

Good day legislators, how are You?

Thank You for allowing me to share my thoughts on the state of our healthcare systems that are dysfunctional, dehumanizing, desensitized, apathetic, outdated, ineffective, retraumatizing, revictimizing, and are not improving the quality of life for NYers, especially vulnerable and high-risk ones.

I am a humanitarian, entrepreneur, philanthropist, counselor, life coach, national motivational/inspirational speaker, mentor, suicide attempt survivor, domestic violence survivor, and multiple near-death trauma survivor with over thirty years of multiple types of trauma experiences. Through my lived experiences with abuse, addiction, anxiety, depression, grief, homelessness, loneliness, loss, Post-Traumatic Stress Disorder “PTSD”, trauma, and suicide attempts, I created humane, emotional, and behavioral health services organizations in NY named **Scudder Intervention Services Foundation, Inc. ‘SISFI’ and The Suicide Institute** that serves people who are abused (physical, verbal, sexual, emotional, domestic), substance abusers, lost a loved one to suicide and violence, homeless, suicidal, and victims and survivors of disasters with mental/behavioral health, psychological, trauma and suicide first aid care. After one of my suicide attempts in 2005 and trying to get critical healthcare and was unable to, I decided to dedicate my life fulltime to studying and understanding suicidality and impacts of pains on the heart and mind to help people prevent and manage emotional pain, crisis, and distress to prevent suicide ideations and attempts. For twenty-three years I have been working with people experiencing a myriad of life challenges, pain, postvention, suffering, stressors, and struggles that impacts the health and wellness and family and loved ones.

Some of my additional roles are: President and CEO of **Scudder Hospitality and Healthcare Providers, Inc. ‘SHHPI’**, Executive Director of **SISFI’s Abuse and Suicide First Aid Response and Wellness Center**, and **SISFI’s Schenectady Emotional Wellness, Pain Management, Healing and Crisis Center**, President and Chairman of **The Suicide Institute and The Suicide Center**, **Chairman of the NYC Suicide Council**, Coordinator of **NYC Suicide Boroughs Network for all five**, Director of **Psychological Response Services for Regional Ready Rockaway**, Director of **Suicide Prevention and Emotional Wellness for the New York State Chaplain Task Force**, a member of and consultant for **Westchester and Albany Suicide Task Force and Schenectady Suicide Response Team** where I continue to develop my work, trainings, research, and studies in the fields of health and wellness, human behavior, psycholinguistics, psychology, sociology, socioeconomics, and trauma, and working directly with people, victims, and survivors on early detection, intervention, care, and prevention of emotional pain, human suffering, and emotional distress. I am a trained and certified Mental Health, Psychological, Trauma and Suicide First Aid Practitioner who provides services and support to people worldwide. I have over fifty proclamations, citations, awards of excellence, and certificate from New York State legislators, educational and theology institutions, and community-based organizations, and groups for my work and making positive impacts in health and wellness.

I have various specialized training in aspects of pain management, trauma, crisis intervention, response and management, emotional wellness and suicide prevention which enhances my expertise in the field. I created **Emotional Pain Informed Care** and **Suicide Informed Care** health and wellness models for emotional wellness and suicide prevention to teach a humane approach of helping people in pain regardless of who they are and what state of distress they are in.

I am a public speaker and conducts workshops and presentations on health and human wellness, technology, lifestyle optimization, social media, education, and suicide awareness and prevention. My speaking engagements are in schools, churches, business places, organizations, and agencies across the world requesting my expertise and unique approach of humane services and emotional wellness. I work with individuals as well as families and groups of people. I sit on various statewide and national health, mental health, education, anti-violence, community safety and development committees and councils across NYC where I share my expertise in the human conditions of life to create effective humane services and support systems.

I have been in and out of health and mental health systems over the past twenty-three years and have had my fair share of pain and suffering as a result of the inept systems we are provided with. I've been in the operating room seven times since for various procedures. I've gone in with one challenge and walked out with many, so many that the rest of my life is living in pain and suffering from the top of my head to the bottom of my feet. I have a Pineal Cyst in my brain, Chronic Kidney Disease Stage Three, Raynaud Disease, Cardiomegaly, Idiopathic Intracranial Hypertension (IIH), Chronic Prostatitis, Gastroesophageal Reflux Disease (GERD), Dyspepsia, Asthenopia, Hyperopia of both eyes with Astigmatism and Presbyopia, Insomnia, Ampullary Stenosis, Ataxia, Testalgia, Post-Traumatic Osteoarthritis, Major Depressive Disorder, Domestic Violence Survivor, Suicide Attempt Survivor, and multiple near-death traumas survivor. So, as you can see, I've had and seen my fair share of pain and suffering and needed access of care and treatments from our healthcare systems. Please understand that when I refer to healthcare, I'm talking about physical and psychological health as one; not separate because they aren't and shouldn't be considered or treated separately because they are co-dependent. As a result of my experiences and work I speak at hundreds of events, hosting workshops, and speaking engagements across the state every year and is how many NYers get to know of me, my journey, and my work on the field of healthy wellness. I am not ashamed to talk publicly about my life and health challenges and overcoming them and daily suicidality.

