TESTIMONY

The Council of the City of New York
Committee on Public Safety

Hearing on NYPD Enforcement of Social Distancing
May 22, 2020

Kamini Doobay, M.D., M.S.
Emergency Medicine Resident Physician
NYC Coalition to Dismantle Racism in the Health System
Kam.Doobay@gmail.com
As an emergency medicine resident physician and organizer of the NYC Coalition to Dismantle Racism in the Health System, I submit this testimony to the New York City Council Public Safety Committee in opposition to the continued enforcement of social distancing by the New York City Police Department (NYPD). I thank Chair Donovan Richards and the members of the Committee on Public Safety for hosting this hearing and inviting me to submit testimony on behalf of the communities I serve as a physician and on behalf of the medical providers who I organize with in the NYC Coalition to Dismantle Racism in the Health System.

I work as an emergency medicine resident physician rotating through busy emergency departments in Manhattan, serving New Yorkers from a wide variety of racial, ethnic, and economic backgrounds. In the past 2.5 months, I have treated over 80 patients with COVID-19 at three different hospitals. I’ve seen firsthand the devastating consequences of this pandemic. Like many of my colleagues in the medical community, I contracted coronavirus while treating COVID-19 positive patients. And, like many New Yorkers, I have lost loved ones and colleagues to this devastating virus. No one understands the toll of the pandemic more than those who have lost family and friends to the virus and the medical providers on the frontlines.

In April, two-hundred of my colleagues in the medical profession and I voiced our concerns about the manner in which the NYPD is policing during this pandemic in a letter to Mayor Bill de Blasio and Commissioner Dermot Shea.¹ We expressed our concern that unnecessary interactions between the NYPD and the public would further exacerbate the spread of the coronavirus. Since we sent this letter, the COVID-19 infection rate among the NYPD has

---

¹ Appendix, Letter from 200 Medical Workers and Organizations to Mayor Bill de Blasio and Commissioner Dermot Shea (Apr. 23, 2020),
skyrocketed from 2.5% to almost 16% with 42 deaths among the NYPD’s ranks. This alarmingly high infection rate—for context, the infection rate in NYC as a whole is not quite 2.5%—confirms our fears that a lack of social distancing among the NYPD would allow the virus to spread rapidly among both the NYPD and the members of the public with whom the NYPD interacts. Commissioner Shea has recently said that the NYPD has “millions of interactions across the city.” The potential for exponential viral spread from interactions between members of the NYPD and the members of the public requires that our leaders reconsider the types of interactions are actually necessary.

Since we sent our letter one month ago, we have also learned alarming—though not surprising—information confirming that Black and Latino New Yorkers are disproportionately targeted by the NYPD for COVID-19 related enforcement. While involvement with the criminal justice system has many consequences during normal times, it can be particularly dangerous during a pandemic by increasing person-to-person contacts that can spread coronavirus. Taken together, the alarmingly high rate of NYPD COVID-19 infection, inevitable community spread from the interactions the NYPD has with the public, and the disproportionate interactions between the NYPD and Black and Latino New Yorkers, we can observe a deeply concerning phenomenon: the NYPD’s actions during the pandemic are likely exacerbating our city’s public health crisis, and specifically, exacerbating the crisis in communities of color.

---

2 NYPD News, Twitter (May 21, 2020), https://twitter.com/NYPDnews/status/1263605737923756033. Infection rate calculated as 5,693 members of the NYPD who have contracted COVID-19 out of 36,000 total NYPD members of service.
Emergency medicine physicians train for years to learn how to respond to acute medical crises. A common situation that we learn to address is a “code” – an emergency situation where all available medical professionals respond. A critical part of effectively responding to a code is knowing your role. A medical tech has a critical role to play just as a physician has a specific role. Most critical is that everyone responding to a code take direction from the person in charge—the person “running the code.” The person running the code should be someone with both the medical expertise as well as knowledge of the patient’s condition to best lead in that moment. The person running the code also must be able to assign tasks based on the relative competencies, strengths, and weaknesses of their team.

New York is experiencing an emergency—a “code”. And while we need everyone available to show up and help, we need clear leadership running the code and for each agency responding to know their role. We need our leaders to evaluate the relative strengths and weaknesses of each member of their team and to assign tasks according to competency.

