CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

OF THE

COMMITTEE ON WOMEN AND GENDER EQUITY

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Tuesday, June 3, 2025
Start: 10:12 A.M.
Recess: 11:35 A.M.

HELD AT: Committee Room - City Hall

B E F O R E: Hon. Farah N. Louis, Chair

COUNCIL MEMBERS:

Tiffany Cabán

Jennifer Gutiérrez

Kevin C. Riley

Inna Vernikov

COMMITTEE ON WOMEN AND GENDER EQUITY

A P P E A R A N C E S (CONTINUED)

Nicole Williams,
Executive Director for STEM, New York City Public Schools

Tunisia Mitchell,
Interim Executive Director, 21st Century Skills, New York City Public Schools

Dr. Gretchen Van Wye, MA, PhD
Assistant Commissioner for Vital Statistics and Chief Epidemiologist at New York City Department of Health & Mental Hygiene (DOHMH)

Dr. Zahirah McNatt,
Chief Equity Officer and Deputy Commissioner for the Center for Health Equity and Community Wellness at the New York City Department of Health & Mental Hygiene (DOHMH)

Tesa Arozqueta,
Deputy Commissioner of External Affairs and Community Initiatives at the New York City Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV)

Arrizu Sirjani,
Senior Policy Advisor at the New York City Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV)

Sarah Fajardo,
Senior Director at Korean American Family Service Center (KAFSC)

Monique Jaques,
Director of Doula Capacity at Mama Glow

Zeinab Eyega,
Executive Director at Sauti Yetu Center for African Women, Inc.

COMMITTEE ON WOMEN AND GENDER EQUITY
A P P E A R A N C E S (CONTINUED)

MJ Okma,
Founder and Principal of Okma Strategic Consulting; Member of Equality New York's Advisory Council

Galloway,
Advocacy Manager for The Alie Forney Center; Member of the Trans and Queer Provider Advocacy Coalition

Shaniyat Chowdhury,
Director of Development at Asiyah Women's Center

SERGEANT SHERMAN: This is a microphone check for the Committee on Women and Gender Equity; recorded by Tisha Sherman in the Committee Room. Today's date is June 3, 2025.

(PAUSE)

SERGEANT AT ARMS: Good morning, good morning, and welcome to today's New York City Council Hearing for the Committee on Women and Gender Equity. At this time, we ask that you silence all electronic devices, and at no time is anyone to approach the dais.

If you would like to sign up for in person testimony, or have any other questions throughout the hearing, please see one of the Sergeant at Arms.

Chair Louis, we are ready to begin.

CHAIRPERSON LOUIS: [GAVEL] Good morning, everyone. My name is Farah Lewis, I am the Chair of the Committee on Women and Gender Equity. Thank you all for being here this morning.

Before we begin, those members are not here yet, all right.

We will be hearing six pieces of legislation today, and I am very proud to be the prime sponsor of the first two bills. They are 0691 of 2024, which is a Local Law to amend the administrative code of the

city of New York, in relation to annual reporting on racial and gender disparities in STEM education for high school students.

And Introduction 1094, which is the Local Law to amend the administrative code of the city of New York, in relation to culturally competent training on recognizing the signs of female genital mutilation.

Next we will hear Introduction 1258, sponsored by Council Member Hudson, which the Local Law to amend the administrative code of the city of New York, in relation to the issuance and correction of sex designations on death records.

And 285, sponsored by Council Member Gutiérrez, Local Law to amend the administrative code of the city of New York, in relation to requiring the department of health and mental hygiene to establish a program to train individuals to become doulas and provide doula services.

Finally, we will hear the following two Resolutions:

I am proud to sponsor Resolution 0599, which is a Resolution calling on the New York State Legislature to pass, and the Governor to sign,

S.8573/A.8624-A, in relation to the practice of natural hair care and braiding.

I am also proud to cosponsor the following Resolution, sponsored by Council Member Cabán, Resolution 817, a Resolution calling upon the New York State Legislature to provide the necessary funds to ensure hospital and healthcare provider services for gender-affirming care remain accessible for all people in New York City.

The Committee will seek feedback on the legislation being heard today, and we sincerely thank the Administration and members of the public, and other interested stakeholders, including those who have lived experience, who have taken the time to come today and join us. We truly appreciate your participation, and I look forward to hearing from you.

I would like to thank you my own staff, as well as the Committee staff members who worked so hard to prepare this hearing today.

I would now like to read a statement on behalf of Council Member Gutiérrez, who could not be with us today, about her bill Introduction 285.

"I'm incredibly proud to introduce legislation to make New York City's Citywide Doula Initiative permanent. This is personal to me, not just as a policy maker, but as someone deeply rooted in ancestral birthing traditions. For generations doulas, especially Black and brown doulas, have provided care, advocacy, and healing in our communities long before hospitals recognized their value.

This initiative has already proven its impact. We've seen better birth outcomes from Black and Hispanic women, improved breastfeeding rates, and more dignified supported birthing experiences across the City. But we cannot build systems of care on shifting political winds. Programs like are too important to leave to press releases and pilot promises. Time and again we've seen our Mayor announce ambitious programs with no follow through, whether it's crime initiatives, tech pilots, or maternal health. That's why we are legislating a permanent program with training standards and City accountability, because birthing people in this city deserve more than hope, they deserve support, safety, and a system they can trust and rely on.

Thank you to the Chair for reading this on my behalf, and I am saddened I could not attend today due to a conflict, but I will be sure to review the testimony provided and the minutes from this hearing." That's the end of her statement.

Now, I will... Okay, she's not here yet. You guys want to call Council Member Hudson?

UNKNOWN: (INAUDIBLE)

CHAIRPERSON LOUIS: And Council Member Cabán needs a minute. So, let's give everybody a little second. And when all council members have finished their statements and comments, I will then turn it over to the Committee Counsel to administer the oath. So, let's just give them two minutes.

(PAUSE)

CHAIRPERSON LOUIS: Council Member Hudson won't make it here for remarks this morning.

(PAUSE)

CHAIRPERSON LOUIS: Now we will hear from Council Member Cabán.

COUNCIL MEMBER CABÁN: Good morning, today I'm proud to be discussing a resolution, Reso 817 of 2025. I am sponsoring it alongside most of the LGBTQIA+ Caucus, as well as Chair Farah Louis, which

expresses the Council's support for protecting gender-affirming care. Together we are calling upon the New York State Legislature to provide the funds to ensure hospital and healthcare provider services for gender-affirming care remain accessible for all people in New York City.

Gender-affirming care is lifesaving care. The Trump administration's attempt to ban gender-affirming care are cruel and discriminatory. Right now the administration and the Republican Congress is aggressively targeting the transgender community. The House's budget proposal would strip Medicaid coverage for gender-affirming care from the roughly 275,000 people who rely on it. It would no longer require that ACA health plans cover gender-affirming care. Meanwhile, the White House is trying to deny insurance coverage for gender-affirming care from federal employees, while the Trump administration directed the Department of Health and Human Services to release a scientifically *absurd*, anonymously authored report, which calls for an end for gender-affirming care for transgender and gender non-conforming youth.

Since the first days of this administration, with its flurry of transphobic and anti-scientific Executive Orders, the effects of the Right's backwards and hateful ideology have been felt by thousands of people in New York City, and it's incumbent on us to respond.

Speaking for myself and the LGBTQIA+ Caucus, I want to be very clear, we will always support the transgender community; we will not back down because the Trump administration wants to set them up as scapegoats, and we will not let members of our community be villainized and demonized for who they are. We will always defend our transgender and gender non-conforming neighbors and their right to healthcare. And, thank you, Chair.

CHAIRPERSON LOUIS: Thank you, Council Member Cabán. I will now turn it to Committee Counsel to administer the oath to the Administration.

(PAUSE)

COMMITTEE COUNSEL: Hello, please raise your right hand. Do you affirm to tell the truth, the whole truth, and nothing but the truth, before this committee, and to respond honestly to council member questions?

