

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

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December 2, 2024
Start: 10:15 AM
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HELD AT: Council Chambers - City Hall

B E F O R E: Lynn C. Schulman
Chairperson

COUNCIL MEMBERS:

Joann Ariola
Carmen N. De La Rosa
Oswald Feliz
James F. Gennaro
Kristy Marmorato
Julie Menin
Mercedes Narcisse
Kalman Yeger
Susan Zhuang

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

Michelle Morse
Acting Health Commissioner at DOHMH

Gretchen Van Wye
Assistant Commissioner DOHMH Bureau of Vital
Statistics

Carolyn Olson
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Elizabeth Solomon
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Pasquale Rummo
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Emily Lee
Korean Community Services

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American Heart Association

Sara Kim
Korean Community Services

Bernard O'Brien
Behalf of Professor Sean Haley CUNY Grad School
of Public Health

Monica Bartley
United Methodist Church Deaconess

Imam Sheikh Undal
Committee from Melrose Neighborhood, Bronx

Emily Hiron
Chili's on Wheels

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

Tiffany Lee
Altagracia Faith Justice Works

Rabbi Yonah Berman
YCT Rabbinical School

Edward Chinery
Rector of Church of the Ascension Greenwich
Village

Kelly Moltzen
Interfaith Public Health Network

Sanjivan Patel
Wyckoff Heights Medical Center

Sylvia Serene
Public Health Advocate IPHN

Carolina Espinosa
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Sara Ribakove
Center for Science and Public Interest

Elaine Perlman
Waitlist Zero

Rebecca Johnson
Plant Powered Metro New York

Kiara King
Teens for Food Justice

Tammy Switzer
CUNY School of Public Health

Natalie Greaves-Peters
Laurie M. Tisch Food Center

Benjamin

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

Hussein Yatabarry
Muslim Community Network

Shen'naque Sean Butler
Fresh Healthy Food Initiative

Eloisa Trinidad
Chili's on Wheels

Sharon Brown Jeter

Gee Yu Lee

Lianna Levine Reisner
Plant Powered Metro New York

Raul Rivera

Elyse Cole Grant

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2 SERGEANT AT ARMS: Good morning and
3 welcome to the New York City Council hearing of the
4 Committee on Health. At this time, can everybody
5 please silence your cell phones? If you wish to
6 testify, please go up to the Sergeant at Arms desk to
7 fill out a testimony slip. Written testimony can be
8 emailed to testimony@council.nyc.gov. Once again,
9 that is testimony@council.nyc.gov. At this time and
10 going forward, nobody is to approach the dais. I
11 repeat, nobody is to approach the dais. Chair, we
12 are ready to begin.

13 CHAIRPERSON SCHULMAN: Thank you. [gavel]
14 Good morning everyone. I'm Council Member Lynn
15 Schulman, Chair of the New York City Council
16 Committee on Health. I want to thank all of you for
17 joining us at today's hearing on HealthyNYC, the
18 population health agenda for New York City. We're
19 also considering Introduction 641 by Council Member
20 Kevin Riley in relation to nutrition standards and
21 beverage options for children's meals served in food
22 service establishments, and Introduction 1047 by
23 Council Member Shaun Abreu in relation to
24 establishing a sleep apnea screening pilot program
25 and public education and outreach campaign. Before

1 we begin, I'd like to note that we've been joined by
2 Council Members Ariola, Narcisse, Zhuang. In
3 November of 2023, I joined the Mayor and the DOHMH
4 Commissioner Ashwin Vasan to announce HealthyNYC, a
5 bold new initiative to increase New Yorker's life
6 expectancy to 83 years of age by 2030. My
7 legislation enacted earlier this year, Local Law 46,
8 codified HealthyNYC to ensure the campaign endured
9 beyond any one administration. The law required
10 DOHMH to develop a five-year population health agenda
11 to improve public health outcomes, address health
12 disparities, and improve the quality and access to
13 healthcare. The law also requires annual reports to
14 the Council on DOHMH's progress towards reaching the
15 Healthy NYC goals. Powering HealthyNYC is a simple
16 idea. The greatest city in the world should be the
17 healthiest city in the world. According to the
18 HealthyNYC agenda, life expectancy in New York City,
19 the average number of years a person can expect to
20 live from the time of their birth dropped
21 dramatically from 82.6 years in 2019 to 78 years in
22 2020. This represented the biggest and fastest drop in
23 lifespan in a century. While the 2024 HealthyNYC
24 progress report shows an increase in life expectancy
25

1 to 81.5 years in 2022, from 80.7 years in 2021, this
2 incense predates the launch of HealthyNYC and still
3 reflects a lower life expectancy than prior to the
4 COVID-19 pandemic. The decrease in life expectancy
5 was not experienced equally among all New Yorkers.
6 Instead, the largest decreases were among Black and
7 Latino New Yorkers. For Black New Yorkers, the
8 COVID-19 pandemic worsened existing health
9 inequities. The HealthyNYC agenda lays out the major
10 drivers of decreased life expectancy in our city,
11 heart and diabetes-related diseases, screenable
12 cancers, COVID-19, substance abuse, homicide, suicide
13 and pregnancy-associated deaths. HealthyNYC sets
14 ambitious goals to reduce these drivers of decreased
15 life expectancy leveraging partnerships with
16 healthcare providers, nonprofit organizations, faith-
17 based groups, businesses, academic organizations, and
18 philanthropic organizations to make lasting
19 improvements beyond 2030. As Chair of the Committee
20 on Health I am committed to ensuring that DOHMH has
21 the resources and tools it needs to meet or exceed
22 the HealthyNYC goals. It is imperative that the
23 agency collects and reports detailed metrics and data
24 that chart our progress towards those goals across
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1 demographics and that the city buildings durable
2 partnerships with accountability methods in place to
3 transform health outcomes. DOHMH is one of largest
4 and most respected public agencies in the world, and
5 with support from this council and from organizations
6 across the City, together I know we have the
7 resources, the knowledge and the networks to enhance
8 the health and wellbeing of all New Yorkers. I have
9 dedicated my personal and professional life to
10 healthcare advocacy, and I've always believed that
11 healthcare is a human right. Now more than ever, the
12 City must recommit itself to an expansive and
13 inclusive approach to public health and healthcare.
14 HealthyNYC is an integral component of this vision,
15 and I look forward to closely collaborating with the
16 Administration and HealthyNYC's partner organizations
17 to achieve our goals. Thank you to Acting
18 Commissioner and Chief Medical Officer Doctor
19 Michelle Morse-- we love having you here, by the way--
20 - and the DOHMH team who are here today to discuss
21 this critical program. I want to conclude by
22 thanking the Committee Staff for their work on this
23 hearing, Committee Counsel Sarah Sucher and Chris
24 Pepe [sp?], Policy analyst, Mahnoor Butt,

1
2 and the Finance Staff, Danielle Heifetz, and
3 Florentine Kabore, as well as my team Jonathan
4 Boucher, Kevin McAleer, and Avygayl Zucker. I'll now
5 turn it over to Council Member Abreu to make a
6 statement about his legislation being considered
7 today, Introduction 1047.

8 COUNCIL MEMBER ABREU: Good morning, and
9 thank you Chair Schulman for giving me the
10 opportunity to speak about my bill today. Over a year
11 ago I was diagnosed with sleep apnea. It all started
12 when a friend heard me snoring and suggested I get
13 tested. A few weeks later, I was officially
14 diagnosed and began treatment. My story isn't
15 unique. Many people discover that they have sleep
16 apnea after a friend or a partner notices them
17 snoring or gasping for air during the night. Sleep
18 apnea affects an estimated 30 million people
19 nationwide, yet approximately 80 percent of these
20 cases, about 23 million, remain undiagnosed. Based
21 on the data we've been able to find, we suspect that
22 around a quarter of New Yorkers age 30 to 70 could be
23 living with this condition. In some ways, I'm
24 fortunate. My loud sleep apnea snore alerted those
25 close to me that something was wrong, but not

1 everyone has obvious symptoms. For example, women
2 with sleep apnea are less likely to experience loud
3 snoring as a symptom. Other less common symptoms of
4 sleep apnea include fatigue, headaches and
5 unexplained weight gain, and a dry mouth or sore
6 throat. These symptoms can be easily overlooked or
7 mistaken for other issues, but they can take a toll
8 over time, affecting daily life and wellbeing.
9 Untreated sleep apnea doesn't just affect your
10 physical health. It impacts your mental health and
11 quality of life. It can make it harder to focus at
12 work, lead to mood swings or irritability, and even
13 take away time from your family. Sleep deprivation
14 caused by sleep apnea can also be dangerous,
15 increasing the risk of accidents such as falling
16 asleep at the wheel, and over the long-term untreated
17 sleep apnea significantly raises the risk of
18 conditions like hypertension, heart disease and
19 stroke. Since getting treatment, I've experienced
20 firsthand how life changing it can be to address
21 sleep apnea. I sleep more restfully. My mood has
22 improved, and I have more energy during the day.
23 Most importantly, I'm able to show up for my personal
24 and professional life in ways that I couldn't before.
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1
2 This is why awareness and access to screening are so
3 crucial. That's why I'm proud to sponsor Intro 1047
4 and would like to thank Chair Schulman for being a
5 co-prime on this bill. This legislation would
6 establish a pilot program for sleep apnea screening
7 and an awareness campaign to educate the public about
8 the disease and available treatments. Just because
9 you're snoring doesn't mean you're having good sleep.
10 It's more than a snore. That's what this campaign is
11 about, it's more than a snore. We want you to get
12 the help that you need very early on. Good restful
13 sleep is essential to our health. I'm proud of our
14 proposed legislation, and finally enjoy a good
15 night's sleep. Sometimes, it's just more than a
16 snore. Thank you, and I look forward to hearing from
17 the admin.

18 CHAIRPERSON SCHULMAN: Thank you, Council
19 Member Abreu. I will now turn it over to Council
20 Member Riley to make a statement about his
21 legislation being considered today, Introduction 641.

22 COUNCIL MEMBER RILEY: Thank you, Chair.
23 Good morning, Chair and esteemed colleagues and
24 guests. I'm proud to speak today about Intro 641,
25 the Healthy Kids Meals bill. This legislation is not

1
2 about dictating what parents should feed their
3 children. It's about ensuring families have access
4 to healthier, balanced options when dining out. By
5 requiring at least two meals on children's menu to
6 meet established nutritional standards, we are making
7 it easier for families to choose nutritious meals
8 without sacrificing convenience. The bill also
9 reduces sugary beverage options, empowering parents
10 with healthier choices that align with their goals
11 for their children's wellbeing. This is about access
12 and equity, ensuring that every family regardless of
13 where they live have the ability to prioritize health
14 when making decisions about their child's diet. I
15 want to thank my 37 co-sponsors for standing with me
16 on this effort and extend deep gratitude to the
17 advocates and organizations who dedicated have
18 propelled this initiative forward. Having 38 out of
19 51 Council Members supporting this bill underscores
20 the strong commitment of this body to improve the
21 health and wellbeing of New York City's children.
22 Let's continue to lead the way in building a city
23 where every child has the opportunity to thrive with
24 access to healthier, brighter futures. I urge my
25 colleagues and all stakeholders to join me with

1 affirm to tell the truth, the whole truth and nothing
2 but the truth in your testimony before this committee
3 and to respond honestly to Council Member questions?
4 Doctor Morse? Gretchen Van Wye? Carolyn Olson? And
5 Elizabeth Solomon? Thank you. You may proceed.

7 ACTING COMMISSIONER MORSE: Good morning,
8 Chair Schulman and members of the Committee. I am
9 Dr. Michelle Morse, Acting Health Commissioner and
10 Chief Medical Officer at the New York City Department
11 of Health and Mental Hygiene. I'm joined today by
12 Gretchen Van Wye, Assistant Commissioner in the
13 Bureau of Vital Statistics; Carolyn Olson, Assistant
14 Commissioner in the Bureau of Environmental
15 Surveillance and Policy; and Elizabeth Solomon,
16 Executive Director, Nutrition Policy and Programs.
17 Thank you all for the opportunity to testify today on
18 HealthyNYC, our campaign for healthier, longer lives.
19 In November 2023, we launched HealthyNYC not as a
20 singular Health Department initiative, but as an
21 overarching framework for how New York City should
22 approach public health. Every piece of our work at
23 the Health Department, and work beyond this agency,
24 is in pursuit of a larger, shared goal. The increase
25 in life expectancy you see between 2021 and 2022

1 largely reflects the impact of controlling the COVID-
2 19 pandemic. Our citywide emergency response proved
3 that public health works when there are significant
4 investments and a whole of government response, and
5 HealthyNYC builds on that success. This is public
6 health at work. We've set out to raise the life
7 expectancy of our city to its highest-ever level: 83
8 years by 2030. To achieve that overarching goal,
9 HealthyNYC sets ambitious targets to address the
10 greatest drivers of premature death, including
11 chronic and diet-related diseases, screenable
12 cancers, overdose, suicide, maternal mortality,
13 violence, and COVID-19. As Acting Commissioner and a
14 practicing physician at Health + Hospitals Kings
15 County, I have seen first-hand how these drivers
16 impact New Yorkers. They degrade our health and
17 shorten out lifespans. We're excited to discuss our
18 activities over the last year with you, including the
19 release of our latest datasets, which we announced at
20 our recent HealthyNYC Symposium. I also want to
21 express my gratitude to Speaker Adams, Chair
22 Schulman, and all the members of the City Council who
23 voted to make HealthyNYC a local law. From its
24 inception, HealthyNYC was designed to be an evolving
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2 project. By codifying this work, you all helped
3 ensure that we continue to reevaluate our goals and
4 approaches in accordance with the latest data. You
5 also helped preserve HealthyNYC as a permanent part
6 of the architecture of this city, regardless of
7 changes in administrations and commissioners alike.
8 We appreciate your commitment to this endeavor, and
9 we thank you for working with us to accomplish this
10 goal. By adopting the goal of raising our city's life
11 expectancy, we have committed ourselves to improving
12 a critical measure of society's progress. We're part
13 of a field that has dramatically remade human
14 history. Public health has proven its value time and
15 again. Through improvements in sanitation, water
16 infrastructure, vaccinations, and more, and we've
17 been able to extend life expectancy in our city and
18 our country by several decades over the course of
19 history. It's now time to take another leap forward.
20 We're coming off the heels of a pandemic that took
21 years off our lives. In New York City in particular,
22 life expectancy dropped by nearly five years in 2020.
23 We need to recover the years we lost and extend life
24 expectancy, which had stagnated for nearly a decade
25 before the pandemic. The New York City Health

1 Department is the oldest and largest Health
2 Department in the country. We have a staff of over
3 7,000 people, and we possess both deep public health
4 expertise and a clear commitment to racial equity.
5 The latter has been notably absent from major public
6 health advancements over the course of our history.
7 For instance, reliable access to clean drinking water
8 helped dramatically increase national life
9 expectancy. But access to that water was not, and
10 still is not, shared equitably. Most places you look
11 in education, housing, and beyond, outcomes across
12 our society are stratified by race and by wealth.
13 This time, as we set out to improve life expectancy,
14 we've resolved to interrupt a long, historical
15 pattern of indifference toward racial inequities and
16 unfair access to life-saving treatments. To that
17 end, we have structured our work around three
18 distinct pillars. The first is our public campaign,
19 which aims to educate New Yorkers about our work and
20 the resources available to them. The second is our
21 commitment to bring together experts and stakeholders
22 from often siloed sectors, be that public and
23 private, community and government, or public health
24 and clinical care. The last pillar is our
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1 recognition that none of this work matters unless we
2 change the way we focus our resources. We're working
3 to ensure that public health interventions with
4 proven success continue to make an impact. The
5 foundation that unifies all three of these pillars is
6 equity. We're determined to create and implement
7 targeted health interventions that address the
8 centuries of disinvestment responsible for
9 inequitable health outcomes. In our first year, we
10 have made remarkable progress. We launched our
11 HealthyNYC partner program to bring in a diverse set
12 of stakeholders from clinical care, academia, and the
13 private sector. HealthyNYC partners formally join our
14 cause for healthier, longer lives. They help
15 publicize our campaign, contribute to one or more of
16 our goals in the own work, and lend their resources
17 to these efforts. We also developed seven strategy
18 maps to align with each of our health equity New York
19 City goals. Our strategy maps identify the most
20 effective health interventions for each mortality
21 driver and name the stakeholders, including
22 healthcare systems, policymakers, and community-based
23 organizations that are best positioned to carry out
24 those interventions. They serve as a guide both for
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1 the Health Department and our broader network of
2 partners as we continue to work towards our goals.
3 The strategy maps complement topic-specific plans and
4 reports that the Health Department has issued in
5 recent years that outline strategies and
6 recommendations. These reports include Care,
7 Community Action: A Mental Health Plan for NYC,
8 released in 2023; the Maternal Mortality Review
9 Committee's report on Pregnancy-Associated Mortality
10 in New York for the years 2016-2020, which was
11 released in September of this year; and a forthcoming
12 report on chronic disease that we plan to issue in
13 early 2025. Lastly, we've announced our partnership
14 with the Institute for Healthcare Improvement to
15 launch three Improvement Collaboratives over the next
16 two years. These Improvement Collaboratives will
17 focus on behavioral health, preventative health, and
18 maternal mortality. Each one will bring together
19 relevant stakeholders to create and implement a path
20 forward for better health outcomes in their area of
21 focus. While we're currently in the planning stages
22 of this work, these Collaboratives will launch in the
23 spring of 2025. As we continue to refine our work
24 and launch new programs, we need a clear picture of
25

1 health in New York City in as close to real time as
2 possible. That leads me to the reason we're all here
3 today, the release of our 2022 data. I'd like to
4 preface this by clarifying that this is our most
5 recent set of numbers from 2022, and we launched
6 HealthyNYC in November of 2023. We can't attribute
7 these numbers, for better or worse, to this campaign
8 just yet, but what they offer instead is a clearer
9 picture of the state of our city. They provide us
10 with crucial guidance and insight on how we might
11 refine our focus moving forward. There are a few
12 trends I'd like to highlight today. The first is our
13 overall progress toward higher life expectancy. We
14 are on track to meet or exceed our goal of raising
15 New Yorkers' life expectancy to at least 83 years by
16 2030. Life expectancy at birth in 2022 rose to 81.5
17 years. That's up by almost a year from 80.7 in 2021,
18 but it's still about a year below the pre-pandemic
19 level in 2019. As a city, we're moving in the right
20 direction, but even as we gain back some of the time
21 we lost in the pandemic, we've maintained the pre-
22 existing inequities in lifespan. Black communities
23 die younger than their white, Hispanic, and Asian
24 neighbors. These data reveal that despite citywide
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1 gains, Black New Yorkers are dying more than five
2 years earlier than white New Yorkers. I also want to
3 acknowledge that New York City is home to the largest
4 urban population of people identifying as Natives,
5 First Nations, and Indigenous peoples of the Americas
6 in the United States. That group constitutes about
7 118,000 people, which is 1.3 percent of our city's
8 population. They are not reflected in HealthyNYC due
9 to the size of the population and the smaller number
10 of deaths, which make one-year statistical estimates
11 unreliable. Now, I'd like to parse out what's
12 driving both the increase in life expectancy and the
13 persistence of racial inequity. Let's start with the
14 good news: we're gaining back years largely because
15 COVID-19-related mortality has dropped so
16 dramatically in recent years. From 2021 to 2022, we
17 saw a 48 percent decrease in the COVID-19 deaths--
18 the rate of COVID-19 deaths. We're well on our way to
19 surpass our goal of a 60 percent decrease by 2030.
20 That drop is in and of itself an enormous victory.
21 But what stands out to me is that overall numbers
22 have declined and the gaps between racial groups have
23 narrowed significantly. At the height of the
24 pandemic, there was massive racial inequity in COVID-

