

GREATER HARLEM
COALITION

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Commissioner Arlene González-Sánchez, MS, LMSW
Office of Addiction Services and Supports (OASAS)
501 Seventh Avenue
New York, NY 10018-5903

May 24th, 2021

Trisha R. Schell-Guy, Acting General Counsel
Office of Addiction Services and Supports (OASAS)
1450 Western Avenue
Albany, NY 12203-3526

**Re: New York City's "Fair Share" Mandate
(Harlem Community Request For De-Concentration &
Equitable Distribution Of Facilities)
OASAS-Licensed Chemical-Dependency Treatment Facilities in Harlem, New York**

Dear Commissioner González-Sánchez and Acting General Counsel Schell-Guy,

Thank you for your written response to our community group dated April 27th, 2021. The OASAS response letter failed to address the central grievance that our local community has with OASAS: the disproportionate concentration of OASAS OTP facilities in our minority neighborhood. The concept of **"Fair Share"** is our community's objective with OASAS.

NYC's "Fair Share" regulations were created because low-income communities, and especially communities of color, were burdened with far more than their "Fair Share" of undesirable facilities (such as drug treatment clinics, homeless shelters, mental health facilities, and halfway houses for the formerly incarcerated). Fair Share regulations were promulgated to ensure that every borough in New York City (and every community within each borough) bears its proportionate share of these undesirable facilities (also known as "Local Unwanted Land Uses" or "LULUs"), regardless of race or neighborhood affluence. New York City's commitment to the principles of Fair Share are demonstrated by various statutory milestones and policy directives:

- In 1989 and 1990, the New York City Charter Revision Commission and the City Planning Commission developed New York City's Fair Share rules, which were codified in City Charter sections 203 & 204. These protocols instruct municipal government agencies to perform the following before approving the siting of a proposed new facility: evaluate the potential negative impact on the neighborhood (with primary focus on the immediate radius of 400 feet); issue a "Fair Share Statement"; obtain input from local officials; and, to apply stricter scrutiny before siting inpatient chemical dependency treatment centers in community districts that already have

a high ratio of “residential beds” (homeless shelters, inpatient mental health centers, or transitional housing).

- The New York City Council, in conjunction with four of its committees, produced a landmark 2017 report regarding Fair Share entitled “Doing Our Fair Share, Getting Our Fair Share” (see <http://council.nyc.gov/wp-content/uploads/2017/02/2017-Fair-Share-Report.pdf>). In this exhaustive report, the New York City Council: pledged its renewed commitment to the Fair Share process; reiterated that municipal government agencies are required to plan their facility sitings in a “*thoughtful, deliberative manner that takes community input seriously*”; provided evidence that it is clearly feasible for governmental agencies to achieve “distributional equity” throughout the city for siting of undesirable facilities such as methadone clinics and waste transfer stations (just as it is feasible to achieve distributional equity for placement of libraries and FDNY firehouses); disclosed that East Harlem is home to “*almost one-fifth of all inpatient substance abuse treatment centers in the city because those are overseen by the State Government*”, and, expressed dismay that some governmental agencies still continue to “*avoid the fair share review process altogether, which allows for the siting of facilities in overconcentrated districts*”.
- NYC officials have recently implemented measures to reverse the heavy concentration of waste handling facilities in communities of color: over the last decade, several new waste transfer stations have been built (or are underway) in affluent or middle-class neighborhoods who had mounted vigorous opposition: one on the Upper East Side on 91st Street, one on 59th Street, and one in College Point; and, in August 2018, the City Council passed the Waste Equity Law, which reduces the amount of waste that private companies can process in minority communities such as the South Bronx and Southeast Queens.