Members of the NYPD are trained in law enforcement, and, like other trained professionals, they have a specific set of tools and competencies. Police train extensively on things like responding to active shooter situations, the law on making arrests and interrogating suspects, and firearms tactics. In New York City, police officers are tasked with addressing issues of public health—homelessness, substance abuse, alcoholism, sex trafficking, mental health disorders, and domestic violence. However, insufficiently trained officers and the disconnect between the law enforcement system and public health system have resulted in police brutality, excessive use of force, and the continued cycling of socially marginalized and vulnerable groups through a deeply flawed criminal justice system. The NYPD is not the right City to be addressing public health issues. When it comes to encouraging the kinds of behaviors
that will protect us all—social distancing and the wearing of masks—we need community
groups, leaders, and public health professionals with credibility and the power of persuasion.

In order to best address the public health crisis, I ask the City Council use its powers,
including the power of setting budget priorities, to ensure that each City agency and actor is
playing a role that matches their relative strengths and competencies in response to the
pandemic. It is not anti-police to recognize that they are not public health professionals and that
they should not be tasked with such work. Indeed, the Patrolmen’s Benevolent Association has
encouraged Mayor de Blasio and Commissioner Shea to remove the NYPD from social
distancing enforcement, calling the situation “untenable”.6

Further, I urge the Council to use their powers to provide needed oversight of the NYPD
and encourage Commissioner Shea to make the policy changes raised by my colleagues and me
in our April letter:

1. Halt the enforcement of low-level and ‘quality of life’ offenses to reduce unnecessary
   interactions between the NYPD and the public.

2. Cease unnecessary arrests by issuing summonses or appearance tickets for all other
   qualifying offenses, and stop the flow of people onto Rikers Island.

3. Encourage social distancing through public health-focused approaches, not
   enforcement that leads to unnecessary contacts and risks further transmission of the
   coronavirus.

As a physician on the frontlines of the crisis, I urge you to prioritize the health and safety of New
Yorkers and to take seriously the need to avoid unnecessary contacts between all people,
including interactions between the NYPD and the public. Thank you for your time.

---

6 Press Release, Patrick J. Lynch, Patrolmen’s Benevolent Association President, PBA Statement on Social
April 23, 2020

Hon. Bill de Blasio
Mayor, City of New York
City Hall
New York, NY 10007

Dermot Shea
Commissioner, New York City Police Department
1 Police Plaza
New York, NY 10038

Re: Public Health Concerns on NYPD Spread of the COVID-19 Virus

Dear Mayor de Blasio and Commissioner Shea,

We are 200 medical workers on the frontlines of the COVID-19 pandemic, including doctors, nurses, physician’s assistants, and other medical workers, and organizations representing medical workers. We write to share our concerns with the way the New York City Police Department (NYPD) is policing during the current public health crisis. Specifically, we are alarmed at the high rate of infection among NYPD officers and fear that unnecessary interactions between the NYPD and the public will further exacerbate the public health crisis unfolding in New York City and rapidly spreading across the country.

The Centers for Disease Control and Prevention (CDC) continues to emphasize the importance of social distancing to reduce transmissions.\(^1\) Further, the Police Executive Research Forum (PERF), a leading police research and policy organization, recommends “identifying core department functions” and appropriately curtailing non-essential police activities such as “crime prevention programs, parking enforcement, and enforcement of certain misdemeanor laws” during pandemic situations.\(^2\) We urge the NYPD to heed the CDC and PERF’s advice to socially distance and curtail all non-essential contacts between NYPD officers and the public at this time.

We are especially concerned to hear that the NYPD is taking a business-as-usual approach to policing low-level offenses at this time.\(^3\) For each interaction the NYPD has with the public,

---

there is a risk of virus transmission, and we urge the NYPD to take this public health risk seriously. **There is no question for us as medical providers that the risk of virus transmission is a far greater threat to the public health and safety of New Yorkers than non-violent offenses at this time.**

Unnecessary contact between the NYPD and the public at this time is even more concerning when taking the alarming rate of infection of the NYPD into account. Currently, the **NYPD infection rate is 121 infections per 1,000 NYPD officers, more than seven times that of New York City as a whole.** Because of the high infection rate, it is likely that many more NYPD officers have been exposed to the virus without their knowledge. Each interaction between NYPD officers and members of the public puts both groups at risk of transmitting the virus and further spreading in the community, in NYPD precincts across the city, and in the homes of NYPD officers and the people with whom they are in contact.

We urge you to reassess and readjust policing to meet the needs of the current moment, ensuring that you put the health and safety of New Yorkers first during this crisis:

(1) **Halt the enforcement of low-level and ‘quality of life’ offenses to reduce unnecessary interactions between the NYPD and the public.** Social distancing is necessary in all sectors of society to reduce the risk of transmission and to “flatten the curve.” Just as medical facilities are switching to telemedicine and canceled elective procedures, we call on other sectors of society to reevaluate what level of in-person interaction is necessary, keeping in mind that every in-person interaction increases the risk of COVID-19 transmission. We believe that low-level, quality of life policing is simply not worth the risk to public health at this time.