1
2 19-related deaths. In 2020, Black and Hispanic New
3 Yorkers were dying at twice the rate of white New
4 Yorkers. In 2022, COVID-19 mortality was 1.2 times
5 higher among Black residents than their white and
6 Hispanic counterparts. While health outcomes are
7 still not equitable, it is a meaningful improvement.
8 Racial inequity in COVID-19 deaths is now
9 significantly less than it is among our other major
10 mortality drivers. COVID-19 is our proof point that
11 we can make meaningful and rapid change when we have
12 the political will to take a cross-sector approach to
13 public health and can invest in the resources needed
14 in priority communities-- all part of
15 operationalizing equity. There are other areas,
16 however, that are slower to progress. We did not see
17 a statistically significant change citywide or in
18 terms of racial inequities in the death rates for
19 heart- and diabetes-related diseases, which remain
20 the leading cause of death in our city. We'll
21 continue to monitor these numbers closely and
22 prioritize our health interventions in that arena.
23 Our 2022 data also revealed some areas where death
24 rates are climbing. Overdose deaths more than
25 doubled from 2019 to 2022, and that uptick has been

1 especially steep for Black and Hispanic New Yorkers.
2 To me, what puts the gravity of this trend into
3 perspective is just how much overdoses have climbed
4 the ranks. In the last decade or so, they have
5 become a leading cause of death in New York City. In
6 2010, overdoses were the 10th leading cause of death
7 in New York. In 2020, they were the sixth, and in
8 2022, they ranked fourth. We're facing a crisis that
9 has dramatically worsened in recent years, especially
10 among Black and Hispanic communities. The increased
11 isolation imposed by the pandemic and the influx of
12 often-undetected fentanyl in the drug supply have had
13 devastating effects across our city. More than 80
14 percent of fatal overdoses involved fentanyl in 2022.
15 The racial inequities in these deaths are a clear
16 consequence of long-term community disinvestment and
17 structural racism. While our overdose prevention
18 efforts are citywide, they focus on the communities
19 with the highest need. We're working to make
20 naloxone and fentanyl test strips widely available,
21 strengthen our harm reduction programs, and partner
22 with community-based organizations in high-need areas
23 to support the full continuum of care. Perhaps the
24 most important thing these data can show us are the
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1
2 pain points of our city's health. The numbers
3 illuminate the issues and communities we owe our
4 care, our attention, and our resources. It's up to
5 us to listen and to act. As we enter the second year
6 of HealthyNYC, our charge is clear. While we work to
7 give all New Yorkers more time, we can't lose sight
8 of the reality that we're facing deep inequities in
9 longevity, who lives, and who dies. There is no more
10 valuable currency than time, and in turn, there is no
11 greater injustice. HealthyNYC is working just as it
12 was intended to. The data we're collecting offers
13 insight for how we can better tailor our work to the
14 needs of the city we all serve. I'm proud of this
15 work, particularly the gains in life expectancy we
16 made as a result of our whole of government response
17 to the COVID-19 pandemic, and I believe
18 wholeheartedly in our potential. We owe it to New
19 York, and to Black New Yorkers in particular, to do
20 everything we can to give them more time with the
21 people they love. We look forward to working with
22 Council as we continue this work, and we thank you
23 for your ongoing partnership. I'll now turn to the
24 legislation that's related to the hearing today.
25 First, I'll address Intro. 641, which relates to

1
2 nutritional standards and beverage options for
3 children's meals served in food establishments. The
4 Health Department consistently supports efforts to
5 promote healthy eating and we appreciate the intent
6 of this bill. As this bill is currently written,
7 restaurants would not be able to comply with the
8 terms of the legislation and the Health Department
9 would be unable to enforce it, but we look forward to
10 continuing the conversation with the Council on this
11 legislation. I would also like to address Intro.
12 1047, which relates to establishing a sleep apnea
13 screening pilot program and public health and
14 education outreach campaign. The Health Department
15 does not provide care that requires specialized,
16 repeat visits to clinical healthcare facilities and
17 therefore is unable to stand up this type of
18 programming, but our colleagues at Health + Hospitals
19 have submitted written testimony on their sleep apnea
20 program. Thank you for the opportunity to testify
21 today, and I'm happy to answer any questions.

22 CHAIRPERSON SCHULMAN: Thank you for the
23 comprehensive testimony, Doctor Morse. So, it has
24 been a little over a year since the Administration
25 announced the HealthyNYC campaign to increase life

1
2 expectancy for New Yorkers. What challenges have you
3 faced in implementing programs or initiatives that
4 are part of the campaign, and how do you plan to
5 address those?

6 ACTING COMMISSIONER MORSE: Thank you for
7 that question, Council Member and Chair. It has been
8 a very powerful learning experience over the past
9 year as we both are even more transparent with data
10 and trends, and as we hone in even more on the seven
11 main drivers of lower life expectancy in New York
12 City. So far, there are challenges, but we also have
13 a long history of working on exactly these seven
14 drivers in the New York City Health Department. We
15 have over 7,000 staff and much of their work is
16 related to those seven main drivers of shortening
17 life expectancy, areas that shorten life expectancy.
18 So, although we are still learning, I do feel like
19 we're on the right track and we've learned already
20 how to engage stakeholders, both our sister agencies
21 across government and those external to government in
22 really rallying around this campaign. I would say
23 that the areas that we need to continue to focus on
24 are what I mentioned. It's very, very powerful to
25 see a near elimination of racial inequities in COVID-

1
2 19-related deaths with our multi-year whole of
3 government response, and that is a model that we can
4 use to address other areas of concern like the
5 increase in overdose deaths. So, we do have our work
6 cut out for us, but I expect that with our track
7 record in public health of really extending life
8 expectancy in leaps over many decades that we'll be
9 able to get on track.

10 CHAIRPERSON SCHULMAN: So, you also
11 mentioned in your testimony the two areas that are
12 somewhat challenging, cardiovascular health as well
13 as diabetes. Do you have anything in particular that
14 you'd like to maybe do differently and maybe think
15 out of the box a little bit? Because it's always
16 been an issue.

17 ACTING COMMISSIONER MORSE: this is true,
18 Chair. This is a big challenge. And cardio
19 metabolic disease, cardiac and diabetes-related
20 disease has been the number one cause of death for
21 many, many years outside of the COVID pandemic. So
22 we are familiar with the challenges of addressing
23 chronic disease, and we have more work to do. We're
24 very excited to in early 2025 be releasing a chronic
25 disease report that focuses on three main areas of

1 work. The first is material needs. That's what does
2 someone need to be able to live a healthy life,
3 whether that's housing, transportation, you know,
4 support for buying healthy and nutritious food, those
5 kinds of things. The second area is commercial
6 determinants of health. These are what are the
7 practices of corporations that either facilitate or
8 undermine healthy choices, and that includes areas
9 like alcohol and, you know, tobacco and other areas.
10 The third area of focus in our chronic disease report
11 is on healthy living and healthy behaviors. So
12 things like our active design guidelines are one of
13 the areas that's described in the report. So we do
14 have what we think is a really powerful report that's
15 going to set a powerful course forward for some of
16 the work city government can do in preventing and
17 addressing chronic diseases, and as a practicing
18 clinician, I will also say that diabetes and cardiac
19 disease is one of the biggest challenges we face.
20 When I work at Kings County, I see the complications
21 of those chronic diseases in particular every day,
22 and there is more work to do. And then the final
23 thing I'll mention is that we do have a database that
24 allows us to monitor diabetes, both the amount, the
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1
2 prevalence of diabetes as well as uncontrolled
3 diabetes across the city. Every year we submit a
4 report to council on that diabetes prevalence, and we
5 look at it by population. We look at it by
6 neighborhood. We look at it by income level. What
7 we have found year after year is that there is a
8 large, large inequity in the prevalence of diabetes.
9 So, for example, there's almost a two times higher
10 prevalence of diabetes in some areas of the south
11 Bronx as compared to Greenwich Village in SoHo. So we
12 know that we need to focus on the neighborhoods where
13 diabetes is a major challenge. We also know that we
14 need to focus on New Yorkers who are living with low
15 wealth. The gap in diabetes prevalence for the
16 highest wealth neighborhoods as compared to the
17 lowest wealth neighborhoods is significant. So
18 those are the kinds of data that help guide the
19 Health Department in deciding where to implement
20 programs, where to focus our resources, and how to
21 engage with New Yorkers experiencing complications
22 from diabetes.

23 CHAIRPERSON SCHULMAN: Yeah, offline I
24 want to have a conversation with you, because we're
25 getting into budget season, about what maybe we can

1 do beyond the normal course of business. The other
2 is that I just wanted to ask you, and this is just
3 out of the box-- so, I don't know if you're aware NIH
4 is doing this massive study right now about
5 individuals health diets for individuals based on
6 their metabolism, and they have-- it was on one of
7 the news shows, either CBS this morning or something
8 like that, where they have people who have
9 volunteered, and they live on campus where they're
10 doing this, and they have them eat certain meals and
11 it's geared towards their exact makeup, their genetic
12 makeup, their-- all kinds of things. So, it's an
13 individual diet for folks, and it's a massive study.
14 I don't know. I mean, you know, the administration is
15 coming to an end. I don't know if they're going to
16 continue it or not, but maybe it's something to take
17 a look at.

19 ACTING COMMISSIONER MORSE: Well, Chair
20 Schulman, we would number one, love to continue to
21 the conversation about what we can do to better
22 address diabetes offline, and we will look into this
23 study. I'll also say that in addition to that study,
24 which I'm sure will be very informative, we also know
25 that things like guaranteed basic income for New

1
2 Yorkers who are experiencing diabetes and
3 complications as well as other innovative approaches
4 to address material needs, access to healthy and
5 nutritious foods, all of those kinds of things would
6 make a big difference. So, we look forward to that
7 conversation.

8 CHAIRPERSON SCHULMAN: And I also think
9 that if we can make it easier for people to take care
10 of themselves, I think that would be helpful, too,
11 which feeds into a lot of what you discussed. What
12 is-- how are you working with H+H on all of these
13 things?

14 ACTING COMMISSIONER MORSE: Thank you for
15 that question. And we completely agree with you that
16 part of the goal in HealthyNYC and our focus on
17 chronic diseases is to make the healthiest choices
18 the default and easy and accessible choice for New
19 Yorkers. one of the really important ways that we do
20 that in the New York City Health Department and that
21 is directly in partnership with Health + Hospitals,
22 is we do have very extensive programs helping to
23 enroll New Yorkers in health insurance, and part of
24 the reason is that is important is because having all
25 of your preventative care, your screenings for cancer

1
2 and otherwise, all of those kinds of things are even
3 more accessible and easier to access with health
4 insurance. So we do continue to partner with lots of
5 stakeholders across the city for enrollment for all
6 New Yorkers who are eligible in health insurance, and
7 we also work with Health + Hospitals on NYC Cares
8 which is their healthcare access program for people
9 who don't qualify for other health insurance forms.
10 We specifically also work with them on a program
11 called Groceries to Go which really also tries to
12 ensure that New Yorkers who are food insecure or
13 nutrition insecure have an easier way to access the
14 food and healthy food as well that they need.

15 CHAIRPERSON SCHULMAN: I believe that's
16 fully funded now, as a matter of fact.

17 ACTING COMMISSIONER MORSE: For this year
18 it is.

19 CHAIRPERSON SCHULMAN: For this year,
20 yes. So the other thing that I just also want to
21 mention is I'd like to see at some point a
22 collaboration of H+H, DOHMH, and maybe some of the
23 pharmaceutical companies, because they have a lot of
24 things in the works in terms of groundbreaking
25 treatment. So, as an example, I have high blood

1
2 pressure and I don't do well on the medications, but
3 there's a drug in stage two testing that will-- it's
4 an injection that you would get once every six
5 months, and it's had good results so far. I mean,
6 it's another or three years before it's on the
7 market, but if there's a way for us to get folks into
8 some of those maybe clinical trials or see if there's
9 a way once something is out on the market and FDA
10 approves, that we have access to it. So, I just want
11 to make that suggestion, because that's much better
12 than taking a pill that has side effects and
13 everything else.

14 ACTING COMMISSIONER MORSE: We are happy
15 to work with Health + Hospitals on access to drugs
16 that address hypertension. We also know the
17 prevalence of hypertension for adult New Yorkers is
18 upwards of 30 to 40 percent depending on the
19 population you look at. And so we know that high
20 blood pressure is a major issues we need to continue
21 to address. It's part of HealthyNYC, and we have a
22 program called Take the Pressure Off that's really
23 geared towards specifically doing that, increasing
24 access to blood pressure cuffs, to treatment, and
25 also I would also mention, of course, the Health

1
2 Department's track record in salt labels and labeling
3 food that has high content of salt which we know also
4 is a contributor to lots of chronic diseases
5 including hypertension.

6 CHAIRPERSON SCHULMAN: Thank you. I'm
7 just trying-- I'm just thinking out of the box and
8 into the next century. The Council received the
9 first annual progress report on HealthyNYC last week
10 which is required by my bill, Local Law 46. The
11 report submitted only includes data through 2022, a
12 year before the program's launch. You mentioned this
13 in your testimony, but recognizing that this data
14 provides a limited baseline, when will DOHMH have
15 access to more comprehensive data prior to the
16 publication of the annual report due next September?

17 ACTING COMMISSIONER MORSE: Thank you for
18 that, Chair-- question, Chair Schulman. We are doing
19 a lot of work internally in the Health Department to
20 have access to even more timely data. We do think
21 HealthyNYC is a motivating and mobilizing framework
22 that allows us to have even more timely data and even
23 more transparent about that data. We are working
24 already on, you know, really getting things ready for
25 our annual report, and I would also just note that

1
2 even though 2022 data feels perhaps maybe not quite
3 as timely, it really is giving us a sense of the
4 trend, and we are happy to see the trends towards
5 increasing life expectancy in 2022. I may just ask
6 my colleague, Assistant Commissioner Gretchen Van Wye
7 to weigh in on this specific question.

8 ASSISTANT COMMISSIONER VAN WYE: Hi.

9 CHAIRPERSON SCHULMAN: Hi.

10 ASSISTANT COMMISSIONER VAN WYE: Yes, as
11 the Commissioner mentioned, we are doing everything
12 we can to prepare the data and have it released in a
13 more timely fashion. It is something that we're very
14 much committed to as an agency. Of course trying to
15 balance the need to get the data out quickly, as
16 quickly as possible while making sure it's complete
17 enough to send the proper signal.

18 CHAIRPERSON SCHULMAN: If there's a way
19 that we can see some data or a little bit of data at
20 the council level before next September that would be
21 great just to see where the trends are and everything
22 else, not to hold you totally accountable to it, but
23 that would be great. So, when you had the HealthyNYC
24 Symposium which I attended, you showed-- there were a
25 couple of maps there that you showed. Are those in

1
2 the report, those maps? Were those in the report,
3 those maps? Were they included? I'm not sure that
4 they were.

5 ACTING COMMISSIONER MORSE: we would be
6 happy to send those maps and follow up. I believe
7 they may have been linked in the report, but they
8 weren't--

9 CHAIRPERSON SCHULMAN: [interposing] Okay.
10 if you could send us-- yeah, because I noticed,
11 because I-- one map that I saw took in a large part
12 of my district, so that's why I want to see what I
13 can do each-- and the other thing, too, is to take
14 advantage of each of us as Council Members in terms
15 of our particular districts, we may be able to help
16 with a number of things, which brings me to the
17 partnerships and community engagement. HealthyNYC
18 annual report highlights the importance of
19 partnerships and achieving the campaign's goals. Can
20 you elaborate on the specific roles and
21 responsibilities of the supporter and champions?

22 ACTING COMMISSIONER MORSE: Absolutely.
23 We'd be happy to do that. We really do acknowledge
24 and recognize that HealthyNYC has to be a multi-
25 sectoral, multi-agency partnership. The Health

1
2 Department alone cannot move the city towards the
3 goals, and so we're thankful for all of our sister
4 agency partners and external stakeholders as well.
5 There's two categories of partner-- external partners
6 for HealthyNYC. There's the supporter category and
7 there's also a champion category. We now have almost
8 30 champions and supporters signed up for HealthyNYC,
9 and we continue to bring in new champions and
10 supporters as the campaign continues. So, I expect
11 that number to be even higher the next time I'm here
12 to testify in front of council. I would also just
13 acknowledge that some of those partners include
14 organizations that have been doing this work for
15 quite some time including the American Cancer
16 Society, the American Heart Association and many
17 others. And so we're thankful to have partners like
18 them, again, knowing that the more we can get all of
19 the rows rowing in the same direction across society
20 and across sectors, the more likely we are achieve
21 our goal of extending life expectancy to at least 83
22 years by 2030.

23 CHAIRPERSON SCHULMAN: what's the
24 difference between a supporter and a champion?

25

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2 ACTING COMMISSIONER MORSE: Supporters
3 are really helping to get the message out across
4 their partnerships. They're thinking as employers
5 often about what they can specifically do in their
6 own realm, and champions are really choosing to focus
7 on one particular issue or one particular commitment
8 that they're making, and often involve resources from
9 that organization as well. But we see both
10 supporters and champions as really important and
11 noteworthy partners to this campaign.

12 CHAIRPERSON SCHULMAN: No, I-- because I
13 went through the list and I'm very impressed. The
14 New York Academy of Medicine which you should totally
15 utilize. I met the President recently, and she said
16 that she would love to partner with us on anything
17 that they can do. So, we should-- you know, they do
18 a lot of-- they have a lot of data. They-- you know,
19 so, we should definitely utilize them and see what
20 they can contribute. The other I saw NYU was on
21 there. A gain, these are also institutions that have
22 clinical trials for many things that we should talk
23 to them about, and they want to-- you know, they want
24 to contribute. I mean, I've spoken to a lot of them.
25 A number of people have approached me. So, if

1
2 there's any way that I can help in that regard and we
3 can talk about that. I noticed H+H was not on the
4 list. Is there a reason for that, or?

5 ACTING COMMISSIONER MORSE: H+H is
6 definitely a partner for HealthyNYC. They've been
7 involved in many different ways, whether it's data or
8 partnership in other ways, and I will also
9 acknowledge, you know, NYAM and the President Ann
10 Kurth have been great partners to us already. They
11 hosted our September 25th Symposium on addressing
12 maternal health and are partnering with us on
13 multiple different research and other types of
14 investigations. I will say the clinical trials piece
15 that you just raised, Chair Schulman, is really
16 important. That is much more in the realm of Health
17 + Hospitals than us at the Health Department, but we
18 have lots of different ways that we're already
19 collaborating with Health + Hospitals as well.

20 CHAIRPERSON SCHULMAN: Okay, no I
21 appreciate that. I also wanted to ask you-- I know
22 you mentioned the opioid deaths and fentanyl. Can
23 you give us an update on the status of the opioid
24 settlement money? Because that seems to be a little
25 bit nebulous.