My testimony is on the naked and unveiled hard realities and truths many NYers are facing that doesn't fit into or are treated effectively in healthcare systems and social services which greatly creates and impacts root causes of physical and psychological health, violence, and pains, yet, the state keeps funding these decadent and dysfunctional systems providing services that people are coming out worse than went in, are adding more pain and suffering than curing, isn't meeting the real human needs, and is disconnected from humanizing people's experiences. If we are to truly talk about healthcare crises, we should also talk about how we, the governing agencies, and officials, are creating and exacerbating the crises with unrealistic criterias and policies that are outdated and not aligned with today's expensive cost of living and increasing costs of basic needs. Why aren't statewide agencies like OHM, DOH, an OASIS sitting together to talk about, plan, and address the state's healthcare systems in a collective working together with local county agencies, peers, and resources to address healthcare and social services on the ground.

My testimony reflects the lives of millions of NYers we serve for over twenty-three years on the ground and in the trenches of communities across the state in their most exposed, intimate, vulnerable, needy, and broken state of being. The healthcare system is broken and dysfunctional, yes, in many ways, and is in dire need of guidance and support from people who are living with health and mental health challenges and conditions to be at the table where decisions about delivery and diversity of service needs and funding are being had so our input can ensure effective and quality delivery of services with regular assessments of quality of services.

Why are we afraid to be bold in changing our healthcare systems from an outdated clinical, institutionalized, and geriatric model to a person-centered model that looks at the individual's life experiences, lifestyles, and needs that is multifaceted and not just one part of who they are. If someone is experiencing an emotional distress or mental health crisis, it is a very high probability that there are other experiences involved that should be factored in the holistic care and solutions, so they aren't sinking deeper in pain and suffering and need to go to or apply to multiple services telling their stories of pain and sufferings over and over and then denied services because they don't meet or fit into an unrealistic criteria after expending so much of their energy and funds. NYers are desperately trying to stretch what little funds they have to meet basic need and the costs of healthcare are truly unethical and ungodly compared to other things the state puts exorbitant funding into. Why should people sacrifice quality nutritional food for healthcare costs. Why should NYers have to decide on which is more important. Food, healthcare, or rent, and the decision's impact on their family and homes. The more NYers are who sick and living with healthcare challenges is the greater loss of productivity across all sectors of the state's economy and ways of life.

Our healthcare systems must adopt a holistic approach to care where not just health and wellness are looked at in the systems of care but also social services, food insecurities, criminal justice, law enforcement, churches, education, pre-existing conditions, co dependencies, co-occurring disorders, and homelessness even more now than ever due to the effects of Covid-19. I've seen firsthand how seeking services and accessing support severely exacerbates the painfully destructive experiences NYers are facing and when denied access to critically needed healthcare and social services are left to suffer, struggle, and die from anger, frustration, grief, helplessness, hopelessness, and loneliness at home. The

levels of suicidality we have seen at the Scudder Foundation, the Suicide Institute, and The Suicide Center since Covid is more than we have seen in twenty years of offering our life-threatening and life-saving work across the state and country. We are one of the only resource in the state that provides acute 24/7 suicide intervention, prevention, and postvention, and mobile response services. We became so overwhelmed with suicide cases that we had to refer all behavioral/mental health requests to behavioral health partners so we could focus on the acute high risks cases which included significant increase in children four to nine years old. Can you imagine a child four to nine years old talking about dying, wanting to die, their attempt to die, or just so afraid of living. Can you imagine the homes our young children are living in that are exposing them to toxic behaviors, malnutrition, and painful traumatic experiences that affects their health and wellness. We have had reports of children as young as five years old going into emergency rooms and given full psychiatric evaluations and put on adult psychotropic medications. Who is serving that age group of children and what kinds of support services are being provided to the parents who are more afraid of getting an ACS case than seeking services for their child. Is that how we truly want to start our children on this path of psychotropic dependencies, or do we want to invest more in the die need of families to care, learn, and better support their children and loved ones experiencing health challenges, emotional distress, or mental health crises.

Can you imagine the emotional challenges and weight Covid-19 has put on so many children, youth, adults, and seniors that we have yet to fathom, see or understand. You can't look at a person's outward appearances, roles, titles, or material ownership or financial wealth and know their mental health. People are much more capable and better able to mask their emotional state, pain, and suffering out of fear of being judged, labeled, losing their jobs, losing their licenses, losing their status, and ostracized. So, who is at risk of mental health crises, everyone, every one of us. No one is exempt from some form of abuse, grief, loss, loneliness, pain, or trauma. This is a very terrifying new age reality we have seen significant levels of increase since 2012 and we expect to continue growing due to Covid-19, climate changes, social media, and overwhelming access to mobile devices and technology. So many people are living through the lens of mobile devices and how they view life and the world through them and is one the most significant threats to our welfare and quality of life we're facing and will continue facing for many years ahead. The addiction to mobile devices and technology is one of the most significant threats to our physical and psychological lives and it gets more frightening every day as you hear how many children and youth are dying from "social media trends and viral behaviors".

