CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

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Wednesday, February 1, 2023
Start: 10:15 a.m.
Recess: 1:50 p.m.

HELD AT: Council Chambers, City Hall

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

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Joann Ariola
Charles Barron
Oswald Feliz
Crystal Hudson
Mercedes Narcisse
Marjorie Velázquez
Kalman Yeger
Keith Powers

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NYC Dept of Health and Mental Hygiene

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Jason Cianciotto
Vice President, Communications and Policy
Gay Men's Health Crisis

Alex Stein
"Right-wing comedian and
YouTube personality"

Matthew Greller
National Association of Theatre Owners

Inderjeet Singh
Community Affairs Coordinator
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SERGEANT AT ARMS: --Committee on Health. At this time, we ask that you place all cell phones and electronic devices to vibrate or silent. If you have testimony you wish to submit for the record, you may do so via email at testimony@council.nyc.gov. Once again, that is testimony@counsel.nyc.gov. We thank you for your cooperation. Chair, we're ready to begin.

CHAIRPERSON SCHULMAN: Thank you very much. Good morning. I'm Councilmember Lynn Schulman, Chair of the New York City Council's Committee on Health. I want to thank all of you for joining us today, at today's very important hearing on diabetes in New York City. We are also joined by Councilmembers Narcisse, Barron, and Hudson. Anybody virtually? No. And Powers. I'm sorry. And Ariola.

The purpose of today is to discuss one of the most pressing public health issues facing Americans and New Yorkers.

Diabetes is a chronic and deadly disease that has been disproportionately affecting the most vulnerable communities for decades, only to have been exacerbated by the onset of the COVID-19 pandemic. Despite nearly 1 million New Yorkers suffering from

2 diabetes, a statistic that doesn't include the untold
3 number of those with prediabetes, and undiagnosed
4 diabetes, this chronic health condition has seemingly
5 faded into the background. But that ends now.
6 At today's hearing, we will hear three bills
7 related to diabetes prevention and management,
8 including my bill, which would require the DOHMH to
9 develop and implement a plan to reduce the prevalence
10 of type two diabetes in New York City. Type one and
11 type two diabetes are both serious health conditions,
12 but unlike type one, which is a genetic condition
13 managed by taking insulin, type two can be dealt with
14 in various ways such as medication, exercise, and
15 diet. And although it cannot be cured, there is
16 evidence that in many cases, type two diabetes can be
17 prevented and put into remission.
18 This diabetes plan is based on the 90-90-90
19 strategy developed by the United Nations to tackle
20 the AIDS epidemic, and I'm confident that passing
21 this legislation will be a critical first step in
22 addressing the systematic inequalities in diabetes
23 rates and access to quality care in New York City.
24 The committee will also hear Intro 687, sponsored
25 by Councilmember Powers, which would require chain

restaurants in New York City to post a sugar warning icon on the menu next to all items that exceed a certain level of added sugars, as well as Intro 675, sponsored by Councilmember Hudson, which would require DOHMH or another agency designated by the Mayor to create a Telemedicine Accessibility Plan to improve the availability of portable monitoring devices and telehealth devices for New Yorkers in need.

According to the American Diabetes Association, diabetes kills more Americans every year than AIDS and breast cancer combined. As a recent breast cancer survivor, that statistic truly disturbs me. If recent trends continue, one in three adults in the United States could have diabetes by the year 2050. As more and more New Yorkers suffer from this chronic condition and its complications, such as heart and kidney disease, vision loss, and limb amputations, it is increasingly clear that the city must take immediate action. One important step we can take is to consider expanding diabetes screening criteria. The United States Preventive Services Task Force recently lowered the recommended starting age for screening from 40 to 35 years in adults who are

2 overweight or obese. But some researchers estimate
3 that by using only these two criteria, 53% of high
4 risk patients are likely to be missed, meaning that
5 more than half of people with prediabetes or diabetes
6 will not be testing based on those guidelines.
7 And those who feel the impact are our most
8 vulnerable groups. But it doesn't have to be that
9 way. Compared to colonoscopy and mammogram,
10 screening for diabetes is inexpensive and confers
11 little risk. Ensuring that New Yorkers have access
12 to quality primary care and adequate diabetes
13 screening methods such as the hemoglobin A1c test,
14 particularly for populations with a
15 disproportionately high prevalence of diabetes such
16 as in Black, Hispanic, and American Indian
17 individuals is necessary to combat this serious
18 medical crisis.
19 As Chair of the Health Committee and someone
20 dedicated to increasing access to affordable and
21 quality health care for all New Yorkers, regardless
22 of zip code, I would be remiss if I didn't mention
23 the economic burden of diabetes. To sum it up, it is
24 massive. On average, a person with diabetes has
25 medical costs that are 2.3 times higher than someone

2 without this condition, and those with diabetes incur
3 average medical costs of about $16,750 a year of
4 which $9,600 is directly attributable to diabetes.
5 When adjusted for inflation, the economic costs of
6 diabetes jumped 26 percent from 2012 to 2017 due to
7 the rising number of people with diabetes because of
8 increased medical costs.
9 As diabetes is a multi dimensional issue, our
10 overall goal for this hearing is to learn how these
11 bills can be helpful and reducing diabetes rates
12 while finding more ways to collaboratively work with
13 DOHMH, the Mayor's office, and other agencies to
14 tackle this health crisis to an all encompassing
15 holistic approach. I want to conclude by thanking
16 DOHMH for being here to testify and answer our
17 questions. I just want to note that the Commissioner
18 rearranged his schedule to be here today, because
19 this is how important this issue is to him and his
20 staff. We have him for a limited time, but I just
21 wanted to mention that today.
22 And I want to thank the committee staff for their
23 work on this hearing, Committee Counsels Chris Pepe
24 and Sarah Suture, Policy Analyst Minora Butt, as well
25

2 as my team, my chief of staff Jonathan Bushea, and
3 legislative director Kevin McAleer.
4 I will now turn the mic over to my colleague
5 Councilmember Powers to make a statement on his bill.
6 Councilmember powers?
7 COUNCILMEMBER POWERS: Thank you. Thank you,
8 Chair. And thank you for having me here today. And
9 welcome everyone here. I'm City Councilmember Keith
10 Powers. I want to thank you for the opportunity to
11 speak today about my bill, Intro 687, which we call
12 the Sweet Truth Act, which you're hearing today, and
13 I'm proud to sponsor along with 36 colleagues in the
14 City Council and four Borough Presidents. We have a
15 tremendous amount of support for this legislation.
16 I'm very proud of it. I want to thank my Chair, my
17 colleague and my Health Committee Chair, Lynn
18 Schulman, and I want to thank the Manhattan Borough
19 President, Mark Levine, who have both led the charge
20 to make our city a safer and healthier place.
21 I particularly want to give a shout out to the
22 Borough President for his efforts last term to help
23 start this process and to get us on a path for
24 today's legislation we're hearing. And I'd also like
25 to thank all the advocates, including the folks on

2 the Center for Science and Public Interest who have
3 been tireless advocates for this issue.
4 And we're here today and they're advocating for
5 an important reason: To help New Yorkers make
6 healthier choices. With diabetes and heart disease
7 claiming far too many lives each year. The Sweet
8 Tooth Act is a necessary step to inform New Yorkers
9 about the added sugar they're consuming. And it's
10 not, I think, an exaggeration to say that diseases
11 like diabetes are silent killers in our city and
12 throughout our country.
13 I think we all agree more often than not, when
14 we're ordering food or drinks at restaurants, we're
15 consuming much more sugar than we may realize. Just
16 one beverage can contain more than the recommended
17 amount of added sugar for an entire day, and many
18 times we don't even know what's in it, we don't know
19 how much sugar is in it, and we think we're making
20 healthy choices when in fact we're making unhealthy
21 choices. That is why we need the sweet truth.
22 The Sweet Truth Act will make it easier for New
23 Yorkers to make informed decisions by requiring chain
24 restaurants in New York City to post a sugar warning
25 icon on the menu next to all items that exceed 50

2 grams of added sugar, or the FDA recommended daily
3 value.
4 Just as we've been accustomed to seeing calories
5 and other nutritional information when we're ordering
6 food, it can and should become a norm for us to see
7 the level of added sugar we're consuming to better
8 regulate our intake, and I can say for sure when
9 those calories ended up on the menu, I know I started
10 making different decisions about how I eat and how I
11 make decisions.
12 This issue is more urgent than many of us
13 realize. Consuming high levels of sugar on a regular
14 basis has been proven to have detrimental health
15 effects, leading to type two diabetes, heart disease,
16 obesity, tooth decay, and even certain types of
17 cancers. The statistics are grim. Research shows
18 that about one New New York president dies every 90
19 minutes from diabetes-related clauses meaning as we
20 sit here in this heat hearing, we will likely lose
21 another New Yorker to this.
22 This is why we're here we can start to turn the
23 tide. Research also shows food labeling is an
24 effective tool for improving health outcomes, and
25 it's overwhelmingly popular. A 2021 survey conducted

2 by CSPI showed that 78% of New Yorkers support added
3 sugar icons.
4 And again, just to stress this, this is not about
5 telling you what you can and can't do, it's telling
6 you how to do it and how to make a good decision for
7 yourself. All of us deserve to know what's really in
8 our food so we can keep ourselves and our families
9 healthy. And the Sweet Truth Act is an important
10 step for healthier New York City.
11 So thanks again to my colleagues, Chair Schulman,
12 for holding this hearing. I want to thank my fellow
13 bill sponsors, I want to thank the committee staff,
14 the advocates. I want to thank Haley, Ben, and my
15 team. And I look forward to hearing testimony today,
16 and of course hoping to move this legislation
17 forward. Thanks so much.
18 CHAIRPERSON SCHULMAN: Thank you, Councilmember
19 powers, I will now turn to Committee Counsel to
20 administer the oath.
21 COUNSEL: Good morning, everyone. My name is
22 Chris Pepe, council for the Health Committee. Please
23 raise your right hand. All right.
24
25

2 Do you swear to tell the truth, the whole truth
3 and nothing but the truth and to respond honestly to
4 Councilmember questions?

5 ALL: I do.

6 COUNSEL: You may proceed.

7 COMMISSIONER VASAN: Okay, Good morning, Chair
8 Schulman and members of the committee. I'm Dr.
9 Ashwin Vasan, the Commissioner of Health. I'm joined
10 today by Dr. Michelle Morse, our Chief Medical
11 Officer, and Deputy Commissioner for the Center for
12 Health Equity and Community Wellness, along with
13 colleagues, Dr. Duncan Maru and Elizabeth Solomon.

14 Thank you for the opportunity to testify today on
15 our efforts to address diabetes across New York City.

16 The mission of the health department is to
17 improve and protect the health of all New Yorkers and
18 to promote health equity in doing so. We are slowly
19 leaving behind a time of pandemic emergency that has
20 seen an unprecedented loss of life expectancy and
21 increase in premature death. Citywide life
22 expectancy has dropped by nearly five years from
23 nearly 83 years in 2019 to 78 years in 2020. This
24 drop is even more dramatic for black and Latino New
25 Yorkers.

While COVID-19 has been a major driver of this loss of life, it does not explain the whole picture rising rates of chronic disease, the effects of untended chronic illnesses, and the impact of underlying chronic illnesses on COVID-related deaths have taken a major toll, which is why as the city enters a new post-COVID or living-with-COVID era, it's crucial that we highlight our collective work on issues like diabetes and other chronic illnesses that has understandably fallen behind our pandemic related efforts, but remains a leading cause of death for New Yorkers. Diet-related diseases, including type two diabetes and heart disease are significant health problems in New York City. Between 2002 and 2020 adult prevalence of diabetes in New York City increased by over 50% With little change in the average level of blood sugar control in the population. Notably, there's a high concentration of adults with A1c levels over 9% in neighborhoods with high poverty and high densities of people of color, such as Flatbush, East Harlem, Washington Heights, Inwood, and the South Bronx. Just for context, a normal A1c is 6 and below.

2 There's no possibility of addressing the overall
3 burden of diabetes and its complications for New
4 Yorkers without combating inequities. Type 2
5 diabetes is associated with a variety of factors
6 including social and structural factors like poverty
7 and behavioral factors like smoking, which can cause
8 a 30 to 40 percent increase in the risk of type two
9 diabetes compared to people who do not smoke.
10 Diabetes prevention requires a comprehensive approach
11 one that acknowledges and works to address the needs
12 of all New Yorkers, but specifically combats
13 structural inequities that explain why black and
14 Latino New Yorkers face the disproportionate burden
15 of disease, and that shifts food environments and
16 policies to better support healthy choices.
17 In addition, programs that focus resources and
18 reinvestment in spaces, places, and neighborhoods
19 experiencing the unfair impacts of diabetes are
20 crucial. In this effort, we're guided by the 2021
21 Board of Health resolution declaring racism a public
22 health crisis.
23 Diet-related diseases are of even greater concern
24 given the COVID-19 pandemic. Diet related health
25 conditions, as has previously been noted, such as

2 diabetes and heart disease, increased the risk of
3 severe illness from COVID-19, demonstrating how
4 chronic illnesses can exacerbate other illnesses and
5 underscores the importance of accessibility of
6 healthy food and built environments.
7 Many New Yorkers including communities with lower
8 household incomes, especially black, Latino, and
9 immigrant communities are disproportionately impacted
10 and burdened by both COVID-19 and chronic diseases
11 such as diabetes. It's a top priority for the
12 Administration and for the Health Department to
13 reduce the burden of diabetes and other chronic
14 diseases among New Yorkers. Healthy eating is
15 important for chronic disease prevention overall, and
16 specifically for diabetes prevention, management and
17 remission. The Health Department promotes balanced
18 eating patterns, diets predominantly made up of whole
19 and minimally-processed foods, and full of plants,
20 such as fruits, vegetables, whole grains, beans,
21 nuts, and seeds.
22 New Yorkers face significant challenges when
23 trying to make healthy dietary choices. Foods high
24 in salt and sugar are widely available, less
25 expensive, offered in large portions, and are heavily

2 promoted and marketed and subsidized, particularly
3 towards communities that bear a disproportionate
4 burden of diet-related diseases. Health Department
5 studies have found an increased density of
6 advertisements for unhealthy foods in neighborhoods
7 with a higher proportion of black residents and
8 street level sugary drink ads are also
9 disproportionately displayed in specific
10 neighborhoods, especially those with the higher
11 percentages of black residents.
12 A holistic approach including addressing the
13 social determinants of health like income and wealth
14 is critical to improving inequities in health
15 outcomes. A 2021 USDA study shows cost is the single
16 largest barrier to healthy eating for communities
17 with low incomes. In the face of this landscape we
18 have many strategies to increase the availability
19 access and awareness of healthy food, to promote
20 active living, and to decrease consumption of foods
21 high in salt and sugar. In 2021, we distributed over
22 1 million health books, coupons worth more than $2
23 million in fresh fruits and vegetables, helping to
24 put fresh, locally grown produce into the hands of
25 thousands of low income New Yorkers. We are

2 launching Groceries to Go, which provides eligible
3 participants with credits to spend on groceries
4 through an online platform that links them to
5 hundreds of local grocers. And we plan to provide a
6 50% discount on fresh fruits and vegetables for all
7 participants to encourage purchases of fresh produce.
8 The Health Department has also produced media
9 campaigns that call attention to the aggressive
10 marketing practices of the food industry,
11 highlighting the importance of family support in
12 making healthy lifestyle changes, and calling
13 attention to the harms of sugary drinks and the
14 benefits of choosing fruits and vegetables. To
15 counter the over proliferation of junk food marketing
16 in our neighborhoods. The Mayor signed Executive
17 Order 9, which requires that food advertisements on
18 city property, to the extent practicable, feature
19 healthy food, ensuring that city property can no
20 longer be used to advertise unhealthy foods. And
21 coming later this spring the Health Department will
22 launch a citywide media campaign focused on promoting
23 a plant-forward diet.
24 As the Mayor said in last week's State of the
25 City address, quote, "You can't have Whole Foods and

2 Park Slope and junk food in Brownsville," unquote.
3 The department strategies are aimed at addressing
4 multiple aspects of the food system from production
5 to consumption, with initiatives that target food
6 ingredients before it gets to grocery store shelves,
7 the healthfulness of food served by city agencies, as
8 well as consumer information resources and skills.
9 Our comprehensive approach to diabetes prevention
10 and management also includes targeted programming,
11 surveillance efforts and health systems improvements.
12 The Health Department works with both clinical and
13 community partners to increase the availability of
14 the National Diabetes Prevention Program in
15 neighborhoods with high rates of obesity and chronic
16 disease in the city.
17 Over the past four years, we've worked with 55
18 organizations to add over 90 NDPP workshops
19 throughout the city, and to host eight cohorts of
20 diabetes self management, education, and support
21 workshops, focusing on communities with the worst
22 public health outcomes.
23 The Health and Hospitals Lifestyle Medicine
24 Program is another example of providing people living
25 with chronic disease like diabetes with the tools to

2 make healthy lifestyle changes in the hospital,
3 including providing them with access to plant base
4 dietary resources.
5 Considering the expansive impact of COVID-19 on
6 people with chronic disease and diabetes, the Health
7 Department has led the community based arm of the
8 Public Health Corps since summer 2021. Community
9 Public Health Corps advances COVID-19 prevention and
10 education and screening for chronic disease including
11 type two diabetes in priority neighborhoods across 75
12 zip codes. Public Health Corps funded more than 90
13 community based organizations. From July 2021
14 through December 2022, over 600,000 New Yorkers were
15 linked to health or social services.
16 Regarding surveillance since 2006, we've
17 monitored glycemic control in New York City, which
18 helps us to identify populations and neighborhoods
19 with poor glycemic control for more targeted
20 interventions. For example, our NDPP program. The
21 health system plays an important role in this in an
22 in raising awareness for prevention and treatment of
23 diabetes and in referrals to expand access to
24 resources like the NDPP and diabetes self management
25 and education service.

Access to quality health care should be available to all New Yorkers, and yet social, economic and geographic factors can often be barriers to receiving basic health care services. Lack of access to health care is both a public policy issue and a moral one. We work together with other city agencies such as health and hospitals, community-based organizations and community health care providers, such as FQHCs to identify and respond to the barriers that prevent access to health care, to ensure that all New Yorkers can receive the care they need, including for diabetes.

And we recognize that health insurance provides a vital pathway to care and financial protection, particularly for more specialized care. As such, we work to enroll New Yorkers in coverage to the New York State of Health Marketplace and to provide enrollment assistance with both paper and web-based portal applications and renewals.

So now I'd like to turn to the bills under consideration today.

Pre-Considered 2913 requires the Department to develop and implement a citywide type two diabetes reduction plan. As previously noted, recent data

2 shows that between 2002 and 2020, adult prevalence of
3 diabetes in New York City increased by over 50%.
4 Tackling diabetes will require addressing unequal
5 exposure to heavily marketed and unhealthy processed
6 foods, as well as providing people with the resources
7 and information to eat healthier and to move more.
8 We share the Chair's goal in addressing this critical
9 chronic disease, which impacts the quality of life of
10 so many New Yorkers. As our testimony reflects the
11 Health Department's dedicated to preventing and
12 addressing diabetes in New York City and we support
13 the intent of this bill, and we look forward to
14 working with the Chair and with the Council on it.
15 Intro 687 requires certain food service
16 establishments to post a warning statement and icon
17 for menu items that contain high amounts of added
18 sugars, expanding upon Local Law 33, which carries a
19 similar requirement for pre packaged foods.
20 Intake of added sugars is associated with
21 increased risk of excess weight, type two diabetes,
22 hypertension, stroke, heart disease, and cavities.
23 Sugary drinks are the leading contributor to added
24 sugars in the American diet, a pattern that holds
25 true for adults and for youth. We thank the Council

for raising this important topic and highlight the impact of added sugars can have on our health. We share your goal in helping New Yorkers make informed decisions about their food and beverage consumption, and we look forward to working further with you on this bill.