1
2 ACTING COMMISSIONER MORSE: We would be
3 happy to do that in follow-up, Chair Schulman. We
4 also acknowledge that there was a pretty significant
5 release in September that really described all of the
6 different areas of investment for the opioid
7 settlement dollars, and the Health Department has
8 been really, you know, again, excited to partner with
9 the city and the state around getting those dollars
10 to impact the areas, the neighborhoods, the
11 populations that need to be prioritized to reduce the
12 rates of overdose. I'll also mention that just in
13 the first three quarters of 2024, the Health
14 Department has distributed over 220,000 naloxone kits
15 which is much, much larger than last year, and there
16 are other areas of focus for us including the relay
17 program, increasing access to medically-assisted
18 treatment and many other programs including syringe
19 exchange that really are what we would consider
20 extremely high-impact public health programs to
21 address the overdose epidemic.

22 CHAIRPERSON SCHULMAN: And I did see that
23 the Office of the Chief Medical Examiner was at the
24 symposium, and I presume you guys work with him as
25 well, because that's very important. I know that

1
2 their data and what they see is part of the mix here.
3 DOHMH has acknowledged the persistent and
4 unacceptable racial disparities in maternal mortality
5 which is a big issue for the Council. Can you
6 elaborate on the concrete actions DOHMH is taking or
7 will take to ensure that the strategies employed to
8 reduce maternal mortality are culturally competent
9 and responsive to the specific needs and concerns of
10 the communities most impacted by these disparities.
11 Bless you.

12 ACTING COMMISSIONER MORSE: Absolutely.
13 This is a huge priority for us of all the seven
14 drivers listed for the reduced life expectancy and
15 for our goal of getting it to 83 years by 2030.
16 You'll note that Black women and pregnant people are
17 specifically named in our maternal health goal for
18 healthy NYC, and that is in large part again because
19 of the persistent racial inequities and the rates of
20 maternal mortality for Black New Yorkers. One of the
21 things that we're doing, of course, is continuing the
22 work of our maternal mortality review committee.
23 That committee brings together experts from all over
24 New York City who rigorously and extensively review
25 every single maternal death and evaluate the

1 contributors and the causes of that maternal death.
2 They also designate whether or not that death is
3 considered to be preventable, and almost three of
4 four deaths are considered preventable, particularly
5 for Black New Yorkers. So we do have work to do.
6 The MMRC's report that was released this September
7 lists out over 25 recommendations across really most
8 sectors. So, healthcare, policy-makers, community-
9 based organizations, health departments and many
10 other stakeholders. There are recommendations for
11 each of those groups on how they can contribute
12 towards protecting the lives of pregnant people and
13 reducing the rates of mortality, and then the other
14 work that we're doing is on a maternal home
15 collaborative model that seeks to decrease the silos
16 between community healthcare and other organizations
17 to really, again, protect the lives of pregnant
18 people and to fund and resource the interventions
19 that we know are evidence-based and save lives of
20 women. So, those efforts are ongoing and we'd be
21 happy to follow-up with council to discuss some of
22 those recommendations in detail.
23

24 CHAIRPERSON SCHULMAN: I appreciate that.

25 I just-- before I go to my next question, I want to

1
2 recognize that we've been joined by Council Members
3 De La Rosa, Menin, and Marmorato. So, DOHMH states
4 that its goal of HealthyNYC is to reduce homicide
5 deaths by 30 percent by 2030 by investing in
6 communities much impacted by violence. What specific
7 type of investments will DOHMH be making to address
8 this issue?

9 ACTING COMMISSIONER MORSE: Thank you for
10 that question. The work on interrupting violence has
11 been a big priority for the Health Department over
12 the years. We currently have a program called the
13 Hospital Violence Intervention Program, or HVIP, that
14 we fund in partnership with DYCD, and what we do in
15 that program is for anyone who is a victim of
16 firearm-related injury that comes into the hospitals
17 that are partners in our HVIP program, they have a
18 peer who is there to counsel them and to support them
19 as they transition out of the hospital. This is an
20 evidence-based program that's been implemented in
21 many cities around the country and that program does
22 continue at the Health Department at this time. We
23 are responsible, in particular, for the programmatic
24 data, for the technical assistance, for the trainings
25 and other aspects of the program, and that work is

1
2 very, very important to us in contributing towards
3 reducing violence-related injury.

4 CHAIRPERSON SCHULMAN: So, there's two
5 more things I want to ask about, and then I'm going
6 to actually turn it over to my colleagues and come
7 back. So, one is I'm guessing that you know about
8 the trauma hospital that Council Member Brooks-Powers
9 is trying to put in the Rockaways, because I did see
10 from the map that healthcare disparities in that part
11 of Queens is really bad, and I've been out there and
12 I will tell you that if you have a major illness or a
13 major injury, your chances of surviving are much less
14 in southeast Queens than anyplace else. So, I
15 presume you're supportive of that effort, and I don't
16 know if you have any partnership in that, I'm just
17 asking the question.

18 ACTING COMMISSIONER MORSE: Thank you for
19 asking the question. We do not currently have any
20 plans specifically around that, mostly because the
21 Health Department doesn't operate any programs
22 around-- we don't operate emergency rooms--

23 CHAIRPERSON SCHULMAN: [interposing]
24 Right.

1
2 ACTING COMMISSIONER MORSE: or trauma-
3 related programs. However, we'd be happy to learn
4 more about those efforts, and we certainly--

5 CHAIRPERSON SCHULMAN: [interposing] you
6 should be in the room.

7 ACTING COMMISSIONER MORSE: Thank you.
8 We'd be happy to.

9 CHAIRPERSON SCHULMAN: And then--
10 actually, you know what, I'm going to turn it over
11 to-- Council Member Zhuang is asking the first set of
12 questions. I'll circle back after.

13 ACTING COMMISSIONER MORSE: Thank you,
14 Chair.

15 CHAIRPERSON SCHULMAN: Thank you.

16 COUNCIL MEMBER ZHUANG: Thank you, Chair.
17 I do see the source from HealthyNYC is showing the
18 data saying the Asian and Pacific-Islander from New
19 York is very low. I don't understand why it's very
20 low, because 18 percent of New Yorkers are Asians.

21 ASSISTANT COMMISSIONER VAN WYE: Hi. I'm
22 not sure what part of the report you're referring to.

23 COUNCIL MEMBER ZHUANG: There's a chart
24 over here.

1
2 ASSISTANT COMMISSIONER VAN WYE: Oh,
3 okay. Oh, the original--

4 COUNCIL MEMBER ZHUANG: [interposing]
5 That is showing Latino, white and the Black which is
6 good, but why Asian missing?

7 ASSISTANT COMMISSIONER VAN WYE: Thank
8 you for mentioning, for bringing this up. In the
9 most recent data that we prepared we were able to
10 calculate life expectancy for the Asian population.
11 So, that is a change we've been able to make going
12 forward.

13 COUNCIL MEMBER ZHUANG: Okay, so what's
14 the--

15 ASSISTANT COMMISSIONER VAN WYE:
16 [interposing] That is--

17 COUNCIL MEMBER ZHUANG: [interposing]
18 data now? Like, what's the life expectancy?

19 ASSISTANT COMMISSIONER VAN WYE: The life
20 expectancy among Asians in New York City is the
21 highest. It's 86 years.

22 COUNCIL MEMBER ZHUANG: Okay. Okay. And
23 also, recently I see you saying a new study point out
24 that more Asian groups in United States, Chinese-
25 Americans have the highest lung cancer death rate,

1
2 probably around 2,300 people died from lung cancer in
3 New York City each year, and about 4,400 people are
4 newly diagnosed with lung cancer. Did you guys do
5 any study about any lung cancer?

6 ACTING COMMISSIONER MORSE: We'd be happy
7 to share some more of that specific data with you in
8 follow-up. We have been looking specifically at
9 screenable cancers as part of the HealthyNYC goal.
10 Lung cancer is one of those screenable cancers, and
11 so part of our effort has really been to increase
12 access to CT scan screening for lung cancer, and to
13 make sure that we're doing so in a way again that is
14 equitable. What we have seen so far to my knowledge
15 is that the rate of lung cancer death is the highest
16 for men and is the highest for Black people in New
17 York City, but we'd be happy to follow up with you to
18 understand a little bit better, perhaps in your
19 district what the access to lung cancer screening is,
20 and if there are any additional efforts that we could
21 do to make sure that education around access to lung
22 cancer screening is supported as well.

23 COUNCIL MEMBER ZHUANG: Thank you,
24 Commissioner, and I'm very happy you said you guys
25 doing data analysis by district, by area. I do think

1
2 my area don't get enough resources about screening
3 program. It's very hard for the community, especially
4 immigrant community doesn't speak the language,
5 doesn't have the resource, doesn't know where to go
6 to find help. So, I hope you guys can put more
7 resources in our neighborhood. We have the largest
8 probably-- my district has the largest Chinese-
9 American. Even Queens has the largest Asian, but my
10 district has the largest Chinese- American
11 population, and very often they don't get resource,
12 and 70 percent of them probably doesn't speak any
13 English.

14 ACTING COMMISSIONER MORSE: Thank you so
15 much, Council Member. Yes, we do have resources on
16 qualifying for lung cancer screening in multiple
17 languages, and we have several different resources in
18 that realm that we could share with you in follow-up,
19 and we'd be happy to talk more about how we can
20 partner on those efforts for prevention.

21 COUNCIL MEMBER ZHUANG: Thank you, and I
22 will follow up with you, also. Thank you.

23 CHAIRPERSON SCHULMAN: Okay, thank you.
24 Council Member Narcisse?

25

1
2 COUNCIL MEMBER NARCISSE: Good morning
3 and thank you, Chair. My question is about-- around
4 young people. I want to start with young people.
5 What efforts are being made to involve young people
6 in shaping HealthyNYC programs to address the unique
7 health needs? And one of the thing, too, before you
8 answer that question-- I don't see enough teaching
9 being done around the schools. Because if you want
10 to change the future, you have to involve young
11 people, and I have not seen that enough around our
12 city. Can you answer the question I asked? Thank
13 you.

14 ACTING COMMISSIONER MORSE: Thank you so
15 much for the question, Chair Narcisse. On the first
16 question about how are we engaging youth, one of the
17 areas that we're focusing on right now is youth
18 mental health, and so we have a number of surveys,
19 town halls, and programs that are really focused on
20 engaging New York City youth around their mental
21 health and behavioral health needs, their risks of
22 suicide and drug use, and a number of other areas,
23 and our mental hygiene division has been really
24 leading the way in some of that work. Again, both
25 through surveys and surveillance as well as direct

1
2 engagement of youth for their own ideas about how we
3 can best partner and support them. In terms of your
4 second question around how we engage New York City
5 Public Schools, there are a few different ways that
6 we do that. One of the areas of focus is in asthma
7 programming where we partner with school nurses and
8 asthma counselors in multiple different schools
9 across the city. Although we would love to be able
10 to do it in more schools, we are doing that work in
11 schools that have high rates of asthma, and that is
12 one of the areas of focus for us. We also, of
13 course, have a number of sexual health areas of focus
14 within our schools, as well.

15 COUNCIL MEMBER NARCISSE: Thank you.
16 That's very important to involve young people in
17 everything we do if we want to change the future,
18 starting with all the diseases, other disease we
19 talking about, the chronic illnesses. Those young
20 folks need to know and early on so they can make the
21 right decision, and when it comes to food and diet
22 and exercising, those are the things we need to
23 implement in our culture for the future generation.
24 There is a study that I heard. I cannot remember--
25 recall exactly. I don't want to promote the radio,

1
2 but I know it was one of the radio. There is an
3 increase in diabetes around our nation. I'm talking
4 about the whole United States of America, but there's
5 no increase in medication, like people applying
6 beyond medication. Why you think so?

7 ACTING COMMISSIONER MORSE: We'd be happy
8 to look at the New York City-specific data for that
9 question.

10 COUNCIL MEMBER NARCISSE: Because I know
11 New York City is big, so that's why I was--

12 ACTING COMMISSIONER MORSE: [interposing]
13 It sure is. It's a big city. So we'd be happy to
14 follow up with you to understand more of the
15 reference and the research, and then also share some
16 of the New York City-specific data. We have in New
17 York City seen an increase in diabetes prevalence
18 over the past 20 years, and it's-- and it's, again,
19 not equitable. It's some neighborhood--

20 COUNCIL MEMBER NARCISSE: [interposing]
21 it's not.

22 ACTING COMMISSIONER MORSE: more so than
23 others. And access to healthcare, again, is one of
24 the most important issues as well for addressing
25 diabetes, in addition to all the things we do to try

1
2 to shape the food environment and do the preventative
3 work which is in large part our role in health.

4 COUNCIL MEMBER NARCISSE: You just spoke
5 my language, preventive approach. If we don't do
6 that, we're not going anywhere, and the food, the
7 housing, I mean, I'm with you with that. May I?
8 Because I have some other questions that I want to--
9 Are the current funding levels efficient to achieve
10 the healthy NYC goals? If not, what additional
11 resources are needed?

12 ACTING COMMISSIONER MORSE: Thank you for
13 asking that question, Chair Narcisse. We always look
14 forward to partnering with Council around making sure
15 that our goals are achievable and that resources are
16 adequate. There is not a line item budget in the
17 Health Department budget for HealthyNYC, per say, but
18 we really do integrate the work towards the goals of
19 HealthyNYC and to the work of many of our bureaus,
20 divisions, and 7,000 staff. And so-- bless you.
21 Even though there's not a line item, we are working
22 to make sure that resources are really attributed to
23 the areas where we need to focus. I will mention,
24 one of our bureaus, the Chronic Disease Bureau, the
25 budget of that bureau is about \$17 million per year.

1
2 And we have other bureaus that we can follow up with
3 you as well that really align with the seven goals of
4 HealthyNYC. So, we're doing our best to make sure
5 that we have-- that we use the resources we have and
6 align them with the seven drivers of lower life
7 expectancy so that we get to 83 years by 2030.

8 COUNCIL MEMBER NARCISSE: Okay. What
9 public education campaigns are being conducted to
10 increase awareness of HealthyNYC programs, if so?
11 Please share.

12 ACTING COMMISSIONER MORSE: Thank you for
13 that question. Yes, last spring we did do a public-
14 facing campaign around HealthyNYC. It included
15 videos, social media and other types of
16 communications tools to get the word out to the
17 public across New York City about HealthyNYC and the
18 things that contribute towards health and longevity
19 in the City. So, that campaign was last spring.

20 COUNCIL MEMBER NARCISSE: Do you share
21 that with the Department of Education, those videos?
22 Because that's what I'm bringing those young folks
23 back.

24 ACTING COMMISSIONER MORSE: We can follow
25 up with you about where those campaign tools and

1
2 resources were shared, but my understanding was that
3 was much more of a public face-- general public-
4 facing campaign not targeted to any particular
5 institution.

6 COUNCIL MEMBER NARCISSE: Okay. Can you
7 provide specific examples of community feedback that
8 have shaped or altered the direction of HealthyNYC?

9 ACTING COMMISSIONER MORSE: Thank you so
10 much for that question. I think we have more work to
11 do in that realm, but we do have several approaches
12 that we use to get feedback from communities directly
13 about HealthyNYC. So some of that happens in
14 advisory councils or community board meetings that we
15 attend. Some of that also happens in regular
16 meetings with some of our community-based partners,
17 and then we also did have for several years a very
18 lengthy community engagement process across the city
19 where we really asked New Yorkers specifically what
20 their priorities were for healthy-- for their own
21 health, and that did contribute in some ways to the
22 development of HealthyNYC. The last thing that I'll
23 just mention in this particular realm is we do hope
24 to do more community engagement going forward around
25 HealthyNYC, and some of our champions and supporters

1
2 for HealthyNYC are community-based organizations, as
3 well.

4 COUNCIL MEMBER NARCISSE: Okay, my last
5 question.

6 ACTING COMMISSIONER MORSE: Sure.

7 COUNCIL MEMBER NARCISSE: Because that's
8 [inaudible]. As a nurse I'm excited to ask
9 questions, because I want to see what my Chair
10 saying, that we want to increase the age. Like, when
11 we're talking about Black and Brown community, we
12 have to play catchup all the time, and if we can
13 change that, so that's the reason I'm always excited
14 to see you and see all of the people that are doing
15 the work. The last one is on the survey. Is any
16 active survey going around for the community that we
17 see the most deficit, and how can we address those if
18 you have those survey result?

19 ACTING COMMISSIONER MORSE: Thank you so
20 much for that question. You are speaking public
21 health. We really appreciate-- we find our surveys
22 and community engagement work to be so critical for
23 shaping our work. And I'll also just tell you, I
24 think our focus on racial equity and the very, very
25 short end life expectancy of Black New Yorkers is

1
2 important. I also want to make sure we acknowledge
3 that that is not the fault of Black New Yorkers, that
4 there are policy choices, resources, investments,
5 etcetera. The last thing we want to do is blame
6 Black New Yorkers. So I do want to just underline
7 that this is about social and structural systems that
8 have created shortened life expectancy for Black New
9 Yorkers over many, many generations. And I would
10 like to invite my colleague Gretchen Van Wye to share
11 a little more about the surveys in the communities
12 that we want to prioritize.

13 ASSISTANT COMMISSIONER VAN WYE: good
14 morning again. Every year we have something called
15 the Community Health Survey that we field. This is a
16 very robust survey that allows us to identify 59
17 neighborhoods across the city what's happening in
18 terms of the health of New Yorkers. We also do
19 surveys in the schools, in the middle schools and the
20 high schools, and we compliment this with a new-- a
21 fairly new tool that's a health panel that we do
22 surveys of many times a year. So we're broadly
23 looking at general characteristics of health and
24 we're also asking people for their opinions on
25 different kinds of things and going deeper on certain

1
2 topics. I'm happy to get you a longer list of what
3 all those tools are.

4 COUNCIL MEMBER NARCISSE: Yeah, because
5 I'm interested in all the chronic illnesses that we
6 face in our community, having hospital closing in our
7 communities, not facing, you know, the only-- I'm not
8 going there because that's another subject for the
9 downstate, but anyway. So, thank you and I'm looking
10 forward for that. Thanks. Thanks, Chair.

11 CHAIRPERSON SCHULMAN: Thank you, Council
12 Member Narcisse. Council Member Riley?

13 COUNCIL MEMBER RILEY: thank you, Chair
14 Schulman. How you doing, Commissioner? So, I just
15 want to piggyback off of Council Member Narcisse, and
16 happy to hear about the surveys. I represent the
17 largest retirement community in the nation, which is
18 Co-op City which is built around [inaudible] three-
19 way [sic]. So chronic illnesses is something that's
20 really, really important to my community. Have you
21 done any outreach to the community in co-op city?

22 ACTING COMMISSIONER MORSE: Thank you so
23 much for that question, Council Member Riley. We are
24 vey aligned with you around wanting to prioritize
25 neighborhoods that suffer from a higher burden of

1
2 disease and thank you for highlighting some of the
3 challenges in Co-op city. I might actually turn to
4 my colleague Liz Solomon who helps to lead many of
5 our chronic disease programs to share more about any
6 specific outreach in Co-op City.

7 EXECUTIVE DIRECTOR SOLOMON: I actually
8 don't have anything to add in terms of outreach in
9 Co-op City, but we-- we do have a wide range of
10 chronic disease prevention programs and policies, and
11 there is a lot of engagement within those programs.
12 For example, we have Health Bucks that are coupons
13 that are distributed across the city. It can be used
14 for fruit and vegetable purchases at New York City
15 farmer's markets, and that program we work with over
16 600 programs in community-based organizations to
17 distribute the Health Bucks, and we meet with them
18 annually to get feedback on that program. So, that's
19 an example of how might approach [sic]--

20 COUNCIL MEMBER RILEY: [interposing] So,
21 maybe we could connect after this meeting to figure
22 out how we could do some outreach in Co-op City. I
23 use hold a community conversation every month, and I
24 usually move it around the district. I'm thinking
25 about doing one focused specifically on health and

1
2 would love it if you guys would come by, you know,
3 and pretty much be a part of that. I want to go into
4 my bill, Intro 96-- excuse me-- Intro 641. Can you
5 please describe the DOHMH inspection and enforcement
6 scheme for nutrition standards and menu options for
7 kid menus within restaurants in New York City?