PANEL AFFIRMS

COMMITTEE COUNSEL: Thank you. You may begin.

CHAIRPERSON LOUIS: We have been joined by Council Member Riley and Council Member Cabán.

Anyone want to start?

EXECUTIVE DIRECTOR WILLIAMS: Good morning, Chair Louis, and members of the Committee On Women and Gender Equity. My name is Nicole Williams, the Executive Director of STEM for New York City Public Schools, and former CS for all principals. Tunisia Mitchell, Interim Executive Director, 21st Century Skills, joins me today. Thank you for the opportunity to testify on Intro 691, a bill related to reporting on STEM education in New York City Public Schools.

This administration is committed to STEM education for all students. We believe that every student should be engaged in grade level math and science standards every day. Through our ongoing efforts since 2022, we have seen more than 15 points of math proficiency growth in grades 3 through 8, and for the first time, New York City moved ahead of New York State in overall math proficiency. The gaps between Black and Latino students and their white peers have decreased by three points. In addition,

boys are performing at 54 proficiency, while girls are performing at 53%. Still two-thirds of Black and Latino students are not performing at grade level in math. Students in temporary housing, and students who have formal gaps in their education, are falling behind. Students of color, students living in poverty, students with disabilities, and multilingual learners are scoring well below our citywide average.

To ensure we are closing these gaps and disparities, New York City Public School released the Mathematics Instructional Shifts and launched New York City Solves during the 2024-2025 school year. Phasing in over the next few three years, NYC Solves will require high school and middle school math classrooms to adopt a single, pre-approved uniform curriculum. The goal is to ensure that all New York City students develop strong math skills, a critical requirement for education, career, and lifetime success. New York City Solves is an evidence-based initiative that will ensure students are engaged with high quality curricular taught by well-trained teachers. Currently NYC Solves reaches an estimated 99,000 students, at 509 high school and middle schools, across 20 districts.

According to the 23-24 NYCPS Science data, 75% of Black and Latino students were not performing on grade 8 science tests examination. The pass rate for Living Environment Regents was less than 50% for Black and Latino students. Meanwhile, the Living Environment Regents pass rate was 56% for girls and 55% for boys. We need to change the ways in which we teach Science so that all students have access to high quality instructional materials — and all teachers understand the necessary instructional shifts for all of our students to meet proficiency.

During the 23-24 school year, NYCPS adopted a new Science curriculum in Biology and Earth and Space Science. Beginning in the 2025-2026 school year NYCPS will adopt a new Science curriculum for Chemistry and Physics to ensure every student has access to rigorous, high level Science courses.

The Office of Student Pathways, led by Chief Jane Martínez Dowling, works to close opportunity gaps and address persistent inequities — enabling NYCPS students to graduate with a strong foundation of academic excellence, real world skills, and experience, a head start on college and career, and a high quality post-secondary plan.

New York City STEM employment grew about 130,000 jobs over the past decade, a growth rate of 67% higher than the overall private sector growth rate of 14%, and the growth rate for STEM employment nationally of 32%. Still, New York has a long way to go to achieve equity. For example, Black and Hispanic workers make up 43% of New York City's overall workforce, but hold just one in five tech sector jobs. Overall, men hold three-quarters, which is 76% of the City's tech jobs, while women hold less than one-quarter or 24%.

Our Pathways work is informed by current and former student data, postsecondary outcomes, and broader NYC labor market trends. We developed two key initiatives — FutureReadyNYC and CS4ALL in direct response to disparities we see in college and career pathways, particularly those related to STEM.

The FutureReadyNYC program integrates the best of college and career preparation to successfully launch students into strong careers in high wage, high demand sectors. Next year FutureReadyNYC will grow to 180 high schools. Participating schools have the opportunity to implement multiple pathways, including the following focused on STEM:

— FutureReadyNYC Healthcare, which offers a comprehensive route for individuals aspiring to join the healthcare profession consisting of two primary pathways — Diagnostic Medicine and Pre-Nursing.

— FutureReadyNYC Tech, which equips students with the knowledge and confidence to pursue a career and/or higher education in technology related fields, and consists of three pathways — software development, cyber security, and data analytics.

— FutureReadyNYC HVAC and Decarbonation, which introduces students green jobs and engages students in fundamentals of electrical theory towards careers as a construction engineer, electrician, plumber and heating ventilation, air conditioning, and refrigeration technicians.

New York City Public Schools has a strong commitment to computer science education, as evidenced by the Computer Science For All — CS4ALL. CS4ALL was developed to support all New York City students in learning computer science, also known as CS, with an emphasis on students who identify as girls, Black and Latino students. Since its launch in 2015, the percentage of schools offering computer science tripled from 15% during the first year of the

initiative, to 45% in 23-24 school year. Based on data, we found that taking CS was associated with improved computational thinking skills and CS related attitudes, especially among elementary students. CS course taking in high school was associated with an increased likelihood of going on to declare a CS major in college, and importantly, with smaller gender and race/ethnicity gaps, in pursuit of CS degrees. In response to data and lessons learned, we continue to develop strategies to integrate computer science and computational thinking within grades PreK through 12.

We support the intent of this bill to track student participation in STEM. However, given that math and science courses are required for high school graduation, reporting on student course taking may not provide useful insight. So we would like to work with the Council to develop meaningful reporting around STEM disparities for students.

Given that STEM disparities are a well-researched area an annual poll of students is not the best method to learn about the drivers of these disparities. We look forward to working with you to have further conversations with the Council, to

determine the best methods for reporting on STEM participation and gathering additional information outside of the poll format. Thank you.

CHAIRPERSON LOUIS: DOHMH can go next.

DR. VAN WYE: Good morning, Chair Louis, and members of the Committee. I am Dr. Gretchen Van Wye, Assistant Commissioner for Vital Statistics and Chief Epidemiologist at the New York City Department of Health and Mental Hygiene (DOHMH). On behalf of Acting Commissioner Morse, thank you for having me here today to discuss Intro 1258-2025, which requires the New York City Health Department to issue death certificates with sex designations that are consistent with the gender identity and establish a procedure to request correction of the sex designation on a death certificate.

The New York City Health Department has a long standing commitment to representing the gender identities of individuals in accordance with their preferences starting in 2015 with birth certificates. In 2020, the New York City Health Department made it easier for transgender and non-binary people to have death records that accurately reflect their gender identity. On January 2nd of 2020 Option X for

decedent sex became effective, and the current options for completing the sex field are male, female undetermined, and X. If there's a need to change a sex designation on the death certificate, a surviving spouse, domestic partner, child, parent, sibling, or other party referenced in the New York City Health Code, may submit a request within the first year to the facility where the death occurred — or if it's more than a year from when the death occurred, submit an application directly to us at the Health Department.

Most of these changes are submitted to the Health Department by the facility where the person passed within the first year of death, as they are the party that works directly with the family and they're required to report the death. Since the New York City Health Department instituted Option X, there have been very few descendants whose surviving families have come directly to us at the Health Department for a gender marker change on a death certificate. We've received fewer than five requests to change a gender marker on a death certificate after one year. While it's important to honor people's gender identity in a respectful manner,

there are reasons why individuals may choose not to make this correction, such as entitlement to benefits, ongoing estate issues, and others. For example, we heard from individuals in the community at the time that we proposed this that if they had transitioned after many of their working years had ended, they were concerned that their loved ones might have difficulty accessing Social Security, life insurance, and other benefit.

Now I'll turn my attention to 1258-2025. The New York City Health Department is grateful for Council's desire to be respectful to individuals' lived experience and gender identity, including in death. The Department has a long standing commitment to representing the gender identities of individuals in accordance with their preference, and uses the word sex rather than gender on the death certificate for a variety of reasons, including that the distinction between sex and gender has long been conflated, the distinction is not uniformly followed, and so that we do not "out" people who have made gender identity changes as compared to those who don't. As I previously discussed, we already have this process in place, and have no plans to remove

the option to correct the sex marker on a death certificate.

