

GREATER HARLEM
COALITION



Syderia Asberry-Chresfield, Cofounder

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Dr. Chinazo O. Cunningham, Acting Commissioner
Office of Addiction Services and Supports (OASAS)
501 Seventh Avenue
New York, NY 10018-5903

November 28, 2021

Dr. Chinazo O. Cunningham, Acting Commissioner
Office of Addiction Services and Supports (OASAS)
1450 Western Avenue
Albany, NY 12203-3526

Re: Community Collaboration and Dismantling Systems of Racial Oppression

Dear Acting Commissioner Cunningham,

The residents, small businesses, non-profits, and faith-based organizations of Harlem and East Harlem that comprise The Greater Harlem Coalition (GHC) would like to both welcome you to your new position and begin a new conversation regarding OASAS's relationship with our community.

As you are undoubtedly aware, Harlem and East Harlem have suffered for more than 80 years from both the direct and residual impacts of racist policies regarding where State and City social services are located. As New York City's Department of Health and Mental Hygiene has noted, decades of systematic oppression have resulted in "unjust practices among institutions" that "have led to worse health outcomes in communities of color than in white communities". Perhaps the starkest example of this today is the rate of overdose deaths above 96th Street.

Our hope is that under your leadership, OASAS will begin the difficult process of examining the role that its past decisions may have played in the current high rate of overdose deaths in our community, and in New York City as a whole. More specifically, we hope that OASAS will immediately begin internal discussions engaging the following seven questions, and then join with us - The Greater Harlem Coalition - to reverse the systemic, racist injustices imposed upon our community, while simultaneously bringing about effective treatment for all New Yorkers suffering from substance abuse disorders (SUD):

1. Racial discrepancies in SUD treatment modalities are well known and documented. Will OASAS ensure that OASAS-licensed programs provide patients of color the same treatment modalities that whiter and wealthier patients receive (using, for example, opioid settlement money to accomplish this)?
2. We believe that OASAS agrees with The Greater Harlem Coalition that drug treatment programs should be fairly distributed throughout New York City so that there is equitable access to treatment in all communities. Will OASAS pursue a plan to better balance the distribution and admission capacity of the programs it licenses based on the residence data of patients who attend OASAS-licensed programs?
3. As OASAS knows, while East and Central Harlem have only 3.4% of New York City's population, they shoulder 18% of all OASAS-licensed New York City OTP admissions. As OASAS begins to engage in conversations about safe injection sites (SIS), will OASAS commit to locating SIS equitably throughout New York City?
4. Given that liquor licenses are not given to establishments "on the same street or avenue and within 200 feet of a building occupied exclusively as a school, church, synagogue or other place of worship," will OASAS agree to use those same guidelines when licensing and relicensing its programs?
5. Other states, such as Arizona, have regulations that mandate that drug treatment providers create a community engagement plan and a plan to control diversion of methadone. Will OASAS adopt similar requirements?
6. States such as Connecticut also require that the siting of drug treatment clinics be subject to a public needs assessment process. Will OASAS adopt similar requirements?
7. According to OASAS FOIL data, from 2010 to 2019, the number of patients obtaining drug treatment in OASAS-certified facilities and outpatient facilities dropped by 19%; residential treatment -- the most effective form of treatment -- dropped by 35%, or more than 1,500 patients. Can OASAS commit to remediating this loss of treatment capacity in New York City while not adding to Harlem's burden?

These difficult questions, and the work required to address them, are matters of the highest priority for our community. The families, schools, churches, and small business of Harlem and East Harlem hope to see, under your leadership, a meaningful reduction in the burden that OASAS-licensed programs have placed on our community, while simultaneously helping neighbors in need get the best care possible.

We invite you to meet with us to discuss this in further detail, or to schedule a walking tour with us to fully experience how OASAS licensing decisions have impacted our neighborhood.

Please reach out to us at GreaterHarlemCoalition@gmail.com for any additional information, and to begin a conversation about reducing overdose deaths and bolstering the resiliency of our proud, historic, and overburdened community.

Sincerely,



Syderia Asberry-Chresfield.



Carolyn A. Brown PHD.