8 ACTING COMMISSIONER MORSE: Thank you so
9 much for the question, Council Member. We do have a
10 series of regulatory and other responsibilities
11 around monitoring the food environment for children,
12 for DOE and other sister agencies. This one I'm
13 going to also pass to my colleague Liz Solomon to
14 describe a little more in detail how we do that work.

15 EXECUTIVE DIRECTOR SOLOMON: Thank you,
16 Acting Commissioner Morse, and thank you for that
17 question. We do as-- we do have an enforcement
18 division in our agency that has inspectors who
19 inspect restaurants and nutrition requirements are
20 part of that inspection. We are very supportive of
21 the bill, the intention of the bill, as Doctor Morse
22 mentioned, as mentioned-- as written, the bill is not
23 enforceable from the Health Department and
24 restaurants really would not be able to comply with
25 it.

1
2 COUNCIL MEMBER RILEY: Chair, if I may?
3 Chair Schulman, may I? Thank you. Can you explain
4 the enforcement concerns with this legislation that
5 you have?

6 EXECUTIVE DIRECTOR SOLOMON: Yes. The
7 data needed for enforcement is not required to be
8 disclosed by all restaurants per FDA rules. So, the
9 Health Department would not have the data to enforce
10 the bill.

11 COUNCIL MEMBER RILEY: Is there any
12 additional resources, if any, that could be
13 implemented in this legislation for it to move
14 forward?

15 EXECUTIVE DIRECTOR SOLOMON: Well, we
16 would love to continue to work with council to amend
17 the bill, to consider ways that we can work together
18 to support child nutrition in the restaurant setting
19 and support access for healthy meals for children.

20 COUNCIL MEMBER RILEY: Could we follow up
21 soon as possible to discuss?

22 EXECUTIVE DIRECTOR SOLOMON: We would
23 love to follow up with further conversation.

24 COUNCIL MEMBER RILEY: And my last
25 question, Commissioner, you spoke about fentanyl test

1
2 strips, I believe. Could you please describe the
3 timeline on that and the substances that you could
4 utilize those test strips on?

5 ACTING COMMISSIONER MORSE: Absolutely.
6 We'd be happy to follow up with more details or ways
7 in which community partners can request those
8 fentanyl test strips. They're specific for fentanyl.
9 There are other more advance and extensive test
10 strips that we can also offer in unique cases, but
11 we'd be happy to follow up with you offline--

12 COUNCIL MEMBER RILEY: [interposing] Thank
13 you.

14 ACTING COMMISSIONER MORSE: about access
15 to those as well as to naloxone.

16 COUNCIL MEMBER RILEY: Thank you so much.
17 Thank you, Chair.

18 CHAIRPERSON SCHULMAN: Council Member
19 Abreu?

20 COUNCIL MEMBER ABREU: Thank you so much,
21 Chair Schulman. Thank you, Commissioner, for
22 testifying today. I have a question. Do you have the
23 number of New Yorkers who are currently living with
24 sleep apnea?

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2 ACTING COMMISSIONER MORSE: Thank you so
3 much for the question, Council Member Abreu. That is
4 not data that we currently track closely or are
5 required to track by any means. The data on the
6 prevalence of sleep apnea is difficult to access for
7 a number of reasons, particularly because we are not
8 healthcare organization specifically that looks at
9 those data in the way that you may be requesting.
10 However, there is certainly-- there are a number of
11 different ways in which we do look at other chronic
12 diseases across the City, but we do not currently
13 look at sleep apnea prevalence.

14 COUNCIL MEMBER ABREU: I think that the
15 fact that Department of Health as an agency doesn't
16 have data on sleep apnea speaks to the level of
17 inattention that there has been to sleep apnea in New
18 York City for a very long time, and that's why this
19 bill-- our campaign about this being more than a
20 snore is very important. I think that folks don't
21 tend to realize that when they're asleep and they're
22 snoring. Usually think oh, I had a good sleep. I was
23 snoring all night. No. Not having air get through
24 to the places, not having oxygen to your brain or
25 having air get blocked through the passageways can

1 have very serious debilitating consequences. And as
2 a city I think that we need to have this data, and
3 not only have this data, use it to inform
4 intervention. And that's why we're doing a bill that
5 would provide free screening for New Yorkers who are
6 uninsured or whose insurance would require them to
7 pay \$100 or more out-of-pocket. I want to thank you
8 for the feedback. While I understand that DOHMH may
9 not directly have access to clinical testing, our
10 bill envisions a program that works with H+H or other
11 contracted parties to make this pilot possible and
12 reach uninsured and under-insured New Yorkers. So I
13 certainly hope we can discuss how to make this
14 possible, especially as we gear up for another budget
15 cycle in the coming months. But I wanted to ask one
16 last question. Is whether-- whether there are
17 current initiatives by DOHMH or informational
18 materials available by DOHMH that discuss sleep apnea
19 and risks associated with sleep apnea?
20

21 ACTING COMMISSIONER MORSE: thank you for
22 the question. I'll start by saying, you know, I am a
23 practicing internal medicine physician. I've been
24 practicing for over 15 years in multiple cities. It
25 is very, very common to unfortunately see sleep apnea

1
2 as a condition that patients may come into the
3 hospital with and may contribute to high blood
4 pressure and to all the other complications that you
5 referenced. So, as a clinician, it is a disease that
6 I take extremely seriously. Because it is complex
7 disease to diagnose and to treat, it really is best
8 addressed as part of an integrated healthcare
9 delivery system. And the reason I say that is
10 because often folks who have sleep apnea may have
11 other health issues as well that need to be screened
12 for and addressed. I don't know if that's the case
13 for you, Council Member, but that is the case often
14 for older folks, in particular. They may have other
15 co-existing chronic conditions that need to be
16 addressed, and so kind of, you know, doing the
17 screening for sleep apnea in isolation without access
18 to all the other healthcare delivery tools that are
19 really needed to best address the needs of those
20 patients is not ideal from our perspective, but I
21 would orient you towards the really clear testimony
22 that Health + Hospitals submitted. They do have a
23 sleep apnea program that is currently implemented
24 across five hospitals in Health + Hospitals, five of
25 the 11 hospitals in the Health + Hospitals system,

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2 and we do really feel that this is a healthcare best
3 addressed by the healthcare delivery system rather
4 than by us at the Health Department to make sure it's
5 a comprehensive program.

6 COUNCIL MEMBER ABREU: So, sorry. You
7 didn't answer my question.

8 ACTING COMMISSIONER MORSE: Sure.

9 COUNCIL MEMBER ABREU: Are there current
10 initiatives or informational materials available by
11 DOHMH that is about sleep apnea?

12 ACTING COMMISSIONER MORSE: What I would
13 say is that--

14 COUNCIL MEMBER ABREU: [interposing] Yes
15 or no.

16 ACTING COMMISSIONER MORSE: Sleep apnea
17 isn't one of the top drivers of the reduced life
18 expectancy that we've seen. So our goal with
19 HealthyNYC is to extend life expectancy to 83 years
20 or longer by 2030. The seven drivers really are the
21 ones that are the top drivers of shortened life
22 expectancy. Sleep apnea is not one of those drivers.
23 And so it's not to say it's not important. It is to
24 say it's not one of the areas of focus within
25 HealthyNYC.

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2 COUNCIL MEMBER ABREU: It needs to be one
3 of the focus areas for our city. When you have one
4 in four adults at the ages of 30 to 70 nationally--
5 that's 30 million-- 23 million of those 30 million
6 don't realize that they have sleep apnea. If we were
7 to apply those national standards to New York City,
8 that would result in 1.6 million New Yorkers. 1.6
9 million New Yorkers potentially could be living with
10 sleep apnea right now. It can result in stroke,
11 hypertension. If those are things that we can't even
12 get the basic data for as a city, I think that is
13 very concerning for us, and that's why we're
14 launching this campaign for More Than a Snore, and I
15 hope that we can reach a solution that would be to
16 the benefit of New Yorkers. Thank you very much,
17 Chair.

18 ACTING COMMISSIONER MORSE: We would be
19 happy to speak more with you, Council Member Abreu,
20 about how we can collaborate.

21 COUNCIL MEMBER ABREU: Thank you. I look
22 forward to that.

23 CHAIRPERSON SCHULMAN: Thank you.
24 Council Member Marmorato?

25

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2 COUNCIL MEMBER MARMORATO: Thank you,
3 Chair. so, as a mom of an eight-year-old who has
4 very limited food options, chicken fingers and pasta
5 with butter and culturally, most of my restaurants in
6 my district are Italian restaurants, so those are
7 really our only options. I just want to know when
8 641 passes, how are you going to roll out information
9 to-- like, what's going to be the outreach to these
10 restaurants? Are you going to send them, like,
11 pamphlets or do some kind of email outreach just to
12 educate them on other options? What is that kind of
13 looking like?

14 ACTING COMMISSIONER MORSE: Thank you for
15 the question, Council Member. I'll pass this one to
16 my colleague Liz Solomon.

17 EXECUTIVE DIRECTOR SOLOMON: Thank you
18 for the question. We typically provide education for
19 restaurants and for when we first post a rule.
20 There's typically about a year of education. So, for
21 example, for the Sweet Truth Act, we have published a
22 guidance. It's on our website, and it does get sent
23 to all restaurants. We are also available for any
24 questions and support. We really do want to support
25

1
2 the restaurants in complying with any policies that
3 are enacted.

4 COUNCIL MEMBER MARMORATO: I'd like to
5 help you guys out when the time does come, because
6 it's very important, and I don't want just limited
7 options, especially in my district and my community.
8 I do want to have a conversation now about this
9 needle exchange program. Are there any programs in
10 District 13 currently?

11 ACTING COMMISSIONER MORSE: Thanks so
12 much for the question. We can follow up with you. I
13 don't have an answer at the moment, but we'd be happy
14 to follow up with you about that.

15 COUNCIL MEMBER MARMORATO: Okay. Is
16 there a way or a website to see if we can look that
17 up ourselves?

18 ACTING COMMISSIONER MORSE: We'd be happy
19 to follow up. Just for the record, I don't condone
20 needle/syringe exchange programs in my district. I
21 feel like normalizing drug use-- I've had way too
22 many people within my community whose lives and
23 families were destroyed by drug use, and I just feel
24 like a needle exchange program is only enabling the
25 problem, and we do not welcome that in my district.

1
2 ACTING COMMISSIONER MORSE: I acknowledge
3 your position, Council Member. It is a very well-
4 studied public health intervention that saves lives,
5 but we do understand--

6 COUNCIL MEMBER MARMORATO: [interposing]
7 That's great. Thank you for that, but it's just a
8 statement. Yeah, so thank you.

9 CHAIRPERSON SCHULMAN: I'm going to hand
10 it over in a second to Council Member Narcisse. I
11 just wanted to clarify that we're having a hearing
12 today on this legislation. It's the first step in the
13 process, and there's a legislative process that we go
14 through, so there's no guarantee of where these bills
15 are going to go. So I just wanted to clarify that.
16 Council Member Narcisse had a couple of follow-up
17 questions, and then I do. Thank you.

18 COUNCIL MEMBER NARCISSE: One of the
19 thing that we always talk about, right, in
20 healthcare, hypertension is a big thing for us,
21 right? But I recently worked on Intro 996 to create
22 access around for the sphygmomanometer to be
23 accessible to people within their communities, and as
24 well as giving educational information so they can
25 make the best decision. How you see that bill going

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2 and how that can be helpful in the process of
3 preventive care?

4 ACTING COMMISSIONER MORSE: Thank you for
5 the question, Chair. We'll be happy to follow up
6 with you offline about Intro 996. We do have
7 guidance from the Health Department about taking home
8 blood pressure, how to do so, how to collaborate with
9 your primary care doctor. So this is an area that we
10 have worked on in the past, but we'd be happy to
11 follow up separately about that specific bill.

12 COUNCIL MEMBER NARCISSE: Okay. one of
13 the things that caught my attention in your
14 statement-- through improvements in sanitation,
15 that's how you're going to improve our life
16 expectancy, right? Improvement in sanitation, water
17 infrastructure and vaccinations-- with what's going
18 on, the narrative that's going on right now more than
19 ever in our country and bring it to New York City,
20 how you see that going to affect us for people that
21 are against vaccinations?

22 ACTING COMMISSIONER MORSE: Thank you for
23 the question. We did, you know, experience a lot of
24 that during the COVID pandemic. There are a lots of
25 different communities who have different perspectives

1 on the value of certain public health interventions.
2 for our current HealthyNYC and the seven main drivers
3 of shortened life expectancy, we do have a number of
4 different interventions that we think are the real
5 path forward for improve life expectancy, and COVID
6 vaccines, flu vaccines, other you know, effective and
7 safe public health interventions are definitely a
8 part of what we will continue to support cross New
9 York City to protect the health of New Yorkers. And
10 so, you know, our perspective again is that the COVID
11 vaccine, flu vaccines, these are safe and effective
12 interventions to protect the health of the public
13 during respiratory virus season and beyond.

15 COUNCIL MEMBER NARCISSE: The reason I ask
16 that question is because unfortunately we're talking
17 about COVID like almost in the past for what we've
18 been through, but we live in a global world and I'm
19 so concerned that it's increasing more and more that
20 people not receive vaccination. It's something that
21 we-- after all the study proven, that it works for
22 human being on this planet. So whatever we can do to
23 encourage-- while I respect those that feel like this
24 is what I want to do, but in general perspective in
25 the global way of seeing things, I think we need to

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2 stay kind of focused on setting advertisement out,
3 whatever we do, videos, anything to encourage people
4 to understand that is part of our life. So, thank
5 you for your work, and I do appreciate you. Thank
6 you.

7 CHAIRPERSON SCHULMAN: Okay. I just
8 wanted to ask a couple of follow-up questions. One
9 is the seven strategy maps developed by DOHMH and you
10 mentioned-- it's mentioned-- are those public or
11 those just given to us?

12 ACTING COMMISSIONER MORSE: Thank you for
13 that question. We are just finalizing the strategy
14 maps and they will be publicly available in the
15 coming week.

16 CHAIRPERSON SCHULMAN: Okay. I appreciate
17 that. Let us know. And also, just a quick follow-up
18 on Council Member Narcisse's question. In general,
19 HealthyNYC and the new administration that's coming
20 in, is there any special thinking around that, or
21 just to make sure HealthyNYC, that we're able to move
22 forward with the plans that we have? I mean, just as
23 a general thought about that.

24 ACTING COMMISSIONER MORSE: Our
25 perspective is that HealthyNYC really is an evidence-

1 based and a data-driven approach for how we improve
2 life expectancy across New York City. We definitely
3 see-- it was envisioned as an initiative and a
4 framework that would transcend, you know,
5 administrations, because it is long-term goal. And so
6 our plan is to continue to partner with all of our
7 stakeholders around advancing the goals of HealthyNYC
8 and really achieving that goal of 83 years by 2030.

10 CHAIRPERSON SCHULMAN: So, you know,
11 because one of the issues I know that part of
12 HealthyNYC is surveillance, and plus there's some
13 issues around HN51. I'm not going to get into a
14 whole thing around that, but at some point we will.
15 But you know, the Federal Government may pull back on
16 surveillance. I mean, I just want to make sure that,
17 you know, New York City is inoculated about some of
18 the negative impacts that may occur.

19 ACTING COMMISSIONER MORSE: Thank you for
20 raising that question, Chair Schulman. We'd be happy
21 to talk more offline around plans around the new
22 federal administration transitioning in. From our
23 perspective, again, you know, we are prepared to
24 continue to push forward with the goals of
25 HealthyNYC, and we know that the science and public

1 health values that helped us to set those goals will
2 still be true, and that the interventions that we
3 have worked on developing and the strategy maps and
4 beyond will still be the evidence-based interventions
5 that get us to our goal of 83 years by 2030.

6
7 CHAIRPERSON SCHULMAN: So, I want to-- I
8 do have something I want to say, but I want to first
9 acknowledge two things. One is acknowledge we've
10 been joined by Council Member Feliz and he has a
11 question. So let him ask a question and I'll come
12 back.

13 COUNCIL MEMBER FELIZ: Thank you. Thank
14 you so much, Chairs for this hearing. So, a few
15 questions, somewhat unrelated to the two bills before
16 us today. So I have a few questions about-- and I
17 guess I'll be following up with Council Member
18 Marmorato's questions, a few questions about the
19 needle exchange programs managed by the Department of
20 Health. And I'm asking this question because there's
21 a few needle exchange programs in my district. These
22 exchange programs are life-saving, but we need to
23 make sure we're placing them in a way that-- in areas
24 where it's responsible to place them at. We know
25 that having these programs could create issues in the

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2 community. why place them in front of a children's
3 library or in front of a children's playground when
4 we know the overall result is having hundreds of
5 needles every single day in that surrounding
6 community? And of course, cleaning them up is great,
7 but the next day having another 100 which is, you
8 know, obviously not a real solution. So a few
9 questions. Approximately, how many needle exchange
10 programs, mobile needle exchange programs do we have?
11 And also, are these programs truly exchange programs
12 or do we just provide them? Call them exchange but
13 we're not really exchanging anything.

14 ACTING COMMISSIONER MORSE: Thank you for
15 the question, Council Member. We do have a number of
16 different mobile programs that are designed really to
17 engage people where they are. We'd be happy to
18 follow up with you about the specific numbers of how
19 many of those programs we offer.

20 COUNCIL MEMBER FELIZ: How many of them
21 are exchange programs? What percentage if you were
22 to guess? Exchange versus provide-- calling them
23 exchange programs, but not really exchanging needles,
24 just providing them. Very misleading name, by the
25 way.

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2 ACTING COMMISSIONER MORSE: We would be
3 happy to follow up with you on those specifics?

4 COUNCIL MEMBER FELIZ: Are there any
5 rules for the placement of these programs, such as
6 not placing them in front of a children's library or
7 in front of elementary school when we know there's
8 going to be hundreds of needles in the surrounding
9 community?

10 ACTING COMMISSIONER MORSE: I do
11 appreciate the concern and we certainly are aligned
12 with you around wanting to make sure that these
13 programs are placed in the locations where they can
14 be the most impactful and also are safe for the
15 communities where they are located. So we very much
16 are aligned on intent of both wanting to
17 significantly decrease the rate of overdose across
18 the city which as was noted in the 2021 HealthyNYC
19 data, we had significant increases in overdose among
20 Black and Hispanic communities in particular. And so
21 we want to change that trend, and we know that we
22 need to implement interventions that are going to be
23 life-saving, and do so in a way that is safe for the
24 public. So we're aligned with you in terms of the
25 intent and in terms of achieving the HealthyNYC goal.

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2 Wed be happy to follow up with you about any
3 specifics around the proportion of what kind of
4 programs we offer for overdose prevention.

5 COUNCIL MEMBER FELIZ: Yeah, and I guess
6 to be clear, you know, I agree these programs are
7 life-saving, but I guess my points are about the
8 placement of these programs. If we don't placing
9 them in certain areas will bring hundreds of needles
10 on a daily basis, why place them in front of a
11 children's playground or in front of a children's
12 library or elementary school? If I could just ask
13 two to three more questions, briefly? Two more,
14 okay, cool. That's fair. Do you think there should
15 be rules on the placement of these programs such as
16 not placing them in front of a children's playground
17 or do you think that's good policy to place in front
18 of a children's playground?