We look forward to working with Council to ensure this legislation fits within our current mandate for providing vital records to New Yorkers, and having a robust discussion of our processes. Thank you for having me here today to discuss Intro 1258-2025. I'm happy to take any questions, thank you.

CHAIRPERSON LOUIS: Dr. McNatt?

DR. MCNATT: Good morning, Chair Louis, and members of the Committee. I'm Dr Zahirah McNatt, Deputy Commissioner for the Center for Health Equity and Community Wellness and the City Health Department's Chief Equity Officer.

Thank you for the opportunity to provide testimony today on Intro 1285-2025, which requires the New York City Health Department to establish a program to train individuals to become doulas and provide doula services.

First, I want to provide an overview of our Citywide Doula Initiative and how it fits into the broader New York City Health Department goal of HealthyNYC.

HealthyNYC is the City's vision for how to improve life expectancy and create a healthier city for all the. New York City Health Department is working with partners across the city to ensure that New Yorkers are able to realize their full health potential regardless of who they are, where they're from, or where they live. Extreme racial inequities persist in maternal mortality; Black women and birthing people are four times more likely than their white counterparts to die from pregnancy associated causes. Our goal is to address this inequity by reducing maternal death rates among Black women and birthing people by 10% by 2030. This guides our strategies for promoting the health of all New York families.

The New York City Health Department is focused on ensuring that every child, birthing person, and family recognize their power and have the opportunity to reach their full health and development potential. This requires access to comprehensive, respectful care and accurate health information to empower families to make healthy choices.

One crucial component of this effort is our citywide doula initiative, or CDI. Launched in 2022,

the CDI is made up of three complimentary components: direct services, workforce development, and systems change to promote doula-friendly hospitals. As part of the Health Department's New Family Home Visits Initiative, the CDI provides high quality, no cost doula care in disinvested neighborhoods throughout New York City — as well as for residents of shelters, foster homes, and teenagers who are income eligible for Medicaid.

The CDI also develops the City's doula workforce with free training for community residents, apprenticeship program for new doulas, professional development for all doulas working in the program, and a fair wage for time spent in program trainings and meetings. The CDI's trained doulas support families in planning for childbirth, navigating labor and birth, and welcoming their newborn. They also educate clients and their family members about early warning signs of perinatal complications, including those that could lead to maternal morbidity or mortality. And they provide screening, education, referrals on topics like mental health, food insecurity, intimate partner violence, infant feeding, safe sleep, bonding, child development, and

social services — well-rounded array of support for families at one of the most vulnerable times of their lives.

The third pillar of the CDI focuses on systems change. The team works with community-based doula programs and maternity hospitals to implement a hospital doula-friendliness model that builds collaborative relationships between clinical providers and doulas. Although the New York City Health Department does not regulate hospitals, we collaborate with and work alongside them to help them change their organizational culture and create and implement doula-friendly policies and practices to reduce racial health inequities in birth outcomes for Black and Latino people. Six hospitals have completed our doula-friendliness intervention, and their average doula-friendliness assessment score improved by 33% from baseline to endline. Hospitals showed the largest improvement in the key capacity areas of patient awareness of doula support and implementation of general doula-friendly hospital policies and practices. We are currently working with three hospitals in a second cohort, and the team is working to add additional hospitals as staff capacity allows.

The Health Department also co-leads the New York City Coalition for Doula Access or NYCDA, which centers doulas in defining professional standards and advocating for increased access to doula care. Current priorities are equitable Medicaid reimbursement for doulas and establishing a doula-friendly hospital designation.

We are pleased to report that since 2022, the CDI doulas have served more than 3,000 clients and attended more than 2,200 births. The program has also trained 148 community members as doulas. We are also pleased that no pregnancy-associated deaths have been reported for CDI clients, indicating that doula support may help reduce maternal mortality. A recent Comptroller's audit also found that, "Among both Black and Hispanic women, CDI clients experience better outcomes than those in the general population including for C-sections, low birth weight, and pre-term birth." We are really proud of these results.

There is still more to do. Data from our Office of Vital Statistics shows that in 2024, only 5.5% of New York City births were supported by doulas. And in our Task Force on Racial Inclusion and Equity Neighborhoods (TRIE Neighborhoods), the percentage

was even lower at 4.4%. However, this inequity would have likely been far greater without the Citywide Doula Initiative. CDI doulas supported 884 births in 2024, which was almost half of the doula-attended births in TRIE neighborhoods that year. However, those 884 births represent only 2% of more than 41,000 births in TRIE neighborhoods in 2024. This means that most birthing people in disinvested neighborhoods do not have access to doulas, but the opportunity exists to expand these resources and eliminate maternal health inequities in New York City. Our hope is that the CDI becomes a replicable model for cities and states seeking to reduce inequities in perinatal health outcomes.

That brings us to the legislation before us today, Intro 1285. The New York City Health Department supports this legislation provided that sufficient resources continue to be available for the program. We are grateful for the Council's interest in promoting doula-supported births and centering the health of birthing people all across the city. Thank you for the opportunity to testify today on this critical program.

CHAIRPERSON LOUIS: Thank you.

DEPUTY COMMISSIONER AROZQUETA: Good morning, Chair Louis, and members of the Committee on Women and Gender Equity. I'm Tesa Arozqueta, Deputy Commissioner of External Affairs and Community Initiatives of the Mayor's Office to End Domestic and Gender-Based Violence or ENDGBV. I'm joined by Arrizu Sirjani, ENDGBV's Senior Policy Advisor.

ENDGBV operates the City's five Family Justice Centers and directly manages a contract portfolio of prevention and intervention programming. Our office builds capacity for agency staff and community members to identify and respond to domestic and gender-based violence through outreach and training. We also develop policies and best practices to strengthen the City's approach to these issues. We collaborate with city agencies, over 100 nonprofit providers, community stakeholders, and people with lived experience to reduce barriers and ensure access to inclusive, culturally responsive services for all survivors including those impacted by FGM/C (female genital mutilation).

Thank you for the opportunity to speak with you about Intro 1094 of 2024. FGM/C has long been recognized as a form of gender-based violence with

profound physical, psychological, and emotional consequences. For this reason, it is already integrated across ENDGBV's existing work. We approach FGM/C as part of a broader spectrum of gender-based harms — those that disproportionately impact women and girls, and which demand a trauma-informed survivor centered response.

At our Family Justice Centers, FGM/C often surfaces indirectly. Clients may seek help for intimate partner violence or other abuse, and in the process of building trust, disclose prior experiences with FGM/C. Our staff are trained to recognize and respond to these disclosures with cultural humility and sensitivity, even when they are not the presenting concern. In fact, FGM/C has been consistently included in ENDGBV's gender-based violence training, because we understand that it as a part of our core mission.

In 2022, pursuant to Local Law 109, ENDGBV convened a multidisciplinary advisory committee on FGM/C. This group included survivors, advocates, healthcare professionals, service providers, and city agency partners. Together we assessed the current landscape in New York City and developed practical,

community informed recommendations to strengthen prevention and response efforts.

Among the Committee's key findings was the need for training that is tailored, culturally competent, and role specific. A single model will not meet the needs of the diverse professionals who may encounter FGM/C. The content and delivery must reflect each sector's unique responsibilities, whether in healthcare, education, child protection, or law enforcement.

The Committee also emphasized that training and advocacy must be led by community-based advocates, especially those with lived experience. These leaders have deep, cultural insight and trusted relationships that position them to guide meaningful outreach, build trust, and shape effective strategies that reflect the realities of impacted communities.

Importantly, beyond training, the advisory committee advanced several additional recommendations to support a truly comprehensive response. These include culturally responsive public outreach, co-developed with survivors and grassroots organizations to ensure materials are accurate— accessible and resonate with impacted communities; ethical survivor-

informed data practices, including exploring anonymous and voluntary data collection tools that protect privacy and avoid traumatization; and ongoing community engagement with survivors and credible messengers, continuously involved in shaping policies and programs.