Shawn Hill

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

cc: Manuel Mosquera, Director of Regional Operations
Trisha Schell-Guy, Acting General Counsel
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 of Housing Services
Tracey Collins, Director, Government Affairs and Federal Policy
William F. Hogan, Associate Commissioner

The Greater Harlem Coalition is comprised of the following tenant groups, block associations, faith-based organizations, schools, small businesses, cultural institutions, and not-for-profits in Harlem and East Harlem:

BLOCK ASSOCIATIONS

100 Block Association of West 118th Street
100-168 West 121st Street Resident Block Association
118 Street Block Association
120th Street Block Association

124 East 117th Street Tenants Association
128th Street Block Association
1775 Houses Tenants Association
97-98 Lexington & Park Ave. Neighbors
A. Philip Randolph Square Neighborhood Alliance
A.K. Houses Tenants Association
Dorrence Brooks Property Owners & Residents Association
Graham Court Residents Council
Hamilton Terrace Block Association

Harlem Neighborhood Block Association
Lenox to 5th 124th Street Block Association
LenoxFive 127th Street Block Association
Mirada Home Owners Association
Mount Morris Park Community Improvement Association
Neighbors United of West 132nd Street Block Association
New 123rd Street Block Association (Lenox - 7th)
Sugar Hill Concerned Neighbors Group
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
The Melrose Committee for Change
Harlem East Block Association
Madison Avenue HDFC
181 East 119th Street Tenants Association
Central Park North Block Ass

SMALL BUSINESSES

314 - Pizza, Pasta & Wine Bar
Chaiwali
Chocolat Restaurant & Bar
Columbus Distributors
Compass Realty
DR3J Consultants
Edward Jones
Elaine Perry Associates
Eye Cycle
Freeland Liqour
Gastiaburo + Stella Real Estate
Ginjan Cafe
Hakimian Organization
Halstead Manhattan
Harlem Lofts
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
Lido
Malcolm Pharmacy
Paris Blues Jazz Club
R. Kenyatta Punter and Associates
Rubys Vintage
SottoCasa Pizzeria
T.H.E. Works
Upholstery Lab
Uptown Townhouse
Valeries Signature Salon
Wynn Optics
USA Deli & Grocery
MoHo Dance
Harlem American
Virgo Hardware
Clay
Asberry and Associates, LLC
D and D Enterprise
CentralCasting Solutions LLC
Pativity, LLC
Covington Realty Services
Super Nice Coffee and Bakery
Gold Appraisal
Carthage Advisors
Experience Harlem
L.A. Sweets NY
Nouvelle Home Improvements
Space Management Design
H M Art And Home Decor
The Monkey Cup

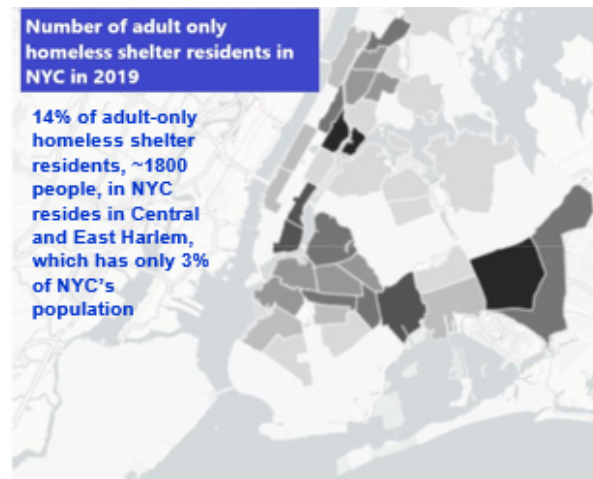
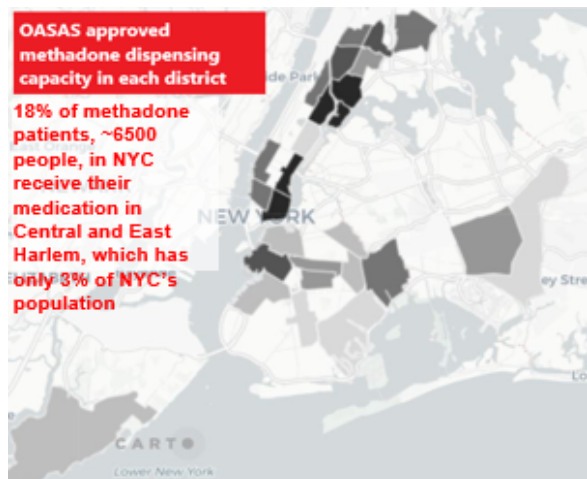
NOT FOR PROFIT ORGANIZATIONS

AskAscend Virtual Assistance
Advocates 4 The Community
ATAPE Group, LLC
CIVITAS
Ephesus SDA Church
Friendly Hands Ministry