19 ACTING COMMISSIONER MORSE: I would be
20 happy to follow up with more specifics on the rules
21 that decide--

22 COUNCIL MEMBER FELIZ: [interposing] But
23 the question is do you think there should be rules on
24 the placement of these programs, or do you think it's
25

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2 good policy, for example, to place in front of a
3 children's playground?

4 ACTING COMMISSIONER MORSE: We do partner
5 closely with the state And OASAS [sic] on both
6 certification of the programs that are intended to
7 reduce overdose and increase access to medically
8 assisted treatment, and do we do partner with our
9 state colleagues on some of that. We would have to
10 follow up with you on any of the specifics about how
11 placement of the programs happens.

12 COUNCIL MEMBER FELIZ: And final
13 question, what are some of the problems that are
14 foreseeable if we have them in front of a children's
15 playground or in front of a children's library or
16 elementary school. Do you see any public health
17 crisis-related problems that could be created?

18 ACTING COMMISSIONER MORSE: I do think
19 that there are significant public and general safety
20 concerns if we continue to have such high rates of
21 overdose for--

22 COUNCIL MEMBER FELIZ: [interposing] But
23 on the placement, not on the issue, on the placement
24 of these programs.

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2 ACTING COMMISSIONER MORSE: And I think,
3 you know, I think the best thing that I can offer at
4 this point is to follow up with you about any
5 specific programs that are placed in locations that
6 you're concerned about and share more information
7 with you directly about how that process happens.

8 COUNCIL MEMBER FELIZ: Alright, thank
9 you. Thank you so much for the information. And
10 again, I look forward to talking about-- chatting I
11 guess offline. Thank you, Chair, for the additional
12 questions. Chatting offline about needle exchange
13 programs. Not only in front of the Bronx Library
14 center in the district, and over 500 unaccompanied
15 minors visit it every single day. Also, in East
16 Tremont, needle exchange programs--

17 CHAIRPERSON SCHULMAN: [interposing]
18 Council Member?

19 COUNCIL MEMBER FELIZ: literally right in
20 front of a children's playground. It is
21 irresponsible and mind-boggling, and I expect better
22 from health experts.

23 CHAIRPERSON SCHULMAN: Thank you. So, I
24 want to say thank you for-- HealthyNYC is off to a
25 good start. I look forward to even greater

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2 accomplishments along the way. I just-- I-- at a
3 previous hearing, I said something, I'm going to
4 reiterate here that you set the bar for your
5 colleagues in other agencies, because you come very
6 well prepared, even for things that are not
7 necessarily on the agenda, so I want to say that. I
8 want to thank the Mayor for his commitment to
9 healthcare, and I want to particularly thank Deputy
10 Mayor Anne Williams-Isom for her dedication and
11 devotion to-- and passion for health. So, with that,
12 thank you. We're going to take a five minute recess
13 and then do public-- the public hearing. Thank you.

14 ACTING COMMISSIONER MORSE: Thank you.

15 [gavel]

16 CHAIRPERSON SCHULMAN: I'm now going to
17 open the hearing for public testimony. I remind
18 members of the public that this is a government
19 proceeding, and that decorum shall be observed at all
20 times. As such, members of the public shall remain
21 silent at all times. The witness table is reserved
22 for people who wish to testify. No video recording
23 or photography is allowed from the witness table.
24 Further, members of the public may not present audio
25 or video recordings as testimony, but may submit

1 transcripts of such recordings to the Sergeant at
2 Arms for inclusion in the hearing record. If you
3 wish to speak at today's hearing, please fill out an
4 appearance card with the Sergeant at Arms and wait to
5 be recognized. When recognized, you'll have two
6 minutes to speak on today's oversight topic of
7 HealthyNYC or on the legislation being considered
8 today, Introduction 641 and Introduction 1047. If
9 you have a written statement or additional written
10 testimony you wish to submit for the record, please
11 provide a copy of that testimony to the Sergeant at
12 Arms. You may also email written testimony to
13 testimony@council.nyc.gov within 72 hours of this
14 hearing. Audio and video recordings will not be
15 accepted. First panel is Pasquale Rummo-- okay, just
16 have a seat at the table, we're going to-- Bernard
17 O'Brien, Emily Lee, Sarah Kim, Jacob Zychick. And
18 just remember, please keep-- we have a lot of people
19 testifying today. Please keep it to two minutes. If
20 you have more testimony to submit, you can always
21 submit it in written form within 72 hours. Pasquale,
22 you want to go first?

24 PASQUALE RUMMO: Hi. Thank you for the
25 opportunity to testify. My name is Doctor Pasquale

1
2 Rummo. I'm an Associate Professor at the Department
3 of Population Health at NYU Grossman School of
4 Medicine. I conduct scientific research that informs
5 policies and public health programs like this,
6 seeking to support healthy dietary behaviors, and one
7 area of my focus specifically is evaluating health
8 policies like this. Mandating changes to restaurant
9 menus impacts food purchasing behaviors. So, I
10 support the proposed legislation for a few reasons.
11 the majority of children's meals contain excess
12 calories, sodium, and saturated fat relative to
13 expert nutrition recommendations, and that's a
14 problem because fast food comprises about 15 percent
15 of children's daily energy intake in the U.S., and
16 one in three kids is getting fast food on an given
17 day. So, in addition, existing policy option for
18 addressing restaurant food intake among children are
19 largely inadequate because nutrition standards
20 specified in these laws do not meet expert nutrition
21 standards, specifically for kids beverage and meals.
22 And also we see that compliance with a lot of these
23 beverage laws in the U.S. is low, suggesting that
24 modifications and extensions are merited. And then
25 more specifically related to my research, I do a lot

1 related to research promoting healthy behaviors
2 including nudges [sic] in default options for parents
3 and caregivers of young children especially including
4 parents and caregivers with lower income. What we
5 found briefly is that restrictions on products like
6 flavored milk and serving sizes of juice could
7 contribute to parents purchasing more healthy items
8 for their children and meals from restaurants,
9 specifically, in a way that existing legislation
10 doesn't support previous beverage default laws. And
11 that parents and caregivers too are likely to support
12 such legislation in general, and we find that when
13 given the choice of beverages, different healthy
14 beverages on children's menus, parents may-- sorry.
15 When given the choice of any type of beverage,
16 parents may order other unhealthy beverages for their
17 children in lieu of soda, even with some of the
18 existing paradigms like sweet tea or lemonade,
19 suggesting that the suggestion of these policies
20 depends on how we classify them as healthy. Thank
21 you.
22

23 EMILY LEE: Good afternoon. I'm Emily
24 Lee, a project coordinator at Korean Community
25 Services. Since 1973, KCS has served Korean

1
2 immigrants, other Asian-American and Pacific
3 Islanders and Hispanic and Latino communities by
4 providing a vast range of services including
5 healthcare navigation, disease prevention and
6 management, and food and nutrition services. As
7 someone who works closely with Asian Americans and
8 other people of color impacted by diet-related
9 diseases, I want to focus my testimony here on the
10 hidden epidemic of metabolic dysfunction associated
11 steatotic liver disease, otherwise known as MASLD.
12 More and more children and youth are affected by
13 MASLD which shares common metabolic risk factors with
14 obesity, diabetes, and cardiovascular disease. In
15 fact, one in 10 children in the U.S. and more than 30
16 percent of people worldwide have this condition.
17 While it can occur in children from any racial and
18 ethnic groups, it's more prevalent among Hispanic and
19 Asian-American children. If left untreated, MASLD
20 can progress to serious conditions like fibrosis,
21 cirrhosis and even liver cancer. What's especially
22 challenging is that most people with the condition
23 are asymptomatic and it can develop over many years
24 unnoticed, and screening for MASLD and related
25 conditions is not as common or convenient as

1 screening for high blood pressure or glucose levels.
2 Much of my daily work in Flushing addresses Hepatitis
3 B infection and its disproportionate impact on the
4 Asian-American community. It's critically important
5 that we prevent liver disease, and it's often
6 irreversible damage. With better community
7 education, improved screening and policies that
8 address underlying risk factors including diet-
9 related conditions. Intro 641 is a good example of a
10 policy that can modify the New York City food
11 environment to guide families to healthier choices
12 for their children helping to reduce the risk factors
13 for MASLD and other conditions. Thank you.

14 CHAIRPERSON SCHULMAN: Thank you. Who's
15 next? Just state your name.

16 JACOB ZYCHICK: Hi, my name is Jacob
17 Zychick. I'm with the American Heart Association. On
18 behalf of the American Heart Association, thank you
19 for the opportunity to provide testimony on oversight
20 of HealthyNYC in support of Intro 641. Childhood
21 obesity in the United States remains high, and recent
22 findings show that nearly 40 percent of New York
23 public school children in grades K through eight are
24 overweight or obese. According to the Health
25

1
2 Department data, the rate of obesity among Black
3 students is about 65 percent greater than among white
4 students. Among Latino students, that rate is 97
5 percent greater than among white students. Eighty-
6 five percent of U.S. households eat out on average
7 five times per week. When kids and teens eat out
8 they consume more calories when they eat non-
9 restaurant foods. Studies show that restaurants can
10 offer healthy menu options without losing revenue.
11 Intro 641 has an overwhelming support from New
12 Yorkers, including a super majority of the New York
13 City Council. A poll commissioned by the Center for
14 Science and the Public Interest, CSPI, highlighted 84
15 percent of New Yorkers are supportive of a policy
16 that would set a requirement for two children's meals
17 to meet nutrition standards. Stock over here.
18 There's also over 110 organizations representing
19 public health, neighborhood nonprofits, restaurants,
20 and faith-based organizations who have signed on to
21 support this bill. Many of these great advocates are
22 here today. The American Heart Association is proud
23 to join with the majority of City Council and
24 thousands of New Yorkers who are in support of Intro
25 641 to ensure that healthier choice could be made

1 easier when families are eating out in restaurants.

2 In addition to our support for Intro 641, we want to

3 say that we're a proud HealthyNYC partner. As you've

4 heard, HealthyNYC is the City's vision on how to

5 improve life expectancy and create a healthier city

6 for all. On behalf of the American Heart

7 Association, thank you Chair Schulman and the entire

8 Health Committee for the opportunity to testify

9 today. The American Heart Association looks forward

10 to working with the Department of Health and Mental

11 Hygiene to meet the goals of HealthyNYC and continues

12 to be supportive of Intro 641 and hope the Health

13 Committee can support the bill also. Thank you.

14 SARA KIM: Good afternoon Council Chair

15 Schulman. My name is Sara Kim. I'm the Program

16 Director at Public Health [sic] [inaudible] Korean

17 Community Services. Thank you for this opportunity

18 to speak today in support of Intro 641. Our

19 children's health is in crisis. Alarming statistics

20 reveal that 40 percent of New York City public school

21 children are overweight or obese, and more-- 80

22 percent consume at least one sugar sweetened [sic]

23 beverage daily. Poor nutrition contributes to the

24 rise of current disease like diabetes, heart disease,

1 heart disease and stroke, conditions that remain
2 leading causes of death in New York City with more
3 than 30,000 deaths in 2022 alone. For Asian-
4 Americans in New York City, diabetes is the fifth
5 leading cause of death with nearly half our
6 population experience diabetes or pre-diabetes. A
7 New Yorker dies every 90 minutes from diabetes-
8 related causes, while 80 percent of our healthcare
9 spending nationally goes toward treating preventable
10 chronic conditions. To achieve HealthyNYC goals of
11 increasing life expectancy to 83 years and reducing
12 diabetes-related deaths by five percent by 2030, we
13 must prioritize nutrition education and education
14 promotion. Community-based organizations like Korean
15 Community Services are key to this effort by offering
16 culturally appropriate programs including access to
17 healthy food, we can drive a meaningful change.
18 Passing Intro 641 will enable a culture of health in
19 dining establishments, making nutritious meal choices
20 more accessible for families. This bill has the
21 potential to improve children's cognitive function,
22 academic performance, and long-term health outcomes
23 while reducing healthcare costs. Together, I urge
24 the council to take this crucial step towards a
25

1 healthier future for our children and communities.

2 Thank you again for your leadership.

3 BERNARD O'BRIEN: Good morning,

4 Chairperson Schulman and members of the City Council

5 Committee on Health. Thank you for the opportunity

6 to contribute to your oversight of the City's

7 HealthyNYC initiative. My name is Bernard O'Brien.

8 I'm here to testify-- I'm sorry-- present the

9 testimony of Professor Sean Haley at the CUNY

10 Graduate School of Public Health. Professor Hale

11 sends his regrets that's he unable to attend. CUNY

12 School of Public Health in coordination with other

13 entities has been working to create an alcohol policy

14 prevention framework for the state of New York. The

15 overarching goal is to reduce excessive drinking and

16 related harms in our city and state. Despite their

17 contribution to morbidity and mortality, the harms

18 associated with alcohol consumption often fly under

19 the radar in discussions of public health policy.

20 Importantly, alcohol use had increased over the two

21 decades before the pandemic, and there was a doubling

22 of alcohol-related mortality across the United

23 States. We'd ask you to consider the following:

24 According to the CDC there are now over 8,000 deaths

1 attributed to alcohol in New York State. Of these,
2 more than 2,000 deaths in New York City were
3 attributed to alcohol with hundreds of such deaths
4 stemming from liver disease, alcohol-related
5 psychiatric disorders, accidents, and alcohol
6 poisonings. Numerous homicides, suicides, and
7 occurrences of child maltreatment were also linked to
8 alcohol consumption. New York City DOHMH reports
9 that alcohol consumption leads to far more hospital
10 emergency room visits than any other substances. In
11 2020, the roughly 104,000 emergency room visits
12 attributed to alcohol consumption exceeded the
13 combined number of such visit lengths to opioids,
14 cocaine, cannabis and other substances. Binge
15 drinking, in the last 30 days is reported by nearly
16 an average of nearly 20 percent of adults in New York
17 State. Adjusted for inflation, CDC reports that
18 excessive drinking in New York State imposes \$24
19 billion annually in economic costs, roughly 1,200 in
20 preventable costs per year. Many of these are
21 absorbed the city's public health system. Alcohol-
22 related harms also--

23
24 CHAIRPERSON SCHULMAN: [interposing] If
25 you could just sum up the rest of it, and--

1
2 BERNARD O'BRIEN: [interposing] Yeah,
3 we're going to--

4 CHAIRPERSON SCHULMAN: [interposing]
5 submit it.

6 BERNARD O'BRIEN: I presented written
7 testimony. We're going to provide forthcoming
8 recommendations. We were-- in which we include
9 alcohol taxes to encourage-- discourage excessive
10 consumption by shifting prices upward. It's
11 interesting that New York City's local alcohol tax
12 has not been adjusted for inflation since 1980. The
13 New York City Independent Budget Office reports that
14 adjusting the city's tax on beer and liquor for
15 inflation and extending the tax to include wine could
16 generate for the city over \$30 million annually. So
17 we're going to be submitting additional
18 recommendations including reducing alcohol
19 advertising seen by youth and placing a moratorium on
20 New York state laws that increase alcohol
21 availability until such impacts can be measured. So
22 we finally would say that we recommend that the
23 council add alcohol as a standalone category within
24 the city's-- the HealthyNYC plan and we look forward
25 to submitting additional recommendations to you next

1
2 month. So, on behalf of Professor Haley, thank you
3 again very much for this opportunity.

4 CHAIRPERSON SCHULMAN: Okay. Thank you.
5 So, before you leave, I have a couple of things. One
6 is-- Bernard, right?

7 BERNARD O'BRIEN: Yes.

8 CHAIRPERSON SCHULMAN: So CUNY School of
9 Public Health I understand is a partner on
10 HealthyNYC. That's my understanding.

11 BERNARD O'BRIEN: I'll have to--

12 CHAIRPERSON SCHULMAN: [interposing] Yes,
13 it is.

14 BERNARD O'BRIEN: Okay, okay. Thank you.

15 CHAIRPERSON SCHULMAN: You should talk to
16 whoever it is that is the representative to talk to
17 the City's Department of Health about, because I know
18 they talk about substance use and just having alcohol
19 make sure that that's part of it. So that's one.

20 BERNARD O'BRIEN: Okay.

21 CHAIRPERSON SCHULMAN: The other is, is
22 KCS part of-- is KCS part of the HealthyNYC
23 initiative? Do we know?

24 SARA KIM: [inaudible]

1
2 CHAIRPERSON SCHULMAN: So, just contact
3 the Department of Health, if not, because you should
4 be, and I know NYU is. So make sure that whatever it
5 is that you brought here, that you go through and
6 make sure that they know about it, whatever your
7 reps--

8 PASQUALE RUMMO: [interposing] Yeah,
9 they're aware, yes.

10 CHAIRPERSON SCHULMAN: Okay. So, because
11 I think that's very important. We need to make sure
12 that everybody has input into this because it's such
13 an important initiative. So, I want to thank
14 everybody here for your testimony. I really
15 appreciate it. And the issue about the alcohol tax
16 sent to us as soon as you can, because we're going to
17 start working on budget stuff. KCS is not listed, so
18 you should contact the Department of Health if you
19 have--

20 SARA KIM: [interposing] Sure.

21 CHAIRPERSON SCHULMAN: any issues with
22 that, you can contact the Council. We'll put you in
23 touch.

24 SARA KIM: Absolutely.
25

1
2 CHAIRPERSON SCHULMAN: Thank you very
3 much, y'all.

4 BERNARD O'BRIEN: Thank you. I would say
5 that with respect to the city's alcohol tax, it's
6 currently less than two cents on a standard serving.
7 So we're not talking about, you know, a massive--

8 CHAIRPERSON SCHULMAN: [interposing] We go
9 through an exercise where we look for ways to save
10 money, but also ways to increase revenue. So that is
11 something new. So we'd love to-- when you send it
12 over.

13 BERNARD O'BRIEN: Thank you.

14 CHAIRPERSON SCHULMAN: We'll bring it up.

15 BERNARD O'BRIEN: Thank you.

16 CHAIRPERSON SCHULMAN: Thank you very
17 much, y'all. Thank you very much for your testimony.
18 Okay, I'm going to call the next panel. Emily Hiron,
19 Monica Bartley, Chesky-- I can't, I'm sorry. I'm
20 going to-- I'm going to mess up the last name.
21 Indiyoo [sp?], I think it is. And, yeah. Tiffany
22 Lee, and Rabbi Yonah Berman. The person I announced
23 before Chesky, D'Roy Salam [sic] Islam Cultural
24 Center. Emily? Which one is Emily? You're Emily,
25

1
2 okay. Who's on the-- we'll go from-- okay, Monica,
3 you want to testify, start?