ENDGBV remains fully committed to advancing this work in collaboration with our sibling agencies and community partners. As the office tasked with citywide coordination on FGM/C, we continue to lead cross-sector conversations, support implementation, and provide technical assistance and training as needed. We believe this work must remain flexible, survivor-centered, and rooted in cultural humility built in close partnership with those most directly impacted.

ENDGBV's ongoing efforts already reflect this commitment, while we appreciate the intent of Intro 1094, we respectfully note that its goals align closely with work that is already well underway. We do not believe new legislation is necessary to advance this mission. We are already doing this work, and we will continue to do so with urgency and care. We look forward to continued collaboration with the

Council, our sibling city agencies, and community-based partners to advance a coordinated survivor centered response to FGM/C.

Thank you for the opportunity to testify today. I welcome any questions you may have.

CHAIRPERSON LOUIS: Thank you. I know that was heavy, it's a lot of you this morning.

All right, so I'll start with DOHMH, and then we'll move along.

I am really proud of the CDI program and how far we have gone, but we do have a couple of questions. So will start with budget and staffing.

What is the total budget from the Citywide Doula Initiative in fiscals FY25 and 26?

DR. MCNATT: Thank you for the question, Council Member. We can provide that information at a followup to this conversation.

CHAIRPERSON LOUIS: What are you aware of as far as 2025 and 2026? Thank you.

DR. MCNATT: Sorry, can you repeat that?

CHAIRPERSON LOUIS: The total budget numbers, what are you aware of? I know you're going to send us something, but what is the whole agency aware of? How much funding do you think was allocated for FY25 and

for FY26? What was the discussion that you all are having about what you may potentially be putting in?

DR. MCNATT: So the approximate budget allocation for FY25 was about $4 million for the Citywide Doula Initiative. And if there's additional questions, we are happy to follow up with those details.

CHAIRPERSON LOUIS: And the cost estimate for Introduction 1285, regarding the doula program, you estimate that the first fiscal year will train 200 doulas with an expected 50 doulas in outyears. How did you determine these numbers?

DR. MCNATT: Sorry, can... Actually, I am going to ask, the microphone echo is hard for me, and I have hearing loss.

CHAIRPERSON LOUIS: In the cost estimate for Introduction 1285, regarding the doula program, you estimate that the first fiscal year will train 200 doulas, with an expected 50 doulas in the outyears. How did you determine these numbers?

DR. MCNATT: Okay, thank you so much for the question. So ,you know, right now the Citywide Doula Initiative trains doulas and also provides services to clients, about 1,000 clients a year. So,

essentially those approximations are based off the cost per training for doulas and the cost per services, per client.

CHAIRPERSON LOUIS: Why do you anticipate such a large decrease between the first and second fiscal years?

DR. MCNATT: So, I don't think it's an anticipation of decrease, I think the question that we received was an estimate that helped to understand the cost per client and per doula who is being trained. I don't think the question that we received allowed us to estimate what Fiscal Year 2026 or additional growth in the program would look like. But we would be happy to follow up offline in relationship to those estimates.

CHAIRPERSON LOUIS: Thank you.

And the cost estimate you provided for Intro 1285, it estimated DOHMH will require $215,000 in OTPS funding in the first year and $206,000 in the outyears for birth equipment training and 10 hospitals. Are these 10 hospitals the same ones participating in the current Citywide Doula Initiative?

DR. MCNATT: I am going to have to defer that. I'm not sure where the cost estimates you're describing are coming from. And, so, I don't want to make inaccurate estimates. But I feel like we can provide all the details to you in writing.

CHAIRPERSON LOUIS: Based off the information you gave us on training, what equipment and training would be funded?

DR. MCNATT: So the kinds of training that we offer for doulas, one, we offer, like, the basic doula training that helps a community resident become a doula. We also offer higher, additional trainings in birth equity, in anti-racist work, in a number of different areas around perinatal mood and anxiety disorders. So we have a pretty strong and impressive curriculum that this kind of budget would cover.

CHAIRPERSON LOUIS: And what equipment do you think would be required for that kind of training?

DR. MCNATT: I will have to get back to you on that. I, again, what to restate that I'm not sure what description that you're reviewing from in the budget description. So I want to make sure that I can provide something accurate for you. And we can do that in writing after the hearing.

CHAIRPERSON LOUIS: Thank you. How many staff members do you have for the Citywide initiative? Are there any vacancies?

DR. MCNATT: We do have 11 staff and three vacancies that are with OMB (Office of Management and Budget) right now.

CHAIRPERSON LOUIS: And what are those positions that you have vacancies for?

DR. MCNATT: I'm sorry?

CHAIRPERSON LOUIS: What are those positions you have vacancies for?

DR. MCNATT: I can provide you the titles, but they are all service delivery functions within the Citywide Doula Initiative. They help to do the organization for trainings, and then they also help to do the matching for clients to doulas.

CHAIRPERSON LOUIS: And how does Healthy Women Healthy Futures differ from CDI?

DR. MCNATT: Thank you for the questions.

So Healthy Women Healthy Futures is a program that has been around for a bit longer than the Citywide Doula Infinitive. And it is an amazing, impressive approach to doula support. It focuses a bit more postpartum doula support. The Citywide Doula

Initiative provides doula support during the pregnancy, the birth, and the postpartum period. And then additionally the CDI officers, at this point, a lot more training capacity as a result of the model that has been crafted. Both programs are pretty valuable to the City, so we are excited to have them both available to the public.

CHAIRPERSON LOUIS: Okay. Can you describe the steps from how someone would find out how to apply through... How would they start the process if they want to become a client to obtain a doula? And what is the process for someone who wants to become a doula through the CDI program?

DR. MCNATT: Sure, so if you are a potential client, so a pregnant person or someone thinking about becoming pregnant, you can get access to the Citywide Doula Initiative in many different directions — 311 is a possibility, you can also self-refer after finding out perhaps through a website or some other location. You can also be referred through your provider. So a lot of CDI clients are referred through their OBGYN. So we are excited that there are many different methods for folks to be able to get to

Citywide Doula Initiative services with very few barriers in that regard.

For the purposes of training, we do a lot of... we have a lot of opportunities to be able to market so to speak so folks know that doula training is available to them. We partner with community based organizations who are really brilliant at this work and who also have the opportunity to share with the communities that they serve that doula training is available. So both training and services are ,you know, in pretty high demand in the city.

CHAIRPERSON LOUIS: Thank you, I just want to let you know, for point of reference, that some providers and CBOs are not providing that information. Most constituents are finding that information through marketing. So just, it would be good for us to talk about that further. But we have a hefty list of stuff here.

So, I am going to go into insurance now. In March 2024, in New York State, Medicaid... New York State Medicaid Program officially began covering doula support for its members. How many of the doulas in the CDI are certified as Medicaid providers?

DR. MCNATT: Great, thank you so much for the question. I don't have the exact number at this time, but I can describe, uh, we are really excited about CDI doulas being able to become enrolled in Medicaid. And so our program actually provides very supportive systems that help doulas enroll. So we are doing a lot of that accompaniment. And we know that it will take some time for doulas to be able to become enrolled in Medicaid. It is relatively complex, but our team is doing a lot of hand holding and accompanying in that journey. And happy to get the actual number to you, probably before the end of this session.

CHAIRPERSON LOUIS: Thanks. What do you believe are the barriers to the doulas enrolling as Medicaid providers?

DR. MCNATT: You know, I think that the barriers are often just sort of the basic administrative systems that are required. So some doula organizations are very small, and other doula organizations haven't worked with insurance companies in the past. So it really is, I think, an administrative barrier. So our teams are able to help

and partner with doula organizations and individual doulas in the process of enrolling in Medicaid.

CHAIRPERSON LOUIS: And how common is coverage for doula support in private insurance or government employee coverage? What work has the DOHMH or DOH done to advocate to increase insurance coverage for doula support and maternal healthcare?