Friends of the Harriett Tubman Monument
Future Giants Organization
Greater Calvary Baptist Church
Harlem Arts Foundation
Harlem Business Alliance
Harlem Lacrosse
Harlem Park to Park
MXB United
New York Council for Housing Development
Fund Companies, Inc.
Open Hands Legal Services
Progressives Educating New Yorkers, Inc.
Sayers and Doers
Silicon Harlem
Union Settlement House
United New Church of Christ
Uptown Democratic Club
StreetSquash
Silent Procession Nyc4pr

AAPI for Change
Harlem Link Charter School

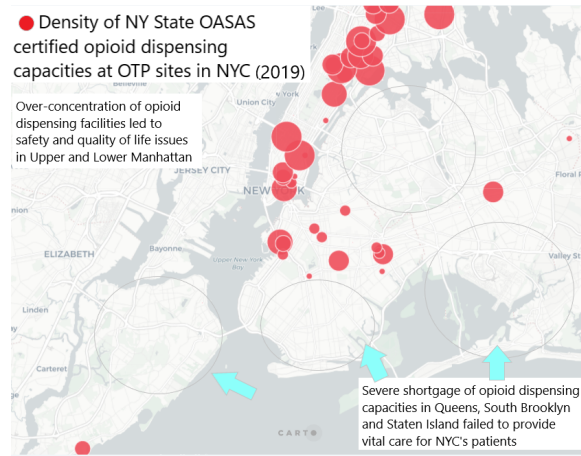
Appendix: SYNTHESIS OF DATA INFORMATION



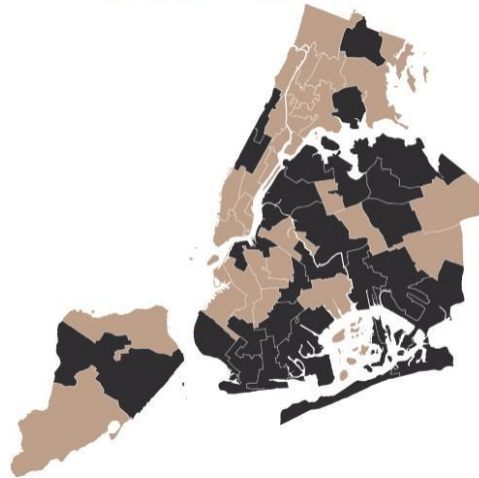
1. Yoni FOIL 2019: OASAS certified in 2019 about 36,000 drug treatment capacity in 59 districts in NYC. (sources: [FOIL data from OASAS filed by Yoni Pielet in 2019](#)). These treatment capacity include OTP (Opioid Treatment Program), residential treatment, in-patient, the crisis management, of which OTP is the majority of such capacity.

- Central/East Harlem (community boards 10 and 11) with 3% of NYC's population has 6527 capacity or 18% of NYC's patients.
 - These two districts only rank 5th and 6th in overdose rates in 2019 (source: [NYC data](#))
- East Harlem with 1.5% of NYC's population has 4990 capacity, the highest of all NYC, which is almost twice as high as capacity in all 14 districts in Queens combined with 2542 capacity. Note that Queens has 27% of NYC's population
- The top 15 districts by OASAS certified capacity have 28127 capacity (or 77% of total capacity) and the bottom 15 districts have only 62 capacity (i.e., 0.2% total capacity). The top 15 and bottom 15 districts both have about 22% of NYC's population.
- There are 26 out of 57 districts without any opioid treatment options. There are 10 districts without OTP, crisis, residential, in-patient capacity allocated, which includes Financial Districts, Long Island City, Kingsbridge, Parkchester, Bayridge, Sheepshead bay, Co-op City, and Wakefield.

- (note: Amongst them, Co-op City and Bayridge appear to not even have any out-patient treatment facilities (based on CHAN 2020 FOIL))