4 MONICA BARTLEY: Good afternoon, Chair
5 Schulman. My name is Monica Bartley. I'm a Deaconess
6 in the United Methodist Church, an active participant
7 in the United Women in Faith. As a deaconess I've
8 made a lifetime commitment to alleviate suffering and
9 facilitate the development of full human potential,
10 and that is why I speak to you today in support of
11 Intro 641. It is clear that our children's health is
12 being jeopardized by the lack of healthy meal options
13 in many restaurants. This is particularly concerning
14 for our communities of color where families often
15 face economic and geographic barriers to healthy
16 eating. Many parents work multiple jobs and simply
17 do not have the time or financial resources to
18 prepare nutritious meals at home. As a result, fast
19 food has become a convenient, yet unhealthy option,
20 for many families. Intro 641 is a meaningful step
21 towards changing this by requiring New York City
22 restaurants to offer at least two default [sic]
23 children's meals that meet certain nutritional
24 standards, incorporating more fruits, vegetables,
25 legumes and whole grains. This will bill make

1
2 healthier choices more accessible to families. This
3 past June, the New York Annual Conference of the
4 United Methodist Church representing over 400 member
5 churches across New York City, Long Island and beyond
6 overwhelmingly approved a resolution supporting Intro
7 641. In that spirit, I urge this committee to vote
8 to approve this legislation as soon as possible to
9 protect and improve the health of our children and
10 youth. Thank you for thoughtful--

11 CHAIRPERSON SCHULMAN: [interposing] Thank
12 you. Next.

13 IMAM SHEIKH UNDAL: Greetings to everyone
14 and Chair Schulman. My name is Imam Sheikh Undal and
15 my religious--

16 CHAIRPERSON SCHULMAN: [interposing]
17 Sorry, I messed up the name. Go ahead.

18 IMAM SHEIKH UNDAL: You missed the name?

19 CHAIRPERSON SCHULMAN: Go ahead. Go
20 ahead.

21 IMAM SHEIKH UNDAL: Alright, yes. My
22 name is Iman Sheikh Undal from the Committee from
23 Melrose Neighborhood in the Bronx. Okay, today I'm
24 speaking in strong support for Intro 641 initiative,
25 a proposed bill that requires an improved and

1 nutritional standards for kid's meal at all
2 restaurants in New York City. As you have heard from
3 others today, the bill will address a lot of medical
4 issues, health issues. The Bronx is the county with
5 many of the worst health outcomes in New York State.
6 In fact, the South Bronx neighborhood we [inaudible]
7 among the worst. The most at-risk of health problems
8 with higher rates of obesity and hypertension and the
9 lowest rate of self-reported good health in the
10 entire city. Over there in the community we struggle
11 with high rates of poverty and other social
12 insecurities, and that's more the reason why
13 [inaudible] enforce [sic] what we consume. It's more
14 important to avoid junk food. So that's the main
15 reason why we're supporting this legislation to pass
16 through. I hear from people, children, from the
17 community drawn [sic] to fast food and junk food
18 campaigns is pushing them to a part of poorer health
19 and reduced quality of life. But fortunately, in our
20 Islamic faith, we have a teaching about what foods
21 are permissible. You know, it goes further to teach
22 about foods that are called [inaudible] in Arabic,
23 and that word means in English pure food, good food,
24 clean, and wholesome. So, referencing, you know, this
25

1
2 part that is-- I just mentioned, that could be found
3 in the holy Quran, [inaudible] 7160. And--

4 CHAIRPERSON SCHULMAN: [interposing] Can
5 you wrap up your testimony, sir?

6 IMAM SHEIKH UNDAL: okay, I'm going to
7 around up now. Okay, for lack of time, so I'm just
8 going to round it up. So this is reason for our
9 strong support for Council Member Riley's leadership
10 and the advocacy for the Health Committee to see this
11 bill through to passage. As we say in Wolof
12 [inaudible]. Thank you very much.

13 CHAIRPERSON SCHULMAN: Thank you very
14 much.

15 IMAM SHEIKH UNDAL: Yes.

16 CHAIRPERSON SCHULMAN: Emily, right?

17 EMILY HIRON: Hello, good afternoon.
18 Thank you for the opportunity to testify. My name is
19 Emily Hiron. I live in Hell's Kitchen and I'm a
20 junior at Beacon High School. I am also an intern at
21 Chili's on Wheels. I support the nutrition standards
22 and beverage options for children's meals served in
23 food service establishments, Intro 641, because not
24 only have unhealthy meal options negatively impacted
25 the health of my community and family, but it has

1
2 also impacted my motivation to lead a healthy
3 lifestyle. We often have to resort to buying from
4 fast food restaurants because they're more
5 affordable. This lifestyle has impacted my younger
6 sibling's health, leading them to have higher levels
7 of sugar and cholesterol. I urge you to vote in
8 favor of this bill, because many low income families
9 struggle with this exact issue. Most importantly, a
10 disproportionate number of young kids struggle with
11 various issues such as diabetes and obesity. This
12 number impacts Black and Latino communities the most.
13 Furthermore, kid's meals in fast food restaurants
14 contain unhealthy levels of sugar, sodium and fat.
15 This is why it is important to include kid's meals
16 that meet nutrition standards. As an intern of
17 Chili's on Wheels I have urged City Council Members
18 to cosponsor our bill, hung posters around my
19 neighborhood, and overall pushed the importance of
20 health-- of children's health within my community.
21 Healthy lives that-- this bill would promote healthy
22 lifestyles for young children, preventing them from
23 life-threatening diseases in the long-run. It would
24 also benefit low-income communities by expanding the

1 options on the child menu. I urge you to support this
2 bill. Thank you for your time.

3
4 CHAIRPERSON SCHULMAN: Thank you. Next
5 person. Tiffany, right?

6 TIFFANY LEE: Good afternoon. My name is
7 Tiffany Lee, and I'm here today to encourage your
8 support of Intro 641 which would improve nutrition
9 standards for kid's meals at restaurants in New York
10 City. I'm Executive Director of Altagracia, Faith and
11 Justice Works, a nonprofit organization in northern
12 Manhattan dedicated to putting faith into action and
13 promoting social justice. We organize social justice
14 ministry teams that address a variety of issues,
15 including food justice. We also run a youth service
16 learning program called Global Thinking, Local
17 Action, Universal Impact, or GLU. In this program,
18 students serve in local soup kitchens, food pantries
19 and at the community fridge on 205th Street. They
20 also hear from guest speakers and participate in
21 workshops about disparities in food access, learning
22 tools to organize and advocate for food justice.
23 They learn about disparities in not only accessing
24 any food, but accessing nutritious food that meets
25 dietary standards, especially for developing

1 children. While the highly palatable, less-nutritious
2 foods are very familiar to them, our students are
3 often shocked to learn about the potential harm these
4 foods and drinks can cause children as well as adults
5 long-term. They're further shocked and outraged at
6 the extent of these disparities and the correlation
7 between the prevalence of fast food establishments in
8 their neighborhood, foods that are often high in
9 sodium, fat and added sugars, and the greater
10 incidents of diet-related diseases, i.e., obesity,
11 diabetes, high blood pressure and heart disease,
12 etcetera, in these same Black and Latino
13 neighborhoods. Teens and families in our city's
14 fast-paced environment are often pressed for time,
15 seeking quick, affordable, tasty options for their
16 children and families, and it is difficult to find
17 healthy options on the kid's menu. Our youth leaders
18 have been very active and vocal on this topic and
19 would have been here today if their class schedules
20 allowed, but they will be submitting additional
21 testimony in writing for your consideration. In
22 partnership with the Interfaith Public Health Network
23 and the Center for Science and the Public Interest,
24 other community-based organizations, and inspired by
25

1
2 the leadership of our youth, we urge you to pass
3 Intro 641 to make a difference for children and
4 families in New York City and to be an example for
5 other cities around the country. Thank you.

6 CHAIRPERSON SCHULMAN: Thank you. Rabbi?

7 RABBI YONAH BERMAN: Hi, good afternoon.
8 My name is Rabbi [inaudible]. People don't usually
9 tell me to talk louder. Good afternoon. My name is
10 Rabbi Yonah Berman. I'm the Dean of Rabbinic
11 Initiatives at YCT Rabbinical School in the Bronx.
12 The first words that Jews say in the morning are
13 Modeh ani, literally thank you. Thank you, God, in
14 that context. But it teaches us that gratitude is a
15 central value in our Jewish tradition. Many of us
16 just gathered around food this past weekend thinking
17 about perhaps a complicated history, but reality that
18 giving thanks with gratitude need always be on our
19 minds. I come today to say thank you as a Rabbi, as
20 a resident of the Bronx. Thank you to Chair
21 Schulman, to my local Council Member Eric Dinowitz,
22 and to the many supporters of Intro 641. I thank the
23 Interfaith Public Health Network for its tireless
24 work in bringing diversity of people of faith, health
25 workers, clergy and others around our shared passion

1
2 for health and for the wellbeing of our city, all of
3 its residents and especially its children. I hope and
4 pray that Intro 641 and other similar bills serve as
5 steps, perhaps baby steps, but important steps in our
6 shared and holy work in bettering the health of all
7 New Yorkers. Thank you very much.

8 CHAIRPERSON SCHULMAN: Thank you very
9 much. I also want to mention that I am a co-sponsor
10 of this legislation. So, thank you all for your
11 testimony. Okay, we're going to have-- the next
12 panel is Reverend Edward Chinery, Kelly Moltzen,
13 Sylvia Serene, Carolina Espinosa, and Doctor Sanjivan
14 Patel. Okay.

15 EDWARD CHINERY: Hello, I'm Ed Chinery,
16 Associate Rector of Church of the Ascension here in
17 Greenwich Village where I also serve as Executive
18 Director of Ascension Outreach Incorporated, our in-
19 house 501C3. The main focus of our outreach program
20 at present is a client-choice food pantry where we
21 serve close to a thousand individuals each month, the
22 vast majority of whom self-identify as monolingual in
23 Chinese. They're mostly senior citizens as well, and
24 I share this because in the 12 years I've been with
25 this organization we have found ourselves learning a

1 great deal about the importance of providing
2 healthier food choices. In response to those that we
3 serve, we have eliminated entirely canned vegetables,
4 canned fruit and canned protein, and since 2018 have
5 been offering exclusively frozen protein, tofu, and
6 only fresh produce. We receive consequently a fair
7 amount of input from our end users regarding how they
8 fare during and after medical procedures not only
9 having more comfort in recovery because of the food
10 itself, but feeling more at ease overall. We also
11 find there's a great deal of literature regarding
12 better nutrition and positive health outcomes, and so
13 we're convinced that if this is the case with senior
14 citizens, then overall benefits must be very
15 compelling as it regards children and healthier food
16 intake. New York City residents support policy
17 efforts to increase the availability of healthier
18 kid's meal options at restaurants according to a new
19 survey commissioned by the Center for Science and the
20 Public Interest. These policies include nutrient
21 standards for restaurant kid's meals, requirements
22 for the inclusion of healthy foods in restaurant
23 kid's meals, and requirements that restaurants serve
24 healthy beverages with kid's meals by default. We
25

1
2 believe that healthier children make healthier
3 adults, and healthy adults require less medical care
4 and far less uncompensated medical care. The CDC,
5 NIH, and the Office of Disease Prevention and Health
6 Promotion offer very powerful support for the
7 rationale behind this legislation at-hand today, and
8 so I am happy to offer my own gratitude as well as
9 that of the communities I represent regarding Intro
10 641 and all the related initiatives being advanced by
11 HealthyNYC, the Interfaith Public Health Network, and
12 all its allies. Thank you very much for this
13 opportunity.

14 CHAIRPERSON SCHULMAN: Thank you. Next.

15 KELLY MOLTZEN: Thank you, Chair. Thank
16 you, Chair Schulman, and members of the Council Health
17 Committee for the opportunity to testify here today.
18 My name is Kelly Moltzen and I am a Registered
19 Dietician and founding Co-convener of the Interfaith
20 Public Health Network, or IPHN. IPHN builds bridges
21 between faith communities and public health experts
22 to promote a holistic public health awareness,
23 cultivate partnerships to transform public health and
24 advocate for systems and policies that support health
25 and wellbeing for all. I helped to launch IPHN after

1 years of striving to achieve health equity in the
2 Bronx and have coordinated efforts to increase access
3 to and consumption of healthy foods in schools,
4 bodegas, restaurants, and other community settings.
5 Towards that end, IPHN has been proud to help
6 coordinate the community advocacy response for Intro
7 641 with our colleagues at Center for Science and the
8 Public Interest and the American Heart Association.
9 The sad reality is that children born today are
10 expected to have shorter lifetimes than their
11 parents. This goes against the trajectory of human
12 history, is unnatural, and flies against wisdom
13 cultivated over millennia that enabled human beings
14 to extend their lifetimes by access nutritious food.
15 Diet-related diseases such as obesity are affecting
16 our city's children, particularly youth of color, at
17 alarming rates with 20 percent of children in New
18 York City having obesity and double that number
19 having overweight or obesity, with higher rates in
20 marginalized neighborhoods across the five boroughs.
21 The nutrition standards which will be required by
22 Intro 641 can begin to reverse this trend and work
23 towards health equity by providing more fresh,
24 healthy options for kid's meals in New York City
25

1
2 restaurants. Moreover, implementation of the bill
3 will be a critical part of the process of achieving
4 this goal. IPHN is committed to working with our
5 partners to support the Department of Health and
6 Mental Hygiene in establishing an implementation plan
7 that works for New York City restaurants. We
8 appreciate your time and consideration of this
9 important request to pass Intro 641 and increase
10 nutrition options in kid's meals in New York City
11 restaurants. Thank you.

12 CHAIRPERSON SCHULMAN: Thank you. Doctor
13 Patel? By the way, I used to-- not on the medical
14 side. I used to work at Woodhall. I'm very familiar
15 with Wyckoff hospital.

16 SANJIVAN PATEL: Committee-- it is my
17 pleasure to present here and also testify. My name
18 is Doctor Sanjivan Patel. I'm serving the New York
19 City borough of Brooklyn for more than four decades
20 in the capacity of a physician. At present, I'm a
21 Chairman of the Department of Pediatrics at Wyckoff
22 Heights Medical Center Bushwick, Brooklyn, and also
23 on behalf of American Academy of Pediatrics, I'm a
24 President of Chapter Two and a fellow of obesity
25 section American Academy of Pediatrics. I'm speaking

1
2 today here to urge council to support the Intro 641
3 requiring the improved nutrition standards for the
4 restaurants kid's meals in New York City. Well, as
5 everybody's aware of it and quite a few previous
6 speaker has mentioned, but I would like to allude to
7 you at present we are facing neonatal-- I'm a
8 neonatologist-- neonatal obesity also. Newborn baby
9 is born average 200 grams, means half a pound of
10 unhealthy weight, and that leads to first thousand
11 days, if we don't take care of this case [sic] from
12 the conception to the second birthday, we are facing
13 this unfortunate challenge of unhealthy weight for
14 lifelong and it brings a lot more challenges. At CDC
15 in childhood obesity has mentioned in 20-- up to 2017
16 to 2020, 12.7 percent two to five years of age
17 obesity. 20.7 percent six years to 11 years. 22.2
18 percent 12 to 20 years of age. Altogether, I would
19 say one out of five kids, and particularly resources
20 in neighborhood like Wyckoff Heights Medical Center,
21 we have a very high challenge, and that's why we
22 embark on a HEAL program. We call it Healthy Eating,
23 Active Living, and that's--

24 CHAIRPERSON SCHULMAN: [interposing] you
25 can sum up. You can take a couple--

1
2 SANJIVAN PATEL: I shall [sic]. so fresh
3 vegetables and seasonal fruits, drink water instead
4 of sugary drinks, find physical activities which kids
5 love it, and it's in the school and also the teacher,
6 parents, everybody has to participate. Enough sleep,
7 eight to 10 hours-- screen time should be limited
8 less than two hours, and self-care, stress, mental
9 health challenges, breath work, meditation,
10 mindfulness, journaling, yoga. It helps to benefit
11 like [inaudible] healthy rate, healthy teeth, because
12 dental care is a big problem-- supports the muscles
13 and bones, fracture are less. Immunity-boosting,
14 gastrointestinal function will improve, better brain
15 development, and a healthy growth of the kids I
16 support strongly. Thank you.

17 CHAIRPERSON SCHULMAN: Thank you. Next.

18 SYLVIA SERENE: Good afternoon. My name
19 is Sylvia Serene and I live in Ozone Park, Queens.
20 I'm a Bangladeshi Community Public Health Advocate
21 and a consultant and volunteer with IPHN. From
22 October 2022 to June 2024 I worked for the American
23 Heart Association where I served as a project
24 coordinator on the National Hypertension Control
25 Initiative Project. It is those experiences which

1 lead me today to offer my strong support of Intro 641
2 requiring better nutrition standards for restaurant's
3 kid's meal in New York City. As you have heard
4 today, hypertension or high blood pressure is a very
5 serious concern and driver of premature mortality
6 including death from heart disease and stroke. Like
7 type II diabetes, hypertension was once considered as
8 an adult onset problem. Sadly it is now far too
9 common among young people. In fact, the CDC has
10 reported that one in 25 American youth aged 12 to 19
11 have hypertension with one to 10 having elevated
12 blood pressure. Youth with high blood pressure levels
13 in childhood are more likely to have persistent
14 hypertension as an adult. Furthermore, the
15 prevalence of high blood pressure is higher among
16 Hispanic and non-Hispanic Black children compared
17 with non-Hispanic White children, making this a
18 health equity issue. To reverse these trends we will
19 need to do a much better job of preventing risk
20 factors especially child and youth overweight and
21 obesity. This must include increasing healthier
22 restaurant offerings not only to mitigate child and
23 youth overweight and obesity but to steer young
24 people away from high sodium diets. Intro 641 can
25

1
2 assist in that regard by giving families healthier
3 choices when they dine out, including limits on total
4 sodium. Thank you for your time and [inaudible].

5 CHAIRPERSON SCHULMAN: Thank you. Next.

6 CAROLINA ESPINOSA: thank you, Chair
7 Schulman and members of the Council Committee on
8 Health for the opportunity to testify here today. My
9 name is Carolina Espinosa. For the past nine years I
10 have been an employee of a local nonprofit called
11 BronxWorks where our mission is to help individuals
12 and families improve their economic and social
13 wellbeing. Currently, I am the Program Director for
14 the SNAP-Ed, Nutrition Education and Obesity
15 Prevention Program, and I'm also a licensed
16 registered dietician. My work at BronxWorks is to
17 lead a team of nutrition educators, many of whom are
18 Bronx natives to go out into the Bronx community and
19 implement evidence-based nutrition interventions with
20 different age groups from youth to older adults. We
21 also work on food environment strategies,
22 specifically healthy retail, to help make the healthy
23 choice the easy choice for community members in the
24 stores where they shop and eat. Our SNAP-Ed
25 Nutrition Education Program provides afterschool

1 youth with nutrition education and physical activity
2 programming daily throughout the school year. Part
3 of this curricula is to learn about food marketing
4 and food labeling to make healthy informed-- so they
5 can make healthy informed decisions. For the adult
6 population, we cover a range of nutrition topics and
7 conduct grocery store tours led by a nutritionist to
8 show community members how to shop for healthy
9 options and stay within budget. Through our work at
10 SNAP-Ed and the Healthy Retail program this past nine
11 years, we are aware of how prevalent unhealthy food
12 marketing is in Bronx communities. Access to
13 affordable healthy food is in competition with food
14 in stores and restaurants that are designed to be
15 attractive and easy to eat. Policies that align with
16 the work we do on SNAP-Ed and support healthy choices
17 in food establishments such as restaurants will have
18 a greater impact on improved health outcomes. As an
19 expert in the field of nutritional sciences and
20 community health, I urge you to support this
21 important bill that will help increase the number of
22 healthy options for kids and kid's meals in
23 restaurants. Thank you for your time.
24
25

1
2 CHAIRPERSON SCHULMAN: Thank you. So,
3 before the panel leaves, Carolina, does BronxWorks
4 [inaudible]-- you work with the Borough President's
5 office on some of this stuff? Because I know they
6 have a health person there that--

7 CAROLINA ESPINOSA: [interposing] Yeah,
8 we're in communications with them.

9 CHAIRPERSON SCHULMAN: And you do work on
10 diabetes, I assume? Like, that's part of--

11 CAROLINA ESPINOSA: We had an NDPP
12 program, the National Diabetes Prevention Program,
13 but now I think the Department of Health leads more
14 of the diabetes education programs.