(2) **Cease unnecessary arrests by issuing summonses or appearance tickets for all other qualifying offenses, and stop the flow of people onto Rikers Island.** Every arrest creates dozens of points of contact and opportunities for virus transmission. These contacts include the contact between the person arrested and the arresting officers, contact between the person arrested and additional officers at the precinct and Central Booking, arrested people in close contact in cramped holding cells at precincts and Central Booking, court officers assisting with arraignments, and, in the case that bail is set on the individual, contact with Department of Corrections staff and others detained in NYC Jails. Each of these people go on to be in contact with others in their workplaces,

---

4 See @NYPDnews, Twitter (April 19, 2020), https://twitter.com/NYPDnews/status/1251992638846390275 (Infection rate based on the 4,371 NYPD employees diagnosed with COVID-19 out of a police force of 36,000 employees).

5 See The Legal Aid Society, COVID-19 Infection Tracking in NYC Jails, https://legalaidnyc.org/covid-19-infection-tracking-in-nyc-jails/ (last visited March 31, 2020), for more information on the alarming rates of infection in NYC jails, where the current infection rate is more than 7.5 times that of New York City; see also Meagan Flynn, Top doctor at Rikers Island calls the jail a ‘public health disaster unfolding before our eyes’, Wash. Post (March 31, 2020 7:00 AM), https://www.washingtonpost.com/nation/2020/03/31/rikers-island-coronavirus-spread/.
families, and, in the case of those detained, in NYC jails. Each arrest risks virus transmission, and we implore you to take this risk seriously and require officers to issue summonses for all qualifying offenses.

(3) **Encourage social distancing through public service announcements, not enforcement that leads to unnecessary contacts and risks further transmission of the coronavirus.** By sending NYPD officers—who currently have a much higher rate of coronavirus infection than NYC as a whole—into communities to enforce social distancing, the NYPD is likely exacerbating, not helping, the problem of rapid viral transmission. Close contact, as required when issuing a citation, should be avoided whenever possible.

As medical workers on the frontlines of the crisis, we urge you to prioritize the health and safety of New Yorkers and to take seriously the need for social distancing and avoiding unnecessary contacts between all people, including interactions between the NYPD and the public.

Sincerely,

**Advancing Health Equity**

**Callen-Lorde Community Health Center**

**Nurses for Social Justice**

**NYC Coalition to Dismantle Racism in the Health System**

**Individual Medical Signers**

Abigail Hunter, FNP-BC

Alani Estrella

PhD Student of Biomedical Science at NYU Langone

Alec Betterley, LCAT

NYC Health and Hospitals

Alexandria M. Cooper, RN

Alison Liss, MD

Physicians for a National Health Program-NY Metro

Planned Parenthood of Greater New York

Progressive Doctors

Treatment Action Group (TAG)

Allison Galgano, LMSW

Alyce Erdekian, MPH

Alyssa Galgano, LMSW

Alyssa Marcinak, LMSW

Alyssa Smith, MPH, CPH

Amanda Hayden, CD, LMSW, CBC

Amanda Ingle, LMSW
Amanda Ramsdell, MD
Amanda Wang
Medical Student, Columbia Vagelos College of Physicians & Surgeons
Amit R. Patel, MD, MPH
Andrea Brandon, M.D.
Faculty, New York University School of Medicine
Andrea Jakubowski, MD
General Internist, Montefiore Medical Center
Andrea Lumm, RN, NP
Andrea Yeguez
Medical Student
Andrew Goldstein, MD, MPH
Angelique Saavedra, MSN, RN, WHNP-BC
Anjali Sharma, MD, MS
Associate Professor of Medicine, Albert Einstein College of Medicine
Anton Gillespie
Medical Student, Columbia Vagelos College of Physicians & Surgeons
Antonio Valentin, RN
Athena Brown, NP
Austin Seavolt, RN
B. Oyinkan Marquis, MD
Assistant Professor, SUNY Downstate Medical Center
Barbara Zeller, MD
Senior Medical Advisor, Brightpoint Health
Becky Czarnik, RN
Ben Sher, LMSW
Betty Kolod, MD
Binita Shah, MD
Bonnie Mohan
Executive Director, The Health & Housing Consortium
Bridget Manzano
Health Educator, Mount Sinai
Brielle Cardieri, MD
Bruce G. Trigg, MD
Public Health and Addiction Medicine Consultant
Caleb LoSchiavo, MPH
Doctoral Student, Rutgers Biomedical and Health Science
Carlene Valentine, MS
PhD Candidate
Casandra Harrison, RN
Chance Krempasky, FNP
Callen-Lorde Community Health Center
Chanelle Diaz, MD, MPH
Internal Medicine Physician, Bronx, NY
Charlotte Austin, MD
Chloe S. Chaudhury, BS
Medical Student, NYU Grossman School of Medicine
Christy Duan, MD
Zucker Hillside Hospital / Northwell Health System
Cindy Saenz  
*Medical Student 4, Icahn School of Medicine at Mount Sinai*