DR. MCNATT: Thank you for that question. So I mentioned NYCDA, which is a really great organization that we are a part of and that has a great deal of sort of advocacy components in the efforts. So in part, that's a group that has really played an important role in Medicaid beginning to cover services in 2024. So those efforts I think will continue in many facets to encourage all insurance companies over time to be able to cover doula support in New York City and beyond.

CHAIRPERSON LOUIS: All right. This Committee is interested in knowing more about how DOHMH interpreted Local Law 187 of 2018 and 85 of 2022. How does DOHMH define and measure the demand for doulas in this city as required Under Local Law 187?

DR. MCNATT: Sure, thank you so much.

So one way of gauging demand is to look at the rate of doula care among non-Hispanic white New Yorkers. And these are, at this point, the most privileged racial ethnic group in the city. In 2024, 10.6% of births to white women had doula support during pregnancy and 9.8% during their labor and delivery.

By contrast, the racial and ethnic group with the lowest rate of doula care, which is Latino women in New York, had a rate of 2.7% support during their pregnancy and then 2.3% during labor and delivery — indicating a vast unmet demand or unmet need.

So this is one way that we look at being able to judge and determine whether there's unmet demand and unmet need and how we discover the demand for doulas in the city.

We note that this method does not take into account the possibility of unmet demand among non-Hispanic white New Yorkers as well.

CHAIRPERSON LOUIS: Thank you for that.

You mentioned in your testimony divestment in neighborhoods and the need for doulas in those neighborhoods. So how does DOHMH determine areas of populations within the city that experience

disproportionately low access to doulas? What criteria or thresholds is DOHMH utilizing for that?

DR. MCNATT: Thank you so much for this question.

So we use the neighborhoods defined by the City's Task Force on Racial Inclusion and Equity, or TRIE neighborhoods, as being particularly hard hit by COVID and then other structural inequities. Within those TRIE neighborhoods we limit our services to people who have Medicaid or who have an income within the range to qualify for Medicaid. In addition, in partnership with our community-based vendors, we have added three other categories, uh, residents of homeless shelters anywhere in the city, individuals in foster care, teenagers living anywhere in the city, as long as they meet the income requirement. And those additional supports have been really important.

CHAIRPERSON LOUIS: Can you highlight for us any disproportionate rates based on race, income, insurance status, or other social determinants?

DR. MCNATT: Sorry can you repeat that?

CHAIRPERSON LOUIS: Are these disproportionate rates that you mentioned earlier based on race,

income, insurance status, or other social determinants? Because you mentioned that.

DR. MCNATT: They are based on insurance status and income.

CHAIRPERSON LOUIS: So what's the alternative if they don't have insurance?

DR. MCNATT: What's the alternative for...

CHAIRPERSON LOUIS: Doula service.

DR. MCNATT: Yeah, so right now, you know, the opportunity is for... the Citywide Doula Initiative is really focused on folks who have Medicaid or who are Medicaid eligible. What we're hoping is that over time, doulas enroll in Medicaid — and then it frees up the Citywide Doula Initiative to also start providing services to people who can't qualify for Medicaid, but are still pretty low-income within the city.

So the goal is for us to be able to continue to provide support for folks who have Medicaid and for, over time, doulas who are enrolled in Medicaid, to be able to do that without the Citywide Doula Initiative, and then for the CDI to be able to slowly transition in serving folks who make a little bit more money than Medicaid eligibility would require...

CHAIRPERSON LOUIS: But right now, if you're undocumented, and you're in the city of New York, you cannot get access to a doula.

DR. MCNATT: Oh, no, that's not true. If you're undocumented you can access a doula and most DOHMH services.

CHAIRPERSON LOUIS: Okay, so they're prioritized? That's what I was trying to get at. All right, thank you for that.

I'm going to switch over right now to gender-based violence. The Mayor's Office to End Domestic and Gender-Based Violence published its report of recommendations of the New York City FGM/C Advisory Committee in April of this year. What are the offices' key takeaways from this report on how city agencies can work towards reducing and eliminating the practice of FGM/C in New York City?

SENIOR POLICY ADVISOR SIRJANI: Excuse me, hi, thank you for that question.

So, our key takeaways from the report, we built the report and our recommendations on the five categories that were legislated, uh, the legislative objectives in Local Law 109. The first, that's also relevant to 1094 of 2024, is the importance of

enhancing professional trainings. So integrating FGM/C awareness into required trainings for City employees, such as healthcare, education, law enforcement, uh, and developing more in-depth, standalone FGM/C trainings tailored to specific roles.

We also found the importance of creating and sharing culturally responsive materials to partner specifically with survivors and community based organizations to co-develop brochures, videos, workshops, resource guides that are trauma-informed, survivor-centered, and linguistically and culturally appropriate.

We also found to improve data collection safely and ethically to establish clear, confidential and trauma-informed guidelines for collecting FGM/C related data across agencies, and to explore launching a citywide anonymous survey to better understand the scope and needs.

Also, of course, to continuously engage survivors and trusted community voices, it's very crucial in this work to involve survivors, credible messengers, like faith and community leaders and service providers with experience, uh, working with

individuals impacted by FGM/C, and those who have experienced it themselves, in all planning and implementation stages to ensure that these solutions are rooted in lived experience and cultural knowledge.

And lastly, to strengthen city agency coordination. ENDGBV is designated to lead the citywide efforts by organizing interagency meetings, offering technical assistance, and aligning strategies across city departments for a unified response to FGM/C — which we're currently working to do.

CHAIRPERSON LOUIS: Are there any key programs or initiatives that ENDGBV created based off the findings that you just mentioned to us?

SENIOR POLICY ADVISOR SIRJANI: So because the... we are on track to be implementing the recommendations. As you noted, it was just... the report was just published in April. So we're working to look at what is in there such as the trainings, creating outreach materials, things like that.

CHAIRPERSON LOUIS: A 2019 study estimated that 421,000 women and girls have been impacted by FGM/C in the US, and 47,000 individuals of those who were

in areas of New York and Newark, New Jersey. What did ENDGBV learn through the Committee's work about individuals impacted in New York City?

SENIOR POLICY ADVISOR SIRJANI: So there are no direct estimates on the prevalence of FGM/C in New York City. The studies that you mentioned and are named and cited in the report are all based on indirect estimates that are based on prevalence in countries of origin and then population samples in the locations. So we've learned that there are the... like, the estimate determines that there are individuals impacted by FGM/C based on the prevalence. One of the things, though, that is important to note, is the studies that are cited don't include individuals who are transmasculine or non-binary who may also be impacted by FGM/C. So while it's helpful to have these studies, more information is needed in order to understand the impact of FGM/C in New York City — and all of those who are impacted. Which is why we have the recommendations on data collection.

CHAIRPERSON LOUIS: And you mentioned Introduction 1094 that requires training at the DOE.

Can you talk to us about how the Agency conducts their training right now?

SENIOR POLICY ADVISOR SIRJANI: To clarify how ENDGBV conducts their training right now?

CHAIRPERSON LOUIS: The Agency and how you work in tandem with DOE regarding the training.

SENIOR POLICY ADVISOR SIRJANI: So, as of right now, ENDGBV currently conducts a training on FGM/C through our Family Justice Centers Best Practices trainings that are open to all service providers and city agencies. We also integrate FGM/C into our gender-based violence training, which is also available to all city agencies and service providers.

In regards to the recommendations on trainings, we are working with NYC Public Schools and the agencies that were in membership of the advisory committee to work on integrating trainings for their staff as noted in the recommendations.

CHAIRPERSON LOUIS: How could people who work with these agencies, particularly those who work with children and young people, be helped by receiving more information about FGM/C? You mentioned earlier brochures, but what other resources?

SENIOR POLICY ADVISOR SIRJANI: So in the recommendations we talk about how the information, whether that be content, but also materials that would be beneficial for individuals to have, would be based on industry and their role, because it also is important to ensure that they have the other necessary training around trauma-informed responses and cultural competency. So it would be hard to give you an exact, uh, to tell you exactly what would be beneficial, but there would be a variety of content and materials that would be helpful to provide to different staff based on their roles and the agencies that they function within.