We are exhausted, burnt-out, frustrated, overwhelmed, dehumanized, demoralized, and desensitized by these systems of care that are constantly failing the most vulnerable and high risk NYers with no real understanding of or oversight of delivery of services. The disrespect and disregard for persons dignity, pride, and quality of life is astounding and unbelievable to hear and witness. How did we become so desensitized to treat another human being in need of healthcare with such blatant disrespect as if they are begging for something that isn't a basic right they deserve. Why are people who have no compassion or humane traits working in these systems of care who are speaking down and belittling vulnerable people attempting to get services. Why isn't there more diversity and cultural sensitivity trainings being done for healthcare providers to understand that people are already in pain before they attempt to get services so while engaging with them, please, be courteous, respectful, and patient because you don't know the state they are in when we see them in person, virtually, or hear over the phone. So many NYers are feeling hurt and disrespected that they aren't interested in continuing to seek care and so they are turning to self-medication using drugs, alcohol, illicit sexual and violent behaviors and then punished and charged as criminals when caught in an act of violence. Yet, we never look at how hard and long the person tried to get help and was denied or fell through the cracks, and now falling into another stressful and damning cycle.

New York State spends billions of dollars on ineffective healthcare systems and models that are not coming out of the buildings and walls they are in to meet NYers where they are most exposed, hurting, suffering, struggling, and vulnerable places, asking us to come to these buildings for services without understanding how difficult and hard it is to get to their locations. Why isn't more investment in community-based organizations, local churches, and community groups getting critically needed funding for the intimate support and work they do with people in crisis and needing care. Why are criterias for accessing funding so top and language heavy that small businesses, CBOs, churches, and community groups are instantly disqualified because of language in funding applications. Why can't we look at the incredibly life-changing, transformative, healing, and restoration work that is being done, was done, and continues to be done as a prerequisite for qualifying for dire needed funding to sustain their effective and meaningful work. Funding

should not be a challenge for the critical work being done to address healthcare for all NYers because wherever care is being provided and can be accessed so should funding and support from the state's healthcare governance.

Many of us are tired of the pain and suffering in trying to access healthcare. We are tired of being denied services or waiting months for critical services for our immediate pain and suffering. What does it mean to someone in crisis to be told they have to wait months to see a provider for their immediate crisis and health risks. Why do we have to beg for a sooner date that realistically aligns with the chronic immediate health challenge we are experiencing. Why do we have to give up and let go of the thought of seeking help because we already know what the answer and response will be which only breaks our hearts and spirits even more than we are already broken.

So many practitioners and providers are burnt-out, exhausted, overworked, underpaid, and leaving healthcare because of the unrealistic work schedule and workloads they bear every day. Many have their own personal life and health challenges weighing heavily on them as they try their best to support vulnerable people in crisis. Who is looking out for the practitioners and providers who are caring for everyone. Why are they being unfairly compensated for the critically lifesaving work they do and weight they carry. Why are reimbursement rates so little forcing many into private practices to survive because they can get better pay for services. Do we consider support for the caregivers and practitioners healthy wellness. Does it matter that they are feeling overwhelmed, underpaid, exhausted, and stressed out because of being overworked. What is being done to stabilize and effectively support healthcare workers, so we don't lose more of them at this critical time when a thousand times more people are in need of mental health services and a thousand less providers to meet the needs. How are we engaging with them to listen to their challenges and needs in order to strengthen and support them in more meaningfully effective ways.

Access to transportation and stigmas associated with mental health and buildings that people see and know are for people needing mental health services are significant factors in why many people aren't accessing or using services. Often people must travel longer distances and take multiple forms of transportations to get to their appointments and wait hours to be seen due to how busy providers are and how many people are turning up for services.

The state can save billions of dollars if people with lived and living experience expertise are involved in the planning and decision making for healthcare services and funding them. This is not a myth or maybe, but a fact that we know from extensive research and working with people that can and must happen to meet this unprecedented healthcare crisis the Covid-19 pandemic only magnified exponentially and the PTSD of will haunt us for the next twenty-years. If we are truly meaningful about addressing the healthcare crises, we must be bold in implementing out-of-the-box ideas that are grounded in humane support services at the socioeconomic levels we are and what's ensuing.

I look forward to working with our state government agencies and bodies in listening and sharing the realities of people's experiences who are dying, suffering, and struggling with desperate need for help and support that humanizes their experiences and care.

Writing this testimony was very painful and brought me to tears, but I felt great knowing this testimony, and the many NYers I spoke out for, will make meaningful impacts in our future of healthy wellness and care.

Thank You for allowing me to testify and lend my voice to this process.