

GREATER HARLEM
COALITION

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Mark Levine, NYC Council
250 Broadway, Room 1816
New York, NY 10007

July 26th, 2021

**Re: Harlem Community Request for Assistance
(Over-Saturation Of Locally Unwanted Land Uses)**

Dear Councilman Levine,

Our Harlem community group is contacting you to remind you about of our neighborhood's most critical problem: the over-saturation of Locally Unwanted Land Uses in Harlem. As Manhattan's next Borough President, your support will be crucial towards addressing this issue.

For decades, various government agencies have inundated Harlem with public facilities for people with high-needs such as methadone clinics, homeless shelters, wards for the mentally ill, and "halfway houses" for the formerly incarcerated. Experts in public policy refer to these facilities as "Locally Unwanted Land Uses" (or "LULUs"). Low-income communities, and especially communities of color, are typically burdened with far more than their "Fair Share" of these undesirable facilities. Although the City Planning Commission codified "Fair Share" protocols in 1990 to promote "distributional equity" of LULUs throughout all of NYC's neighborhoods, many governmental agencies ignore these protocols, to the horror of Harlem's residents, schools, churches, and businesses. 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."

New Yorkers struggling with homelessness, addiction, mental illness, and recent incarceration are from all races, economic strata, and areas of the city. Yet it is only those regions inhabited by people of color that are forced to host multiple service facilities (and to accommodate the vulnerable populations that are struggling to stabilize their lives). Carrying a concentration of these facilities changes the character of our community, and fosters an environment that undermines successful rehabilitation of the people that they intend to assist. This cynical policy does not promote successful client outcomes, and it damages the integrity of the communities in which these services are concentrated.

Harlem's profusion of chemical-dependency treatment facilities (and facilities for troubled homeless men) has fomented an environment where hordes of men are often observed congregating, loitering, drugging themselves, and sleeping/passing out on sidewalks in our neighborhood. This condition is especially acute on East 125th Street, a notorious junction where drug dealers prey on these crowds of vulnerable men;

police are overwhelmed; and pedestrians are scared to walk. These circumstances have had a devastating effect on the daily lives of many people in Harlem:

- Families do not feel safe walking the sidewalks with their children. This fear persists during daytime hours, not just at night;
- Commuting workers are fearful of entering mass-transit entrances, such as the Metro North station at 125th Street & Park Avenue and the subways at 125th & Lexington and 125th & Lenox;
- Restaurants note that customers report being uncomfortable and do not return;
- Elevated criminal activity that contributes to Harlem being the 2nd highest crime rate neighborhood in all of the five boroughs of New York City;
- Storefront Owners experience greater rates of disturbances, shoplifting, and often have to hire a security guard to man front doors;
- Business offices are reluctant to open in the neighborhood. The recently rebuilt landmark office building, the "Corn Exchange", at 125th Street & Park Avenue has been vacant since it opened, five years ago. (No businesses will occupy space there due to the persistent presence of loitering men).

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 our outsized share of New York City's drug treatment facilities, homeless shelters, and halfway houses. Our community is already burdened by poor health outcomes, the impact of historic redlining, and environmental racism. According to the NYC Council's landmark 2017 report, which you know very well, (see <http://council.nyc.gov/wp-content/uploads/2017/02/2017-Fair-Share-Report.pdf>), 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 states 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".

Two government agencies are responsible for Harlem's over-saturation of LULUs:

- The **Office Of Addiction Services and Support (OASAS)** has flooded Harlem and East Harlem with methadone clinics and other drug treatment facilities. A staggering number of male methadone patients (from outside of Harlem) flow daily into Harlem's OASAS-licensed facilities for treatment. Since this state agency is not required to adhere to local statutes, they have acted with impunity for decades, by proliferating their licensing of treatment facilities, despite our community's strenuous opposition.
- The **NYC Department of Homeless Services (DHS)** has sited Harlem with an extreme concentration of shelters for troubled men who suffer from alcoholism, drug addiction, and mental ailments. Harlem's Randalls Island alone is home to: the Schwartz Assessment Center

(377-beds), Odyssey House (420 beds) Clarke Thomas Men's Shelter (234-beds); and Help USA Keener Homeless Facility, another shelter for homeless men. These troubled men from Randall's Island are shuttled every day (unattended) into our residential community, by the MTA's M35 bus.