Finally, Intro 675 requires the development of Telemedicine Accessibility Plan for primary care services and patient navigation program covered under Local Law 107. These services are primarily provided via Health and Hospitals NYC care program. We're reviewing the bill closely with our colleagues at Health and Hospitals, and we'll be in contact with the Council to discuss further.

Combating diabetes is a priority for this mayor and for this administration, and it's a priority for me as Health Commissioner, and as someone who has multiple type one and type two diabetics in my family across this world. I see firsthand the impact of social and economic drivers and access to care and the outcomes within my own relatives. I have uncles and cousins in India facing blindness, nerve damage, and kidney failure due to poor nutrition, the rising impact of fast and processed foods and lack of access

to high quality care. While here in the US, I have multiple relatives able to manage their diabetes well, because of the same kind of access and supports, and systems change that the city promotes.

So when we talk about inequities, I see this every day and the people I love the most. And it's my commitment along with Dr. Morse's and so many others, at our agency and beyond to lead this work to combat the undue burden of diabetes and diet related illness. So thank you again for the opportunity to testify and happy to answer your questions.

CHAIRPERSON SCHULMAN: Thank you, Commissioner. I'm going to ask some general questions. Before I do that, I want to acknowledge that we've been joined by Councilmembers Yeager and Velázquez. So I so I want to ask you some general questions, because I know you have a panel of experts here to answer the specifics. In an ideal world, what do you think DOHMH and the council should be doing to address the rate of diabetes in New York City? And what program or resources are needed?

COMMISSIONER VASAN: Thank you for the question. And I think it's the right question. You phrased very specifically in your question the rate of

2 diabetes. In order to address the rate of diabetes,
3 we have to focus on prevention. And when we focus on
4 prevention, we have to talk about what is driving New
5 Yorkers towards a path for greater risk of diabetes.
6 And so-- which is why it's so encouraging to talk
7 about some of the bills where we're discussing today,
8 because the solutions to reducing the rate of
9 diabetes lie mainly in our communities. They lie
10 mainly in our food systems. They lie mainly in our
11 economic systems. And without addressing the
12 underlying structures of racism that drive those
13 systems, we won't have a hope of making a difference.
14 We have to find the right balance between those
15 prevention-side, community-side, social-and-economic-
16 side, and structural-side interventions, with all of
17 the frankly, disproportionate investment that we give
18 to health care. We have more clinics and more
19 hospitals and more doctors and more nurses than
20 almost any place in the country, And yet, we have one
21 of the highest rates of diabetes and obesity of any
22 large urban center in the country.
23 And so, you know, I think we-- this is THE time
24 coming out of COVID where we're reckoning with public
25 health and where we're reckoning with the role of

2 prevention in our society, and our collective
3 responsibilities around that. I would like to see us
4 really have a conversation that takes the spirit of
5 some of these bills around making healthy choices
6 easier, increasing access to fresh and healthy foods,
7 reducing social, economic and other barriers,
8 cultural barriers, to making those foods accessible
9 and addressing the commercial drivers of unequal
10 access and marketing of unfresh and processed foods,
11 so that we can start to really get to the root of why
12 we have such a high rate of diabetes.
13 Last thing I'll say is, this is an American
14 phenomenon. A recent report from an expert panel of
15 diabetes experts and endocrinologistS to the
16 Secretary of Health and Human Service was basically
17 quoted saying, "The American Society is perfectly
18 structured to be diabetogenic, And that there is no
19 intervention medically, clinically, diagnostically
20 that can get us out of that unless we address the
21 social and structural determinants of health." And
22 so I think of that as a call to action for public
23 health, and for us collectively to work together on
24 rebalancing that conversation.
25

2 CHAIRPERSON SCHULMAN: No, I appreciate that. So
3 my question also is how do we get-- how do we get to
4 the prediabetics? Because once you're-- obviously,
5 once you're diagnosed with diabetes, you have it. I
6 mean, you can't-- there's no cure for it, you can
7 help to, you know, to modify and address it, but how
8 do we get to the prediabetics?

9 COMMISSIONER VASAN: So the diagnosis of
10 prediabetes increases your risk of developing
11 diabetes by about 50%, one out of two, prediabetics
12 will eventually go on to develop diabetes. But I do
13 want to dispel a myth that diabetes is not
14 reversible. It is reversible. It is entirely
15 reversible. I mean, we have a mayor who's a
16 testament to that every single day, he's entirely
17 reversed his diabetes through dietary and lifestyle
18 management, and is not taking any medications. And
19 so I think your point is an important one: Increased
20 screening for prediabetes is essential. But we have
21 to, as well really invest in those cultural, social,
22 and economic interventions.

23 CHAIRPERSON SCHULMAN: Thank you. How does DOHMH
24 work with H&H to address the diabetes epidemic?
25

2 DR. MORSE: Thank you, Chair Shulman for that
3 question, and good to be with you all this morning.
4 And we've worked quite close. Sure, we work quite
5 closely with health and hospitals in a number of
6 ways. One of the ways in which we collaborate with
7 them is in both understanding and referring patients
8 to the Lifestyle Medicine Program. We also
9 collaborate closely with them about ensuring access
10 to ambulatory care and community based care,
11 including through their NYC Cares Program. And
12 finally, I would say that in collaboration with
13 Health and Hospitals through the Public Health Corps,
14 again, we make connections between community-based
15 community health workers, which we support through
16 community-based organization grants, and the
17 community health workers that Health and Hospitals
18 has as a part of the public health care program.
19 So as you so astutely alluded to, this is about
20 prevention, but there are a lot of members of our
21 community who don't have access to the information
22 they need as well, to be able to prevent and protect
23 themselves from developing this chronic disease.
24 CHAIRPERSON SCHULMAN: Thank you. I'm going to
25 actually open it up to my colleagues ask questions,

2 and then I'm going to circle back. Thank you.
3 Councilmember Barron?
4 COUNCILMEMBER BARRON: Thank you very much. You
5 know, we live in a colonial capitalist society, a
6 racist society that creates poverty in our
7 neighborhoods. I wanted to know if you agree with me
8 if it would be healthier if you would dismantle
9 capitalism?
10 Don't answer that. Mayor Adams will fire you.
11 He'll fire you.
12 On a serious note, in our neighborhoods, and
13 black and brown neighborhoods, that's a cute remark.
14 You know, Whole Foods in one neighborhood and we have
15 fast foods. The reality is, Whole Foods are too
16 expensive. And so if you brought Whole Foods to our
17 neighborhood-- matter of fact, if you go shopping
18 now, and you try to buy fruits, vegetables, one bag,
19 the price is incredibly high, you'll come out cheaper
20 eating your money. So I really think that this part
21 here where you talk about the distribution of over 1
22 million bucks in worth of what is that? Health
23 Bucks. You know, there are about roughly 2 million
24 black people in New York City over 2 million Latino
25 people. That would be like 50 cents per person. We

2 have to increase that kind of commitment, if we are
3 going to get to fresh vegetables and fresh fruits.
4 It can't be $2 million, not out of $102.7 billion
5 budget. We have to do higher there. So I want to
6 know your response to that.
7 Secondly, when it comes to our communities,
8 universal approaches where everybody is treated the
9 same way even though our communities suffer higher is
10 unacceptable and unconscionable.
11 So if we have the highest rates of stuff-- you
12 know, I get tired of always hearing studies how-- how
13 bad we doing, then when it comes to the resources to
14 address that, they're inadequate, woefully
15 inadequate.
16 Lastly, on a very on a very minute level, they
17 told me, the doctor said "an apple a day keeps the
18 doctor away." Then I read something else. If you
19 eat apples, there's a lot of sugar in apples. Then I
20 said, "Okay, well let me try oranges." No, there's
21 sugar in orange, acid in orange, and you might get
22 acid reflux. So okay, so the apples and oranges.
23 What's up, you know, on these things? Are apples and
24 sugar fruits, I know there's a different breakdown in
25 the sugar and the fruits. Are they really good for

2 us? Should-- should people with diabetes or
3 prediabetes eat apples and oranges and other kinds of
4 things that have sugar in it? So I'm get confused
5 with some of the data that comes out.
6 COMMISSIONER VASAN: Okay, I'm going to go from
7 easiest to hardest.
8 COUNCILMEMBER BARRON: Was that the capitalist
9 question?
10 COMMISSIONER VASAN: Yeah, that's the one. I'll
11 start with the fruits.
12 So you rightfully said that naturally occurring
13 sugars, in fruits and other foods are obviously
14 preferable to processed sugars, synthetically
15 produced or processed sugars. So if it's a choice
16 between those two things, always pick the fruit.
17 COUNCILMEMBER BARRON: Let me ask you this, but
18 is but is the fruit good for you? Not in comparison
19 to-- of course it is. But as the fruit would that
20 aggravate diabetes more?
21 COMMISSIONER VASAN: I think everything in
22 balance works well. Fresh fruits always work the
23 more well than processed foods. But if even those
24 fresh fruits have to be in balance with one another,
25 so which is why when I counsel my-- I still see

2 patients in primary care clinic a couple of times a
3 month. When I counsel my patients, most of whom are
4 black and brown, we talk about balance. We talk a
5 lot about balance, and we talk about the foods they
6 like to eat, and how we keep those-- how we really
7 focus on freshness, and lack of processed foods as a
8 way to keep both calories down as well as sugar
9 content.

10 COUNCILMEMBER BARRON: What about honey? You
11 know, I heard a lot about honey. They said okay, the
12 only the white sugar, brown sugar is all right. But
13 the honey is better than all because it has all this
14 in it. And somebody says don't eat that honey,
15 because that's not good for diabetes. What about
16 honey?

17 COMMISSIONER VASAN: same sort of thing. It's--
18 it's a naturally occurring compound. So but
19 obviously, if it's the choice between eating a fruit
20 with sugar in it, versus pouring honey on something,
21 you know, it's all about balance, right? So when I
22 think of a healthy diet, I think of fresh food first
23 plant forward. I think about affordability and
24 accessibility. And I think about balance. And so
25 that-- those are the kinds of recommendation your

2 COUNCILMEMBER BARRON: Balance is good, but you
3 just have to know-- you know, I look for understand
4 balance, but I look for the optimum-- the optimum
5 health food. You know, what's-- what's the best.
6 For us, in our communities, it's hard to get fresh
7 fruits clean through all of that stuff that you speak
8 of. In our communities, you can forget that. You
9 walk through those aisles and see some of the stuff
10 in there, it's a problem. So I just think that we
11 need to really focus on the black and brown
12 communities more in terms of getting fresh fruits,
13 and this 2 million needs to go up to 10 million. We
14 need much more money so that we can afford to buy
15 those things that you speak of. Thank you.
16 CHAIRPERSON SCHULMAN: Thank you, Councilmember.
17 Councilmember Narcisse?
18 COUNCILMEMBER NARCISSE: Good morning. And thank
19 you for being here. Though whole panel. Thank you.
20 My community where I represent, the 46th district,
21 have the highest rates of diabetes and obesity. It
22 is a problem, like my colleagues just mentioned. The
23 food different things that you know, that we doing
24 the sugar in the food, the cheapest food, like you
25

just mentioned, Park Hill food is different than Brownsville and Canarsie area.

We've been suffering through it. And I'm-- I'm a nurse. Once a nurse, always a nurse. I have worked for visiting nurse services doing home care and wound care. It's hard out there. People have diabetes and it is not being controlled. And I have seen how we address smoking. The PSA. So what it that you are doing that can help the community, getting PSA, let people knows what they, you know, what is it that they're getting into? Because once you have diabetes-- I heard you said it is reversible. What's that mean? Is it a cure? Because to my knowledge, once you're diagnosed as diabetes, like you're diabetic, you're diabetic, you have a family, and you can control it. That's what I thought. What do you mean by reversible? Can you clarify that for me?

DR. MORSE: Thank you, Councilmember Narcisse for the question. I appreciate you--

COUNCILMEMBER NARCISSE: Speak up and put the-- bring the microphone closer.

DR. MORSE: Is that better?

COUNCILMEMBER NARCISSE: Yes, a little better.

2 DR. MORSE: I appreciate the question,
3 particularly raising the specific rates of diabetes
4 in the community you represent. I will say one of
5 the other areas that we think is incredibly important
6 is not just being able to push messages to
7 communities, but actually having a long-term presence
8 in the communities that we know have suffered both
9 disinvestment, structural racism, and redlining
10 amongst other things that have led to both lack of
11 access to care, as well as the worst health outcomes,
12 including for diabetes.
13 And so in the spirit of knowing that part of our
14 responsibility at the Health Department, is to have
15 longitudinal relationships in the communities that we
16 know we need to accompany. One of the ways that
17 we've done that is through investing in action
18 centers in the Bureau's of Neighborhood Health in
19 neighborhoods that have higher rates of
20 cardiovascular disease, diabetes, cancer, and other
21 concerning health outcomes. What we know is that
22 those increased rates of disease are not because of
23 just behavior, and certainly are not because of
24 biology. And so I think we think it's incredibly
25 important to maintain those relationships, because

2 even if we have good information, if we're not a
3 trusted partner, in the communities that we know we
4 need to focus on and invest more in, then our message
5 is not going to go anywhere, and it's not going to
6 have the impact that we want it to have.
7 So to your point, specifically, about what are we
8 doing in the communities where we know the rates are
9 higher, including the district that you represent.
10 Some of the work in the action centers, in
11 Brownsville for example, is in distributing Health
12 Bucks is in having community events to make sure that
13 there's not just access to Health Bucks, but also
14 access to information, and that that information is
15 coming from Health Department staff who have
16 longstanding relationships with that community.
17 It's only a part of the solution, because access
18 to health care remains a major challenge, including
19 access to insurance. And so that's another area that
20 we work specifically on: Is enrolling members of the
21 community in health insurance and helping them to
22 navigate the extensive paperwork that can sometimes
23 be a barrier to getting access to something that we
24 consider a human right, which is health insurance and
25 health care.

2 I won't speak specifically to your question that
3 you have for the commissioner. But I will say that
4 those are some of the strategies that we're using to
5 try to ensure that the connection between the
6 information and the resources we have translates into
7 impact in the communities.
8 COUNCILMEMBER NARCISSE: I still want to know if
9 PSA-- I mean, PSA will be beneficial. Just the same
10 approach that we took for smoking. Can we do the
11 same?
12 COMMISSIONER VASAN: Yeah, certainly we're-- as I
13 mentioned in my remarks, we're launching a campaign
14 around plant-forward diets and fresh and healthy
15 foods and food access in the coming weeks and months.
16 And certainly-- I mean, I think public health is in
17 this interesting position coming out of COVID, of
18 people wanting to hear from us on these key issues.
19 And I think we're working through the different
20 issues, whether it's mental health, diabetes, chronic
21 disease, and how we get out there.
22 As far as the question-- I'll just answer the
23 question about reversibility. Type two diabetes is
24 about insulin resistance. It means that when your
25 body produces insulin, which is the hormone that

drives sugar out of your bloodstream, where it causes damage into your organs, where it can be used as fuel, that you're actually your organs have become resistant to it. That resistance is reversible. So-- and I think part of what we have is low expectations for what's-- because of low access and in unequal access, that we don't have this narrative of reversible ability for black and brown communities for low income communities. I mean, you can go to every bookshelf and every bookstore and see health food doctors and experts talking about reversing your diabetes, but it doesn't seem to be marketed at the communities that are hit the hardest. And so we have to also push past that narrative. Diabetes is reversible. Diabetes is curable, as you say. It's also manageable.

COUNCILMEMBER NARCISSE: Curable. That's what my question is.

COMMISSIONER VASAN: Reversible and curable are essentially the same thing in this context.

COUNCILMEMBER NARCISSE: Okay. Okay, doctor, because you know better. But then again, when you say the person is cured, that is, to me, I'm kind of reserve on saying it, because a lot of people that

2 already have the disease, like my aunt, like, she was
3 okay, everything was fine. She was doing well. And
4 then she still goes-- starts going, you know, out of
5 control, eating whatever she wants, and she went
6 right back to having to be controlled again. So
7 that's why I'm kind of-- kind of skeptical on that
8 one.
9 COMMISSIONER VASAN: Yeah, over time-- over time
10 if you live with diabetes long enough, your
11 likelihood of reversing it or curing it, drops.
12 Because eventually your body stops producing the
13 insulin it needs to be able to even manage normal
14 diet. So it's really a question of when we-- when
15 people address it, which relates to the Chair's
16 question around prediabetes. You know, catching
17 people early becomes very important to reversing that
18 and curing it.
19 COUNCILMEMBER NARCISSE: Yeah, it's hard. So
20 I'll come back around because I have few more
21 questions. Thank you. Thank you for your time.
22 CHAIRPERSON SCHULMAN: Thank you. Councilmember
23 Hudson?
24 COUNCILMEMBER HUDSON: Thank you, Chair. I just
25 wanted to ask a question about Intro 675, which is my

2 bill to create a Telemedicine Accessibility Plan.
3 Telemedicine is a critical tool in the fight to
4 prevent and effectively manage diabetes. Together
5 with city agencies, hospitals, health care
6 professionals and other stakeholders. We can deepen
7 the reach and impact of telemedicine on populations
8 disproportionately impacted by diabetes, and ensure
9 that diabetics are regularly consulting with health
10 care professionals to better manage their health.
11 What work does DOHMH currently do to increase public
12 awareness of telemedicine and expand access to
13 telemedicine services for marginalized populations?
14 And then my next question is: Is DOHMH supportive of
15 this legislation? Why or why not?
16 COMMISSIONER VASAN: So I'll start and then kick
17 it over to my colleague, Dr. Morse. So we are
18 certainly supportive of telemedicine. DOHMH doesn't
19 specifically implement telemedicine programs. The
20 ones that we have that are purely city-run are
21 operated by Health and Hospitals, and through their
22 NYC Care program as well.
23 Telemedicine is a brave new world in many ways
24 and COVID has really opened up enormous flexibilities
25 during the emergency, which is why we're also

2 watching very carefully the fallout from the
3 President's announcement of ending the public health
4 emergency on May 11, because we are looking to the
5 federal government and to the states around what kind
6 of flexibilities will be maintained in an ongoing
7 fashion because that determines who's going to pay
8 for this service. The city itself doesn't pay for a
9 lot of it itself, because a lot of this comes through
10 the reimbursable health care system, Medicaid,
11 Medicare, and so forth.
12 And so we're reviewing the bill closely with our
13 colleagues at H&H and certainly will be in contact
14 with you. Dr. Morse?
15 DR. MORSE: Thanks Commissioner, and thank you
16 Councilmember Hudson for the question.
17 As the commissioner mentioned, we've learned a
18 tremendous amount in the past three years of COVID
19 about the impact that telemedicine can have for
20 access to care. What we also know, however, is that
21 translation services, for example, are slightly more
22 complex in telemedicine. We also know that for some
23 members of the community, having the technology, the
24 access to internet, et cetera. Those things can be
25 barriers to telemedicine. And that can mean that,

2 you know, again, it's very helpful increase for
3 increasing access, but isn't the only solution, or it
4 doesn't give us the full solution to access to care.
5 As the commissioner mentioned, we've seen a lot
6 of incredible uptake of telemedicine, particularly
7 for COVID diagnosis and treatment. And our
8 colleagues at Health and Hospitals have shared a lot
9 of data with us, so we're quite aware of how
10 impactful it can be.
11 I think to your point about how we can continue
12 to make sure that communities know about access to
13 those services. We do have a number of ways that we
14 get that information to community members about how
15 to get access for COVID treatment and other treatment
16 in partnership with Health and Hospitals.
17 But the other thing that I would say is that we
18 are certainly supportive of the intent of the bill,
19 and that we need to continue to review with our
20 colleagues at Health and Hospitals, since the
21 implementation side of it is-- is not fully on our--
22 in our scope.
23 The final thing I'll just say about this is that
24 we have used telehealth opportunities for our
25 diabetes programs as well in the Health Department.