Statistics demonstrate that our Harlem community is currently sustaining a highly disproportionate share of undesirable government facilities:

- Harlem’s Community District 11 ranks # 2 (tied) out of 58 NYC Community Districts in its ratio of governmental support service “beds” to its residential population. (Only Queens District 1 is higher than Harlem’s Community District 11, due to Rikers Island being within its municipal boundaries). Harlem Community District 11’s ratio of 52 beds per 1,000 residents compares to a citywide ratio of 18 beds per 1,000 residents. One-third of the beds provided by OASAS, DHS, and the Office Of Mental Health in this Harlem district are highly concentrated between 116th Street and 126th Street (from the river to Park Avenue); this area also happens to contain the highest density of low-income housing in New York.
- Harlem’s Community District 11 is home to 1,082 chemical dependency treatment beds, according to the NYC Council’s 2017 report. (19% of all OASAS-licensed beds are sited in this neighborhood alone).
- Harlem & East Harlem are home to 4.24% of NYC’s population, yet these communities harbor 18% of NYC’s methadone treatment capacity (based on an OASAS response to a 2019 “Freedom Of Information Law” inquiry). Note: the Harlem & East Harlem population’s drug addiction rate is only 7.65%, proving that the neighborhood has substantially more chemical-dependency treatment facilities than its local population actually needs.

- Only 24% of patients obtaining care in methadone clinics in Harlem, actually reside in Harlem. The vast majority of Harlem's patients commute (many from distant neighborhoods or from opioid treatment "deserts"). See attached graphics and charts in Attachment A.

Our community's disadvantaged status as a low-income community of color (with minimal access to the levers of power) is widely cited as the reason for its outsized share of New York City's drug treatment facilities, homeless shelters, and halfway houses. According to the NYC Council's 2017 document, communities like ours have "persistently been treated unfairly in the siting of public facilities... in the over-concentration of LULUs" and that "overconcentration of some facilities in low-income communities of color... often remain... because the community is perceived to be less powerful". The document further points to racism in stating that "some wealthier – and whiter – communities often have less than their fair share of such facilities" and that from 1999-2015, "the three communities that decreased in density with respect to residential [support] beds were all majority or near-majority white". Vicki Been, NYC's Deputy Mayor of Housing & Development and former commissioner of HPD has written that "Indeed, many representatives of low income and predominantly African American, Latino, or other minority neighborhoods charge that industry and governmental siting officials have adopted a PIBBY – "put it in blacks' backyards" - strategy for siting LULUs."

The Harlem community is striving to reverse decades of racist government policies which have harmed our families and institutions. Our community is cognizant that OASAS is a NY state agency, and therefore, it is not required to conform to our local "Fair Share" statutes. Nevertheless, we ask OASAS to take the following actions for Harlem, to achieve distributional equity of OTP's:

- 1) Cease licensing new programs in Harlem and East Harlem;
- 2) Cease the renewal of licenses for existing OASAS-licensed programs that operate within a two-block radius of any other OASAS-licensed program in Harlem and East Harlem;
- 3) Cease the expansion of any existing OASAS-licensed programs in Harlem and East Harlem;
- 4) Produce a plan to redistribute OASAS-licensed programs more equitably in all New York City neighborhoods; and
- 5) Open permanent channels of communication with our community, in order to exchange dialogue, obtain neighborhood input, and convey updates in a continuous manner.

Please contact Syderia at (917) 674-3313 or Syderia@Aol.com for additional information or to schedule a conference with our community group. Thank you.

Sincerely,



Syderia Asberry-Chresfield.



Carolyn A. Brown PHD.



Shawn Hill

Founders of the Greater Harlem Coalition (an organization of 6,000 residents, schools, churches, cultural institutions, and businesses in Harlem. <https://greaterharlem.nyc/>)

cc: Manuel Mosquera, Director of Regional Operations
Patricia Zuber-Wilson, Associate Commissioner
Pat Lincourt, Director
Connie Burke, Acting Associate Commissioner
Keith McCarthy, Associate Commissioner
Vittoria Parry, Fiscal Associate Commissioner
Dr. Marc Manseau, Medical Director
Peggy Bonneau, Director of Health Initiatives
Edison Alban, Director of Communications
Jannette Rondo, Director of Internal Communications
Sean M. Byrne, Deputy Commissioner
Robert A. Kent, General Counsel
Henri Williams, Director
Tracey Collins, Director
William F. Hogan, Associate Commissioner
Zoraida Diaz