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.

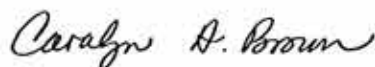
Our community is striving to reverse decades of racist government policies which have harmed our families and institutions. We request your assistance in urging OASAS and DHS to diffuse & disperse their density of Harlem facilities, in order to restore dignity, safety, and prosperity to our area. Our executive committee invites you to take a walking tour with us, to fully experience the severity of this issue.

Please contact Syderia Asberry-Chresfield at (917) 674-3313 or Syderia@Aol.com for a discussion or to schedule an appointment.

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/>)

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

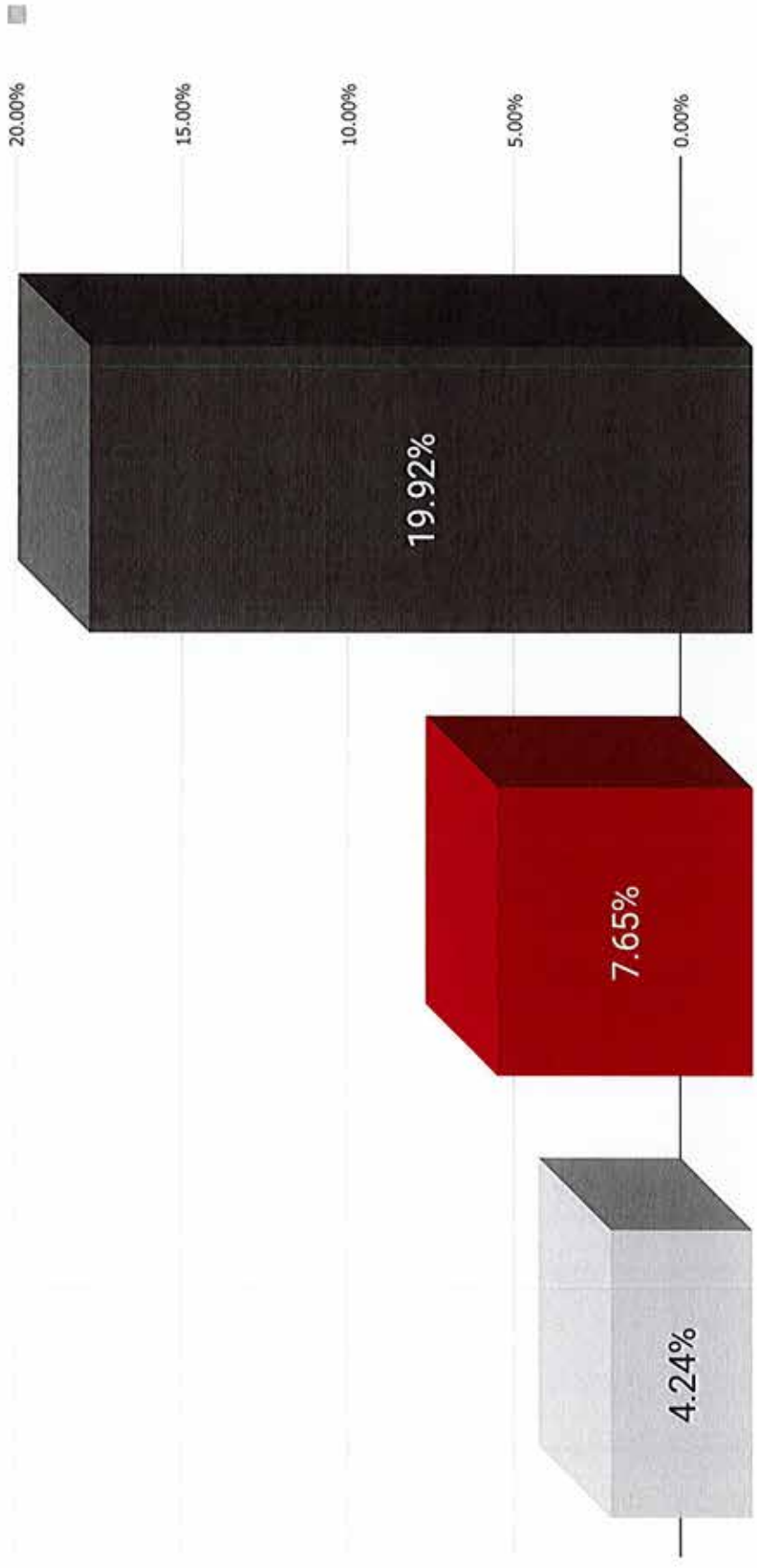
Block Association of West 118th Street
100-168 West 121st Street Resident Block Association
118 Street Block Association
120th Street Block Association
124 East 117th Street Tenants Association
125th Street Business Improvement District
128th Street Block Association
1775 Houses Tenants Association
314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