Cristian Peña  
*Medical Student*

Daniel Lugassy, MD

David Himmelstein, MD

Deborah K. Miller, L.P., S.E.P.

Deepika Slawek, MD, MPH, MS  
*Assistant Professor of Medicine, Montefiore Medical Center/ Albert Einstein College of Medicine*

Delaine Powerful, MPH

Diane Chang, MD

Eden Engel-Rebitzer  
*Medical Student*

Eleni McCaffery  
*MD Candidate*

Elisa Brunelle, Psy.D.

Elizabeth Deutsch, RN

Elizabeth Jones, RN, ANP-BC

Elizabeth Schretzman, LCSW

Ellen Isaacs, MD

Emma Pliskin, MPH  
*CUNY School of Public Health*

Eddie DeGrand, LMSW

Erica Seppala, RN, BSN, MPH, MA

Esther Han, MD, MPH  
*New York Presbyterian Hospital - Columbia University Medical Center*

Evelyn Deliz, PA-C

Farah Allouch, MPH

Gene Liaw, PA-C

H. Reeve Bright, MD, MPH, MS

Hana Le, LMSW

Hannah Brooks, MS, MD

Hannah Schwennesen  
*Medical Student 3, Perelman School of Medicine*

Hannah Weber, PhD  
*MD/PhD Candidate, NYU Grossman School of Medicine*

Heather Paladine, MD, MEd  
*Family Physician*

Helen Zhou  
*Medical Student 2 at NYU Grossman School of Medicine*

Janice Dabu, RN

Jaquelyn Jahn, MPH

Jasmine Shwetar  
*Medical Student*

Jennifer Cabrera, MD  
*NYU Grossman School of Medicine*

Jennifer Grossman, RN, BSN, LNC

Jennifer Karlin, MD, PhD

Jessica DeMulder, MPH
Jessica Ding  
*Medical Student*

Jessica Ho  
*Medical Student 1, Columbia Vagelos College of Physicians & Surgeons*

Jessica Morgan, LMSW

Jill Tatangelo, RN, MSN

Joan Gabriella Heinsheimer, MD

Johanna Valente, MSN, M.Ed, RN, FNP-BC

Johannes Mosquera Wilson, RN

John Jeffrey  
*Medical Student*

Joie Waxler  
*Health Educator, Mount Sinai Adolescent Health Center*

Jonathan Giftos, MD, AAHIVS  
*Medical Director, Addiction Medicine & Drug User Health at Project Renewal*