The Greater Harlem Coalition is comprised of the following tenant associations, churches, schools, businesses, cultural institutions, and retailers:

Block Association of West 118th Street	D and D Enterprise
100-168 West 121st Street Resident Block Association	Dorrence Brooks Property Owners & Residents Association
118 Street Block Association	DR3J Consultants
120th Street Block Association	Edward Jones
124 East 117th Street Tenants Association	Elaine Perry Associates
125th Street Business Improvement District	Ephesus SDA Church
128th Street Block Association	Eye Cycle
1775 Houses Tenants Association	Freeland Liquor
314 - Pizza, Pasta & Wine Bar	Friendly Hands Ministry
97-98 Lexington & Park Ave. Neighbors	Friends of the Harriett Tubman Monument
A. Philip Randolph Square Neighborhood Alliance	Future Giants Organization
A.K. Houses Tenants Association	Gastiaburo + Stella Real Estate
Advocates 4 The Community	Ginjan Cafe
Asberry and Associates, LLC	Graham Court Renters Association
ATAPE Group, LLC	Greater Calvary Baptist Church
CentralCasting Solutions LLC	Hakimian Organization
Chaiwali	Halstead Manhattan
Chocolat Restaurant & Bar	Hamilton Terrace Block Association
CIVITAS	Harlem American
Clay	Harlem Arts Foundation
Columbus Distributors	Harlem Business Alliance
Compass Realty	Harlem Lacrosse
Covington Realty Services	Harlem Lofts
	Harlem Neighborhood Block Association

Harlem Park to Park
Harlem Properties Inc.
Harlem Shake
Harlem Wine Gallery
HarlemHome
HarlemHoopz
Il Cafe Latte 1
Il Cafe Latte 2
Indian Summer Harlem
Jacqueline Allmond Cuisine INC
Le Petit Parisien
Lenox to 5th 124th Street Block Association
LenoxFive 127th Street Block Association
Lido
Malcolm Pharmacy
Mirada Home Owners Association
MoHo Dance
Mount Morris Park Community Improvement
Association
MXB United
Neighbors United of West 132nd Street Block
Association
New 123rd Street Block Association (Lenox -
7th)
New York Council for Housing Development
Fund Companies, Inc.
Open Hands Legal Services
Paris Blues Jazz Club
Pativity, LLC
Progressives Educating New Yorkers, Inc.
R. Kenyatta Punter and Associates
Rubys Vintage
Sayers and Doers
Silent Procession Nyc4pr
Silicon Harlem
SottoCasa Pizzeria
StreetSquash
Sugar Hill Concerned Neighbors Group
Super Nice Coffee and Bakery
T.H.E. Works
Union Settlement House
United New Church of Christ
Upholstery Lab
Uptown Democratic Club
Uptown Townhouse
Valeries Signature Salon
Virgo Hardware
West 119th Block Association