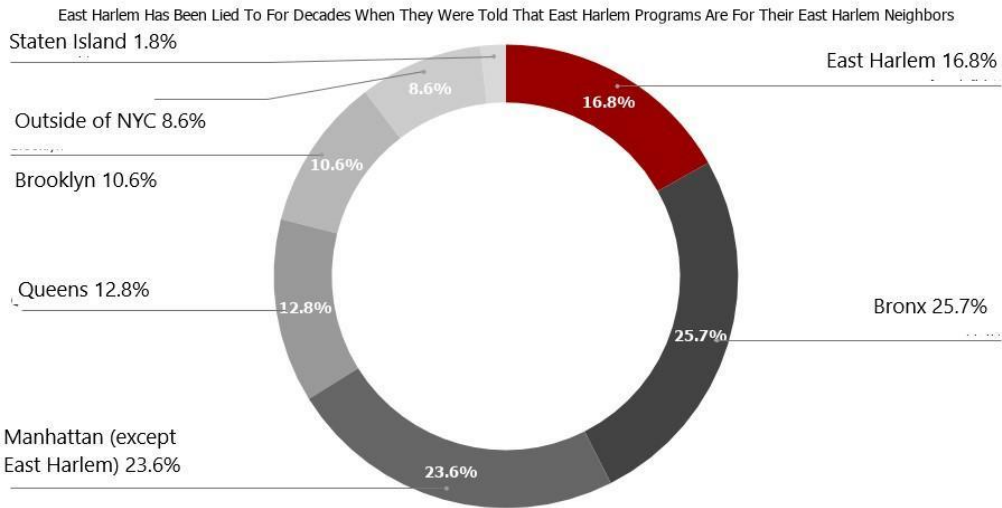
Opioid Treatment Program Deserts
 Black NYC City Council Districts have no Opioid Treatment Programs - hover to learn the admission totals



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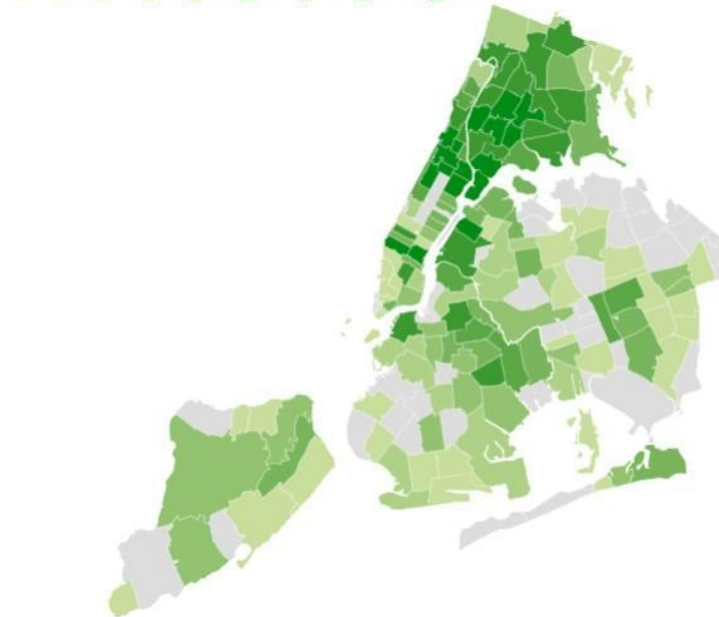
2. Candice FOIL 2019: (source: [Candice FOIL](#)) 75% of patients getting treatment from Harlem do not reside in Harlem. Of them, 26% from the Bronx, 12% from Brooklyn, 10% from Queens, 5% from UES/UWS, 6% from Inwood, 8% from Mid/Downtown Manhattan, 1% Upstate New York, 1% Long Island, 1% Staten Island. The diagram shows the density of patients traveling into Harlem for treatment

East Harlem Opioid Programs Do Not Serve East Harlem Residents



Opioid Treatment Commuters: Daily Trips Into Harlem and East Harlem

Number of Opioid Treatment Commuters Who Travel to Harlem or East Harlem for Methadone (often daily) From a Given Zip Code



Map: The Greater Harlem Coalition • Source: OASAS • Get the data • Created with Datawrapper

3. Yoni FOIL 2019: (sources: [FOIL data from OASAS filed by Yoni Pielet in 2019](#)) Some claimed that typically people who cannot afford private insurance, typically black and brown citizens, would get treatment at OASAS managed facilities. If that's the case, we should expect the area with the lowest income to have the highest concentration of OASAS certified capacity. However, East Harlem ranks 19th in terms of poverty rates amongst 59 districts, but it has the highest density of drug treatment capacity as % of the population in NYC. For example, it is

hard to conceive why East Harlem would have 135 times and 6.8 times more people who need opioid OTP treatment than in Hunts Point and Brownsville, which is the 3rd district with the lowest income and the district with the lowest income in Brooklyn. It appears Harlem is oversaturated because of a combination of these factors (1) a good transportation hub (2) controlled by politicians are willing to do the bidding of their parties (3) it is a black and brown neighborhood (4) it has a relatively higher overdose rate (5) it has relatively low real estate price which allows drug treatment centers to operate relatively profitably (6) it is a neighborhood of color, which permits special tax abatement for healthcare facilities (7) it has a relatively large pool of residents who are on Medicaid, especially given its high density of adult-only homeless shelters