Harlem Arts Foundation
Harlem Business Alliance
Harlem Lacrosse
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

Admissions to Harlem and East Harlem Opioid Programs Do Not Correlate With Harlem and East Harlem Addiction Rates

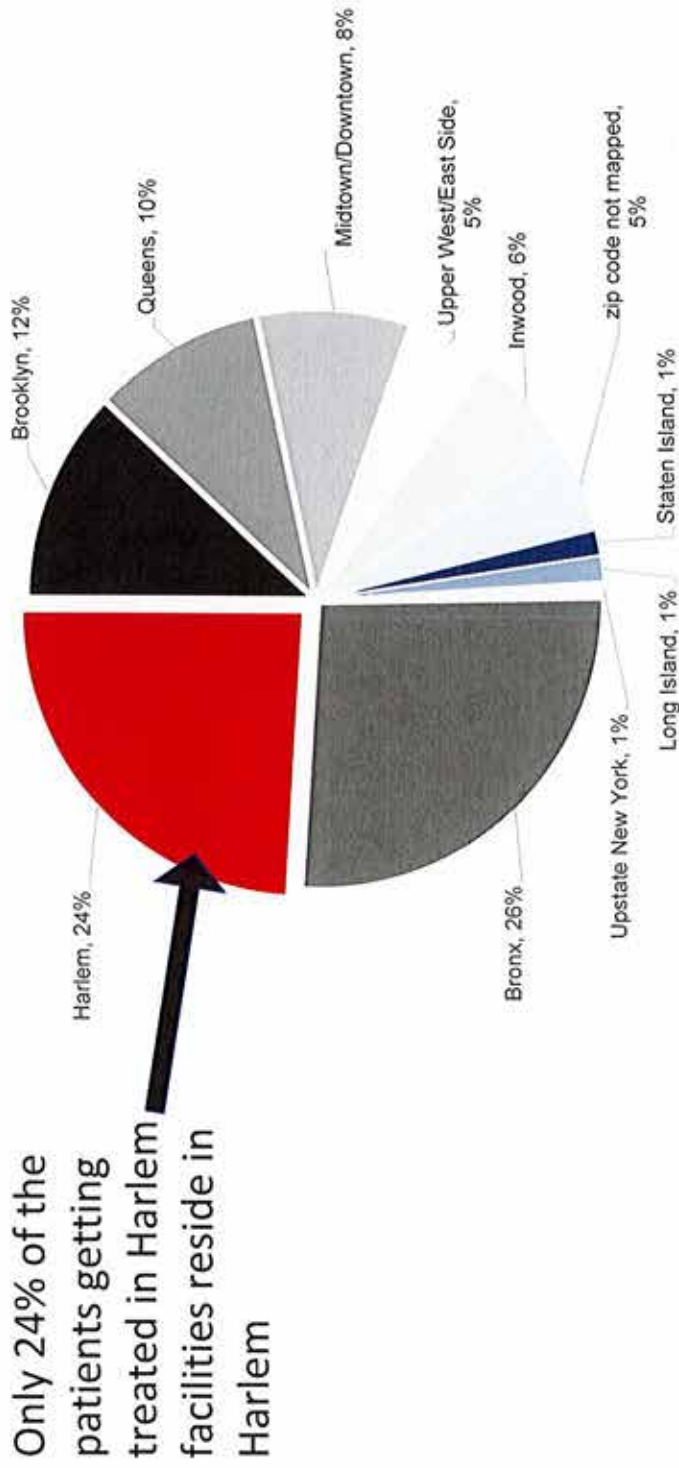
All data compared to NYC totals. OASAS certified Treatment Programs in NYC March 1, 2019 through February 29, 2020. NYS OASAS Data Warehouse, 11/1/2020.