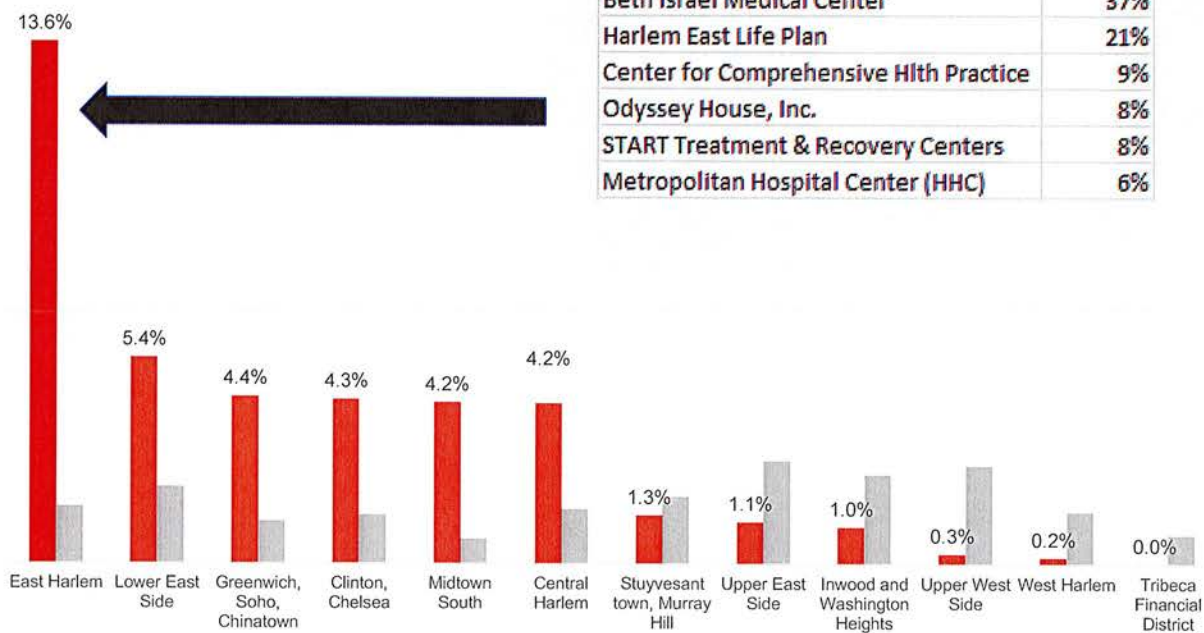
West 121st Street Block Association
West 126th Street Block Association
West 130th Street Homeowners Association
West 132nd Street Block Association
West 135th Street Block Association
West 136th Street Block Association
Wynn Optics

Attachment A

Supporting Statistical Data

Opioid Treatment Capacities by Manhattan Community Districts

In East Harlem, 3 providers are licensed for 67% of the capacities. Below are the distribution of capacities by providers

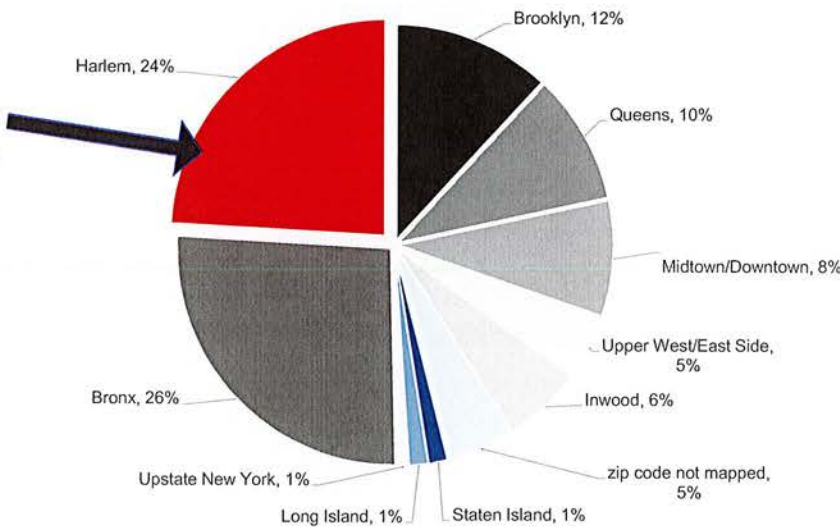


*Based on 2019 FOIL data from OASAS

Patients commuting to Harlem to obtain methadone come from all districts of New York

Residences of patients getting treated in Harlem OTP Facilities

Only 24% of the patients getting treated in Harlem facilities reside in Harlem



Disclaimer: One zip code can fall into multiple districts in New York City, hence this statistics has a margin of error. That said, such margin of error will not likely impact the key takeaway

The Daily Commute Into Harlem and East Harlem

New Yorkers living in the dark blue-colored zip codes commute into Harlem and East Harlem up to 6 days a week for their opioid treatment - primarily methadone.