CHAIRPERSON LOUIS: Thank you. I'm going to pivot really quickly to DOE.

What are the graduation requirements for high school students in science, technology, engineering, and mathematics? And what does DOE include under STEM... under the STEM umbrella?

EXECUTIVE DIRECTOR WILLIAMS: Thank you so much for that question, Chair Louis. So New York City...

CHAIRPERSON LOUIS: You can move the mic closer to you.

EXECUTIVE DIRECTOR WILLIAMS: Thank you. Thank you so much, Chair Louis.

New York City Public Schools, for STEM we include math, science, and anything that's coming out of Future Ready — such as Computer Science, and all those Future Ready pathways for STEM.

The graduation requirements for NYCPS and STEM is, students need to earn a Regents diploma. So in order to earn a Regents diploma, they need to earn six credits in mathematics, including at least two credits of math aligned to standards above Algebra 1 — so geometry, Algebra 2, calculus, anything higher. And they need to have a pass rate in at least one Regent's exam of a 65+. For science, they need to earn six credits in science, including two credits of Life Science, two credits of Physical Science, and the other two credits can be either Life or Physical Science, and there needs to be a pass rate in at least one of those Regent's exams of a 65+.

All of the above data is tracked and recorded.

CHAIRPERSON LOUIS: Thank you. How will DOE ensure comparability across schools that have very different STEM offerings?

EXECUTIVE DIRECTOR WILLIAMS: So at the moment New York City Public Schools, we have an initiative called NYC Solves, which we are ensuring that all of our ninth grade students are taking Algebra 1 to allow them to get to the higher level math courses in their second, third, and fourth year.

We are also pushing for our high school students to engage in chemistry and physics, as we've seen with our new curriculum.

INTERIM EXECUTIVE DIRECTOR MITCHELL: We also developed a range of pathways within Future Ready NYC to support our schools in being able to integrate different STEM programming as exhibited through our Tech Pathways, our Healthcare Pathway, and our HVAC and Decarbonization Pathway.

In conclusion, as well for, CS4ALL programming, we have provided a variety of supports to support the integration of Computer Science across PreK through 12.

CHAIRPERSON LOUIS: Does DOE analyze how STEM extracurricular programs are offered across the city? How equitable is access to DOE-sponsored STEM extracurricular programs?

EXECUTIVE DIRECTOR WILLIAMS: At this time we don't have that, but we'd be happy to get back to you.

CHAIRPERSON LOUIS: (LOUD BACKGROUND NOISE) How is DOE addressing barriers such as prerequisites, lack of recruitment, teacher biases, or guidance counselor practices that may deter participation in STEM?

EXECUTIVE DIRECTOR WILLIAMS: Can you repeat that one more time?

CHAIRPERSON LOUIS: Sure how is DOE addressing barriers such as prerequisites, lack of recruitment, teacher biases, or guidance counselor practices that may deter participation?

EXECUTIVE DIRECTOR WILLIAMS: So we have the New York City Public Schools math and science shifts, which talk about instructional practices that teachers and school staff need to shift in order to help our students to feel a part of the STEM community and to make sure that there are equitable practices being executed across all of our schools and classes.

CHAIRPERSON LOUIS: How does DOE plan to design the annual student poll required by this bill to

meaningfully identify causes of racial and gender disparities in STEM enrollment and disenrollment?

EXECUTIVE DIRECTOR WILLIAMS: Thank you for that.

We'd like to continue to work with the Council to think about the design of the poll. And I can get you some further information as soon as possible.

CHAIRPERSON LOUIS: Does DOE support Intro 691, and what are the challenges in carrying out the requirements of the bill?

EXECUTIVE DIRECTOR WILLIAMS: We support the intent of this legislation; we look forward to working with the Council on the reporting on STEM disparities for students that would be most useful.

In addition, a costly poll for students may not be the best indicator of what drives these disparities. But we look forward to working with the Council to help address these issues.

NYCPS is committed to addressing these disparities through the new math and science shifts, as well as through the selection of high quality instructional materials for both content areas. New York City Solves also aims to close these gaps and

address disparities, which will lead to more equitable teaching practices across the city.

New York City Public School also has a Computer Science Report, LL177, which we report annually, and look forward to working with Council on a more comprehensive report.

CHAIRPERSON LOUIS: How does DOE assess whether students are leaving or opting out of STEM pathways due to school climate, lack of cultural relevant content, academic barriers, or guidance counselor tracking? So this is the opting out option.

EXECUTIVE DIRECTOR WILLIAMS: So students are required to do six credits, which typically is three years, so it would be the fourth year.

I'm not 100% sure on how we track that, but we can circle back internally and get back to you.

CHAIRPERSON LOUIS: And what specific strategies does DOE use to recruit underrepresented students, particularly Black and brown girls, into advanced STEM courses or programs. Meaning what is DOE's plan to scale those strategies citywide for this population?

INTERIM EXECUTIVE DIRECTOR MITCHELL: Thank you very much for that question. Are you be able to hear me?

CHAIRPERSON LOUIS: Yes.

INTERIM EXECUTIVE DIRECTOR MITCHELL: Okay, thank you.

We believe in developing culturally responsive, inclusive curriculum and trainings for both our students and the educators that will be providing that implementation in that classroom.

So what that looks like, is we work with a variety of different partners to source what quality instruction could look like in that classroom. We partner with those partners throughout the year to ensure that there is guidance to train our educators, as well as guidance for our district leaders, to ensure that there is equitable implementation of what that looks like within the school system.

CHAIRPERSON LOUIS: All right, thank you. I'm going to head back to DOHMH. I know it's a lot.

What is the current process to make changes to a death certificate? Who is able to make such requests? And what materials are needed to do so?

DR. VAN WYE: Good morning, thank you for that question.

To make a change to a death certificate, within the first year of death, the process goes through the medical facility at which the person died. After the first year of death, the family can work directly with the Health Department for that process. They're required to provide... complete an application in that circumstance. The predominant way that is completed is through medical amendments directly with the facility.

CHAIRPERSON LOUIS: How many corrections for death certificates are requested each year? You mentioned a particular number in your testimony.

EXECUTIVE DIRECTOR WILLIAMS: Sure, so less than five come directly to the Health Department after the first year of birth... death. Prior to... within that first year of time, though, there have been, since the time that we've implemented this policy, about 300 people have had that change working with the facility.

CHAIRPERSON LOUIS: How many corrections were made for name or gender markers where the deceased person chose a gender affirming name, and their

gender did not conform to their sex assigned at birth?

EXECUTIVE DIRECTOR WILLIAMS: So we know overall that there have been about 300 gender marker changes among descendants over the past five years. We aren't able to tease out if that's due to an administrative error or the family making the request. But, either way, that's the that's the universe of gender marker changes to death certificates in the past five years — since this policy is put in place.

CHAIRPERSON LOUIS: Thank you for that.

Pursuant to Local Law 1 of 2015, and Local Law 183 of 2018, a person can request a change to their birth certificates to conform with their gender identity. How many death certificates have been published with the gender marker X in New York City?

EXECUTIVE DIRECTOR WILLIAMS: Thank you for that question.

I don't have the information with me right now. I can tell you that we've had a lot of requests for gender marker changes to birth certificates since we've put in place that rule. That was ,you know, first in 2015, and then we made the update in 2018.

It's popular, but I can tell you that, from January to March of 2024, we had 165 gender marker changes on certificates. From this January to this March, we had 752. We're seeing and we're serving a much higher need at this point in time.

CHAIRPERSON LOUIS: That's a big number.

How is information from a death certificate used in vital statistics?

EXECUTIVE DIRECTOR WILLIAMS: I love... Thank you very much for that question. I really appreciate that question.