Harlem and East Harlem Population Harlem and East Harlem Addiction Rate Admissions to Harlem and East Harlem Opioid Treatment Programs

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

Residences of patients getting treated in Harlem OTP Facilities



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

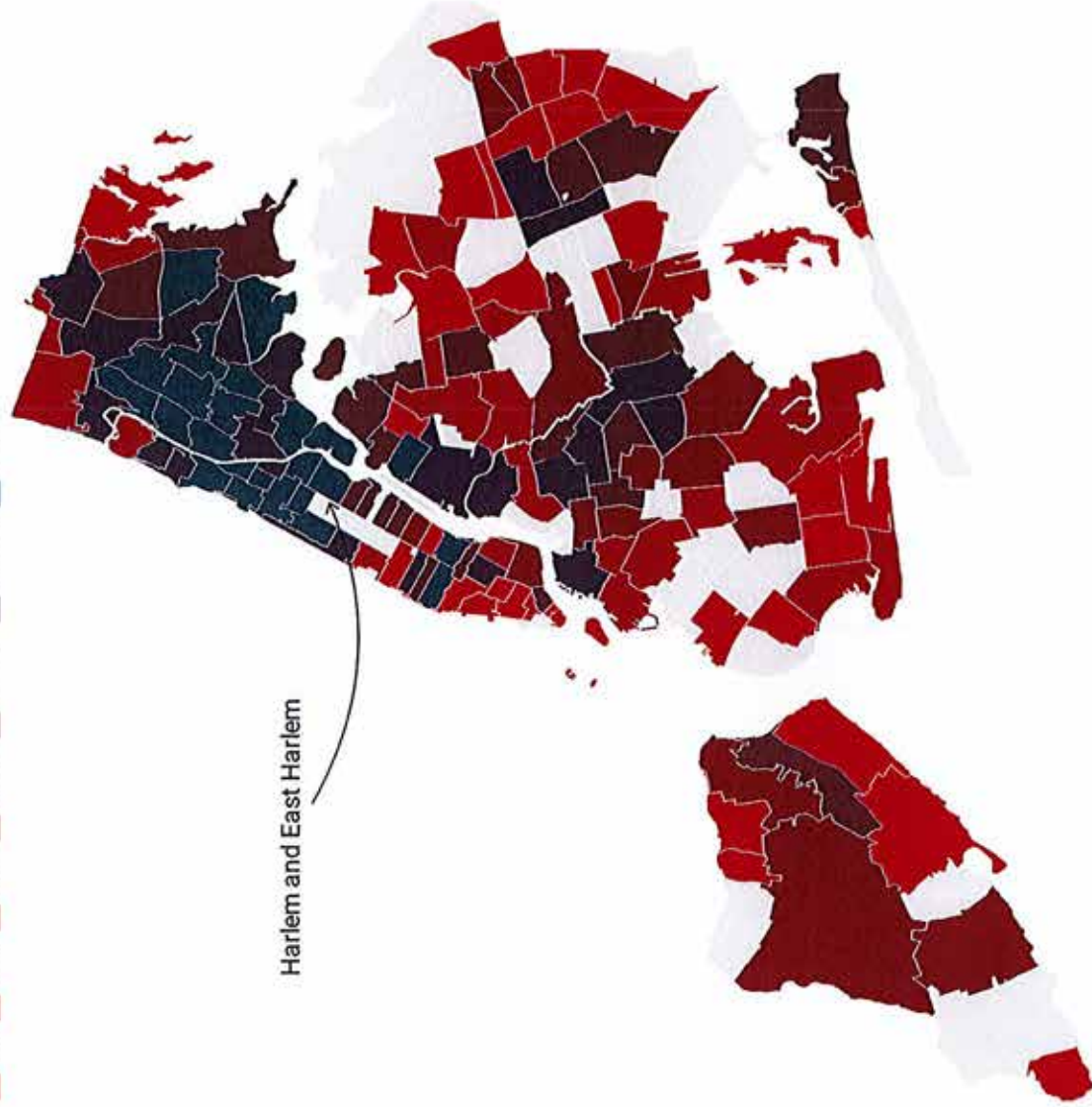
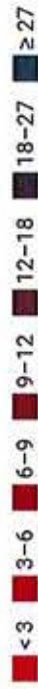
New Yorkers living in the dark blue-colored zip codes commute into Harlem and East Harlem up to 6 days a week for their opioid treatment - primarily methadone.