15 CHAIRPERSON SCHULMAN: Okay, if there's
16 any-- because I want to make sure that that moves
17 forward. So, if you need any help with that, contact
18 the Council and we'll figure that out. Doctor Patel,
19 HealthyNYC should talk to you about what you brought
20 up here. So, I have your contact information. I'm
21 going to ask them to contact you. Okay?

22 SANJIVAN PATEL: More than welcome.

23 CHAIRPERSON SCHULMAN: Okay. Thank you
24 very much. I want to thank the panel. Thank you.
25 Next panel is Sara Ribakove, Elaine Perlman, Rebecca

1 Johnson, Kiara-- I hope I'm pronouncing it right--
2 Ring [sp?], and Benjamin Kennigsberg [sp?]. You can
3 proceed.
4

5 SARA RIBAKOVE: Thank you. Hello. My
6 name is Sara Ribakove and I'm here with the Center
7 for Science and the Public Interest. CSPI strongly
8 supports Intro 641. CSPI has long worked to achieve
9 our vision of a healthy population with a reduced
10 impact and burden of preventable disease and an
11 equitable food system that makes healthy, sustainable
12 food accessible for all. A 2020 study found that
13 20.9 percent of children in New York City's K-8
14 public schools had obesity. Bill 641 will support
15 the health of New York City's children by making sure
16 healthy food options are available on kid's menus in
17 restaurants. This policy has overwhelming support
18 from New York City residents. A CSPI-commissioned
19 survey in April found that specifically 86 percent of
20 caregivers of children ages 13 and younger support a
21 policy requiring two kid's meals to meet nutrition
22 standards. Kid's menu items at chain restaurants are
23 frequently high in saturated fat and sodium compared
24 to recommended limits. The 2020 dietary guidelines
25 for Americans recommend that children reduce intake

1
2 of added sugars, saturated fat and sodium as over
3 consumption of foods high in these nutrients can
4 increase risk for diet-related disease. For example,
5 it is important to offer unflavored, nonfat or low-
6 fat milk instead of flavored milk and two percent or
7 whole milk, because of the extra added sugar and
8 saturated fat found in these options. Advocates have
9 turned to public policy to make progress in this
10 space. Three counties in Maryland have passed
11 legislation requiring restaurants with children's
12 menus to serve a kid's meal that meets nutrition
13 standards. We urge New York City to join this
14 growing movement and continue its work to improve the
15 nutrition and overall health of children. By passing
16 this legislation, you can increase the availability
17 of healthy foods at restaurants, encourage children
18 to form healthy eating habits and support caregiver's
19 efforts to feed their children well. Thank you.

20 CHAIRPERSON SCHULMAN: Thank you very
21 much. Next.

22 ELAINE PERLMAN: Hello, my name is Elaine
23 Perlman. I donated my kidney to a stranger, and I'm
24 the Executive Director of Waitlist Zero working hard
25 to end the kidney shortage that kills 25 Americans

1
2 everyday by passing two federal bills, the End Kidney
3 Deaths Act and the Honor Our Living Donors Act. I am
4 also a proud mentor with Plant Powered Metro New
5 York. We aim to prevent and reverse chronic
6 diseases. Today, I'm speaking about the harms of
7 ingesting two things that remain on your healthy food
8 menu, fruit juice and yogurt. Many fruit juices and
9 yogurts are sweetened with high-fructose corn syrup.
10 In the recent study of 50 different brands of foods
11 containing high-fructose corn syrup, 30 percent of
12 all the foods contained measurable levels of the
13 heavy metal mercury, a known neurotoxin and cardiac
14 toxin. While 60 percent of the dairy products in the
15 study contained mercury. In 1776, Americans ate four
16 pounds of sugar a year. Now it's 160 pounds per year
17 per person. Sugar is the leading cause of heart
18 disease, the annual killer of 700,000 Americans.
19 High-dietary sugar intake leads to increased
20 triglycerides. What are triglycerides? Picture a
21 sticky, globby fatty substance that blocks our
22 arteries. This globby fat turns our arteries from
23 flexible pipes with clean pink walls to arteries that
24 are hardened, inflexible and low-functioning. So,
25 please skip the fruit juice and instead drink the

1
2 cocktail that makes our bodies sing with happiness,
3 that oxygen/hydrogen cocktail, water. And how about
4 yogurt? Some people mistakenly believe that cow's
5 milk yogurt is a healthy food. Yes, yogurt has
6 healthy probiotics. We can get probiotics from
7 fermented foods or non-dairy yogurt. What is bad
8 about dairy yogurt? It naturally contains one to
9 five percent of trans fats. Other yogurt additives
10 may include food coloring made from crushed bugs, and
11 butter fat which is even more addictive than yogurt.
12 What if fruit is added to yogurt? The milk proteins
13 block the fruit's vitamins, minerals and plant
14 chemicals from getting into our cells. The
15 absorptions of the fruit's nutrients are actually
16 blocked by dairy. Sweetened fruit juice and yogurt
17 are killers that harm our cells. Please cut fruit
18 juice and yogurt from the children's menus.

19 CHAIRPERSON SCHULMAN: Thank you very
20 much. Next.

21 REBECCA JOHNSON: Good afternoon. Thank
22 you for this opportunity to testify on this bill
23 today. My name is Rebecca Johnson. I'm a chef,
24 Nutrition Educator and Partnerships Manager at Plant
25 Powered Metro New York. For over 10 years I worked

1 in New York City public schools as a chef and
2 Nutrition Educator giving me daily opportunities to
3 talk with kids about food in cafeterias and
4 classrooms. When kids learn about how the food and
5 beverages marketed to them impact their health,
6 they're often outraged. They've asked me, "Why aren't
7 healthier options available instead of junk, and why
8 aren't adults doing more about the problem?" At
9 Plant Powered Metro New York we're addressing these
10 concerns through our Plant Powered Plates program
11 which promotes healthier meals in restaurants which
12 supports bringing these options, making them
13 available on their menus, and so while some chain
14 restaurants are beginning to offer healthier options
15 that are plant-based and fiber-rich and no sugary
16 drinks, measures like this one set a critical
17 precedent. Food service establishments must meet
18 higher standards to protect the health and wellbeing
19 of their customers, especially children.
20 Recommending water and non-dairy sugar-free beverages
21 as the alt options for kid's meals is a step in the
22 right direction. Science supports this approach.
23 When fruit is eaten whole, the natural sugars enter
24 the blood stream slowly providing sustained energy.
25

1
2 In contrast, straight fruit juice causes blood sugar
3 spikes, contributing to health issues like childhood
4 diabetes. And studies have suggested that fat
5 accumulation from meat products aggravates insulin
6 resistance, yet which in turn contributes to type II
7 diabetes. Whole grains, legumes, vegetables and
8 fruits which are fiber-rich actually are low-fat and
9 promote health. School menus have already evolved,
10 allowing principals to remove flavored milk, while
11 food service teams are increasing plant-based
12 options. Restaurants, however, have not widely
13 caught up. It's time to hold them accountable for
14 supporting the health and wellbeing of New York
15 City's children and families. I commend the Council
16 for considering this amendment to children's meal
17 standards. Cities like Louisville, Kentucky with
18 their healthy drinks in kid's meals ordinance have
19 taken this bold step, and now it's New York City's
20 turn to lead. Thank you for your time and
21 leadership.

22 CHAIRPERSON SCHULMAN: Thank you. Next.

23 KIARA KING: Hello and good afternoon.

24 Before I get started, on behalf of myself and my
25 fellow colleagues, I'd like to thank the City Council

1
2 for having us here. My name is Kiara King. I'm a
3 senior at [inaudible] High School for Law, Advocacy
4 and Community Justice on the MLK campus, and I'm an
5 intern for Teens for Food Justice. In 2023, I became
6 an intern for Teens for Food Justice, a nonprofit
7 organization that aims to eliminate food insecurity
8 and promote youth-led activities with the hydroponic
9 farming system. We helped to work under Intro 641
10 bill which intends to promote healthy eating habits
11 and lifestyles in children. I'm here today to urge
12 the Council to pass the Intro 641 bill. It is a
13 known fact that consuming unhealthy and processed
14 foods can pose significant health risks. I think
15 about my grandmother who despite faces diabetic
16 limitations still prioritizes the importance of
17 healthy eating and maintaining good health. This
18 bill requires restaurants to have two healthy kid's
19 meals that meet expert nutrition standards that put
20 limits on such as salt and sugar. Excess salt and
21 sugar are the leading causes of health risks and
22 diseases. Meals that contain too much salt can
23 contribute to water retention, stroke, kidney
24 diseases, and an overall negative impact on
25 cardiovascular health. Sugar also impacts raising

1
2 blood pressure, cholesterol levels, increasing the
3 risk of obesity, cardiovascular diseases and
4 diabetes. An excess among of salt and sugar can be
5 detrimental to our overall health and wellbeing. By
6 passing this bill we're taking a crucial step in
7 combatting harmful health practices and improving
8 public health. Not only will this bill promote
9 healthier eating habits, but it will also reduce the
10 immense burden on our healthcare system. Thank you
11 for your time.

12 CHAIRPERSON SCHULMAN: Thank you very
13 much. Next.

14 BENJAMIN: Hello. My name is Benjamin.
15 I'm a native New Yorker and also have 12 years
16 working in healthcare. I'm not a parent, but I
17 appreciate children because they're awesome, and
18 they're our future, and also I feel we have a
19 responsibility to nurture them and be good stewards
20 for them. So, I'm absolutely in favor of bill 641.
21 So, we're talking about prevention earlier. So,
22 there's so much causative research that shows
23 hypertension, obesity, diabetes, cancer, even
24 obstructive sleep apnea is caused from meat, dairy,
25 eggs, salt, and sugar in the food. So, with this

1 bill we can-- basically we have a preventative effect
2 with just getting-- even if it's just 10 percent of
3 these calories now that kids are going to get from
4 whole plant foods, it's going to be a significant
5 difference for their health. Not only that, but the
6 more plant foods we eat, the less animal foods we
7 eat. So that means the less animals we have to
8 exploit. All these animals are sentient. They're
9 individuals just like cats and dogs, and it's
10 egregious the way that we treat animals. Not to
11 mention things like zoonotic diseases and antibiotic
12 resistance when we have all these animals crammed
13 together in factory farm situations. So, not only
14 that, but we can close some of the gaps around health
15 for different races. For example, Black and Asian
16 Americans are 75 to 95 percent lactose intolerant
17 compared to the white counterparts. So we have all
18 these kids drinking dairy milk. It's causing a lot
19 of problems just right there. So, again, they call
20 plant-based diets a Swiss army knife solution we have
21 for the planet when it comes to climate change,
22 resource allocation, human health, animal health-- so
23 it's really just what they call a Swiss army knife
24 solution. So I'm super in favor of bill 641. I'm
25

1
2 grateful to be here, and there's some amazing
3 documentaries online. So there's one called, They're
4 Trying to Kill Us. There's one called, You are What
5 you Eat. That's on Netflix. The Stanford Twin
6 Experiment where they took two groups of twins, gave
7 one a plant-based diet and the other meat-based diet
8 and look at all the health outcomes, and then you can
9 also look at What the Health online, so some great
10 resources. Thank you.

11 CHAIRPERSON SCHULMAN: Thank you. And I
12 also want to mention that-- two things. One is
13 hydroponic planting, I put a lot of funding into the
14 schools in my district for that, and I know a lot of
15 other Council Members do as well, and that's very
16 important and it teaches kids to grow their food and
17 appreciate it and everything else, and a lot of the
18 food that they actually grow, at least in my
19 district, they give to food banks. So I'm really
20 appreciative of that. And also, I wanted to mention
21 that I used to think yogurt was healthy too until I
22 started looking at the label, and so I'm very careful
23 about that now. But thank you all, everybody, for
24 your testimony. Next panel is Tammy Switzer [sp?]-
25 is it-- I'm sorry if I don't pronounce this-- Nisa

1 [sp?], I think it is. Am I pronouncing that
2 correctly? Close? Wilfredo Varier [sp?], Paula
3 Ventura [sp?], and Virginia Encarcion [sp?]. Sorry
4 if I mispronounce. Folks here? [inaudible] Do it
5 one more time, Tammy Switzer-- oh, that's you. Okay,
6 fine. Nisa Tavaras [sp?], Wilfredo Varier [sp?],
7 Paula Ventura [sp?], and Virginia-- I guess not.
8 Okay. Doctor Natalie Greaves Peters? Okay. We're
9 going to call some other folks to come up on the
10 panel since the others don't seem to be here. George
11 Nieremberg [sp?], Hussein Yatabarry, Sean Butler,
12 yes, no? Oh, you're here. How do you pronounce your
13 first name, I'm sorry. Shen'naque, okay. Alright,
14 Tammy, go for it.

16 TAMMY SWITZER-HAIGLER: Good afternoon
17 Chair Schulman. My name is Tammy Switzer-Haigler. I
18 am a Master's Candidate at the CUNY School of Public
19 Health. I am also a constituent from District 12
20 from Co-op City. I support Council Member Riley and
21 Co-Chair Schulman's Intro 641. Statistics show that
22 childhood obesity and diabetes are an epidemic in
23 communities all around-- all across New York City--
24 I'm sorry, excuse me-- across New York City. I
25 believe this minor adjustment in the offering of

1
2 beverages on the children's menu in restaurants would
3 benefit children, yet not infringe on parental
4 rights. The bill amended the beverage options in
5 children's meals to include removing flavored milk as
6 an option and reduce juice sizes were offered.

7 Parents can still opt for the sugary drinks if they
8 choose to. From a 2003-2004 study from the Columbia
9 Center of Children's Environmental Health, 15 to 19.4
10 percent of children in New York City are overweight,
11 and 22 to 27 percent are obese. I ask that the City
12 Council approve Intro 641. Thank you for your time.

13 CHAIRPERSON SCHULMAN: Thank you. Next.

14 NATALIE GREAVES-PETERS: Good afternoon.
15 My name is Doctor Natalie Greaves-Peters and I'm a
16 researcher with the Laurie M. Tisch Center for Food
17 Education and Policy. I'm also a registered
18 dietitian nutritionist. I've worked in many of the
19 communities that are represented here today. I have
20 PHD in Behavioral Nutrition and also a parent of a
21 seven-year-old daughter who loves great food. Today,
22 I'm here to express my strong support for Int. 0641
23 which is a critical step to ensure healthier kid's
24 meals in restaurants across our city. When dining
25 out with my daughter, we avoid kid's menus, not

1 because of costs, but because they're almost always
2 the same predictable options. These meals are not
3 only repetitive, but also lack the fruits,
4 vegetables, and whole grains that children need, and
5 as a result, we order from the regular menu only to
6 face oversized portions that are inappropriate for
7 children. This is not just my family's experience.
8 Research shows that children consume nearly twice as
9 many calories at restaurants compared to meals at
10 home, with most kid's meals being high in calories,
11 salt and fat. Parents like me are left with limited
12 unhealthy choices when dining out. By supporting
13 Int. 0641, the Council can make a great difference.
14 This legislation would ensure that restaurants offer
15 healthier kid's meal options that includes fruits,
16 vegetables and whole grains, providing families with
17 choices that promote growth, health, and wellbeing.
18 It's a necessary step to empower parents and shift
19 the culture around eating out. As both a nutrition
20 professional and a parent, I urge you to vote in
21 favor of this bill to help make healthy eating the
22 default for New York City's children. Thank you for
23 your leadership and the opportunity.

24
25 CHAIRPERSON SCHULMAN: Thank you. Next.

1
2 UNIDENTIFIED: Members of the New York
3 City Council, I'm here to express my strong support
4 for bill 1047 directing the City's Health Department
5 to implement the screening pilot program for sleep
6 apnea. I lost my marriage, my job and almost killed
7 my grandchildren and daughter while driving. If I
8 had been diagnosed and successfully treated for sleep
9 apnea, this would not have happened to me. I
10 discovered that I could apply my career experience as
11 a successful documentary film maker to make others
12 understand the suffering of untreated sleep apnea,
13 and the opportunity that diagnosis offered to my
14 wellbeing, my family, my career, and my contribution
15 to society. My latest film, Out of Breath, shares
16 potent impactful scenes of the real world impact of
17 sleep apnea from four diverse individuals and their
18 families, the same people that the New York City
19 Council represents, white and black, young and old,
20 married and single, straight and gay. I heard from
21 dozens of parents, spouses, friends who had no idea
22 that the exhaustion, the living in a fog, the
23 constant fatigue, irritability, the lack of focus and
24 even the frightening near misses behind the wheel
25 were all symptoms of something that could be treated.

1
2 These are real stories of people who felt like they
3 were failing in life, but the truth was that they
4 were fighting a battle that no one could see. This
5 is a program so important. It's not just a piece of
6 legislation. It's a lifeline. It's a chance to
7 change the course of lives of the people of New York
8 City. Thank you.

9 CHAIRPERSON SCHULMAN: Thank you, sir.

10 Next.

11 HUSSEIN YATABARRY: Good afternoon, Chair
12 Schulman, and esteemed members of the Health
13 Committee with us virtually. My name is Hussein
14 Yatabarry. I am the Executive Director of Muslim
15 Community Network. I was born in Harlem. I was
16 raised in the Bronx, and like so many of us I grew up
17 eating from restaurant's kid's menus that offered the
18 same sugary drinks and salty processed foods that are
19 still in front of children today. Back then we were
20 still learning about the impacts of these meals on
21 long-term health, but in 2024 we know exactly how
22 these excessive sugars and sodium contribute to
23 chronic illnesses like diabetes and heart disease,
24 especially for low income Black and Brown New
25 Yorkers. As a person of faith, I approach this issue

1 with a deep commitment to values of care moderation
2 that are central to Islam. We are taught to avoid
3 excess and to prioritize what sustains us, not just
4 in the moment, but over a long-term. Intro 641
5 reflects that same value of moderation by ensuring
6 that at least two children's meals on every menu meet
7 the basic nutrition standards. Removing flavored
8 milk and reducing juice portions, these aren't
9 extreme measures. They're common sense steps to
10 protect our children's futures. For families like
11 mine growing up in the Bronx, these healthier options
12 weren't available and we're now seeing the
13 consequences play out in our communities. The
14 chronic illnesses so many face are not just personal
15 struggles. They're systemic issues that reflect years
16 of inequity in the food options marketed to us.
17 Intro 641 is about changing the narrative and making
18 sure the next generation has the sustenance to
19 thrive. This legislation doesn't take choices away. I
20 think like the mom said to my right, it makes healthy
21 choices easier. It gives parents the ability to make
22 decisions that align with their values of care and
23 responsibility while holding restaurants accountable
24 for offering balanced options. Chair Schulman, I
25

1
2 urge you, Members of the Committee and the entirety
3 of the Council to support Intro 641 and help us to
4 ensure that every child in New York City regardless
5 of their zip code has access to a healthier future.
6 I would also like to shout out IPHN and CSPI for
7 bringing us onto this initiative. Thank you.