2 So for example, over the past three years, during the
3 pandemic, some of our community education and
4 community based programs around diabetes have been
5 converted to being virtual. And so even though those
6 are not individualized health care services, those
7 are group services, group counseling, group education
8 around diabetes, we have found that to be very
9 impactful, and have been able to use it quite
10 effectively during the COVID pandemic, specifically
11 for chronic diseases like diabetes.
12 COUNCILMEMBER HUDSON: That's great. Thank you.
13 And I think, you know, just to be clear, the intent
14 of the bill, I think, is to add another option for
15 people to get access to the care that they need and
16 deserve. But certainly not to make telemedicine the
17 end-all-be-all of accessing health care. So thank
18 you both.
19 CHAIRPERSON SCHULMAN: Councilmember Powers?
20 COUNCILMEMBER POWERS: Thank you. And thank you
21 for your testimony today. The legislation here that
22 I've introduced related to the sugar labeling.
23 I want to just ask a couple questions and I
24 appreciate the support. Just to talk a little bit
25 about the effects and outcomes that you've seen for

2 folks drinking sugary beverages or over-consuming
3 sugar? And can you talk a little bit about what
4 Department Health is doing currently to combat that?
5 That's my first question.
6 The second is I just wanted to I'll just ask
7 them, and then you can answer them. The second one
8 is about the legislation we passed last term, which
9 is about pre-packaged beverages and foods. This
10 actually was part of that, and then got taken out.
11 But we still have passed the law, Local Law 33 of
12 2022, which I believe has not gone into effect yet.
13 So I wanted to get an update on what's happening on
14 that front, and when that we expect that to go into--
15 into effect.
16 And then lastly, if this bill looks good to go
17 against, gets signed into law, get passed and signed
18 into law, you know, are there additional outreach or
19 education you see is needed for folks to help them
20 understand what's the labeling? And lastly, what are
21 the challenges to implementation that you see for it?
22 COMMISSIONER VASAN: Okay. A lot of questions.
23 And so I'm going to kick a lot of the answers over to
24 my expert team. But I want to just say broadly,
25 we're extremely supportive of attempts like this, to

enhance awareness. And as we've learned from, for example, the experience with calorie labeling, or attempts under prior administrations to enhance salt warning labels, there's a lot of education and support and dissemination and work with small business and restaurant owners. And then there's always-- there's also an enforcement apparatus around it to in the event that there are both carrots and sticks associated with it. And so we're thinking about all of this in light of your proposed bill, and so eager to talk that through with your team and with others, but I'll kick it over to Dr. Morse and the team for more details.

DR. MORSE: Thank you, Commissioner. And thank you, Councilmember, for the questions. I'll start with a few responses as well. And then I'm also going to pass to my colleague, Liz Solomon.

The first thing that I would reflect on in response to your questions is that the prevalence of overweight and diabetes in New York City is about half of adult New Yorkers are either overweight or obese. And that is extremely concerning. And that number has gone up significantly to almost 60% in most recent years. We know that sugar sweetened

beverages are a massive contributor to those rates of overweight and obesity. So, again, we're in full support of your bill. And we understand the intent is really again, to increase awareness about the potential negative health impacts. So that's incredibly important.

We also, as you know, do the food standards in partnership with multiple other agencies across the city. And some of the food standards work that we do, really does also encourage agencies in the way that they're purchasing foods to ensure that they're putting the healthiest options forward. And we've had really incredible success with that work over the past several years in transforming the food environment.

I'll pass it to Liz Solomon to share a few more reflections, and if we missed some of your questions, you might need to restate them.

MS. SOLOMON: Thank you, Dr. Morse. Thank you Councilmember Powers for the questions.

As you mentioned, you know, sugar intake of added sugars is associated with increased-- excuse me, intake of sugary drinks is-- is associated with risk for type two diabetes, heart disease, stroke,

2 hypertension, weight gain, and cavities. And we know
3 that sugary drinks are the single most contributor of
4 added sugars in the diet. We have done a wide range
5 of activities to reduce consumption of added sugars
6 through policy, media, and programs.
7 Just to give a few examples -- and Dr. Morse
8 alluded to the food standards, which I can also talk
9 about -- we implemented Local-- Local Law 138, which
10 was a law that requires all food establishments in
11 New York City to post healthy eating messaging. We
12 developed posters that warn consumers that consuming
13 too many added sugars can lead to type two diabetes
14 and weight gain. So those-- those posters are now in
15 restaurants across the city. We have done media
16 campaigns on the harms of sugary drinks, and as well
17 as the, you know, industry marketing practices around
18 sugary drinks. We implement nutrition education in
19 child care centers across the city and at farmer's
20 markets that warn about the harms of consuming sugary
21 drinks and recommend healthy beverages such as water.
22 Those programs reach thousands and thousands of
23 adults every year. In terms of the food standards,
24 we are the technical advisors on the food standards,
25 which are nutrition criteria that all agencies must

2 apply to all foods and beverages that are-- that they
3 serve, and we updated those food standards last year
4 to-- one of the updates was to include a requirement
5 that limits added sugar in the meals that they serve.
6 We also updated our vending machine standards to
7 remove all sugary drinks from City property and
8 vending machines paid for with City dollars.
9 In terms of your question about last year's Local
10 Law that went into-- that-- that passed, we are
11 working on implementation of-- of that warning,
12 statement, and icon, and we'll be, you know,
13 hopefully rolling that out future in the future. And
14 I think--
15 COUNCILMEMBER POWERS: I'm sorry, can you guys
16 speak to just-- because I think there's one point
17 you're missing: The implementation of the last bill
18 from last term, and just to tell us where we're at,
19 because I want to make sure colleagues can get back
20 to their questions too. Just-- we passed a
21 legislation. I think-- I don't believe it's been
22 implemented yet. But could you just give some update
23 on that, and what efforts are being taken to
24 implement, or to get ready to implement?
25

2 MS. SOLOMON: Sure. My understanding of the law
3 is that it is to go into effect one year after the
4 COVID-19 Emergency is removed from this-- from the
5 city. So we are currently working towards
6 implementation of that law and will hopefully, you
7 know, implement it could be earlier than that time.
8 COUNCILMEMBER POWERS: Okay, I'll hold questions
9 and maybe come back. Thanks.
10 CHAIRPERSON SCHULMAN: I just want to turn it
11 over to Councilmember Narcisse to ask a few more
12 questions, and then I'm going to ask a few myself.
13 COUNCILMEMBER NARCISSE: Thank you for the
14 opportunity. Do you agree that we have a lot of
15 structural issues in our community? We don't have no
16 good supermarket, no Whole Food, no-- you know,
17 access to healthcare, transportation, like myself in
18 the 46th district, the Canarsie area, we don't have
19 transportation access. We don't have no health care
20 center. We don't have any hospitals. We don't have
21 no Whole Food. I have to be on the streets every
22 Monday trying to do the best I can as a City
23 Councilmember, trying to get partners to help me out
24 so I can bring some produce to my community.
25

2 So now, what is your recommendation that we can
3 do with all those structural issues to bring
4 ourselves in a more positive place when it comes to
5 health?
6 COMMISSIONER VASAN: It's a big question--
7 COUNCILMEMBER NARCISSE: Health is wealth, right?
8 COMMISSIONER VASAN: Health is wealth. I totally
9 agree. It's a big question, but I think it is a
10 critical question for the future. As I think about
11 what I've tried to do since I become Commissioner in
12 this coming out of COVID era, it's thinking a lot
13 about what is the role of public health vis-a-vis
14 other agencies, vis-a-vis healthcare, which, during
15 COVID was a real challenge. A lot of it became so
16 scrambled because it was an emergency, and we were
17 all pushing and fighting towards a singular goal,
18 fighting this disease, which has taken so many more
19 than a million New Yorkers-- sorry, more than 50,000
20 New Yorkers. And, you know, I think more than a
21 million Americans.
22 I think it's essential in this next era of public
23 health to really talk about public health, not only
24 in the role of the services we deliver, and the
25 programs we build in community, but what is our role

2 as the health strategist for the city, in bringing
3 together the parts of health care, of transportation
4 of buildings and housing, of economic development,
5 public-private partnerships to advance a health
6 agenda? And how do we set goals that help organize
7 us in this effort? And diabetes, gun violence,
8 mental health, birth inequities, and maternal health,
9 these are among the priorities that we are seeing as
10 top of mind in this post-- or this living with COVID
11 era, in addition to continuing the fighting the
12 burden of COVID and respiratory illnesses.
13 So this is a whole of government approach.
14 Public health as a whole-of-government field. It's
15 not run by one agency. But we're very proud to lead
16 this administration, along with the Mayor, as a
17 public health administration. And part of the reason
18 I'm here and honored to serve in this role is because
19 when I spoke to the Mayor about the job, he talked
20 very eloquently about investing upstream. And that--
21 as well as thinking downstream in terms of
22 intervention, prevention and intervention. That's
23 the nuts and bolts of public health: Really
24 balancing social, economic, structural, and
25 commercial drivers of health with what are the care

2 side interventions, the things we can build the
3 doctors, we can hire, the nurses we can hire, the
4 people who are there in our times of need. But how
5 do we prevent more people from, as the Mayor says,
6 "falling in the river in the first place", quoting
7 Desmond Tutu. And that's where the work of public
8 health has to be an organizing tool as much as an
9 agency in and of itself. And that's the future that
10 I hope for.
11 COUNCILMEMBER NARCISSE: One more question.
12 What's your partnership with DOE, because I do
13 believe if we want to change the next generation, we
14 have to invest in the young folks before they become
15 too obese, and with diabetes, and it's already too
16 late for us. So what's your partnership in terms of
17 the eating habits of our children in the school
18 system. Is it a tight one that we can address
19 diabetes from early on, to show the children, the
20 young folks, how to eat properly. And tomorrow, we
21 don't end up with older adults with diabetes and old
22 hypertension, heart disease and all of that. And
23 talking -- I know, you're going -- hold that one. In
24 terms of inequities, we're talking about New York
25 City. Now, I just spoke about my district, which for

2 me, being the Chair on Hospital Committee here, so I
3 had to visit all over. So it's not only my district.
4 It's a lot of districts around New York City, where
5 black and brown folks are living, and it's hard. And
6 it is hard. We're going to do penny-wise dollar-
7 foolish if we do not invest in this line. We can
8 talk all we want, but we not going to reach where we
9 want to go if we don't make a good fair investment in
10 those communities when it comes to healthcare. And
11 when I say "health is wealth", and I mean it because
12 if somebody is sick mentally, physically, they cannot
13 do anything. And they can-- you can talk all you
14 want about good eating habit. We can tell people
15 what to eat, but if they don't have it, they don't
16 have access to it, it's not going to happen. So
17 thank you. You can answer my two questions. Thanks.
18 COMMISSIONER VASAN: Okay. So as far as the
19 partnership-- thank you for the questions. As far as
20 the partnership with DOE, we're incredibly proud of
21 the work of the Office of School Health, which is a
22 longstanding jointly run Office between DOE and DOHMH
23 to plan a whole range of health programming in
24 schools, and it was a critical office during COVID as
25 we planned how to keep our schools open. So very

2 proud of our partnership with DOE. I have a really
3 great relationship with the Chancellor, and he shares
4 this commitment as well, as well as the Mayor. We've
5 talked a lot about how to support our school-based
6 clinics, school-based health centers, and how do we
7 bring more prevention programming in? How do we
8 bring more family-based counseling and programming
9 in? So very excited about this work, and couldn't
10 agree with you more. Rates of childhood obesity are
11 increasing in the city. And we need to get the
12 problem at its root.
13 As far as the second-- the second part of your
14 question about investment, you know, I'm very proud
15 of what the city did during COVID to-- despite the
16 challenges initially to identify the neighborhoods
17 that were facing the disproportionate impact of
18 COVID. And what did that leave us with? It left us
19 with a frame, the TRIE Neighborhoods Framework, which
20 we're currently reassessing and updating now, a frame
21 to guide future investment. So when we talk about
22 your question, or even Councilmember Barron's
23 question about which communities get the investment
24 and which communities are, you know, benefiting, and
25 where we-- we have to talk about really leaning into

2 frameworks like TRIE to guide investment to guide
3 programming, and to make up for historic
4 disinvestment through proportional overinvestment.
5 It's not overinvestment relative to the problem, but
6 it's overinvestment relative to history.
7 And, and I think it's really important that we
8 take a conscious approach, an intentional approach to
9 putting resources in the communities that need it the
10 most. And that's on the prevention side, as well as
11 the care side. Health facility access, health care
12 access is crucial in the same zip codes. And so this
13 is going to require a real partnership.
14 DR. MORSE: I just wanted to add two brief points
15 to what the Commissioner shared, which I absolutely
16 agree with. The two additional reflections just to
17 get more-- more-- a few more examples from your
18 question, Councilmember Narcisse. The first is in
19 partnership with DOE. We do work with them very
20 closely, in particular on the food standards. They
21 have been incredible partners. And again, that has
22 really transformed the food environment for children,
23 because they are adhering to the guidance around
24 access to healthy foods and the-- and the quality of
25 food that served in our schools. So that's very

2 exciting. And specifically, our Bureaus of
3 Neighborhood Health also work, because of state
4 funding, with schools in their catchment areas, both
5 on healthy food education as well as exercise, both
6 of which are obviously really important for
7 addressing childhood obesity, and just options for
8 healthy choices.
9 And then the second thing I did want to just
10 mention is around how we work with local businesses
11 to also address the food environment. We've run a
12 program called Shop Healthy for many years at the
13 Health Department, and it says-- it does what the
14 name says. It works with local businesses, small
15 businesses, to specifically help them to understand,
16 just even arranging the products that they sell in
17 terms of food, and how they place healthy foods in
18 eyesight makes, you know, and influences the choices
19 of the consumers that use their businesses, and
20 influences the healthy choices that those consumers
21 make. So that's another one of our programs that
22 gets at this question of how do we work with local
23 businesses around the question of investment as well.
24 CHAIRPERSON SCHULMAN: I appreciate the responses
25 that you gave. And also it just shows in terms of

2 just having the particularly-- all of these bills are
3 important, but particularly the bill that I'm
4 introducing about having an overall comprehensive
5 program, so that we can work not just with all
6 agencies, we can work with all businesses, we can
7 work throughout the city. To your point,
8 Commissioner, about-- we have to bring-- everybody
9 has to be a part of this process. We have bits and
10 pieces of it, I believe. But I'm-- I'm committed and
11 I think the Admin is committed, I know you guys are
12 committed to doing that.
13 So I had some questions about prediabetes that I
14 want to ask. So can you walk us through the process
15 for receiving a prediabetes diagnosis, and as the
16 second part to that are all primary care providers
17 required to administer the A1c glucose test to
18 patients, or does it have to be requested?
19 DR. MORSE: Thank you for that question, Chair
20 Schulman. Similar to the commissioner, I'm also an
21 internal medicine provider. And so this is something
22 that we deal with every day. It is unfortunately
23 more complex than it should be. But in terms of your
24 question about prediabetes specifically, for someone
25 who does have access to care and is seeing a primary

care provider, that primary care provider's job is to assess the risk factors that person has for diabetes and decide if they should be screened for diabetes. ome of the risk factors that we know of are age, certainly older age, obesity is obviously also a risk factor, smoking is a risk factor. There are a number of others as well.

And so the primary care provider's job is to really do the holistic assessment of those risks and decide, is it the right time to screen for diabetes? It's not necessarily that it's required. But professional societies that do guide, you know, the work and standards that physicians and clinicians use, do clearly state what the risk factors are and what the guidance is on when to screen for diabetes.

There was a second part to your question, and I think I might have...

CHAIRPERSON SCHULMAN: Oh, no. It was: Are all primary care providers required to give that? So-- So here's my question. So when I go to the doctor, they always asked me if I want an HIV test. So why can't we ask people if they want? I mean, it's not that invasive, if we want to ask them if they want to have a pre-diabetes?

2 DR. MORSE: Thank you for that question. And
3 you're right. There is a lot of great work that's
4 happening around offering HIV testing. It helps to
5 decrease stigma. It's something that of course, the
6 state, and the country, and the world have worked on
7 for decades. It's very good practice. For diabetes
8 screening, it's in many ways similar actually, in
9 that the provider should be offering it when the risk
10 factors are present. However, we don't want to over-
11 test either, because of the resource, you know, the
12 resources that are used for testing. It's really
13 about tailoring the testing to the specific
14 individual person and patient that's in front of you.
15 And so it's not necessarily that it should be
16 universally offered, but it should certainly be
17 offered for people0-- for individuals who have the
18 risk factors. And that's, again, following--
19 following the guidance of professional societies.
20 CHAIRPERSON SCHULMAN: I mean, maybe we should
21 consider it, because you know, in the United States,
22 we have more people who are diabetic and prediabetic
23 than anywhere else in the world.
24 So I also want to ask for those who are
25 prediabetic, what steps are primary care providers

2 and physicians required to take to help the patient
3 decrease their risk? And what kind of followup is
4 done?
5 DR. MORSE: Thank you for that question. This is
6 another example again, of the fact that there is good
7 guidance for primary care providers, but it's not
8 necessarily a requirement. And part of the reason I
9 think that that's important is because each
10 individual patient is unique and has a different set
11 of both risk factors, opportunities for improving
12 their health, and at the same time, they also have a
13 series of constraints. And this is what
14 Councilmember Narcisse was mentioning. We can't
15 offer for example, or suggest, or recommend that
16 someone do 40 minutes a day of exercise if they are
17 living in an environment where they don't feel safe
18 going outside to do that exercise.
19 So we really do have to tailor the guidance to
20 the individual patient in front of us, while at the
21 same time we're pushing, as the Commissioner stated,
22 to change the environment and change the systems and
23 work further upstream.
24 So some of the things that a primary care
25 provider would do in an encounter like that is

2 counsel the patient about opportunities for exercise,
3 counsel the patient about healthy eating and healthy
4 eating options, and certainly also if they qualify --
5 and I can pass it to the commissioner or to Dr.
6 Duncan Maru -- about two of the diabetes prevention
7 and management programs that we run. If the patient
8 qualifies for those programs, that's an even more
9 structured program to ensure counseling, prevention,
10 access to resources to ensure that the patient has
11 the information and the access that they need to
12 protect themselves.

13 CHAIRPERSON SCHULMAN: Oh, did you-- I thought,
14 you--

15 COMMISSIONER VASAN: No. I wanted to just also
16 really highlight the work that the Administration has
17 done on lifestyle medicine. I think when you use the
18 word lifestyle, it has the connotation of being
19 unequal. But, you know, I think we have a lot to be
20 proud of in terms of starting our lifestyle medicine
21 work in the Administration at a public hospital
22 system, at Bellevue, to make it accessible to low
23 income people and not to keep it the province of the
24 wealthy and the well-heeled.
25

2 Now, what's clear is that the-- the suite of
3 services that come with lifestyle medicine, we need
4 to find sustainable ways to pay for those, because we
5 know that individualized coaching, nutrition planning
6 and food planning, along with lifestyle planning
7 around exercise, and planning for those constraints,
8 right? It's-- it's one thing to note the constraints
9 of the environment where someone can live. It's
10 another thing to really help them plan around those
11 constraints. And the average primary care clinician
12 doesn't have the time or the resources or the support
13 to do that, in the context of the way care is
14 delivered. Lifestyle medicine is an important
15 intervention to-- to offer those services as a suite.
16 Now we need to make sure that that's equitably
17 accessed, available in the communities that need it
18 the most, and sustainably financed. And that's why
19 we're encouraged, certainly, by the agreement we
20 announced, I guess, a couple of months ago with, you
21 know, 48 healthcare institutions across the city to
22 and the American College of Lifestyle Medicine to
23 really explore the training of providers. But we're
24 going to have to match that with: How are our
25 insurance companies, how are our provider systems,

2 how is the Center for Medicare and Medicaid Services
3 going to sustainably finance lifestyle medicine going
4 forward? That's the future.
5 CHAIRPERSON SCHULMAN: Thank you. Is there a
6 disparity in prediabetes diagnosis between men and
7 women? And if so, why?
8 DR. MORSE: Thank you for that question, Chair,
9 Schulman. I'm going to pass the mic to Dr. Duncan
10 Maru, who's the Assistant Commissioner for the Bureau
11 of Equitable Health Systems at the Health Department.
12 DR. MARU: Thank you for that question. And it's
13 just to acknowledge it's really an honor to-- for
14 that-- to be here today and in front of such an
15 inspiring Health Committee, and that we have a nurse
16 representing us is just incredible.
17 I'll-- and also just to acknowledge how many
18 people we lost, we continue to lose. I was an
19 internal medicine doctor at Elmhurst Hospital during
20 the original surge and so many of our neighbors died
21 who had prediabetes, who had diabetes, who had lack
22 of access to health care, and that really should not
23 have happened. And-- and that the roots of all of
24 this are, as Dr. Ashwin and Dr. Michelle mentioned,
25

structural racism, economic inequality, our food and tobacco systems, and our broken healthcare system.

