's mental health crisis. It should help secure housing, employment, youth development programming and comprehensive mental health care for New Yorkers. Getting this right looks like safety and care, not thinly-veiled incarceration and fear.