4. There are about 13,000 adult-only homeless shelter residents in NYC, and 14% of them reside in Central/East Harlem in the winter of 2019 right before the pandemic. 10% of them reside in East Harlem, which has 1.4% of NYC's population. (source: [see analysis of NYC Open Data attached](#))

- While allocating methadone clinics, OASAS should consider whether the district is already over-saturated with other social services, such as adult-only homeless shelters
- Many of this population do not originally reside in Harlem. Counting this population into Harlem's overdose or addiction rates would artificially inflate Harlem's addiction rates

5. Chan FOIL 2020 ([CHAN OASAS 20201206235411105](#)): From 2010 to 2019, with the opioid epidemic raging, NYC lost 19% of drug treatment capacity or 11578 capacity of patients for all 6 programs combined: Crisis, residential, in-patient, opioid treatment, outpatient, and youth program. It appears the most expensive treatment options are cut back the most 23 districts saw the loss of more than 200 patients, amongst them, 3 districts saw losses of more than 1000 patients, which are Brooklyn Heights, Prospect Heights and Jamaica. Only 3 districts saw increases of more than 200 patients: East New York, New Hyde Park Queens, and Bronx Park South. Other notable districts with loss of capacity are Murray Hill, Long Island City, Midtown South, Prospect Leffert Gardens, Financial District.

Breakdown by program types shows these changes.

- 35% drop in residential program or 1537 capacity drop, mostly in Queens and Brooklyn.
- 26% drop in outpatient capacity or 5191 patients with most drop from Bronx and Brooklyn
- 14% Opioid Treatment Program or 4609 capacity, mostly from Brooklyn and Queens

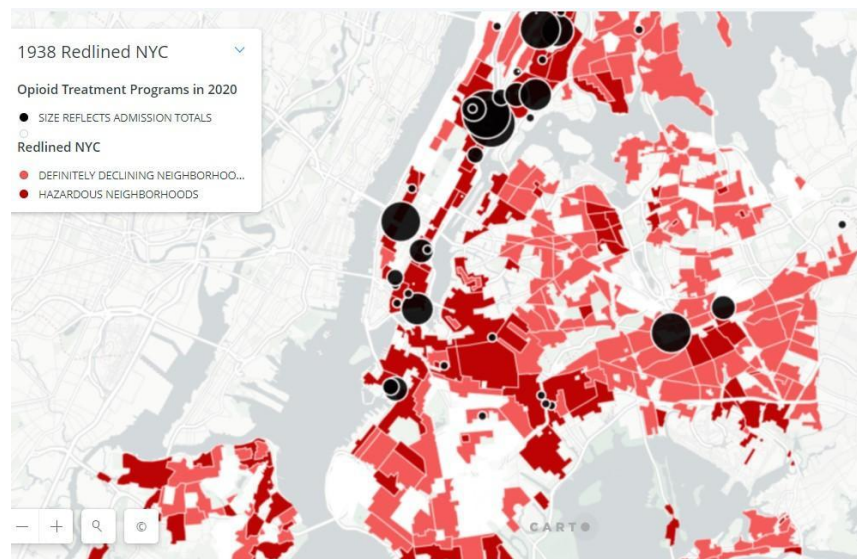
6. Chan FOIL 2020: Locational Consolidation: Not only did treatment capacity shrunk from 2010 to 2019, importantly, drug treatment centers also consolidated, but existing treatment centers also expand in size turning into these mega treatment centers. Reviewing only OTP treatment facilities, we noticed the unique number of addresses that provide such treatment went from 74

to 52 from 2010 to 2019. Reviewing all treatment facilities (OTP, in-patient, out-patient, crisis, residential), unique number of addresses dropped from 318 to 242. It appears this further limits the accessibility of treatment to patients.

7. OASAS has located over 90% of Opioid Treatment Programs in redlined communities. By reinforcing the racist neighborhood maps of 1938 (only overthrown by the Fair Housing Act), OASAS continues to overburden vulnerable communities of color.

See:

<https://fordham.carto.com/u/shill18/builder/b0548fd7-7542-4a58-9777-768fa1380ef3/embed>



8. All methadone clinics in Harlem and East Harlem are proximate to schools, significantly impacting Harlem's children and parents. See the full map of OTP Impact Zones and New York City's Children, [here](#).