So-- and with respect to your specific question about prediabetes, there are-- the current-- the data that we do have available to us is that there-- there is a discrepancy in diabetes diagnosis between men and women. And that is, we believe, largely driven by access to primary care.

And to your point about screening to-- to access to the A1c test, and I think we as the Health Department, with many of our partners in the federally qualified health center networks, the safety net, hospitals, and primary care practices, I think there is a lot of work that we can do on implementing the evidence-based guidelines for A1c screening that Dr. Michelle mentioned. And we're really eager to continue that work. So thank you.

CHAIRPERSON SCHULMAN: No, I appreciate that. And so I learned recently that there's a medication called Metformin for diabetes care, and it's sometimes used in prediabetics. Is-- I just wanted to get your sense of whether that's something that's. I mean, I know it's probably not prevalent, but

2 should it be or how does it work? Can you talk about
3 that?
4 DR. MORSE: Thank you for that question, Chair
5 Schulman. My mom and my dad are both on Metformin,
6 actually. They're both diabetics. It is an
7 incredibly commonly used medication, Metformin is.
8 It's one that's been around for many decades. It's
9 been a part of the kind of primary first line
10 medication treatment for diabetes.
11 Your question about prediabetes is an interesting
12 and intriguing one. And again, I think we have to
13 come back to the answer that each individual patient
14 is unique and may or may not benefit from a
15 medication. And so often the best kind of way that
16 we manage that, you know, the question of, "Is this
17 medication appropriate? Or is it a good medication?"
18 It depends a little bit on that patient's particular,
19 comorbidities, do they also have for example,
20 cardiovascular disease, do they also have kidney
21 issues, et cetera? So there are a number of
22 considerations that a provider might go through when
23 they're trying to decide if a patient who's diabetic
24 or even prediabetic would benefit from a medication
25 like Metformin.

And again, we look to our professional societies for guidance. And-- and as you mentioned, in your opening remarks, the USPSTF as well for guidance on when and where to use medications like Metformin.

CHAIRPERSON SCHULMAN: I appreciate that. Just going back to the-- to the men and women and I know we talked about systemic racism, but there's also an issue in terms of men and women, and you talked about what the provider, you know, discusses with the patient and their overall condition and everything else.

But women tend to be-- when they go to the doctor, they're not treated the same way that men are in a lot of instances. And so there may be an-- a situation where a woman really does need to get a test for prediabetes but doesn't because of just the mindset of the clinician. So I wanted to mention that and we have to take a look at that.

And also, I don't know if there's any work that anyone is doing with the medical schools, but that's another place to have this conversation around diabetes as well.

2 DR. MORSE: Thank you for that Chair Schulman.
3 And as a black woman physician myself, I see this as
4 a massive challenge.
5 I would also agree with you that there's
6 extensive literature showing that women are not heard
7 in the same way that men are when they have
8 encounters with physicians and other providers. It
9 is a massive, massive challenge. And we have a lot
10 more work to do to get our providers and clinicians
11 to understand that they're not practicing in a
12 bubble. That they are subject to the same biases
13 that we see across our whole society, and that we
14 have to be much more actively involved in helping
15 them to understand both that self-awareness as well
16 as implicit bias that comes in when it comes to race,
17 gender, ethnicity, and so many other areas. And to
18 your point about how we might work best with medical
19 schools in particular, as well as nursing schools --
20 I suspect Councilmember Narcisse would agree -- that
21 we need to work across all the professional schools
22 in this space.
23 One of the things that we've done at the Health
24 Department is we launched a coalition to end racism
25 in clinical algorithms. And one of the areas that

2 we're working specifically on this year, is
3 collaborating with and partnering with the health
4 professional schools, so that they understand how the
5 history of misogyny, patriarchy, and racism
6 influenced the way that we practice, and then how we
7 interrupt that and change that, whether it's
8 curriculum change, or more individualized programs.
9 But those are incredibly important issues. And they
10 don't change quickly.
11 CHAIRPERSON SCHULMAN: Thank you. Individuals--
12 By the way, I just want to mention that we were
13 joined by Councilmember Feliz. Individuals over the
14 age of 45 make up over 80% of the total adults
15 diagnosed with diabetes. What are some steps we're
16 taking to care for our aging population, which is, as
17 we know, is continuing to age, to increase?
18 DR. MORSE: Thank you for that question. I'm
19 actually going to pass that one also to done Dr.
20 Duncan Maru, whose team is working on a number of
21 issues around healthy aging.
22 DR. MARU: Thank you. Thank you again for that
23 question. And also just to recognize, you know, I
24 really do appreciate the sort of creativity and
25 incisiveness with which you are asking these

2 questions. And so-- and with respect to what Dr.
3 Michelle was mentioning on training and re-educating
4 doctors in particular, you know, we-- we carry all of
5 these biases around race, around gender, around
6 class, around place of origin. And it's it really
7 harms people. And-- and I do think that this is an
8 area of provider education that the Department of
9 Health can continue to work on.
10 And it's clear that that, you know, I think we
11 all carry this-- many of the advocates that we work
12 with in the diabetes space have gained experience in
13 the HIV space. And-- and you know, and I think the
14 prayer that I will offer to many of the doctors that
15 I train with, that if you want to save lives, really
16 listen to people who are fighting for their lives,
17 and-- and really deeply listen to them and consider
18 them in all of the work you do as a clinician, and
19 in-- in programming.
20 With respect to aging, you know, we as a
21 department are-- are really grateful and active
22 participants in the New York City's Council Cabinet
23 on Aging, and bringing that "health in all policies"
24 perspective and additional that perspective around
25 the intersectionalities between ageism and-- and

structural racism. We are working to release an Epi Brief on HSM in particular in the coming weeks to months. That, you know, I do think speaks to this question. And then finally, continuing to relate it to telehealth as well, really thinking about: How does-- as we emerge from the public health emergency, as we emerge from all of these-- these sort of new initiatives through executive orders that have been that have been placed, how do we address access in the home, in the community, in primary care settings, in other facility settings, that is age-friendly, that is person-friendly, that really addresses these-- the intersectional, sort of marginalized identities that you have-- you have called out and your committee continues to work on.

CHAIRPERSON SCHULMAN: Thank you. So, in December 2021 Annual Diabetes Report to the city council, DOHMH discussed five recommendations for addressing diabetes-related health problems in New York City. Can you discuss any progress the agency has made toward furthering the goals related to place-based investments, food justice, the National Diabetes Prevention Program and the Diabetes Self Management Education and Support Program?

2 DR. MORSE: Yes, absolutely. Thank you for that
3 question again, Chair Schulman. We do see the work
4 in this space to both prevent and manage diabetes as
5 multi disciplinary, cross-sectoral, and really needs
6 to have so many different agencies at the table.
7 We have done some serious work in the areas that
8 you mentioned. I'll start with the National Diabetes
9 Prevention Program, where we've engaged over 50
10 clinical entities and trained more than 260 coaches
11 in that program. We're excited about the progress.
12 But again, we know that we need more of that kind of
13 work and action. We've also continued to do the work
14 of transforming the food environment through programs
15 like health bucks, like the food standards, like our
16 shop healthy program, and know that we need to
17 continue that work as well.
18 And then specifically, going a bit further
19 upstream, we know that the racial wealth gap is one
20 of the things that influences health. Most of our
21 public health data looks at income or socioeconomic
22 status. None of it currently looks at wealth and how
23 wealth influences health. There's a difference
24 between income and wealth, obviously. Wealth is
25 assets minus debt. Income is income. And so we are

doing some work to better collect data-- or we would hope to do some work to collect data on wealth, because we do understand, and there's been several national studies showing that wealth and health are-- have a deeper connection than even income in some ways. And so we see the racial wealth gap, again, as one of those upstream legacies of our country's history of enslavement and structural racism that needs to be addressed, and national studies on that question have shown that there's somewhere between an 8 and 12-fold difference between wealth in black versus white households, and that it does contribute significantly to the health differences between those two racial and ethnic groups as well. So we've tried to work at all of those different levels, but we have more work to do.

CHAIRPERSON SCHULMAN: Okay. Has DOHMH engaged with New York State Medicaid to support the inclusion of the Self Management Resource Center, Diabetes Self Management Program as an in-lieu-of-service benefit?

DR. MORSE: Thank you for that question. We're going to-- that's a very good question. We can follow up with you separately on details on the work that we've done specifically with the Medicaid

2 program. But we remain very engaged and interested
3 in ensuring that Medicaid covers services that
4 address the needs of the most impoverished Yorkers,
5 specifically diabetes being one of those chronic
6 diseases.
7 CHAIRPERSON SCHULMAN: And I also want to mention
8 that the Council should be a resource to-- to help
9 with the federal and the state government on
10 different issues around this and other health-- and
11 health matters. To-- to the point that was made by
12 my colleague, Councilmember Narcisse, do you know how
13 many children in the public school system are
14 screened regularly for diabetes and prediabetes?
15 DR. MORSE: Thank you for that question. We
16 don't have the specific number at the moment, but we
17 can follow up with you, Chair Schulman, with some
18 responses to that specific question.
19 CHAIRPERSON SCHULMAN: Yeah. So-- oh-- do you--
20 do you give out free glucose monitors?
21 DR. MORSE: Thank you for that question. Glucose
22 Monitors are unfortunately priced at a level that is
23 not accessible to many New Yorkers, especially those
24 who don't have health insurance, unfortunately. And
25 we do acknowledge that it's one of the critical

2 areas, essentially, that allows patients to both
3 understand where their diabetes control is, and then
4 helps them to intervene and manage their blood
5 glucose levels. At this time, we don't offer free
6 glucose monitors at the Health Department. However,
7 many of our hospital and health care partners do
8 offer glucose monitors. But we're certainly open to
9 doing more of that kind of work.
10 CHAIRPERSON SCHULMAN: No. I think that would
11 be-- I think that would be important, and there's so
12 many inventions and new devices and things that are
13 not as invasive as they used to be. And so I think
14 that's important for people-- like I have-- I have a
15 blood pressure machine, you know, machine at home.
16 So I mean, I think that's-- that's important. So
17 that's something that we should take-- we should
18 definitely take a look at.
19 I'm-- that's pretty much my questions, because I
20 don't want to belabor, and I really appreciate you
21 coming out, and we're going to have more discussions
22 about this, and have meetings about it.
23 And I just want to say we really want to work
24 hand-in-hand with you. And I appreciate you coming
25 here, particularly your Commissioner, because I know

2 that this was something that you changed your
3 schedule around for. And-- but we-- we want to work
4 collaboratively with you. And if we can help with
5 resources. I mean, I know that, you know, that's not
6 always something that can be done, but we want to do
7 that. So we want to put that out there.

8 COMMISSIONER VASAN: Thank you so much for the
9 leadership and the partnership on this.

10 DR. MORSE: Thank you.

11 COUNSEL: All right. Thank you. That concludes
12 testimony from the Administration. And we're now
13 going to move on to testimony from Bronx Borough
14 President Vanessa Gibson, who will be on Zoom.

15 BOROUGH PRESIDENT GIBSON: Thank you so much.
16 Good afternoon, everyone. That afternoon Chair
17 Schulman and the members of the New York City Council
18 Committee on Health. I am Bronx Borough President
19 Vanessa L. Gibson, former member of the body. Thank
20 you for convening today's very important hearing on a
21 very important issue: diabetes across our city.

22 Thank you for the opportunity to speak on how we
23 can collectively formulate a plan to address this
24 public health crisis. The Bronx is the epicenter of
25 this epidemic with some of the highest rates of

diabetes across our city. In Bronx neighborhoods such as Mott Haven, Hunts Point, Tremont, and Morrisania, more than 20% of the population has been diagnosed with diabetes, and that number does not account for many individuals who are unaware that they are living with this condition.

Diabetes is a diet-related disease. Research shows that food insecurity is higher among people with diabetes, and that the limited availability of healthy food affects long-term diabetes management. Diabetes disproportionately affects New Yorkers of color, low income communities, that lack access to quality health care.

People afflicted with diabetes often have additional underlying health conditions, many of you know, such as hypertension, obesity, and heart disease. These chronic health conditions put so many of our residents at high risk and significantly diminish their quality of life.

Food insecurity has also been a long standing challenge for many Bronxites and New Yorkers, and the situation was certainly exacerbated during the COVID-19 pandemic.

2 Due to the economic downturn, shortages of goods
3 and soaring prices, the lack of access to healthy
4 food has only gotten worse. However, fast food
5 chains remain readily available. My office regularly
6 meets with Bronx health reach advocates, health food
7 providers, regarding nutrition and food access
8 initiatives in our borough. Our goal is to simply
9 apply an evidence-based approach to understand the
10 food landscape for us in the Bronx and high needs
11 neighborhoods requiring more education and
12 intervention. My office is mapping community
13 gardens, healthy food access points across our
14 borough to share with fellow residents. We look
15 forward to establishing hyper-local, fresh food
16 connections, helping small food retailers sell
17 healthy options, and expanding food security and
18 nutrition research. Health outcome data on diabetes
19 surveillance was missing into 2021-22 Robert Wood
20 Johnson County Health Rankings, an indicator of
21 pandemic-related constraints. The DOHMH and the
22 State Department of Health funding projections for FY
23 23 lacked any funding allocation for surveillance of
24 diabetes, hypertension, and other preventable chronic
25 illnesses.

2 This year, my colleagues, public health leaders
3 must refocus and recommit efforts on the prevention
4 and the effective management of diabetes, the most
5 pervasive chronic illness and challenge for many of
6 our communities.
7 As outlined in my recent strategic policy
8 statement that was issued in September, my team is
9 preparing to launch a borough wide diabetes
10 taskforce, coalition of Bronx stakeholders, experts,
11 CBOs, social service agencies, and healthcare
12 providers, and insurance providers. Collectively
13 this task force will drive the change with a Bronx
14 plan, intentional, by developing strategies for
15 improved nutrition, education, outreach, funding,
16 diabetes screening, and culturally competent care to
17 improve long term health.
18 Healthy living truly starts with healthy choices.
19 Yes: health is wealth and wealth is health, and that
20 begins with New Yorkers understanding what they are
21 consuming. This afternoon. I am proud to join with
22 all of my colleagues in the City Council in support
23 of Intro 687 on today's agenda, which will require
24 chain restaurants to post labels when a food item has
25 a high sugar content. We must empower our residents

and families to make the food choices that are best for themselves and their families. And this can only be done by letting them know what is in the food that they consume.

Bronx residents, New Yorkers, would benefit from more telehealth service options. This is why I also support Intro 675, which will require DOHMH to create a Telemedicine Accessibility Plan.

Additionally, I also support the creation of a citywide diabetes reduction plan that will help spotlight many neighborhoods with high-risk populations.

I want to thank the City Council Speaker Adrienne Adams, our health Chair Lynn Schulman and all the members of the Health Committee and the City Council for prioritizing this health crisis that plagues our communities. Diabetes is absolutely a preventable illness. And only by working together with advocates, trusted partners, many of our credible messengers on the ground, school-based health clinics, FQHCs can we together improve health outcomes and end this epidemic. The Bronx is number 62 out of all the 62 counties in the state of New York. And we are turning those statistics into

2 success stories. We are not going to accept these
3 health disparities and being underserved,
4 shortchanged, and ignored communities. And I know
5 that I have the support of the City Council of this
6 great body and this committee and so many of our
7 advocates like Chris Norwood who do this work every
8 single day.
9 Thank you so much for the opportunity to testify.
10 And I look forward to working with you to see this
11 legislation passed and codified in Local Law. Thank
12 you so much, Madam Chair.
13 CHAIRPERSON SCHULMAN: So Borough President
14 Gibson, thank you so much for your testimony. I-- I
15 would love to have you work with me as I put together
16 a citywide plan, because the Bronx is really
17 important. And so I-- that's amazing. And I
18 appreciate it. So we'll-- we'll be in touch with you
19 about working on that. Okay? Thanks.
20 BOROUGH PRESIDENT GIBSON: Absolutely. Thank you
21 so much, Madam Chair. We'll get it done.
22 COUNSEL: All right. Our thanks to the borough
23 president. We will now turn to public testimony.
24 Sure.
25

Okay. First, we're going to do a five minute break. Thank you.

Just a note to folks during the break that if you haven't filled out a witness slip and you would like to speak in person, please fill out a slip. Thank you.

[7 minutes 30 seconds silence]

SERGEANT AT ARMS: Okay, ladies and gentlemen, please return to your seats. We will be resuming momentarily. Once again, please return to your seats. We'll be starting again shortly. Thank you

CHAIRPERSON SCHULMAN: Okay. We're restarting. We have a lot of people testifying today both in person and on Zoom. We're giving everybody two minutes. Please summarize your testimony if it's longer than that, and you could submit it, it's all going to be put into the record. So I appreciate everybody's cooperation so we can get to everybody today. Thank you.

COUNSEL: All right. So we will now turn to public testimony. So yes, again, each panelist will be given two minutes to speak. For panelists testifying in person, please come to the dais as your name is called and wait for your turn to speak.

Those testifying in person must fill out an appearance card prior to testifying. For panelists who are testifying remotely, once your name is called a member of our staff will unmute you and the Sergeant At Arms will give you the go ahead to begin. Please wait for the sergeant to announce that you may begin before delivering your testimony. And one final note, if you're submitting written testimony, you can do so up to 72 hours after the hearing.

So moving on to our first in-person panel, we'll have Dr. Ileana Vargas, Pasquale Rummo, Eman Faris, and Chef Geneva Wilson.

Dr Vargas, you may proceed.

DR. VARGAS: Hello. My name is Ileana Vargas, and I'm an Associate Professor of Pediatrics at the Children's Hospital of New York Presbyterian at Columbia University up in Washington Heights. I specialize in pediatric endocrinology. I'm basically a diabetologist. When I started my career 30 years ago, I thought I was going to spend the bulk of my time taking care of children with autoimmune type 1 diabetes that we used to call juvenile onset diabetes, but in the early 2000s, as a young attending, paralleling the rising rates of weight

2 gain, we started seeing children and adolescents,
3 especially those with severe obesity, and individuals
4 of color, with type 2 diabetes that we used to call
5 adult-onset diabetes.
6 So for the past 25 years, I've been working in
7 our community, specifically in Washington Heights,
8 focusing on the clinical care of pediatric patients
9 with diabetes, and my main goal has been to really
10 try to prevent type 2 diabetes in children. The rate
11 of type 2 diabetes and children should be zero. We
12 just talked about that we should be screening in
13 individuals of 35 and older.
14 I'm not an alarmist, but I am witnessing-- what
15 I'm witnessing the past several years is quite
16 concerning. The rates of children developing type 2
17 diabetes has more than doubled. We're seeing
18 approximately one to three new onsets of children
19 with type 2 diabetes, not type 1. And I was on call
20 this weekend, and I had a new-onset 10-year-old boy,
21 a new onset 15-year-old girl who has cardiomyopathy,
22 who has elevated liver enzymes, fatty liver disease
23 that nobody's really talked about. And this is all
24 due to developing type 2 Diabetes. Metformin, that
25 you discussed, comes in a liquid form now, 500

milligrams in 5 cc's. And it's FDA approved and children greater than 10. This new Sweet Truth Act is going to help us understand that this is how much sugar is in a can of soda. And our children should be exposed to-- or the parents of our children should be exposed to that. So they don't give this to their children on a daily basis. Thank you for your time. And I'm sorry, I went over. Thank you.