Julia Agee, MD

Julianne Rieders  
*Medical Student 1, NYU Grossman School of Medicine*

Kacy Yoo, LMSW

Kamini Doobay, MD, MS  
*NYC Emergency Medicine Resident*

Karen Matouk, M.A.  
*Psychology Intern, Mount Sinai*

Karina Galvin, PA-C

Karoline Knable, RN

Katerina Santos, RN  
*Registered Nurse Supervisor*

Katherine Bridges, RN

Katherine Oshman, LCSW

Katherine Schaff, DrPH, MPH

Katie Luedcke, RN, BSN

Kelly Doran, MD, MHS

Kelsey Cordle, COTA

Kristal Ruiz, LMSW

Kristen Medley  
*MD/MPA Candidate*

Kristin Wunder, MPH  
*Bannon Consulting Services*

Kristine Torres-Lockhart, MD

Laura Harris, MD, MPH, MS

Laura Ucik, MD  
*Montefiore Medical Center*

Lawson Moyer, MD

Leah Haykin, MD

Leah Jo Carnine, PA-C

Liana Goehring  
*MD/PhD candidate, NYU Grossman School of Medicine*

Linda Wang, MD

Lipi Roy, MD, MPH

Lisa Joy Kirschenbaum, RN
Liz Kroboth, MPH
Mansi Shah, MD
*Family Medicine Physician*
Marc Shi, MD
*Internal Medicine Resident Montefiore Medical Center*
Mariya Masyukova, MD, MS
*Attending Physician*
Martha L. Castro, MD
*Emergency Medicine Resident*
Mary Rossillo
*Medical Student*
Matthew Akiyama, MD, MSc
*Assistant Professor of Medicine, Montefiore Medical Center*
Maureen Silverman, LMSW
Megan Campbell, LMSW
Megan Russell, RN
Melanie Morgan, RN
Melissa Sontag Broduo, JD, MPH
*Co-Director of Soar Institute*
Melissa Stein, MD
Melody Gomez
*Public Health Professional*
Michael Zingman, MD, MPH
Michaela Brennan, RN, MPH
Michelle Eilers, MSc
*Demography and Health*
Michelle Lin, MD, MPH
Michelle Mc Abbe, MPH
*Columbia University Mailman School of Public Health*
Mindy A. Schwartz, MD
Nancy Krieger, PhD
*Professor of Social Epidemiology, Harvard T.H. Chan School of Public Health*
Natasha Anushri Anandaraja, MD, MPH
*Assistant Professor of Medical Education and Pediatrics, Icahn School of Medicine at Mount Sinai*
Nicholas Tamborra, LMHC
Nicole Shechter, PCA
Noah Rosenberg
*Medical Student*
Olivia Moscicki
*Medical Student*
Omar Salman, MD
Pamela Hops, MD
Payel Gupta, MD, FACAAI
Rachael Bedard, MD
*Director, Geriatrics and Complex Care Service, Correctional Health Services*
Rachel Berkowitz, DrPH, MPH
Rachel Scott, MPH(c), MSW(c)
Randall Burson
*MD/PhD Student, Perelman School of Medicine*
Rebecca Allen
*Medical Student*
Rebekah Almanzar, LMSW
Renée Reopell, LCSW
Rhea Boyd, MD, MPH
Ronald Nelson
Medical Student, Columbia Vagelos College of Physicians and Surgeons
Ronnie Taveras
Mount Sinai Adolescent Health Center
Rory Brown
Medical Student, Columbia Vagelos College of Physicians & Surgeons
Roxana Chicas, BSN, RN
Ruth Oppenheim-Rothschild, RN
Community Health Nurse
Ruth Wangerin, PhD, MPH
Rye D. Blum, ANP
Sam Kokoska
Medical Student, Columbia Vagelos College of Physicians & Surgeons
Sandra Turner, MD
Sanna Alas
Medical Student, Columbia Vagelos College of Physicians & Surgeons
Sarah Duncan, MD
Sarah Pickering, MPH
Sarah Redmond, RN
Sarah Walsh, PhD, MPH
Sebastian Gualy
Medical Student, Perelman School of Medicine
Shadi Nahvi, MD, MS
Associate Professor of Medicine
Sheba Sethi, MD
Sheira Schair, MD, MS
Shoshanna Kahne
PhD Candidate in Microbiology at NYU Langone
Shourie Jonna
MD Candidate
Sophia Yapalater
Medical Student, Perelman School of Medicine
Spencer Dunleavy, MSc, MSc
Medical Student, Columbia Vagelos College of Physicians & Surgeons
Steffie Woolhandler, MD, MPH
Stella Safo, MD, MPH
Attending Physician
Stephanie Porto
Patient Advocate, Woodhull Hospital
Stephen Rubenstein, M.D.
Stephen Sukumaran, MPH
Susan Joyner, LCSW-C
Susan M. Reverby, PhD
Historian of Medicine, Wellesley College
Tejas Venkat-Ramani, MPH
Assistant Director of Quality Improvement, NYC Correctional Health Services
Tiffany E. Cook  
*Program Manager at an NYC Medical School*

Tristan Wristen, RN, BSN, MSN, FN-CSA, LNC

Tunmise Fawole, MPH  
*Medical Student 2, NYU Grossman School of Medicine*

Vanessa K. Ferrel, MD, MPH

William B. Jordan, MD, MPH  
*Clinical Assistant Professor, Albert Einstein College of Medicine*

William Ford  
*Medical Student*

Yael Bacharach, LCSW  
*Medical Student*

Zoe Kratina-Hathaway  
*Medical Student*

cc:  
NYC Council Speaker Johnson  
City Councilmember Richards, Chair of Public Safety Committee  
City Councilmember Rivera, Chair of Hospitals Committee  
City Councilmember Levin, Chair of General Welfare Committee  
NYPD Inspector General Phil Eure  
NYC Public Advocate Jumaane Williams