8 CHAIRPERSON SCHULMAN: Thank you. Next.

9 SHEN'NAQUE SEAN BUTLER: One, two. Okay,
10 alright. Here we go. Imagine a community where
11 every child has access to healthy food where no one
12 has to choose between a meal and their health. In the
13 Bronx, this vision is not yet a reality. Thank you,
14 Chair Schulman and members and staff of the Council
15 Committee on Health. My name is Shen'naque Sean
16 Butler and I'm a great resident of the University
17 Heights section of the Bronx in Council District 14.
18 Today I'm here wearing two hats. First, as a long-
19 time community health advocate I've dedicated myself
20 to increasing access to healthy food and educating
21 young people around nutrition. My journey began with
22 a deeply personal experience, my mother's battle with
23 cancer. My mother, Joycelyn [sp?] Butler, was a
24 nurse who dedicated her life to caring for others.
25 Unfortunately, she passed away from cancer at age 57.

1
2 Witnessing her struggle and the lack of healthy food
3 options in my community was heartbreaking. This
4 personal experience led to me taking action and
5 creating the Fresh Healthy Food Initiative which aims
6 to provide fresh, healthy, grab-n-go, plant-based
7 meals in Bronx bodegas. My aim is to make the Bronx
8 a healthier place one bodega at a time. Through grass
9 root community engagement, I have worked with
10 community stakeholders, local bodegas to increase
11 access to healthy, nutritious, grab-n-go options at a
12 price point that can compete against the ocean of
13 cheap, ultra-processed foods that dominate Bronx
14 bodegas. The Fresh Initiative has already made
15 meaningful difference in the lives of many Bronx
16 residents by successfully demonstrating the
17 feasibility and demand for healthy meal options in
18 local bodegas. This growing demand for healthier
19 options shows the community's readiness for change
20 and sets the stage for an even greater impact as we
21 expand our efforts. Looking ahead, I plan to partner
22 with the bodega and small business group, Collective
23 Fare, Bronx Health Reach, NYU Stern, and the New York
24 Health Foundation to bring healthy grab-n-go options
25 to the Hunt's Point-- to bodegas in Hunt's Point in

1
2 2025. Second, I serve as the lead organizer of
3 Community Health Initiatives for Banana Kelly's
4 Community Improvement Association, tackling the
5 social determinants of health around-- in this role,
6 I oversee the health initiatives. I'm going to just
7 jump to the end because I don't have enough time.
8 But in conclusion, in this role with Fresh and also
9 working at Banana Kelly, I have witnessed firsthand
10 the positive impact that dedicated community health
11 efforts can be. By supporting policies like Intro
12 641, we can take significant steps towards ensuring
13 that all children have access to healthy food
14 options, thereby fostering a healthy future for our
15 community. I urge you each to support Intro 641
16 today. Let's ensure that every child in our community
17 has a healthy start that they deserve. As the rapper
18 from the hip hop super group, the Locks [sic] once
19 said, [inaudible] "You can't really get wealthy if
20 you ain't healthy." This quote highlights the
21 critical connection between health and overall
22 wellbeing making it a powerful reminder of why our
23 work is important. I urge you guys to support Intro
24 641. Thank you for your time.

1
2 CHAIRPERSON SCHULMAN: Thank you very
3 much. Thank you to this panel. Really appreciate
4 your testimony. And whatever you didn't get to, just
5 make sure that we have it. We have-- submit the
6 testimony. Eloisa Trinidad, are you here? You're
7 here. Wait, wait, wait. One second. You good?
8 Okay. Yeah. Okay, go ahead.

9 ELOISA TRINIDAD: good afternoon esteemed
10 members of the Council. My name is Eloisia Trinidad
11 and I am the Executive Director at Chili's on Wheels.
12 I stand before you today to passionately advocate for
13 Intro 641 which establishes vital nutrition standards
14 and beverage options for children's meals served in
15 food service establishments around New York City.
16 Chili's on Wheels works to make healthy, plant-based
17 food accessible to communities in need, and we do
18 this through direct food relief, policy, education,
19 and mentorship. We serve communities in the five
20 boroughs and work on policy at the city, state and
21 federal levels to transform our food system to a more
22 just, equitable, and sustainable [inaudible] for all
23 beings. All our services are free to our community
24 members and we take a comprehensive approach to food
25 education and food sovereignty that focuses on

1 justice from farm to fork and in addressing the
2 historical wrongs our communities face due to the
3 impacts of western colonization and systemic policies
4 that further marginalize them. From our beginnings
5 we have included and centered children and youth
6 voices in our advocacy. Our students learn about the
7 food system itself and how to advocate for themselves
8 and their communities at every point of it. Earlier
9 you heard from Emily Hiron. Students just like Emily
10 have been a critical part of our policy wins at every
11 level, including our most recent wins in the USA
12 National School Lunch program. Our children and youth
13 are taking action and we must further support their
14 efforts through bills like Intro 641. But what is
15 often not seen or heard are the heartbreaking stories
16 directly from children who lack access to consistent
17 healthy food, the desperation and sadness that I see
18 and hear at every food distribution and mentorship
19 workshop. The children are dealing with anxiety and
20 depression because they experience a chronic illness
21 and fear their younger siblings will face the same.
22 Our children and youth must be protected and we must
23 create the foundation for them to succeed. As the
24 liberation in food activist for over 20 years, I
25

1
2 continue to be deeply concerned about the impact of
3 nutrition in children's growth and development and
4 implementing concrete nutrition standards is
5 essential for ensuring that our children receive
6 meals that not only satisfy their hunger, but also
7 provide the key nutrients necessary for their
8 physical and cognitive advancement. Our children
9 represent the future, and it's our responsibility to
10 prioritize their health. The reality of childhood
11 chronic diseases associated health challenges is
12 alarming. By enforcing these robust nutrition
13 standards, we can effectively combat these issues and
14 foster healthier eating habits and create a more
15 sustainable future for all of our children. This
16 bill is in perfect alignment with Chili's on Wheels
17 commitment to health equity and a more sustainable
18 future, ensuring that all of our children regardless
19 of background or circumstances have access to
20 wholesome healthy food. I want to thank you for your
21 actions on sugary drinks, in particular emphasize the
22 need for better and healthier drinks in all these
23 restaurants. By curbing sugary drink consumption and
24 providing healthier options--

1
2 CHAIRPERSON SCHULMAN: [interposing] You
3 need to wrap up.

4 ELOISA TRINIDAD: such as water and
5 plant-based milk, we can influence children to make
6 better choices. The transformation that we will have
7 will have a lasting impact on children's eating
8 habits, leading to a healthier future for them and
9 their communities. Thank you for taking action and
10 for your attention and consideration in protecting
11 our children.

12 CHAIRPERSON SCHULMAN: Thank you very
13 much. Next person, Sharon Brown Jeter [sp?]? I just
14 remind everybody that there's more testimony. Please
15 keep it two minutes. If you have extended testimony
16 you can submit it to the council. Thank you.

17 SHARON BROWN JETER: Hello. My name is
18 Sharon Brown Jeter. Remember Israel release the
19 hostage. Let Yaweh's people go. Defend Israel. Okay,
20 I ate everything, candy, cakes, cookies, all meats,
21 fruit juices, all kinds of juices and foods. I was
22 98 or higher percentile in my school and testing. My
23 mother was a nurse. My father was military and a
24 chef. He was also a boxer. So they knew a whole lot
25 about food and fitness. Biblically, fat is good for

1 the body and the brain, we know that through avocados
2 and things like that. We can't deplete fat, sugars,
3 and things like that. If you don't allow children to
4 eat foods and let their body process sugar, then
5 later on in life you're going to say their body can't
6 handle sugar, and you're going to say their diabetic
7 because their body is not comfortable with using
8 sugar. This has never been a problem in all our
9 history that people had such a major problem with
10 eating foods and being diabetic and things like. The
11 Bible is going to be implemented in the schools. It
12 started already in Oklahoma, and we cannot force
13 people to eat anyway we choose. We just have to
14 provide food and we have to provide enough of the
15 food. The only banned in the Bible are foods
16 sacrificed to idols like Allah, Buddha and things
17 like. The Jewish dietary restriction is their choice
18 based on the Bible. We just have to provide enough
19 for them. So, when I look at the Jewish portions they
20 have in the food, I would say give them two of those.
21 If they eat only one, that's fine, if they eat both
22 or as many as they need. Some children are athletic.
23 They could eat like a bear. That's not our business.
24 Give them what they need. If children say they want
25

1 something, they may have allergies that they can
2 recognize that we don't know about. And let children
3 eat. Do not starve our children.

4
5 CHAIRPERSON SCHULMAN: Thank you very
6 much.

7 SHARON BROWN JETER: You're welcome.

8 CHAIRPERSON SCHULMAN: Okay, now we're
9 going-- hold on. We will now move to Zoom testimony.
10 I will call groups of three names at a time. Please
11 wait for your name to be called to testify and please
12 select unmute when prompted. Gee Yu Lee [sp?], Raul
13 Rivera, Lianna Levine Reisner. Gee Yu Lee, are you
14 online?

15 GEE YU LEE: Hello. Can you hear me?

16 CHAIRPERSON SCHULMAN: Yes, go ahead.

17 GEE YU LEE: oh, okay. Yes. Good
18 [inaudible] Good afternoon. My name's Gee Yu and I'm
19 a Master Student at CUNY School of Public Health. I'm
20 here to testify in support of bill Introduction 0641
21 which is an essential step toward addressing the
22 growing public health crisis of childhood obesity and
23 promoting healthier eating habits for our children.
24 Unhealthy restaurant meals are a significant threat
25 to children's health. According to the National

1
2 Institute of Health, about 19 percent of children in
3 the United States are obese and 15 to 19.4 percent of
4 NYC children are overweight, and additional 22 to 27
5 percent of children are obese. This trend has been
6 linked to the rise in fast food and restaurant meals
7 that are high in calories, sugars and saturated fats.
8 Research shows that meals at restaurants frequently
9 exceed the daily recommended calorie intake with
10 children averaging more than a thousand calories per
11 meal when eating out, much of which comes from
12 unhealthy ingredients. Bill Introduction 641 is a
13 crucial response to this. Requiring at least two
14 meals on every children's menu to meet certain
15 nutrition standard will make sure that healthier
16 options are available for children when they dine
17 out. These meals would be designed to [inaudible]
18 saturated fats, sodium, and added sugars which are
19 significant contributors to childhood obesity and
20 related health problems. The bill also addresses the
21 issue of flavored milk and large juice portions, both
22 major sources of added sugars. The American Academy
23 of Pediatrics recommends limiting sugary drinks for
24 children and large servings of juice can contain
25 excessive sugar up to 30 grams per serving, far

1 exceeding the recommended daily intake for kids.

2 Furthermore, it is important to recognize that food
3 insecurity disproportionately affects certain
4 communities. According to a 2022 report released by
5 the Mayor's Office of Food Policy, Bronx residents
6 experience the highest rates of food insecurity which
7 is 19.7 percent of all five boroughs. This highlights
8 the need for better access to nutritious--

9
10 SERGEANT AT ARMS: [interposing] Your time
11 has expired.

12 GEE YU LEE: foods especially for
13 vulnerable populations. The food we keep-- the food
14 we give our--

15 CHAIRPERSON SCHULMAN: [interposing] Just--
16 - you have to--

17 GEE YU LEE: [inaudible]

18 CHAIRPERSON SCHULMAN: Gee Yu, Gee Yu,
19 you have to--

20 GEE YU LEE: Yes? Yes?

21 CHAIRPERSON SCHULMAN: You have to sum up
22 now, because the time is up.

23 GEE YU LEE: Oh, yes. The food we give
24 our children today shapes their health for the

1
2 future. I urge you to support bill 0641 to create a
3 healthier food environment for our children.

4 CHAIRPERSON SCHULMAN: Thank you. And
5 you can also submit your testimony to
6 testimony@council.nyc.gov, the part that you didn't
7 get to talk about okay?

8 GEE YU LEE: Alright, thank you.

9 CHAIRPERSON SCHULMAN: You're welcome.
10 Lianna Levine Reisner, are you online?

11 LIANNA LEVINE REISNER: Yes, I'm here.
12 Thank you so much, Council Member Schulman.

13 CHAIRPERSON SCHULMAN: Sure.

14 LIANNA LEVINE REISNER: So my name is
15 Lianna Levine Reisner. I'm a co-founder and the
16 Network Director of Plant Powered Metro New York.
17 We're a nonprofit organization whose mission is to
18 make sure every New Yorker knows that whole food,
19 plant-based nutrition can prevent, treat, and even
20 reverse many chronic disease, including high blood
21 pressure, diabetes, and cardiovascular disease. We
22 have proudly signed up to be a HealthyNYC champion
23 because we offer programming that has already proven
24 its value in reducing New Yorker's blood pressure,
25 cholesterol, triglycerides, weight, and many other

1 markers of health including measures of depression
2 and anxiety. The HealthyNYC plan is laudable in
3 naming quantifiable goals to increase life
4 expectancy. I'd like to point out that reducing
5 deaths from infectious diseases, pregnancy-associated
6 deaths and the prevalence of mental health conditions
7 and chronic diseases including asthma and many
8 screenable cancers must involve a significant change
9 in how we view and mold our food system. The truth
10 is that we can't make substantial changes to these
11 issues with incremental food system adjustments. We
12 need to go all in. So as you provide oversight to
13 the Health Department, please make it clear that
14 food-based solutions must be ambitious and far-
15 reaching, that we must confront the elephant in the
16 room that the norm of eating animal-based and
17 processed foods is creating these epidemics.
18
19 Regarding Intro 641, the intent of the bill is good
20 and I also urge you to consider these ways to improve
21 upon the nutrition standards articulated in the bill.
22 Earlier this fall, the US Dietary Guidelines Advisory
23 Committee made a draft of its recommendations for the
24 2025/2030 guidelines which for the first time
25 encourages a shift to nutrient-dense plant-based

1
2 meals, and idea that could be incorporated into this
3 bill as a way of providing positive guidance. The
4 committee also advises that grains served are mostly
5 whole grains rather than at least 50 percent whole
6 grains. A third recommendation is to change the
7 order of protein subgroups to first recommend beans,
8 peas, and lentils because plant proteins are
9 associated with health, whereas we continue to be
10 advised to reduce our intake of bread and processed
11 meats like the hamburgers and hotdogs found on kid's
12 menus.

13 SERGEANT AT ARMS: Your time has expired.

14 CHAIRPERSON SCHULMAN: If you can-- just
15 sum up, go ahead.

16 LIANNA LEVINE REISNER: [inaudible] Sure.
17 Nutrition standards in the bill don't differentiate
18 meat from meat alternatives, nor do they recommend
19 plant protein. So as the federal committee is poised
20 to do, I believe we can do more to set higher
21 standards locally for vulnerable children who are at
22 the whims of our food system. Thanks so much.

23 CHAIRPERSON SCHULMAN: You can submit the
24 rest of your testimony to testimony@council.nyc.gov,

25

1
2 and I'm very happy that you're part of the
3 HealthyNYC-- thank you very much. Raul Rivera?

4 SERGEANT AT ARMS: You may begin.

5 RAUL RIVERA: Good afternoon. Can you
6 hear me?

7 CHAIRPERSON SCHULMAN: Yes.

8 RAUL RIVERA: Good afternoon Schulman,
9 Chair Schulman. I want to talk about insulin
10 resistance and type II diabetes. Actually, type II
11 diabetes is when you do it to yourself with a western
12 diet. So we want to urge the Committee on Health to
13 draft bills that are going to ban food preservatives
14 from our food supply. To name a few of these
15 preservatives and chemicals, [inaudible] potassium,
16 aspartame, sucralose, MSG. And for the parents who
17 like to take their children out to eat ice-cream,
18 they should consider and look up a chemical called
19 carrageenan [sp?]. Carrageenan is a pro-inflammatory
20 chemical that's used in laboratories to induce cancer
21 in lab animals. So we urge the council to draft
22 bills to remove these preservatives from our food
23 supply, ensuring our health and our future. I think
24 that's very important. Also, when it comes to
25 aspartame, artificial sweetener, that chemical was

1
2 made possible not by doctors, not by healthcare
3 professionals, but by elected officials. We
4 encourage the council to look at a documentary called
5 Sweet Misery. Again, the documentary is called Sweet
6 Misery. The ADA, the American Heart Association
7 supports aspartame, and aspartame is a known
8 carcinogen. Thank you so much.

9 CHAIRPERSON SCHULMAN: Thank you very,
10 very much. I'm going to call some names to see if
11 you're present. Ethan Suarez [sp?]? Manpri Cower
12 [sp?], Elyse Cole Grant [sp?]? Lucia Adkins Jones
13 [sp?], and Elizabeth Cane [sp?]? Okay, thank you to
14 everyone who has testified. If there's anyone
15 present in the room or on Zoom that hasn't had the
16 opportunity to testify, please raise your hand.

17 Seeing no one else, I would like to note that written
18 testimony which will be reviewed in full by committee
19 staff may be submitted for the record up to 72 hours
20 after the close of this hearing. Elyse Cole Grant?

21 ELYSE COLE GRANT: Hi, can you hear me?

22 CHAIRPERSON SCHULMAN: Yes.

23 ELYSE COLE GRANT: Hello, good afternoon
24 everyone. I just wanted to provide my testimony that
25 I am in support of this bill. I am a mother of two

1 that lives-- who lives in New York City, and wanted
2 to include that, you know, research has shown that
3 when eating at restaurants children consume more
4 calories, sugar and sodium. You know, we all live in
5 New York for the diversity of the people that we live
6 next to, our neighbors and that also includes our
7 food choices, right? And I choose to live in New
8 York City, in particularly Brooklyn, to expose my
9 children to different cultures, and that includes
10 food flavors, textures. So I am very much in support
11 of this bill, because I believe that my children have
12 the right to choose, right, and usually what I see on
13 children menus are chicken nuggets, buttered pasta.
14 Those are both things that are very easy and cheap to
15 prepare at home. When I actually decide to take my
16 children out, I'd like to have them have a more broad
17 choice of healthy food options so they can experience
18 not only healthy food but also the culture that we
19 want to expose our children to, right? And sure, it's
20 easy to say well why don't you choose to purchase
21 another entrée for them instead of just choosing off
22 the children's menu. Well, that leads to my next
23 argument is that that's very costly for the parents,
24 right, when we already have so many bills to cover
25

1
2 for our children. It's costly to have to choose
3 outside of the children's menu knowing that our child
4 will only eat a portion of the food that we purchase
5 if it is a regular adult entrée. Particularly, my
6 children like seafood. They don't like breaded
7 things, and so that leaves me with very limited
8 options to choose at restaurants that I think that
9 our children, you know, will thank us for later if we
10 can expose them to more healthy food options and make
11 it, you know, affordable for the parents.

12 CHAIRPERSON SCHULMAN: Thank you very
13 much. Really appreciate your testimony.

14 ELYSE COLE GRANT: Thank you.

15 CHAIRPERSON SCHULMAN: Okay, so one more
16 time. Thank you to everyone who has testified. If
17 there's anyone present in the room or on Zoom who
18 hasn't had the opportunity to testify, please raise
19 your hand. Seeing no one else, I'd like to note that
20 written testimony which will be reviewed in full by
21 committee staff may be submitted for the record up to
22 72 hours after the close of this hearing by emailing
23 it to testimony@council.nyc.gov. I also want to
24 mention that HealthyNYC has only been in effect for a
25 year, and they've had some positive results, and I am

1
2 committed as the Chair of the Health Committee to
3 making sure HealthyNYC keeps advancing and moving
4 forward and meets the goals of our healthier New York
5 City. Thank you very much to everyone who has
6 testified for the legislation as well as HealthyNYC,
7 and with that, I'm closing out today's hearing.
8 Thank you.

9 [gavel]

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COMMITTEE ON HEALTH

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 December 9, 2024