Opioid Treatment Commuters: Daily Trips Into Harlem and East Harlem

The darker the color, the more opioid treatment commuters live in that zip code and travel into Harlem and East Harlem up to 6 days a week for their opioid treatment - primarily methadone.

The darker the color, the more opioid treatment commuters live in that zip code



As of January 31 2021, DHS provides shelter and services in **446** buildings,

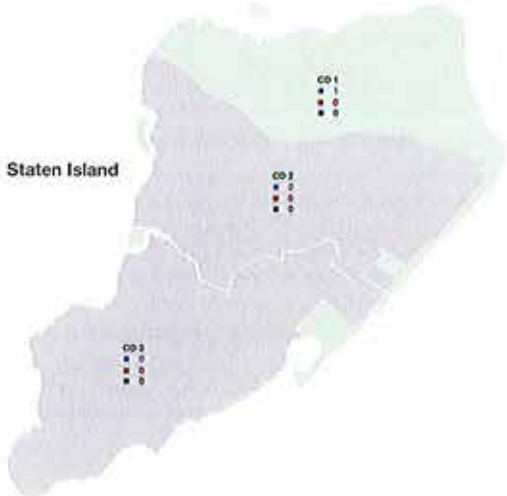
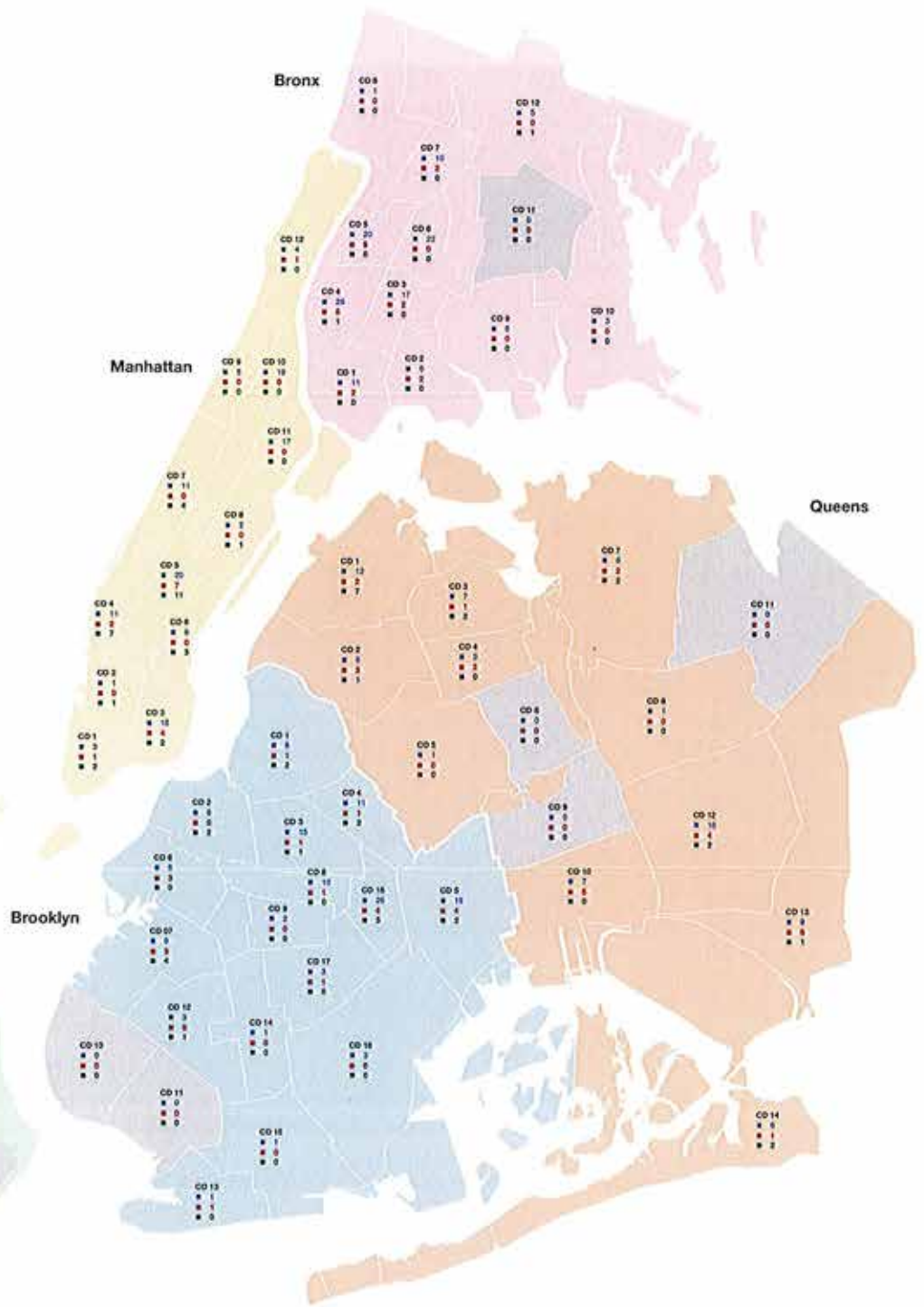


than the 647 buildings reported in Turning the Tide in February 2017.

- All commercial hotel facilities and cluster buildings will be phased out as part of Turning the Tide as we work to ensure shelters are distributed equitably across the five boroughs, including in communities that do not currently have any shelters.

This will enable us to offer New Yorkers experiencing homelessness the opportunity to be sheltered in their home borough, closer to their support networks, as they get back on their feet.

In 2017, 2018, 2019, and 2020, our strategies to prevent and address homelessness helped to hold the NYC DHS shelter census essentially flat for four years in a row for the first time in over a decade at approximately 60,000. Today, the NYC DHS shelter census stands at less than 53,000.



MANHATTAN	BRONX	BROOKLYN	QUEENS	STATEN ISLAND
■ 114 DHS shelter locations, including:	■ 130 DHS shelter locations, including:	■ 126 DHS shelter locations, including:	■ 75 DHS shelter locations, including:	■ 1 DHS shelter locations, including:
■ 15 Stop gap locations closing under Turning the Tide	■ 25 Stop gap locations closing under Turning the Tide	■ 20 Stop gap locations closing under Turning the Tide	■ 27 Stop gap locations closing under Turning the Tide	■ 0 Stop gap locations closing under Turning the Tide
■ 31 Temporary emergency commercial hotels to combat COVID-19	■ 2 Temporary emergency commercial hotels to combat COVID-19	■ 17 Temporary emergency commercial hotels to combat COVID-19	■ 17 Temporary emergency commercial hotels to combat COVID-19	■ 0 Temporary emergency commercial hotels to combat COVID-19