So New York City is one of 57 independent vital records jurisdictions in the United States. Together these 57 vital records jurisdictions, with the National Center for Health Statistics, and an organization called NAPHSIS, represent something that we call the National Vital Statistics System. We all look at the data on death certificates consistently, in accordance with World Health Organization criteria, that allow us to classify leading causes of death — and really try to understand what's killing people by the demographic information that's available on those certificates.

So we do analyses that serve the nation, and we do analyses that serve New York City using these criteria. Then we use that to plan interventions in planning and the work of the Health Department, including HealthyNYC, which is based on death data.

CHAIRPERSON LOUIS: Thank you.

What steps will be taken to update records and other systems, like the public health databases, following a correction?

EXECUTIVE DIRECTOR WILLIAMS: That’s a great question, thank you very much for it.

In general, corrections to certificates remain confidential. So while, uh, the most current version of a death certificate is, for a particular analysis, is something that we will look at for analysis. Generally, gender marker changes are sealed. They are sealed changes.

CHAIRPERSON LOUIS: Mm-hmm.

EXECUTIVE DIRECTOR WILLIAMS: This is something that's important. We worked with a transgender advisory board when we made these changes, and generally people do not want this information disclosed. We keep that sort of... it is private

information that we're able to look at — just the legal gender identity of the individual.

CHAIRPERSON LOUIS: All right.

How many other systems will need to be updated besides the vital statistics? And will DOHMH need to coordinate with other city and state agencies?

EXECUTIVE DIRECTOR WILLIAMS: So, there are no changes needed. We put this in place. It was in place as of January 2nd of 2020. No additional changes are needed.

(PAUSE)

CHAIRPERSON LOUIS: If you have this process in place already, what will DOHMH do to make that process more transparent on their website and on the death certificate correction application?

EXECUTIVE DIRECTOR WILLIAMS: Thank you for that question.

We'd be happy to meet with you in a followup meeting to discuss any thoughts that you have and things that we could potentially do.

CHAIRPERSON LOUIS: All right. One second.

(PAUSE)

CHAIRPERSON LOUIS: Were doula... sorry, going back to CDI, were doula services provided to

individuals in the Department of Correction facilities as mandated by Local Law 95 of 2021, including the overall CDI report?

DR. MCNATT: Thank you so much for the question. If I heard it correctly, you're asking if doulas provide services in DOC?

CHAIRPERSON LOUIS: DOC, mm-hmm.

DR. MCNATT: Okay, thank you so much for that question. And I would have to get back to you and follow up.

CHAIRPERSON LOUIS: Can you share with us if there's any overlap in staffing, training, and resource allocation service models or outcome tracking between DOC doula programming and the overall CDI program?

DR. MCNATT: I would have to follow up on that question as well, thank you so much.

(PAUSE)

CHAIRPERSON LOUIS: Of the individuals who completed the doula training, has DOHMH followed up with the individuals who trained, but do not continue the service to better understand barriers and inform improvements to the training pipeline?

DR. MCNATT: Thank you so much for this question. Of the 148 individuals who completed the CDI's doula training, 131 went on to provide services through the program. And I'll have to follow up to let you know anything that we've learned from the folks who did not continue. But we're really excited that the vast majority of CDI doulas who have been trained continue to come back to the work in this way. Thank you so much.

CHAIRPERSON LOUIS: Thank you. You all are dismissed, thank you so much for your testimonies and for being here this morning.

PANEL: Thank you.

CHAIRPERSON LOUIS: I now open the hearing for public testimony. I remind members of the public that this is a government proceeding and that decor shall be observed at all times. As such, members of the public shall remain silent at all times.

The witness table is reserved for people who wish to testify. No video recording or photography is allowed from the witness table.

Further, members of the public may not present audio or video recordings as testimony, but may

submit transcripts of such recordings to the Sergeant at Arms for inclusion in the hearing record.

If you wish to speak at today's hearing, please fill out an appearance card with the Sergeant at Arms and wait to be recognized. When recognized, you will have two minutes to speak on the pieces of legislation being heard today.

If you have a written testimony or additional written testimony you wish to submit for the record, please provide a copy of that testimony to the Sergeant at Arms. You may also email written testimony to testimony@council.nyc.gov within 72 hours of this hearing. Audio and video recordings will not be accepted.

I will now call on the first panel.

(PAUSE)

CHAIRPERSON LOUIS: Sarah, excuse me if I butcher your last name, Fajardo; Zeinab; Monique; Galloway; and MJ.

SARAH FAJAROD: Good morning.

CHAIRPERSON LOUIS: Good morning.

SARAH FAJAROD: Thank you to Chair Louis, and the members of the Committee On Women and Gender Equity, for the opportunity to testify today.

My name is Sarah Fajarod, and I serve as the Senior Director of Community Outreach and Advocacy for the Korean American Family Service Center. For over 35 years, KFSC has supported immigrant survivors of gender-based violence offering safety, healing, and hope through culturally and linguistically accessible services.

At KFSC we've see firsthand how domestic violence, sexual violence, child abuse, and AAPI hate harms physical and mental health in our community. Our clients, primarily Korean, and other Asian immigrant women, often face violence, isolation, shame, and fear when seeking help. Many have never spoken about their trauma until they walk through our doors.

KFSC provides trauma-informed counseling, bilingual case management, and clinical support tailored specifically to the cultural needs of our communities. We also run a community youth project team, which is a youth-led group of dedicated high school students that collectively engage in projects that uphold our mission.

Today I'm here to express the Korean American Family Service Center's support for the following

bills, and we urge the Committee to swiftly vote in favor:

Intro 0691, a bill to require annual reporting on gender and racial disparities and STEM education for high school students. Building racial and gender equity and ensuring access to opportunities are a core part of KFSC's work, especially with high school students. Increasing data reporting supports us in identifying inequities in making structural changes where it is needed.

Intro 1094, a bill to require agencies to conduct culturally competent training for all staff on recognizing the signs of a female genital mutilation and cutting.

At KFSC, all of our programs and services are culturally specific and are tailored to welcome and meet our clients' needs. KFSC staff have seen time and again that culturally specific services can make a life and death difference in connecting with individuals. We support the Council's efforts to require cultural competence training related to female genital mutilation and cutting to help women and girls actually access care and services effectively with cultural competence and compassion.

Additionally, we urge the Council to go further and expand their investment in culturally specific services across (TIMER) the system of need.

Thank you so much for your time today. I've included a few more recommendations in my testimony thank you.

CHAIRPERSON LOUIS: Thank you. Yeah, either one of you.

MONIQUE JAQUES: I'll go ahead. Hi, I'll be quick.

CHAIRPERSON LOUIS: Microphone?

MONIQUE JAQUES: Okay, sorry, thank you.

Good morning, and thank you for the opportunity to speak today. My name is Monique Jaques, and I've have the privilege of serving as the Director of Doula Capacity at Mama Glow — one of the CBOs contracted to work under the Citywide Doula Initiative for the past two and a half years. I encourage the Committee to look into the testimony that our doulas have also submitted, uh, who cannot be here today.

But, during this time, I've witnessed firsthand the profound impact this program has had on birthing people and the families across New York City.

Since its, inception the Mama Glow Foundation, through the Citywide Doula Initiative, has served over 1,400... sorry 1,460 clients, providing culturally responsive, community-based doula care to individuals who otherwise might lack this critical support. I have spoken to the majority of these clients, who come from a range of backgrounds and expertise — they may be birthing alone or new to this country, they may have been ignored or pushed aside during their previous birth, or they may be recovering from a traumatic birth. All of these clients are grateful for the support the CDI has provided them. These services not only improved individual birth expectations, but they have also contributed to demonstrably better health outcomes and increased trust in maternal health systems.

As we continue to address the stark maternal health disparities, particularly those affecting Black and brown communities, the Initiative stands as a model for what is possible when we invest in community-rooted care. Doulas do more than support births; they advocate, educate, and empower families during some of the most vulnerable moments in their lives.