CHAIRPERSON SCHULMAN: Thank you.

DR. RUMMO: Hello, thank you for the opportunity to testify today's hearing. I'm Dr. Pasquale Rummo. I'm an Associate Professor at the in the Department of Population Health at NYU Grossman School of Medicine. I conduct research that informs healthy eating policies, including nutrition labeling. So I'd like to share some research relevant to the legislation, including a study I completed just this week.

And so to start, research shows that sugary drinks are high and added sugar, and their consumption is linked with diabetes, like others have said today. They represent the largest source of added sugars in the American diet, like others also

2 have said today, but they're only one of many
3 products that contribute to added sugar consumption.
4 And so indeed, one in three US youths consume
5 more than 15% of their calories from added sugars
6 with higher intake among youth of color, and that 30%
7 of adults consume also 15% of their daily calories
8 from added sugars with highest intake among those
9 with lower education, and among those from lower
10 income households.
11 So I think it's important to consider policy
12 approaches to the consumption of all foods high in
13 added sugars, not just sugary drinks. And so a
14 number of studies have-- have evaluated warnings,
15 including some that I've participated in on healthy
16 foods and beverages, and they provide really strong
17 causal evidence that these work and they lead to
18 reductions in the in these labeled products,
19 including sugary drinks. In Chile, for example, they
20 front of package warning labels on products, high in
21 sugar and other nutrients, and it showed that that
22 led to between 25 to 35% reductions in those counting
23 calories and sugar. And none of them are limited to
24 prepackaged food items, for example. And so one
25

would expect their impact would be limited if it were limited to those prepackaged food items.

And so to speak to this, I recently conducted a study where I got-- received data from New Yorkers who went in restaurants that would be eligible for this added-- this added sugar warning-- warning label. And we focused only on sugary drinks, because those are the only products for which we know have added sugars because these restaurants are not currently forced to do this, and we found that 77% of adults bought a fountain beverage, and about 55% of those of those products would be eligible for this warning label. And so the original version of the label would miss 100% of those purchases if we just focused on those. So there's more I could say about that. But for all these reasons, reasons I urge the committee to advance this legislation to include foods more than just prepackaged food items. Thank you.

MS. FARIS: Hello, good morning. My name is Eman and I'm the Director of Advocacy at the CUNY Urban Food Policy Institute. We are a research and action-based center in Harlem, and our work focuses primarily on providing evidence to help inform local

2 policies that promote a healthy and just food system
3 in New York City. We appreciate the opportunity to
4 testify today to the City Council in support of this
5 Sweet Truth Act, which will help expand Local Law 33
6 to require chain restaurants to post high warning
7 sugar labels not only on just prepackaged food and
8 beverages, but on all menu items that surpass the
9 recommended daily amount of added sugar, which also
10 includes the fountain drinks like my colleague over
11 here mentioned, and then also any food prepared in
12 house.
13 Studies have shown consistently that consumers
14 regularly underestimate the nutritional value in
15 restaurant meals where the actual fat or calorie
16 content was up to two times greater than what
17 consumers are expected. So this bill is really
18 significant for New Yorkers to because they deserve
19 transparency around the products that they're
20 consuming and purchasing in order to make informed
21 choices for themselves and their families.
22 Not only will this expansion give people the
23 power of knowledge, but it also may encourage
24 restaurants to also reduce the amount of added sugar
25 and their menu items because transparency is

2 required. There's no question about the added sugars
3 direct effects on raising the risk of diabetes and
4 being a primary driver for obesity. And like many of
5 our colleagues today have mentioned the rate of
6 obesity has gone high. More than half of the adults
7 in New York City are overweight, a third of children
8 are overweight or obese, and the rates of diabetes
9 especially in black and brown communities are as high
10 as 16 to 20, As the Borough President mentioned
11 earlier.
12 COVID-19 also has shed a harsh light on the
13 dangers of diet-related diseases, many of which are
14 linked directly to excessive consumption of added
15 sugars. And during the first wave of the pandemic,
16 New York City saw a 356% increase in diabetes-related
17 deaths, which is really, really unfortunate.
18 Labeling requirements for chain restaurants are
19 not a new phenomenon. As we've mentioned today, the
20 calorie labeling rule has been in effect for over a
21 decade. The sodium warning has also passed in 2015.
22 So these are precedents for the current version of
23 the Sweet Truth Bill. And just as public health
24 professionals, researchers and city leaders, it is
25 our job to continue making the healthy choice, the

2 easy choice. And adding a warning label allows
3 consumers to make an informed decision based on the
4 calorie content, sodium content, and also now sugar--
5 sugar content as well. Thank you.
6 CHAIRPERSON SCHULMAN: Thank you.
7 CHEF WILSON: Good morning. Thank you for having
8 me. My name is Chef Geneva Wilson. For me, this all
9 started one day when we got up for work, everybody
10 was you know, in a happy mood, we went, we had fun.
11 All of a sudden one of our patients that we
12 normally would have wasn't there anymore. And he was
13 a really, really nice person. I asked what happened
14 to him. They just reluctantly said, "Oh, he's dead."
15 I was like, "He's what?" They were like, "He's
16 dead."
17 I was devastated. I was a PCA, which is Patient
18 Care Associate. I then transferred into going to
19 chef school and working on prevention. Because he
20 died from diabetes. He died from something that
21 could have been cured, something that could have been
22 assisted, or something. I mean, he just came in, and
23 all they did was-- he was out of there as quick as he
24 came in, get a prescription and go, there was no
25 prevention, there was no counseling, there was no

2 anything. And for years, I've dedicated my life, my
3 business and everything that I do in prevention. So
4 from there, I of course, left nursing, and now I'm a
5 chef.

6 So what I do is I prevent. I sit in shelters
7 where people don't have access to things. So they
8 don't know how to get these items. I go to schools,
9 I go to clinics, I go everywhere that I can, and I
10 support the bills that definitely will keep this in
11 the mind of the individual, when they go to these
12 places, "Hey, this is not good for me. Hey, this is
13 going to make me think. This is going to make me
14 pull back." Because when them kids come in here, and
15 they want to get a soft drink, or they want
16 something, you need to have that in your head, not
17 when you're at work, not when you're indoors, but
18 also when you're outdoors. Because that's when it's
19 most tempting. That's when it's most relevant. So
20 for me, I really support this bill. And I hope that
21 we can, you know, proceed in getting everything that
22 we need that comes along with it passed. Thank you.

23 CHAIRPERSON SCHULMAN: Thank you. I want to ask
24 the docs. You know what-- I don't know if you heard
25 my earlier comments and questions. But should kids--

2 should people just routinely be tested for
3 prediabetic-- for prediabetes? That your-- sense of
4 it?
5 DR. VARGAS: Right. For the pediatric
6 population, the American Academy of Pediatrics and
7 the American Diabetes Association has guidelines. If
8 you have a child who's overweight or obese, who is a
9 child of a mother who had diabetes, if they are of a
10 certain ethnic group, if they have signs, acanthosis
11 nigricans in their neck, or if they are female with
12 polycystic ovarian syndrome, those children get
13 screened. And yes, we're catching them early. And
14 before COVID, we were actually-- the number of
15 children with type 2 diabetes, it didn't decrease to
16 zero, but it wasn't increasing. With COVID, they sat
17 down, they ate more Ultra processed food, drank more
18 sugary drinks, and unfortunately, were not screened.
19 CHAIRPERSON SCHULMAN: Yeah, no, thank you and
20 where, you know, I look forward to to working with
21 everyone here around this comprehensive plan because
22 we have to get this just like we did with HIV and
23 AIDS, we just have to really embrace this and like
24 cut it down, because it's-- it is something that we
25 can prevent, I mean, very clearly, so...

2 DR. VARGAS: May I say something else? I'm also
3 working with the pediatric residents and teaching
4 them how to ask their patients about what they
5 consume.

6 CHAIRPERSON SCHULMAN: That's great. That's
7 great. So-- but we may circle with you. Okay?
8 Thanks.

9 Did you want to add to that or you're good?

10 Thank you. Thank you very much. This was very
11 important. I really-- we really appreciate it.

12 COUNSEL: Thank you to this panel. We will be
13 now moving on to our next in-person panel. We'll
14 have Erin Reddan, and I apologize for any
15 mispronunciations of names, Gourab Dashanan[ph] from
16 India Home, Sarah Kim from KCS, and Mamadou Drame
17 from Association of Senegalese in America.

18 CHAIRPERSON SCHULMAN: You can proceed.

19 MS. REDDAN: Hi, good afternoon. My name is Erin
20 Reddan, and I'm a Regional Manager at EmblemHealth
21 Neighborhood Care, overseeing our Duane Street and
22 Brooklyn Heights locations.

23 We have submitted written testimony for
24 consideration which I will provide a high level
25 overview up today. On behalf of EmblemHealth, I

would like to thank Chair Schulman and the members of the Committee on Health for holding this hearing and providing the opportunity to speak on the growing diabetes epidemic, which as we all know is disproportionately impacting Black, Latino, and Asian New Yorkers and low income communities.

The EmblemHealth family of companies provides insurance plans primary and specialty care and wellness solutions. We operate 13 neighborhood care locations where we provide free in-person and virtual support, health and wellness programming, and access to community resources. Many of our sites are also co-located with our partner medical practice Advantage Care Physicians, or ACP NY, which provides primary and specialty care at over 30 offices in New York. EmblemHealth strongly supports the package of introductions under consideration today. And we were also honored to be joined by Chair Schulman at our recent educational webinar on managing and preventing diabetes.

At ECPNY and Neighborhood Care, we serve many of the individuals and communities who are at heightened risk for diabetes. And our staff represent and

2 reflect the communities they serve, providing
3 culturally and linguistically competent care.
4 At Neighborhood Care we provide nutrition
5 classes, such as Plant Based Eating 101, fitness and
6 wellness classes such as Tai Chi and Meditation and
7 connection to healthy food. We provide diabetes-
8 specific programming for prevention and self
9 management, which I've had the pleasure of helping to
10 facilitate since 2013, and I've seen countless
11 community members successfully lower their A1c and
12 blood pressure levels.
13 In addition to addressing diabetes in the
14 community, as a health plan, we address it for
15 members through comprehensive care management and our
16 quality improvement programs. In 2023 EmblemHealth
17 will be introducing a provider equity incentive for
18 diabetes A1c control to incentivize a reduction in
19 racial disparities for black members. Further, our
20 accredited A1chi Program for diabetes help members
21 with type 1, type 2 and gestational diabetes to
22 manage their condition.
23 We all know that combating this epidemic requires
24 a coordinated effort among public and private
25 stakeholders to ensure all communities, especially

2 the most vulnerable, have access to education,
3 screenings, treatment, and support. EmblemHealth
4 hopes to be a constructive partner and resources city
5 council to accomplish these goals. Thank you.
6 MR. DRAME: Good afternoon, Chair Schulman and
7 members of the Council Health Committee. My name is
8 Mamadou Drame and I'm the President of the
9 Association of Senegalese in America, called
10 L'Association des Sénégalais D'Amérique. We work to
11 unite and improve the lives of all Senegalese in the
12 United States, regardless of their political,
13 religious, or philosophical beliefs and affiliation.
14 This work has included the protection of basic civil
15 rights for Senegalese and all African immigrants, and
16 the pursuit of opportunities for increased economic
17 stability and growth as communities and individually.
18 Our activities have included charitable and social
19 assistance, general and mental health care
20 educational services to African immigrants. We also
21 provide healthy lifestyle education.
22 Of course, we've been very active in providing
23 services in advocacy for the recent wave of
24 Senegalese migrants, those who came from the southern
25 border, and who face real health issues among others.

I speak before you today in support of the Sweet Truth Bill, Intro 687. Although we don't have exact statistics We know that Senegalese and other West Africans in New York City are struggling with high rates of diabetes and related health problems.

The funny thing is that, you know, culturally speaking, when you are from outside of the US, and then you've come to the United States, you just have a strong belief that dietarily speaking, this is it. I mean, we have wonderful diets in the US compared to what we know back home. And that's why we work in close concert with the Gambian Youth Organization, and then the Interfaith Public Health Network, and the Center for Science in the Public Interest to advocate for this measure.

Because Senegalese and other West Africans, people need more guidance on how to avoid menu items with high amount of added sugar, like sugar-sweetened beverages. The many icons are very helpful in this regard, particularly for our members that are just learning English. Once this bill passes, Chair Schulman, we would welcome the opportunity to educate our communities about how to identify the main icons

2 and to utilize other diabetes prevention tools.
3 Thanks for your time and consideration.
4 MS. KIM: Hi. Good afternoon. My name is Sara
5 Kim, the Program Director for the Public Health
6 Research Center at Korean Community Services
7 representing Queens communities. Thank you. Thank
8 you, Chairperson Schulman and the Health Committee
9 for this opportunity to speak about the impact that
10 the Sweet Truth Act will have on improving health
11 within our communities.
12 Since 2017, I have been serving as a lifestyle
13 coach, delivering the CDC-developed National Diabetes
14 Prevention Programs. I work with immigrants with
15 prediabetes to encourage them to make healthy dietary
16 choices and raise healthy literacy. Through my
17 experiences with the past workshops over the past six
18 years, I found that most of the class participants
19 were unable to understand the simple nutritional
20 labels on food and drinks.
21 Part of the problem lies in their limited English
22 proficiency and lack of nutritional knowledge. But
23 the cultural components also play a role as many
24 Koreans view carbonated drinks as a digestion aid.
25

2 After heavy meals many Koreans drink soda to
3 relieve their digestion, which promotes unnecessary
4 overconsumption of artificial sugar.
5 Thank you Councilmembers for passing the Sweet
6 Truth Act last year, but I also urge the council to
7 extend Intro Number 687, the Sweet Truth act to cover
8 all fountain drinks sold in chain restaurants.
9 Moreover, I hope that more work can be done to add
10 images or icons to nutrition labels to help more New
11 Yorkers understand the nutritional information, to
12 make better informed health decisions, to promote
13 healthy lifestyles, and reduce health-related
14 problems in New York City. Thank you.
15 MR. DASHANAN[PH]: Good afternoon, everybody.
16 Thanks for allowing us to testify. This is Gourab
17 Dashanan[ph]. I'm Program Manager and Health
18 Educator from India Home. India home is a nonprofit
19 organization founded by healthcare professionals
20 dedicated to serving South Asian older adults in New
21 York. India Home is the city's largest and most
22 secular senior center programs aimed at empowering
23 and improving the quality of life of diverse South
24 Asian and Indo-Caribbean immigrant seniors residing
25 across Queens and beyond. Since our inception, we

2 have touched the lives of over 5000 older adults
3 through our holistic and culturally competent
4 programs such as congregate meals, senior center
5 services, case management, mental health services,
6 advocacy, educational as well as recreational
7 activities. Our written testimony details more about
8 our services.
9 Now coming to the bill. We have heard a lot of
10 great testimonies today about impacts of type 2
11 diabetes. I want to use my time to address two
12 aspects of this epidemic which are of particular
13 interest to us. First, the senior population we
14 serve at India Home will benefit greatly from this
15 bill. Aging is a known risk factor for diabetes and
16 the elderly population in NYC is growing with the
17 senior population in Queens expected to increase 38%
18 by 2030, according to the projections of New York
19 Health Foundation. Since many seniors are on fixed
20 incomes, and some have-- some have impaired cognitive
21 processing abilities, we need to give them tools to
22 help them navigate their food environments,
23 specifically addressing nutrients of concern like
24 added sugar. Nutrient or warning icons are an
25 accessible and widely supported tool that helps

2 individuals identify foods with excessive amounts of
3 added sugar, and provide a pictorial element that
4 makes them accessible to low-literacy and non-
5 English-speaking consumers, ultimately providing more
6 equitable access to information.
7 This bill will meet the needs of our seniors,
8 many of whom are not fluent in English. Secondly,
9 research has consistently found that people of South
10 Asian descent are at increased risk for developing
11 type 2 diabetes and cardiovascular disease even at a
12 lower body mass index when compared to other
13 ancestral groups. We have regularly testified in
14 front of the Committee on Health and have been on the
15 forefront of advocating for regulations favoring the
16 health and well being of seniors.
17 With that being said, I'm here today to advocate
18 and support the Sweet Truth Bill, the law to amend
19 the administrative code of the City of New York in
20 relation to recording added sugar notifications for
21 menu items and changes. The need is urgent and the
22 time to act is right now. Thank you very much for
23 your time and cooperation.
24 CHAIRPERSON SCHULMAN: [inaudible] to gather all
25 of the testimony today and put it into a package so

2 we can figure out the next steps, but thank you so
3 much.
4 COUNSEL: Thank you to this panel. We'll be
5 moving on to our next in-person panel. We'll have
6 Kelly Moltzen, Wali Ullah, Lillian Kuo, and Edwin
7 Chinery.
8 CHAIRPERSON SCHULMAN: Okay. You can proceed.
9 COUNSEL: Turn your mic on.
10 MS. MOLTZEN: Thank you, Chairwoman and members
11 of the Council Committee on Health. My name is Kelly
12 Moltzen and I am here in my role as a Founding Co-
13 Convener of the Interfaith Public Health Network, or
14 IPHN. IPHN works at the intersection of faith and
15 public health, believing that our faith traditions at
16 their best can inform, inspire, and motivate people
17 of faith toward effective public health policy and
18 practice. I have also worked to improve health
19 equity in the Bronx for the past 13 years with Bronx
20 Health Reach, especially through efforts to increase
21 access to healthy foods and ensure that consumers can
22 make informed food and beverage choices. As a
23 registered dietician. I'm aware of what foods and
24 beverages a healthy diet consists of. As a public
25 health professional and professed secular Franciscan,

I am aware of why it is important for public health policy to ensure the healthy choice can be the easy choice for consumers to make. We at IPHN have been proud to help coordinate the community advocacy response for the Sweet Truth campaign with our colleagues at Center for Science in the Public Interest.

As you've heard today, this is an issue of deep concern across faith base and other community organizations across the five boroughs. It's clear that we are beyond the point where the issue of added sugars in the diets of New Yorkers can be minimized or trivialized. As you know high amounts of added sugars are not only a major driver of type 2 diabetes, cardiovascular disease, and other diseases such as non alcoholic fatty liver disease, and that this is also a matter of equity and justice since these diseases and conditions disproportionately impact our underserved and overburdened communities.

The calls for a robust and coordinated response from all levels of government, as well as our faith partners and other stakeholders to make progress on achieving our goals set forward in New York City's 10-year food policy plan Food Forward New York City.

2 These include evaluating options to limit exposure to
3 unhealthy food and food marketing, partnering with
4 the non governmental sector to maximize community
5 participation in food policy decision making, and
6 partnering with the private and civic sectors on food
7 education campaigns around sustainability and
8 nutrition.

9 I hope you would agree with me that passing Intro
10 Number 687 would be making strides towards achieving
11 the city's ambitious food policy goals. Toward that
12 end, we call on the Council to honor the community
13 will and pass this legislation. Thank you for your
14 time and consideration of this important request.