The success of this program is measured not only in numbers, but in stories: families who felt seen and heard, birthing people who entered their experience with confidence rather than fear, and doulas who are finally being recognized and resourced for their critical work.

I am incredibly proud of what we've accomplished and even more hopeful about what lies ahead. Thank you so much.

CHAIRPERSON LOUIS: Thank you.

ZEINAB EYEGA: Good afternoon, thank you so much for having me. My name is Zeinab Eyega, and I serve as Executive Director of Sauti Yetu Center for African Women. I'm honored to present testimony on behalf of Sauti Yetu and The Collective. The Collective is a coalition of gender- based violence organizations dedicated to serving immigrant communities, and it includes Sakhi for South Asian Survivors, Violence Intervention Program, Womenkind, and Korean Family Services Centers. We are grateful for this opportunity to address the Committee

Sauti Yetu, the agency I work for, which means "our voice" in Swahili, has been at the forefront of addressing the practice of female genital cutting,

female genital mutilation in New York City, but also across the nation since our establishment in 2004. We are recognized as one of the few organizations that actually provide direct services to individuals and families and communities around this practice.

Our work encompasses both community outreach and engagement, direct services, community research, as well as the development of resources — including educational materials and tools.

Today, I just wanted to highlight — we support very much this bill, and we think it's critical for the City to make a stand and address this practice. However, as a community member, and also coming from a service provider, we have some serious concerns with the bill and the way it's written.

And I'll just pinpoint two areas:

One big concern is the issue of identifying the "signs" of FGC. What will these signs be and who has the capacity and technical expertise to define what those signs are? And what constitutes those signs and who will define them?

The practice is actually a very communal practice, particularly within the African context. It varies significantly. For example, within the

Gambian, the practice is performed soon after birth, within 40 days; while in Sudan, my own country, the practice is performed within the first seven years of the girl's life; and in Seirra Leone, it is common in mid-adolescence to up to 20 years of age.

So when you're describing the "signs", (TIMER) how are you going to define those signs? You know, how are you going to identify the individuals based on that?

The other concern...

CHAIRPERSON LOUIS: If you could wrap it up in the next 30 seconds.

ZEINAB EYEGA: Yes, I'm almost done.

CHAIRPERSON LOUIS: Thank you.

ZEINAB EYEGA: The other issue is concerning about profiling and surveillance. We know that Black families and communities of color are targeted and surveilled, both by the city agencies, especially child welfare. How is this not going to be another way of targeting and profiling of the immigrant communities? That's a big concern, especially in this current political climate. Thank you so much.

CHAIRPERSON LOUIS: Thank you so much. Thank you all for your testimony, you are all dismissed. Oh, sorry, last one, sorry.

MJ OKMA: Good morning, my name is MJ Okma; I'm the founder of OKMA Strategic Consulting and a member of Equality New York's Advisory Council. I am here today in support of Intro 1258.

In the trans community, we understand too well the pain of having parts of our history lost, forgotten, and destroyed. One example of that eraser that brings us here today is that transgender, gender non-conforming, and gender non-binary people are more often than not misgendered on their death certificates.

Intro 1258 seeks to resolve this by ensuring that everyone's true self is reflected on their death records in requiring NYC Health to establish a process to correct incorrect sex designations on birth certificate... on death certificates. The Department's current application form for death certificates is insufficient as outlined in detail in my submitted testimony.

This bill is a needed response to a recent first of its kind study out of the state of Oregon,

which found that over 60% of transgender and gender non-binary individuals are misgendered on their death records. The Trump administration and its supporters are actively targeting the transgender communities' access to affirming documents, but there is an often erased piece of trans history which proves that their strategy is nothing but manufactured hate. The reality is accurate vital records for trans people in the United States have historically been a bipartisan issue.

Local Laws to amend sex designations on birth certificates predate all sodomy law repeals and marriage equality recognitions. The first bill to allow transgender people to amend their birth certificates was enacted in Illinois — with no opposition — 70 years ago. And Louisiana enacted a similar bill, one year before the Stonewall Riot.

Between 1955 and 2011, these bills were signed into law in 28 states, with no correlation between the state's geography or the political party in power. It was and remains a simple matter of understanding the importance of maintaining accurate vital records in public health data.

I outline this history as a reminder not to fall for the current onslaught of propaganda and misinformation created to distract and divide us all. Intro 1258 is a critical step in the face of the federal government actively working to erase our country's transgender history and hard-fought process.

I urge the City Council to support and pass Intro 558. There are a few minor proposed amendments to strengthen the bill's language included in my submitted written testimony. Thank you so much.

CHAIRPERSON LOUIS: Thank you. Thank you all for being here today, you are all dismissed.

Now we are going to hear from Galloway.

(PAUSE)

GALLOWAY: Sorry, I was stepping outside helping one our youth.

CHAIRPERSON LOUIS: You may begin.

(PAUSE)

CHAIRPERSON LOUIS: Galloway? Whenever you’re ready, you may begin.

GALLOWAY: Good morning, my name is Galloway, I am the Advocacy Manager at The Alie Forney Center, the nation’s largest organization dedicated to

housing and supporting LGBTQ runaway and homeless youth. And I am a proud member of the Trans and Queer Provider Advocacy Coalition.

We're here today in strong support of Resolution 0817, calling on the New York State Legislature to fund hospitals and healthcare services so gender affirming care remains accessible for all New Yorkers.

For the young people we serve, many of whom have been rejected by family, isolated from support networks, and targeted by discrimination, access to gender affirming care is not only optional, it's life-saving. It reduces risk of suicide, supports mental health, and affirms their right to live as their authentic selves. Without proper funding, these youth we serve face dangerous barriers that compound their traumas and marginalizations.

We also stand in full support of Introduction 1258, which would allow New Yorkers to correct the sex designated on their death records. And it seems like a bureaucratic detail, but for transgender and non-binary people, including the youth we serve, many of whom are two times as likely to experience an early death as their cishet peers, this is about

dignity, respect, and recognition. Many of our young people fear they will be misgendered, not only in life but in death, especially if their estranged family members are in charge of those records. This local law ensures that, even in death, trans and non-binary people are honored and remembered for who they are.

These are not symbolic measures, they are concrete steps towards protecting, affirming, and honoring those most marginalized in our community. The Alie Forney Center urges to Council to pass these bills and stand with the LGBTQ youth who need you now more than ever. Thank you so much.

CHAIRPERSON LOUIS: Thank you for being here, you are dismissed.

And now we have public testimony virtually on Zoom. Shaniyat Chowdhury?

SERGEANT AT ARMS: Your time starts now.

CHAIRPERSON LOUIS: Shaniyat Chowdhury?

SERGEANT AT ARMS: You may begin.

SHANIYAT CHOWDHURY: Hi, give me one second, I'm just pulling up my notes.

CHAIRPERSON LOUIS: Okay.

SHANIYAT CHOWDHURY: Good morning, Council Members. My name is Shaniyat Chowdhury, and I serve as the Director of Development at Asiyah Women's Center, the only emergency shelter in New York City led by and for Muslim women.

I'm here today in a strong support of Intro 1094, because failure to act on this issue is not just a policy gap but it's a moral one. Female genital mutilation is a violent act, it leaves lasting wounds — physical, emotional, and generational. Yet, too many city workers remain unequipped to recognize it or respond in a way that is culturally competent and trauma-informed.

This legislation matters, because it centers dignity and ensures that survivors, often Black, brown, and immigrant Muslim girls, are not met with silence or shame, but with care, understanding, and protection.

We urge you to pass this bill, and to do so hand in hand with community organizations that survivors already trust. This is more than about training, it's about justice. Thank you.

CHAIRPERSON LOUIS: Thank you.

If there is anyone present in the room or via Zoom that hasn't had the opportunity to testify, please raise your hand.

Seeing no one else, I would like to note that written testimony, which will be reviewed in full by the committee staff, may be submitted to the record up to 72 hours after the close of this hearing by emailing testimony@council.nyc.gov.

Thank you. [GAVEL]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date June 19, 2025