15 MR. ULLAH: Good afternoon Chair Schulman and
16 other esteemed members of the New York City Council
17 Committee on Health. My name is Wali Ullah, and I'm
18 the Community Education Coordinator for the Muslim
19 Community Network, a nonpartisan civil society
20 organization that works to empower, provide, and
21 advocate for Muslims across New York City through
22 direct and social services, civic engagement, and
23 community education programming. Along with other
24 members of the Interfaith Public Health Network
25 Coalition, the Muslim Community Network would also

2 like to express their support for Intro 687, which
3 proposes to amend the city Administrative Code to
4 require the addition and clear transparent display of
5 sodium and sugar notifications for menu items in
6 chain restaurants, otherwise classified by the New
7 York City Health code as any restaurant franchise
8 with 15 or more operational establishments, and the
9 bill would also standardize a 90-day reporting
10 process on the amount of sugar and sodium present in
11 each menu item.
12 Aside from some of the obvious public health and
13 consumer benefits of the bill, which will positively
14 benefit health conscious and vulnerable New Yorkers
15 alike, it will also have a positively pronounced
16 effect on South Asian New Yorkers, many of whom
17 practice non Christian faiths and disproportionately
18 suffer from diabetes and hypertension more than any
19 other ethnic or racial group. According to a 2021
20 medical survey conducted among more than 90,000 South
21 Asian patients at NYU Langone, the age-adjusted
22 diabetes burden for South Asian New Yorkers is 10.7%.
23 Likewise, the age adjusted hypertension burden for
24 South Asian New Yorkers is 20.9%. And nearly half of
25 South Asian New Yorkers with diabetes also have

2 comorbid hypertension, with inflation and access to
3 cheap healthy food continuing to pose an issue for
4 New Yorkers and more than 20% of people with diabetes
5 nationwide still remaining undiagnosed, the city has
6 a duty to ensure that New Yorkers know what's in
7 their food no matter where it comes from and who
8 prepares it for them.
9 Allowing New Yorkers to make better informed
10 choices about consuming foods with high levels of
11 natural or added sugars and sodium content will
12 encourage hypertension and diabetes patients, many of
13 whom are BIPOC, low income, and disproportionately
14 rely on outdoor dining to take more proactive
15 measures to protect their health and well being.
16 Regardless, the Muslim community network will
17 continue to educate our Muslim and interfaith
18 community members on the importance of good public
19 health policies such as this bill.
20 And we'd also encourage that such information be
21 made available in commonly spoken non English
22 languages such as Chinese, Spanish, Arabic, Hindi,
23 Urdo, or Bangla upon request.
24 Thank you for your time and as a lifelong
25 resident of the Bronx, which routinely ranks among

2 one of the unhealthiest counties in New York State,
3 I'd also like to thank all Bronx sponsors for the
4 bill, including but not limited to Bronx Borough
5 President Gibson and Councilmembers Feliz and
6 Velázquez, who both serve on the Health Committee,
7 thank you.
8 CHAIRPERSON SCHULMAN: Please turn your
9 microphone on.
10 MS. KUO: Okay. Can you hear me? Yeah. Good
11 afternoon, Chair Schulman, and Health Committee
12 members. Thank you so much for the opportunity to
13 speak today. My name is Lillian Kuo. I established
14 the City Long Island branch office 27 years ago, and
15 currently serve as the Chair Director of Charity and
16 Public Relations for the Tzu Chi Foundation knows is
17 reaching, with offices in Flushing, Chinatown,
18 Brooklyn, Long Island, Tzu Chi Foundation is an
19 international humanitarian organization, active
20 across five continents, and its international
21 disaster relief have helped over 128 countries. Our
22 mission is charity, medicine, education and in
23 humanitarian culture, including food pantries, soup
24 kitchen, clothes drives, and direct financial
25 assistance, built homes for the disaster area,

2 delivery of free medical and dental care,
3 facilitating one of the world's largest bone marrow
4 registry, and promoting environmental protection for
5 over 33 years.
6 We have a strong focus on promoting healthy
7 eating, including encouraging plant-based diets and a
8 reducing intake of sugar, sodium, and healthy fates.
9 In fact, one of our signature programs is a 21-day
10 challenge, where we encourage the participant to eat
11 healthy plant-based foods, avoid sugar beverage,
12 drink plenty of water, eat food with low salt, low
13 sugar, no oil. We have dramatic results for
14 participants in this program, including sharp
15 reduction in cholesterol, sugar, weight numbers.
16 So, our committee will being our strongly
17 supported Intro 687, because our commitment to a
18 healthy diet. The measure reflects the Buddhist
19 value of mindfulness by requiring warning labels for
20 chain restaurant items with a very high amount of
21 added sugars. This bill will assist the New York
22 City consumers to be mindful in intention about what
23 they are eating.
24 For these reasons we urge the committee to
25 approve this bill. Thank you for your time and

2 attention today. We at the Buddhist Tzu Chi
3 Foundation are looking forward to continuing our
4 conversation with the Council. And thank you so much
5 for speaking again. Thank you.
6 REV. CHINERY: Hi, my name is Ed Chinery. I'm a
7 priest serving at Church of the Ascension, an
8 Episcopal parish in lower Manhattan, where one of our
9 major outreach efforts is a food pantry, Food Bank
10 New York City. It's worth mentioning it does not
11 allow for distribution of sugary drinks. And in
12 fact, in the last five years, they've tripled our
13 capacity for distribution of fresh produce. My
14 housings on the Lower East Side on Henry Street where
15 I recently inquired to the local deli manager why
16 there was absolutely no zero sugar soft drinks
17 available. He laughed out loud and said to me, "This
18 is the hood, bro," and he looked at me like I was
19 from Mars. That really hit me. What hit me most was
20 that his response was just so automatic. And I still
21 struggle with that, the automatic social injustice of
22 it, the harm being automatically done to the people
23 that I live among, and that's why I'm here.
24 That and because of the leadership of my
25 denomination, the Episcopal Church in the US, through

2 their Building Beloved Community Initiative, a
3 program that comprehensively organizes powerful
4 positive action in response to systemic injustice, as
5 especially as concerns race and economics,
6 inextricably linked as they are.

7 Chief among the issues, we focus on our
8 pernicious health disparities, such as the pervasive
9 culture of ill health, that the Sweet Truth Bill
10 seeks to address, and that's why we strive to work
11 side by side with secular community based
12 organizations to both identify and interrupt the
13 historically unnoticed harm that has simply been
14 accepted as a fact of life for far too long.

15 This, we feel is what accountability looks like.
16 This is partnership for healthy communities. We are
17 so glad to have heard all the testimony that we've
18 heard today. Clearly, there are partnerships that
19 are built already. We hope that passage of this bill
20 will just simply add to that and strengthen to it. I
21 thank you so much for your time and attention today.

22 CHAIRPERSON SCHULMAN: I also want to ask if you
23 could submit your testimony to the council, so we
24 have it so that-- because we are recording it, but we
25 just want to make sure that we have everything that

2 we need from you in terms of making sure that we have
3 all of your testimony. So appreciate that.
4 COUNSEL: Thank you to this panel. And then just
5 as a reminder, you have-- if you would like to submit
6 written testimony of up until you have 72 hours after
7 this hearing to do so. And that's
8 testimony@council.nyc.gov. Thank you to this panel.
9 All right, we'll be moving on to our next in
10 person panel. We're going to have Reverend Dr.
11 Teresa Oliver, Rabbi Yonah Berman, Rashaun Buchanan,
12 and Jezebel Bautista.
13 CHAIRPERSON SCHULMAN: You can proceed when
14 you're ready. Thank you.
15 REV. OLIVER: Thank you for this opportunity to
16 testify before this committee. I am Reverend Dr.
17 Teresa G. Oliver, and I'm speaking today not only as
18 a retired pastor and faith leader for 21 years, but
19 also as a New Yorker from the Bronx battling
20 prediabetes. And this is a personal testimony. IN
21 2021 I was told by my physician that my A1c levels
22 were high, and that I was at risk for type 2 diabetes
23 if I didn't bring those numbers down. I think the
24 question was asked today, can diabetes be reversed?
25 I'm here to say yes, because my A1c was 8.8, which is

2 high, and was very alarming. I got it down to 8.0.
3 So it means that it has been reversed. I'm working
4 hard trying to keep it that way. It is not easy. I
5 had to modify my diet. I have a nutritionist, and
6 most of all my son said Mom, you can't take the
7 gummies those don't work. You need to exercise,
8 drink water, do what you're supposed to do, and it
9 will follow suit. So I'm proud to be part of this
10 community. I've spent my life with health equality,
11 through ministry at my church, Mount Zion, Christian
12 Methodist Episcopal Church, the Soundview
13 neighborhood in the Bronx, and a longtime member of
14 Bronx Health Reach. And my faith tells me that, yes,
15 we can do this. And I'm a living testimony that I'm
16 going to continue to walk. My goal is 10,000 steps,
17 when I go out to walk, and I have been doing that,
18 I'm going to continue to do it. And we're going to
19 get this bill passed, so that we know that we can do
20 whatever God wants us to do in the way he wants us to
21 do. I want to be healthy. So that's why I'm here.
22 I thank you for the time, I thank you for the
23 opportunity. God bless.
24 MR. BUCHANAN: Hello, my name is Rashaun
25 Buchanan, and I'm the Youth Empowerment and Food

2 Justice Coordinator at the Mary Mitchell Family and
3 Youth Center. So my role is to support all of our
4 programs that fight food justice and food advocacy.
5 So I used to be the coordinator of our food justice
6 club at our center, which is a group of young adults
7 who work with our youth at the after school program,
8 who are 5 to 12 years old. I am teaching them how to
9 live healthier lifestyles, and, you know, eat
10 healthier. So we've done activities in the past
11 where we've taken their favorite drinks. And we've
12 showed them the amount of sugar that's in those
13 drinks. Most of the kids were surprised to see what
14 they were drinking. And we would ask them, like
15 knowing this information, would you stop drinking it?
16 And some of them did say yes, and some of them did
17 say no. And we do understand that, you know, soda,
18 and juice, it does taste good. But we try to teach
19 them to have it in lesser amounts, and that there are
20 better alternatives for when you're having these
21 drinks. So when it comes to the bill and getting
22 these labels in the fast food chains, I believe that
23 it is very important because the information that
24 we're teaching them, if they had that knowledge, when
25 they go to these restaurants, and they're seeing the

amount of sugar that they're ordering in these drinks, they would be more likely to make a better decision. And when they're with their family and with their friends, kind of encourage them and persuade them to do the same.

It's easy to ignore what you're putting into your body when you don't have the information given to you. So I believe that for our young community, I remember earlier it was said we wanted to start early, so we don't have older adults who already have diabetes. So I believe this is very important and that it should be passed.

RAV. BERMAN: Thank you Chair Schulman. Good afternoon everyone. My name is Rabbi Yonah Berman. I live in the Bronx where I serve as Dean of Rabbinic Initiatives at YCT Rabbinical School in Riverdale. I thank Bronx Borough President Gibson and my Councilmember Eric Dinowitz for their support of Bill 687, and for their advocacy for so many causes that affect our district and the city of New York.

I'm here as a supporter of the interfaith Public Health Network and the good work it does for our community, and as the spouse of a pediatrician who

works hard and advocates every day for the health and well being vulnerable members of our society.

I'm here in support of the Sweet Truth Bill 687. As both an orthodox rabbi and as an educator. As Rabbi, I take very seriously Judaism's focus on caring for one's health. Throughout our sacred texts, there's an undeniable thread of tradition encouraging each individual and all of society to put into place measures for personal protection and communal safety. This bill helps our city and its residents to take steps in that direction by increasing public health, focusing on products that are ultimately particularly harmful to individuals and to the communities that they comprise.

I'm also someone who deeply values education. My grandmother, an assistant principal in the New York City public school system in Bedford Stuyvesant, Brooklyn some 50 years ago, dedicated her career to bringing learning and knowledge to her students. She imparted in our family the value of education which brings people varied opportunities for growth, for bettering quality of life, and for allowing people to be in a position to make healthy dietary choices. I

2 too am an educator and have seen the impact that
3 learning has on the choices that people make.
4 This bill at its core is an opportunity to
5 educate those who may not be aware of the content of
6 the foods they are consuming, allowing them to better
7 understand those choices as we have heard, and to
8 better appreciate the ramification that those choices
9 have on the health of themselves and of their loved
10 ones. To paraphrase by Aaron Lichtenstein, we are
11 given the task of trying to change the historical
12 scene within which we find ourselves. Let us see to
13 it, that the world we leave behind be a little bit
14 better, closer to the fulfillment of a great
15 spiritual and historical vision than when we entered
16 it. What a gift -- I'm almost done -- to promote
17 healthier choices throughout through a bill such as
18 this.
19 I encourage you all to support this bill. It's
20 passing and implementation, with the knowledge that
21 doing so is in line with the sacred values of so many
22 traditions. It is an opportunity to help create a
23 New York City that is more health aware, and indeed
24 that is healthier for generations to come.
25 Thank you very much.

2 MS. BAUTISTA: I just want to start by saying
3 thank you to the members of city council for having
4 me today. My name is-- My name is Jezebel Bautista.
5 I'm a resident of the Bronx, and currently a student
6 at the Marie Curie High School for Nursing Medical
7 Professions.
8 In the fall of 2021, I was a part of an
9 internship program with Teens for Food Justice, a
10 nonprofit in New York City, working to achieve food
11 security to youth leadership and advocacy. I'm here
12 today to urge the Council to pass Intro 687. When my
13 grandparents were alive, they were constantly
14 checking their blood sugar after meals. When we went
15 out to eat or ordered in, they tried to be cautious
16 of their sugar levels, but they were often
17 unsuccessful. Sugar warnings on food are necessary
18 to those with high blood sugar or diabetes in the
19 same way that salt warnings are important to those
20 who face to heart disease.
21 Sugar isn't just in soda or dessert. Sugar can
22 be in anything from the pasta you had, the free bread
23 you were given, or the natural juices you previously
24 thought were free of sugar. And just about anything
25 else you can imagine.

Sugar is the cause of many diseases such as obesity, cardiovascular disease, and non alcoholic fatty liver disease. Sugar can be very detrimental to our health and should be treated as such. By passing Intro 687 We are demonstrating our care for our community itself and offering us all more control over our food choices. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much. I want to tell you that you're very inspiring. All of the panelists have been so-- I so appreciate all of this information, and your testimony, and for coming here today. Thank you.

COUNSEL: Thank you so much to this panel. We will be moving on to our next panel which is a hybrid panel. We're going to have in person Lianna Levine Reisner, Sergio Villavicencio, Esther Greeman, and then joining us on Zoom will be Karla Rodriguez.

We will start with our in person folks and then we will move on to Karla. So we'll start with-- with Lianna, please.

Good afternoon. My name is Lianna Levine Reisner. I'm the Co-Founder and the President Network Director of Plant Powered Metro New York. Our mission is to make sure that every New Yorker

knows that whole food, plant-based nutrition can prevent, treat, and even reverse type 2 diabetes among countless other chronic diseases.

Time and again, we witness our community members like our mayor, adopting a satisfying flavorful budget-friendly and nutritionally adequate plant based diet, and their hemoglobin A1c can drop out of the diabetic and prediabetic ranges to normal levels. We support local residents in making sustainable changes through a variety of educational programs, especially our Plant Powered Jumpstarts, which have supported 700 people from diverse backgrounds in both English and Spanish.

My message today is that healthy plant foods are the true cure for diabetes. There are three key nutritional principles that bring about diabetes prevention and reversal which must be considered holistically in all city policies.

First, we must naturally reduce the fat in our diets by dramatically reducing if not eliminating animal foods and processed foods, where saturated fat is concentrated. Dietary fat prevents insulin from doing its job in the first place.

Second, we have to recognize that our food system is flooded with processed foods that spike blood sugar, even those we don't acknowledge as unhealthy, like white flour, bagels, and breads. Healthy carbs, like whole grains and fruit are not the culprits. Eat fruit.

Third, we need to eat the rainbow including green leafy vegetables to maximize the nutrient density in our foods. Plant-based nutrition addresses the root cause of all forms of diabetes including and children, and it can simultaneously improve the many health conditions that are comorbid with it.

While we support efforts to expand access to telemedicine and to offer transparency on sugar content, there is a wider need for everyone, residents, healthcare professionals, and policymakers alike to understand diabetes holistically.

Please make legislative and funding priorities that create a healthier food environment city wide putting wholesome plants first, and our diverse residents need to be educated on how to eat differently through the kinds of motivational and evidence-based education that we do through Plant Powered Metro. While mainstream diabetes prevention

programs do help. Most do not go far enough and teaching about the dangers of animal foods in our diets. We hope to be a partner to the council's Health Committee in bringing greater awareness and action on these items. Thank you.

MR. VILLAVICENCIO: Good afternoon. My name is Sergio Villavicencio and I'm the Network Empowerment Manager for Plant Powered Metro New York, a nonprofit organization that empowers people to find better health and overcome chronic disease to whole food plant-based nutrition with evidence based educational programs, initiatives, and support. I am diabetic. As many other diabetics, I was constantly dealing with the many effects that diabetes can have on your body: tingling extremities, sleep apnea, hearing issues, nerve pain, balanitis, among others.

As a retired chef, cooking is my passion. My diabetes affected my ability to cook. Standing up for longer periods of time in my kitchen usually ended up with terrible nerve pain shooting down my right leg, and me having to sit down in frustration. Diabetes was affecting my health, my passions, and also the quality of my life.

2 I also had recurring balanitis, which affected my
3 intimate life. It affected my self esteem, my
4 quality of life.
5 As many other diabetics, I had learned to live
6 with this. I had accepted the effects of diabetes
7 mellitus type 2 in my body to the point in which they
8 were normal for me, and they were no longer an issue,
9 but part of me. I learned about whole foods plant-
10 based nutrition through my wife. After dealing for
11 almost two years with chronic exhaustion,
12 neuropathies is inflammation, mental fogginess, and
13 memory issues. Following a COVID infection with
14 symptoms that simply did not go away, my wife joined
15 one of the Plant Powered Metro New York's whole foods
16 plant-based nutrition programs, and changed her diet
17 completely. She eliminated oil and sugar, reduced
18 salt by 90%, and stopped relying on processed foods
19 and ingredients. I'm sorry I need to go. Living in
20 the same household. I eventually was following the
21 same diet by default. A few weeks into the changes,
22 her health took a U turn and improved in astonishing
23 ways. As a result, I became interested in this
24 organization and I joined the same program that she
25 did.

2 Currently, I no longer experience tingling in my
3 extremities, neuropathies, sleep apnea, my hearing is
4 perfect. I can stand for hours without any pain.
5 And my recurring balanitis has never come back.
6 After a few weeks since I adopted the whole foods
7 plant-based nutrition diet, my A1c dropped by three
8 points. I was so grateful that I even applied for a
9 job in this organization. So I can help these
10 benefits which members.
11 Because of programs like the ones that Plant
12 Powered Metro New York offers, I have learned to
13 understand how some things work. Sometimes we hear
14 these things. This is how you're work. You eat
15 sugar. You get sick. There is no cure. And that's
16 about it. That's all we know. It's because of the
17 education that I was able to receive, that I was able
18 to understand, like Lianna was saying how fat is also
19 a factor. Nobody talks about it. Everybody talks
20 about sugar and carbs. But it is the fat that sticks
21 in the intramuscular space that prevent the gates to
22 go inside. And therefore, it totally stays in the
23 blood affecting your organs. I urge the City to
24 consider making a way that these dietary transition
25 programs are covered by insurance, that there is a

2 law that requires establishments of food who offer
3 food services to disclose and the world of the amount
4 of damage that we're bringing.
5 CHAIRPERSON SCHULMAN: Thank you very, very much,
6 really appreciate it. We're-- we're going to you
7 know-- insurance is one aspect that we're going to
8 look at. I mean, we're just starting this, this is a
9 starting point, not an endpoint. So and we'll be
10 circling back with folks here. So we appreciate it
11 very much. Awesome.
12 MS. GREEMAN: So my name is Esther Greeman. And
13 I work within the Department of Developmental
14 Neuroscience at Columbia University Medical Center.
15 That being said, I do have a deeply professional and
16 personal understanding of how important whole food
17 plant-based nutrition is not just for addressing
18 chronic diseases like diabetes, but also in impacting
19 mental health and the brain.
20 We don't have time today to spill the tea of my
21 personal story, but just know that a whole food
22 plant-based lifestyle completely changed the
23 trajectory of my life and health, both physically and
24 mentally. It's been very rewarding to volunteer my
25 limited free time as an entrepreneur, a grad student,

2 and a lab scientist to be a part of the local
3 community-focused programs that plant powered Metro
4 New York offers, and it's widely known that
5 underlying chronic lifestyle-related diseases like
6 diabetes were the reason why the mortality rates in
7 black communities were so excessive during the height
8 of the pandemic.
9 So considering it's the first day of Black
10 History Month, I think it's more than appropriate for
11 the New York City Council to decide today to
12 collaboratively address the root cause of this health
13 crisis, which is access to a healthy lifestyle.
14 The infamous World Health Organization
15 acknowledges that a healthy diet and regular exercise
16 are ways to prevent Type 2 Diabetes. But I urge the
17 City Council to get even more specific about what
18 that healthy diet looks like when setting goals
19 around diabetes reduction. So coming from a heavily
20 science background, I know that New York City
21 partnering with organizations like Plant Powered
22 Metro New York that are evidence-based in their
23 approach to reversing and reducing diabetes is a
24 great place to start, because you won't have to
25 reinvent the wheel. But instead, you can focus on

just amplifying the voices and scaling the efforts of the organizations that are already doing the work.

As a New York City native, I know that our communities don't only need the education, but they also need access to these healthier lifestyle options all around.

I trust that you all will make the right call. So thank you in advance for prioritizing the health of our city.

CHAIRPERSON SCHULMAN: And thank you very much. Thank you all. I appreciate it.

COUNSEL: Karla Rodriguez? Just give us one second.

MS. RODRIGUEZ: Yes, yes. Hello.

COUNSEL: Proceed.

MS. RODRIGUEZ: Yes. Thank you Chair Schulman and members of the Health Committee. My name is Karla Rodriguez and I am a Clinical Assistant Professor at the New York University Rory Meyers College of Nursing. I teach undergraduate nursing students medical surgical nursing as well as an elective course pertaining to lifestyle medicine. I am certified in lifestyle medicine.

I'm also one of the medical advisors to Plant Powered Metro New York, and serve as a mentor in their 21 Day Jumpstart Program.

From a personal level, I have a family history of diabetes type 2. Both my mother and uncle have this condition. They do not consume a predominantly plant-based diet unfortunately and are on medications to control their blood sugars.

Before I adopted a whole foods plant-based diet, I was also considered pre diabetic.

As an educator I see inconsistencies in the nursing textbooks pertaining to the American diabetic Association recommendations for diabetics where they still recommend meat-based products and limiting carbohydrates. At least now they have water depicted as a zero calorie drink as their beverage. But nonetheless, there is a picture of a fish considered as protein.

For healthcare professionals who educate patients about nutrition, most providers have received minimal nutrition training, have little time or support for dietary counseling, and have low self efficacy for nutrition. Efforts are still needed to somewhat limit advertising on processed foods and limit how

2 these types of foods occupy the most space in the and
3 the average person's local supermarket and/or deli
4 and based on what many what I've heard today during
5 the hearing, I can relate to the efforts being put in
6 place pertaining to considering pushing this bill or
7 adopting this bill. Thank you for your time.
8 CHAIRPERSON SCHULMAN: Thank you very much. And
9 I took notes of what you talked about in terms of the
10 textbooks and the training and we'll take it up with
11 my colleagues as well. Thank you.
12 COUNSEL: Thank you very much to this panel.
13 Before we go to our all-virtual panels if there is
14 anyone in the room who wishes to testify but has not
15 done so, if you haven't heard your name, please fill
16 out an appearance card, and then you'll be able to
17 testify in person.
18 Thank you at this time we're going to call Laura
19 Sirbu, Dr. Lilly Rosenthal, Melanie Sens Trattatora,
20 Sister Martha Lopez. We'll start with them, please.
21 SERGEANT AT ARMS: And you may proceed.
22 DR. SIRBU: Good afternoon Chair Schulman and
23 other Councilmembers of the Committee on Health. My
24 name is Dr. Laura Sirbu, and I'm a board certified
25 internal medicine physician and preventive medicine

fellow in New York City. When I practice primary care in the Melrose section of the Bronx, I care for people with diabetes every single day. As you know the rate of diabetes there is twice that of the city and the country.

One of my patients with diabetes, Sandra, was a monolingual Spanish-speaking woman in her mid 50s from Central America. She was determined to get her sugar levels under control, but as a recently arrived immigrant she was navigating a new food environment that she found frustrating and confusing, because nutrition facts are often hidden. Her neighborhood in the Bronx was dotted with fast food restaurants and when she purchased her favorite beverages, there was no nutrition label to allow her to employ the healthy eating strategies we were working on together. I could send Sandra's frustration and helplessness when after working hard to make adjustments to her diet in the setting of what was available to her, her sugar levels wouldn't decrease.

From my perspective as her primary care doctor, it was heartbreaking to feel like my medical recommendation would be to increase the dose of diabetes medications after months of her trying

lifestyle changes, when in reality, the true source of our high sugar levels was the availability and access of healthy food choices in her neighborhood.

The Sweet Truth Bill would give people this information upfront so that it would be clear whether a purchase is a healthy choice for them, regardless of their mother tongue. It's important to note that many countries around the world, including Mexico, Uruguay, and Chile, already have mandatory labeling for food. And so migrants from these countries and elsewhere would be able to appreciate food labels with a similar intent in the United States.

The amount of sugar and food and beverages is not visible nor discernible for many New Yorkers, and that includes immigrants, some of whom have come to the US with limited English proficiency and barriers to health literacy. It's not fair nor just to keep this information hidden, especially for people living with diabetes. Adding a warning icon via the Sweet Truth Bill would make this information more accessible and empower New Yorkers like Sandra to truly achieve their nutrition, health, and well-being goals and turn the tide on our ever worsening

2 diabetes epidemic. Thank you very much for your time
3 and attention.
4 DR. ROSENTHAL: Hello, good afternoon. My name
5 is Dr. Lilly Rosenthal. I'm in private practice in
6 New York, and I also proudly serve on the medical
7 advisory as a medical adviser to Plant Powered Metro
8 New York. I dedicated 30-plus years as a physician
9 helping people feel and function better, mostly
10 without medication. My specialty is physical
11 medicine and rehab, so I mostly treat people with
12 pain. People like Sergio who have had pain for
13 various reasons, underlying chronic disease. The
14 science is not confused on how to get people better
15 from diabetes and other chronic diseases. It's
16 lifestyle medicine, which sounds fancy, but it's
17 really very basic: its movement, its food, its
18 sleep, its stress management. We need to educate.
19 We need to also get the messaging clear that this is
20 possible and transfer from a sick care system to a
21 health care system and putting health in the hands of
22 every individual, because there's no way around it.
23 It's choice. We can talk about lab tests and
24 screenings. All of those are important, but we need
25 to shift the narrative and the conversation that is

literally up to every person it is work. It is necessary and no doctor, even though I am a doctor, can do it for you.

I literally write on a New York State prescription pad. Fruit, vegetables, beans, nuts, whole grains, walk for an hour a day in nature, turn off your screen an hour before bed. These are the things that are going to transform our city and get people healthy in New York City. There's no secret to it. We are overloaded with doctors and hospitals. Yes, we need them on the back end. But an upstream approach, we can cure diabetes. It is criminal that 50% of kids are obese. It is a criminal situation.

So we need to really get a little tough on the narrative that health is possible. It's in our hands. We can create a culture of health. We need clear messaging. We need to access. The fruit guys on my corner because I'm lucky enough to live in a neighborhood where there are food stands. I buy 90% of my food and it's cheap. I give a talk on beans and bananas. So we need to provide education, access, and most important agency for people to take their health in their hands. Thank you so much.

2 SISTER LOPEZ: This is the testimonial for a
3 Latina Nun. Soy Sister Marta Lopez.
4 [Speaks Spanish for 2 minutes and 30 seconds.]
5 Humble, God bless us, and God bless our health.
6 CHAIRPERSON SCHULMAN: Do you want to go ahead no
7 and do the interpretation.
8 TRANSLATOR: Yes. Good afternoon. My name is
9 Melanie I will be translating on behalf of Marta
10 Lopez.
11 SISTER LOPEZ: I am Martha Lopez and I have been
12 in 14 countries serving as a missionary to the
13 poorest and most vulnerable in this society. My last
14 mission was in Uganda, serving 1 million 200 refugees
15 from South Sudan. Now I am in New York as a servant
16 of hundreds and hundreds of Latin, Latinos including
17 new immigrants arriving. I work with Mexican
18 coalition, an organization that works in wide variety
19 of services to Mexican Americans and other Latinos,
20 including legal services, English language teaching,
21 and health services such as nutritional counseling,
22 enrollment in SNAP, and diabetes prevention.
23 As we have heard today, type 2 diabetes and
24 related chronic diseases have had a devastating
25 impact in our Latino communities we serve. We know

that each culture has its own history and its own traditions, some of which including dietary and other lifestyle habits that make them more susceptible to prediabetes and diabetes. Hispanics have up to double the risk of developing complications associated with diabetes, such as kidney, circulatory, and visual problems.

Being close everyday to a considerable number of Latinos, I can say that we need better eating habits, that to be less sick. But the reality is health is costly. Still yet, we need to be warned, we need to be given information about nutrition. We need to be educated to be aware of what we eat, and we need to be told the truth. This requires decisive action, which is why we fully support Intro 687, the Sweet Truth Bill. This bill helps consumers identify foods and beverages with very high levels of added sugars. These warnings will be especially useful for us in the community who have low levels of English proficiency. Let's care of the precious gift of life, the gift of health, the gift of well being, well understood, life is so short and so beautiful. That is worth living it in the best possible way. That's why we want The Sweet Truth. Thank you.

2 CHAIRPERSON SCHULMAN: Thank you very much.
3 Muchas gracias. Thank you.
4 COUNSEL: Thank you so much to this panel. We'll
5 be moving on to our final in-person panel. I
6 apologize for mispronouncing.
7 Kele Nkhereanye and Elaine Perlman.
8 MS. PERLMAN: Hello, my name is Elaine Perlman.
9 In the past three years I've become an expert on
10 something I used to know nearly nothing about:
11 kidneys. But now I am far more kidney savvy. Why?
12 Because my son at age 19 gave his kidney to a
13 stranger, a 21-year-old young man who lives on the
14 Lower East Side. And six months later, I gave away
15 my kidney at NYU and launched a kidney chain so four
16 people could get life saving kidneys. Since then, I
17 resigned from my job as a Professor at Columbia
18 University and I'm now a director of Waitlist Zero,
19 and advocate with the National Kidney Foundation, a
20 mentor with the National Kidney Donation
21 Organization, and the proud mentor with Plant Powered
22 Metro New York. So now it's all kidneys all the
23 time.
24 So what's the number one reason for kidney
25 failure? Diabetes, the subject of today's

conversation. 40% of Americans have prediabetes or diabetes, and one in three American adults with diabetes have chronic kidney disease.

Every day 170 People with diabetes begin treatment for kidney failure. My father had diabetes and other family members of mine have prediabetes. My father was a physician, but doctors don't learn about nutrition in medical school.

Several years ago, I taught about healthy plant-based eating to second through fifth graders in public schools in Crown Heights, the South Bronx, and Harlem for the Coalition for Healthy School Food. I saw that students were bringing in bags of marshmallows and sugary beverages for lunch. Their teeth are rotting, and so are their kidneys.

What can we do to stop the avalanche of kidney failure caused by diabetes? We can consider developing a workshop for teachers on being food role models for their students. I was asked to make a video by the New York City School Food Office to encourage school cafeteria aides to help young people make healthier food choices, and I can help with this project.

2 If you think about it, it makes sense for
3 teachers to become food role models. Teachers don't
4 curse in front of students. Instead, we clean up our
5 language and use high level vocabulary words. In the
6 same vein, teachers should be required to learn about
7 being good for food role models for young people. We
8 know how to solve the diabetes crisis by eating only
9 plants and cutting way down on sugar, oil, and salt.
10 We could not save my dad. But we need to educate
11 all New York New Yorkers that our food is either
12 harming us or healing us. Let's consider putting
13 city funding into programs that improve people's
14 access to healthy plant based foods, both produce and
15 healthy staples and help increase nutritional
16 literacy for teachers. Thank you.
17 MS. NKHEREANYE: Good afternoon. Thank you
18 Committee on Health Chair Schulman and your committee
19 members.
20 COUNSEL: I'm sorry. Could you please speak into
21 the microphone? Thank you.
22 MS. NKHEREANYE: Thank you. Committee on Health
23 Chair Schulman, and your committee members for the
24 opportunity to testify. My name is Kele Nkhereanye,
25 Korea, and I'm a community board member at CB-5, a

food justice activist, East New York, organizer for Plant Powered Metro New York, and a street vendor. I am here to testify as a black woman with many intersections because of the impact of diabetes. It is personal. Many of my family members are suffering from diabetes and other diet-related diseases. I understand there is data and resources which explain why diabetes is a health challenge. However, there is no equity in providing preventative education that works best for black people who say I have sugar. They don't understand the relationship between food and medicines that their doctors are prescribing. They cannot afford to travel out of their zip codes to buy healthy food that is culturally appropriate. There is lack of information which shows the importance of using green spaces for physical activities as an as an option for fighting diabetes.

I hope the Committee on Health members will think about the needs of people of color who have many intersections and listen to their needs instead of only using data. They need holistic interventions, improved relationships with the medical system, and community based interventions. I trust the members of the Committee on Health will support the bills we

2 are discussing today. And remember, we are all
3 affected. Please find organizations that are doing
4 the work to improve our health outcomes, green
5 spaces, sanitation, and environment to improve our
6 quality of life like other zip codes.
7 Thank you for allowing me to testify.
8 CHAIRPERSON SCHULMAN: Thank you both very much.
9 MS. NKHEREANYE: Thank you.
10 COUNSEL: Thank you to this panel. At this time
11 if there is anyone left in the room who would like to
12 testify but has not done so, make yourself known.
13 Seeing nobody we will move on to our zoom panels.
14 Our first one virtual panel will be Kendra Oke
15 Hardy., Loretta Fleming, Colette Barrow, and Chris
16 Norwood. And please wait for the Sergeant At Arms to
17 call your starting time before you begin. First we
18 have Kendra Oke Hardy.
19 SERGEANT AT ARMS: You may begin
20 MS. HARDY: Hi. Okay, I'm trying to put my
21 camera on. Okay. Hi. Good afternoon. It was going
22 to be good morning. Good afternoon City Council. My
23 name is Kendra Oke Hardy, CEO of Crossover TV Live
24 with Kendra. I've been servicing my community for
25

2 over 20 years. I am also a certified DSMP Educator
3 and Social Media Coordinator for Health People.
4 I was diagnosed with diabetes 27 years ago, I
5 would like to tell you how diabetes has impacted my
6 life. I began to have multiple surgeries and
7 injections in both eyes several years ago to present
8 I lost my eyesight and my right eye, and I continue
9 to have painful injections to relieve the swelling of
10 my retina. I was driving my son to school in Long
11 Island last year, and I got off on the wrong exit due
12 to blurry vision. I called my retina surgeon and he
13 said get to an emergency room or office stat. I had
14 an eye exam and I was asked to read the letters in
15 the left eye. No problem. However, the right eye,
16 there was a blank screen. I had no vision in my
17 right eye. I was quite shocked. I went to Health
18 People eight years ago just to avoid. After my mom
19 passed from diabetes, she was on dialysis and she had
20 a heart attack. Then my dad passed a kidney failure
21 on dialysis and his 40s from diabetes. I remember as
22 a child just running for that orange juice and sugar
23 before the ambulance came for my mama. I always
24 remember my great grandma. And they said she had the
25 sugar. And then she went blind.

2 I promised myself not to leave my son alone in
3 the world from diabetes as I am a single parent. I
4 joined Health People and became a diabetes self-
5 management program trainer. [BELL RINGS]
6 SERGEANT AT ARMS: Your time has expired. Thank
7 you.
8 MS. HARDY: I taught diabetics to eat, read
9 labels, ask questions, how to go to the doctor's
10 office to get your feet checked, manage appointments,
11 etc. Through diabetes education, I dropped my A1c to
12 7.5 and last weight. The doctor said it's not what
13 you're doing now, it's what you did years ago.
14 In closing, please help. Please help. Please
15 help. It's too late for me. But it's not too late
16 for our children, and it's not too late for our great
17 grandchildren, our nephews, and our nieces. I want
18 to congratulate the members of the Council and the
19 Borough President of the Bronx, Vanessa Gibson, who
20 was formerly Councilmember Gibson, for the secured 5
21 million for the Universal Hip Hop Museum. I think
22 that is super amazing. I've interviewed every Hip
23 Hop celebrity that there is. But can we please
24 secure funding for the diabetes epidemic that has
25 been killing our community for decades.

2 I want to thank Chris Norwood. And I want to
3 thank you City Council. And I really hope City
4 Council has questions for me today. I listened to
5 your questions earlier. And I was just hoping that I
6 could answer one of them.
7 Thank you borough president Gibson for meeting
8 with myself and Chris Norwood when you were a city
9 council, you were the one person that really wanted
10 to meet with us about diabetes. And everyone should
11 be screened for diabetes, because we don't know some
12 of us are single parents and we don't know the
13 history about fathers of our children. And that
14 means that no one should be eliminated.
15 So I was diagnosed with diabetes 27 years ago,
16 and I was just told, you just need to take a pill you
17 have diabetes, and nothing more. I was never told
18 the information that that I would lose my eyesight,
19 that I would lose my kidneys, that I would have a
20 heart attack, that I might get amputated.
21 So thank God for the woman that I heard speaking
22 earlier that said, within two years, this is a new
23 day and time of diagnosis. So I'm 27 years in. It's
24 too late for me. But we can save a lot of people
25 today. Thank you so much for hearing my testimony.

CHAIRPERSON SCHULMAN: Thank you very much for giving the testimony, and we're going to be working very hard on this. And also I had indicated to the Borough President earlier, we'll be working with her on it as well. Thank you.

MS. HARDY: Thank you.

COUNSEL: Moving on to Loretta Fleming. Please wait for the sergeant in arms to call time.

SERGEANT AT ARMS: You may begin.

MS. FLEMING: Good afternoon, everyone. My name is Loretta Fleming. I am a Diabetes Self Management Educator at Health People for the past eight years. I am also a type 2 diabetic, and have been for the past 11 years. I am also a resident of the South Bronx, the Mott Haven, Longwood area. When I was first diagnosed with diabetes by my doctor, she never told me that I would end up with glaucoma and cataracts, which I have had, and had surgery for both-- in both of my eyes.

When diagnosed with glaucoma, my eye pressure in both of my eyes was so high that if the doctors had not caught it when they did, I would have been blind. When they did the glaucoma surgery, they put a two in each of my eyes to keep the eye pressure regulated.

2 After that surgery, I also had to use two different
3 eyedrops for my glaucoma three times a day.
4 Three months later, the doctor diagnosed me with
5 cataracts due to the medication that I was using to
6 keep my glaucoma regulated. The doctors never told
7 me that I could get cataracts from using that
8 medication. I also had to have cataract surgery on
9 both of my eyes. Since then, I am using three
10 different eyedrops three times a day for glaucoma and
11 cataracts.
12 I say all of this to say I wish that doctors
13 would have a closer relationship with their patients,
14 and be able to tell them when they are diagnosed with
15 diabetes, the cons and the different things that can
16 happen by you having type 2 diabetes.
17 Before I became a diabetes self management
18 educator, I was able to take diabetes self management
19 classes and diabetes management classes sponsored by
20 Health People to learn how to better take care of my
21 diabetes. But by that time, it was too late for me
22 to do anything about my issues. I hope that diabetes
23 self management and diabetes management classes can
24 be spread all over the five boroughs, that funding
25 will be provided for this so that people can learn

2 how to take care of their diabetes and educate
3 themselves. I used to weigh 378 pounds. By taking
4 diabetes of management classes, I went down to 242
5 pounds. My A1cC used to be 12.4. By taking these
6 classes it went down to a 6.2. Education is the key.
7 Many diabetics don't know what an endocrinologist is,
8 which is a doctor that specializes in diabetes. Many
9 people don't know that as a diabetic it is important
10 to take care of your feet. So as I said before,
11 education is truly the key and Councilpeople, please
12 help us bring diabetes education and funding to all
13 the boroughs of the city. Thank you.
14 CHAIRPERSON SCHULMAN: Thank you very much for
15 your testimony. And we're planning we're planning to
16 do that.
17 COUNSEL: Next will be Colette Barrow. Please
18 wait for the sergeant at arms before you begin.
19 SERGEANT AT ARMS: You may begin.
20 MS. BOSTON: Hi, my name is Colette Boston. And
21 I put my face there. So there's a face. Hi, my name
22 is Colette Boston, and I am a Diabetes Peer Educator,
23 and I have been involved in a diabetes struggle for
24 many years now, for at least four years now.
25

2 I want to tell you that it's kind of really sad
3 that we have protected classes of diseases. HIV is
4 protected, they are treated in a certain way. Cancer
5 is protected. But diabetes patients are just left to
6 hang out to dry. And they're not getting the proper
7 education that they need to know what to do. When I,
8 as a peer educator, I have seen tremendous growth
9 with my clients and also my constituents. They, for
10 instance, Miss Mavis, she could hardly walk when she
11 first came into the program, but by the end of the
12 six-week program, she was walking down the hallway so
13 very well. What I also love about out the program is
14 that the education is needed. So much-- so many
15 people don't understand what they need to do, and
16 because of that, they don't know how to do it. And
17 so what I would like to say is thank you to the
18 Council, to the Mayor's office and anyone else who
19 was involved in this, that you continue to fund, or
20 if you have0-- actually, you're not funding-- that
21 you actually give us funds for diabetes education.
22 It is needed, and it is needed now. And with the
23 number of cases of diabetes doubling, it is
24 imperative that we have it. Thank you so very much
25 for allowing me to speak. Understand that as a peer

2 educator, I see many things, and I have to try and--
3 with my best knowledge to do the best that I can.
4 Please, you guys do the best that you can and fund
5 diabetes. Thank you.
6 CHAIRPERSON SCHULMAN: Thank you for sharing your
7 experience with us.
8 COUNSEL: We're moving on to Chris Norwood.
9 Please wait for the Sergeant At Arms before you
10 begin.
11 SERGEANT AT ARMS: You may begin.
12 Thank you very much for today's hearings. I'm
13 Chris Norwood, Executive Director of Health People,
14 an entirely peer-educator driven organization, as you
15 might tell.
16 What we have in New York is that we have 1
17 million people with diabetes and half of them will
18 lose their vision or go blind. We have a diabetes
19 and amputation rate that is rising at double the rate
20 of the nation.
21 What we do not have is widespread, readily
22 available self-management education that we know
23 lowers blood sugar and slashes complications when is
24 delivered by community groups right in the
25 neighborhoods that needed most. It is very

distressing, the first two peers with their eyes. They slashed their A1c's. They lost a lot of weight and they kept it off. But it was too late. The eyes go first. And every minute why we're sitting here, people who have just been diagnosed are not receiving good self management education that they need to get their blood sugar in control right away, which is the only way to avoid eye problems in the future.

For the Council to finally recognize the importance of diabetes is crucial. The Administration has made crucial steps including the lifestyle medicine program, and reforming food and major institutions like schools and public hospitals. But we have begged and begged the Council for years. We beg this Council too. We have begged administrations for years to make it possible for communities themselves to deliver real effective self care education. We-- we really use the diabetes self management program, or DSNP, because that can be entirely peer delivered, which I believe is crucial. And it not only lowers blood sugar but slashes emergency room visits, hospitalizations, complications to the extent that it reduces new cases

2 of kidney disease by 90%. No kidney disease, no
3 dialysis of course.
4 I deeply, deeply hope today's hearings will end
5 this refusal to enable communities themselves to
6 fight diabetes themselves, to become the educators,
7 which is what enables people after watching this for
8 so many years and nothing happening. What would they
9 think? But it enables them to start to believe in
10 their own real power to achieve better health.
11 Community groups, including Health People and the
12 Black Leadership Commission on Health also have been
13 working with the Health Department for months. The
14 city's first diabetes working group, and I'm sure
15 that report will provide a foundation for the
16 council's own work.
17 I can tell you though that whether it's community
18 groups or clinicians alike, over and over and over,
19 it is the same cry: Give us peer educators. Fine
20 like sugar.
21 I want to thank these advocates and of course we
22 support the Sweet Truth Bill. But there was a major
23 action which has not been mentioned: 10% of New York
24 City SNAP, so called nutrition funds, billions go to
25 support the purchases of soda and sugary drinks. The

city itself but hopefully with the state can ask for a federal waiver to remove sugary drinks from its SNAP purchases, and it must do so. We must all stand together to that. For so long as we are paying outright billions to make our children sick, everything else is empty.

Thank you very much again. And thank you peer educators.

CHAIRPERSON SCHULMAN: Thank you very much.

COUNSEL: Thank you. We'll be moving on to our next virtual panel: Philip KH Chong, Medha Ghosh, Jason Cianciotto, Alex Stein, and Matthew Greller. We'll start with Philip KH Chong. Please wait for the sergeant at arms before you begin. zzz

SERGEANT AT ARMS: You may begin.

MR. CHONG: Thank you. My name is Philip Chong, President and CEO at Quincy Asian Resources. We are a not-for-profit immigrant social service organization that supports Asians and immigrants for their personal and professional growth.

I wanted to thank Speaker Adrienne Adams and health Chair Lynn Schulman, and other Councilmembers for your time today to hear my testimony on the efforts of our agency and our community partners to

2 address the growing diabetes epidemics, and how we
3 are tackling this issue head-on by promoting healthy
4 eating and expanding access to fresh produce for
5 immigrants communities.
6 In 2022, Quincy Asian Resources and Montefiore
7 Hospital launched a new pilot program called Pathway
8 to Healthy Adulthood, PHA. This is a joint effort to
9 educate and empower youth and their family members in
10 the Bronx public school system to become stewards of
11 their health, while also fostering a healthier school
12 and community environment. The goal of the program
13 is to develop a multi-prong approach to support
14 childhood developments by utilizing healthy lifestyle
15 focused activities like universal health education,
16 increasing healthcare access, availability of healthy
17 food and produce and engaging children and their
18 families in physical-health related education and
19 activity.
20 Since the first pilot of the program in May 2022
21 at the Shakespeare School of PS 199 in the South
22 Bronx, we have given over 60,000 pounds of fresh
23 fruits and vegetables to students, families, school
24 staff, and community members. In addition, we have
25 recently expanded our program in partnership with

2 Grow NYC to PS 133 in the Northeast Bronx to develop
3 a sustainable model for families using their SNAP to
4 purchase fresh produce, with recipes in English,
5 Spanish, and Chinese.
6 With the alarming growth of diabetes diagnosis in
7 our society, we all have to do something to stop this
8 epidemic, and for the Asian American community, one
9 in two Asian Americans will develop diabetes or
10 prediabetes in their lifetime, with 90% to 95% of the
11 cases involving type 2 diabetes.
12 Additionally, Asian Americans are 1.6 times more
13 likely than others to have type 2 diabetes and the
14 prevalence of type 2 diabetes and prediabetes are
15 increasing faster in the BIPOC community. In the
16 light of the reality, our agency is starting a new
17 initiative in partnership with Dr. Tam Nguyen, with
18 the Gordon and Betty Moore Foundation, to tailor a
19 linguistically, culturally, and socially responsive
20 Diabetes Prevention Program, DPP. The Diabetes
21 Prevention Program is an evidence-based self-
22 management, lifestyle intervention that focuses on
23 losing 5 to 7% of the body weight through dietary
24 changes and increased physical activity.
25

I also want to take a moment to thank Councilmember Sandra Ung and Speaker Adams for their support of our work to provide more language access services and programs for Asians and immigrants to overcome these cultural and linguistic barriers to discretional funding.

Now, more than ever, our work to provide education and intervention for diverse communities plays an important role in the city's fight against obesity and curbing the diabetes epidemics. QARI is proud of our partnership with the Council and we urge your continued support to help us develop more sustainable pathways for the immigrants population to access resources to build a healthier life and futures for our next generation. Thank you.

CHAIRPERSON SCHULMAN: Thank you.

COUNSEL: Medha Ghosh. You may begin.

Medha, are you there?

MS. GHOSH: Yeah. I was muted. But, good afternoon. My name is Medha Ghosh and I'm the Senior Policy Coordinator for Health at the Coalition for Asian American Children Families, otherwise known as CACF. Thank you very much Chair Schulman for holding

2 this hearing and providing this opportunity to
3 testify.
4 Founded in 1986, CACF as the nation's only pan-
5 Asian Children Families advocacy organization, and
6 leads the fight for improved and equitable policies,
7 systems funding and services support to support those
8 in need. As the COVID-19 pandemic continues to rage
9 on, adequate access to Telehealth services is
10 critical for the well-being of New Yorkers. This
11 includes a central need for quality remote
12 interpretation and translation for limited English
13 proficient, or LEP community. Language barriers can
14 prevent folks from accessing vital services like
15 health care. Despite there being 76 language access
16 policies targeting healthcare settings in New York,
17 we have found that many LEP patients still report
18 facing difficulties like being unable to find
19 interpreter that speaks their dialect, or being
20 unable to fill out paperwork because a translated
21 version in their language doesn't exist.
22 The lack of linguistically accessible services in
23 healthcare settings can have grave consequences.
24 Over half of adverse events that occurred occur to
25 LEP patients and US hospitals were likely the result

2 of communication errors and nearly half of these
3 events involve some form of physical harm.
4 In response to the CACF campaign, Lost In
5 Translation, aims to ensure that New Yorkers have
6 equitable access to linguistically and culturally
7 responsive health care services. Over the past few
8 years CACF conducted qualitative and quantitative
9 research to identify the key barriers that LEP New
10 Yorkers face in healthcare settings and identify
11 corresponding recommendations. Our research has
12 found that many LEP patients encounter difficulties
13 utilizing technology to access telemedicine services
14 and remote interpretation.
15 In addition, when attempting to use Telehealth
16 services, LEP patients experienced long wait times to
17 connect to remote interpreters who tend to not have
18 medical language training. As language access and
19 telehealth services and critical issues faced by many
20 New Yorkers, CACF is in support of Councilmember
21 Hudson's Intro Bill 675 that would require the
22 Department of Health and Mental Hygiene to create a
23 telemedicine access plan to improve the availability
24 and accessibility of portable monitoring devices and
25 to help devices for populations that could be better

served by telemedicine services. We have that language accessibility is prioritized and telemedicine accessibility through an increasing availability of remote interpreters, and ensuring that clear instructions to utilize technology in patients' preferred language are provided for appointments.

Overall, we see a need for more intentional collaboration between the City and community-based organizations to better identify language access gaps in our communities, define and implement solutions that will have a direct positive impact on the well-being of our communities. Thank you very much for your time.

CHAIRPERSON SCHULMAN: Thank you very much.

COUNSEL: Jason Cianciotto?

SERGEANT AT ARMS: You may begin.

MR. CIANCIOTTO: Hello Chair Schulman and Councilmembers. Thank you so much for the opportunity to testify. I'm Jason Cianciotto, the Vice President of Communications and Policy at Gay Men's Health Crisis. Founded in 1982, it is the world's first HIV and AIDS services organization.

I'm here to briefly talk about the intersection of HIV and diabetes. People with HIV are more likely to have type 2 diabetes than people without HIV, and this is because they are living longer and also have unique risk factors. In fact, a study published in 2010 found that diabetes prevalence was 3.8% higher in adults living with HIV in the US compared to that of the general population. And this was a nationwide study. And so we need to know these numbers for New Yorkers living with HIV.

Other risk factors for diabetes and people living with HIV include, if they previously were prescribed older generation protease inhibitors, and nucleoside reverse transcriptase inhibitors, as well as experience of lipodystrophy and hepatitis C coinfection.

Compared to individuals without HIV, an increased risk of diabetes has been noted with weight gain and/or chronic inflammation, which can occur as a result of some antiretroviral therapies. Diabetes is a significant comorbidity in people living with HIV, and adds to their already heightened risk of cardiovascular disease. HIV-specific factors including interactions of antiretroviral therapy with

2 medications that either treat diabetes and or prevent
3 cardiovascular disease is also going to need to be
4 evaluated.
5 So as New York City develops its plan to
6 comprehensively address diabetes, GMHC respectfully
7 urges the council to, one, ensure that information is
8 collected about the prevalence of diabetes among New
9 Yorkers living with HIV, and ensure that diabetes
10 education and screening is a funded component of care
11 for the many community based service providers on the
12 frontlines of caring for New Yorkers at high risk,
13 who are also living with HIV.
14 Diabetes, education and screening can be a
15 fundamental part of what's done in HIV testing
16 clinics as part of expanded meals and nutrition
17 support, and as public education and awareness
18 campaigns run by the community-based organizations
19 that New York was trust, as was so successful in the
20 recent MPOX outbreak. So thanks again, and I look
21 forward to continuing the conversation.
22 CHAIRPERSON SCHULMAN: Thank you very much.
23 COUNSEL: Thank you. We'll be moving on to our
24 final panel. Excuse me, sorry. I'm sorry. No.
25 We're moving on to Alex Stein. Please, Alex.

2 SERGEANT AT ARMS: You may begin.
3 MR. STEIN: Hey, guys, so we're here today
4 talking about diabetes awareness, and listen as an
5 owner of a minority restaurant group that has
6 majority of pizzerias, the sodas are one of our
7 biggest price margins, and we're going to act like
8 diabetes is the problem. But let's be honest, why is
9 insulin $200 in Manhattan and $3 in Mexico? See, we
10 have a problem with our socialized health care. The
11 fact is, if you guys actually cared about diabetics,
12 we would go to a socialized system like AOC wants.
13 And honestly, I have to use this platform to
14 apologize to Alexandria Ocasio Cortez, I
15 Congresswoman actually called her a Big Booty Latina,
16 and I was right in saying that, but I did it at an
17 inappropriate time. And I wanted to you know, make
18 sure the council can get that message to Sandy that I
19 do apologize. And I didn't mean that personally.
20 And I'm sorry I did that in front of her cuckolded
21 fiancee, Riley, but at the same time, it was a true
22 statement. So I'm not a liar.
23 But we need less Big Booty Latinas, and we need
24 to really get to held in with the pharmaceutical
25 industrial complex. They'll give us 10 free

2 vaccines, but your insulin is going to cost $200,
3 $300, $400 Depending on how much you need it, how
4 many family members actually are inflicted with
5 diabetes.
6 So listen, we have a serious problem here in
7 America. We have a healthcare system that does not
8 care about actually helping people it is more
9 interested in keeping people sick. So y'all are
10 trying to get mad at me because I got a pizzeria.
11 I'm Primetime99. I'm the prince of all pizza, and
12 y'all are coming after me. I mean, I know I live a
13 nice life. I know listen, it's not going to hurt me
14 that much. I can't sell a few extra Coca Colas. But
15 at the same time, this is America, land of the free,
16 home of the brave, and y'all are scared of Coca Cola.
17 We need to take some sort of self accountability and
18 go after the monsters and these multinational
19 corporations that are actually controlling things,
20 instead of coming at the small businessman like
21 myself.
22 Listen, I have a beautiful mail-order bride.
23 She's great. We're in the Church of Scientology. We
24 actually hang out with Tom Cruise and we go on all
25 kinds of trips. But listen, it doesn't matter about

2 my wife's boyfriend and the fact that he's now a
3 bodybuilder and that he's able to eat at the pizzeria
4 and get super strong. [BELL RINGS]
5 SERGEANT AT ARMS: Time expired. Thank you.
6 MR. STEIN: I'm saying we live in a great
7 country. So I just want to say, thank you very much.
8 I'm sorry, AOC. And Happy Birthday Lenny Dykstra.
9 Happy birthday. Lenny Dykstra is my hero. 1986
10 Mets, World Series champion. We wouldn't have this--
11 CHAIRPERSON SCHULMAN: Thank you.
12 COUNSEL: Alright. Moving on to Matthew Greller.
13 Please wait for the Sergeant At Arms for your time to
14 begin.
15 SERGEANT AT ARMS: You may begin.
16 MR. GRELLER: Can you hear me? Good afternoon
17 Chair, Chairman and members of the committee. My
18 name is Matt Greller and I'm here representing NATO,
19 the Theater Owners of New York State. This is not
20 the NATO in Europe, but rather the trade association
21 representing New York City's movie theaters.
22 Unfortunately, the pandemic acutely harmed the
23 movie theater industry. The quantity of new releases
24 is down 35%. An estimated 10% of the audience may
25 never return. And the nationwide box office is down

2 40% from 2019, which itself was a down year. With
3 less content, more at home competition. There are
4 less patrons and theaters see less revenue. Despite
5 the good intentions behind Intro 687, we believe that
6 another warning icon may cause confusion and could
7 contribute to a crowded menu and a less-crowded
8 theater. Obesity and diabetes or complex public
9 health problems and the rates are far too high in New
10 York City, particularly in communities of color.
11 However, we don't think another warning icon helps
12 enough. Most movie theater candy comes prepackaged
13 and newly revised labels include the amount of total
14 and added sugars.

15 Instead of another warning icon, we suggest
16 amending the already existing sign from the
17 Affordable Care Act to include meaningful and
18 actionable information about both sugar and
19 allergens. Additionally, including a QR code on the
20 existing sign can provide even further information
21 about every menu item to customers at the point of
22 sale. We believe that greater information and
23 greater context can have a greater impact.

24 Our written testimony suggests adding language to
25 this existing sign, and that language includes adding

2 the amount of sugar that should be consumed each day
3 by calories, teaspoons, and grams, as well as the
4 presence of allergens. These changes could educate
5 the public about how much sugar they should eat per
6 day, alert patrons so the presence of allergens, and
7 easily allow all customers to find out about other
8 ingredients through the QR code.
9 Instead of a sugar warning icon today, and
10 potentially more warning icons for other ingredients
11 tomorrow, why not do it all at once with just one
12 sign that is already mandated? Using just one sign
13 will help theaters with certainty and prevent
14 cluttering the already crowded space on the menu
15 board and possibly confusing patrons. Plus the QR
16 code could help businesses more readily comply, which
17 would eliminate the need for updating the 90-day
18 reporting requirement. This would provide readily
19 usable, understandable and actionable information for
20 all New Yorkers.
21 We respectfully urge the Council to forego the
22 single ingredient warning icon. Instead, we suggest
23 this more comprehensive approach: One sign all
24 nutrition information, specific daily sugar intake
25 information and allergen information. It will

2 promote more education, less confusion, less cost and
3 less clutter. Thank you.
4 CHAIRPERSON SCHULMAN: Thank you very much.
5 COUNSEL: Thank you. Moving on to our final
6 virtual panel. Inderjeet Singh and Dr. Vineya Moody.
7 Please wait for the Sergeant At Arms before you
8 begin. Inderjeet?
9 SERGEANT AT ARMS: You may begin.
10 COUNSEL: You may begin.
11 MR. SINGH: Hello? Can you hear me?
12 COUNSEL: Yes, we can hear you.
13 MR. SINGH: Yes. Hi. My name is Inderjeet
14 Singh, and I serve as the Community Affairs
15 Coordinator for United Sikhs. United Sikhs is a UN-
16 affiliated international nonprofit organization based
17 on human development and advocacy organization that
18 aims to empower those in need, especially
19 disadvantaged and minority communities around the
20 world. Our faith fuels our commitment to aid and
21 advocate for the spiritual, social, and economic
22 empowerment of these communities, and it is for these
23 reasons that us here at the United Sikhs strongly
24 support Intro 687, also known as the Sweet Truth
25 Bill. We know that sugary beverages and foods with

2 high amounts of added sugars contribute to many
3 serious health problems, including type 2 diabetes,
4 heart disease, liver disease, several forms of cancer
5 and tooth decay. We also know that underserved and
6 underprivileged neighborhoods in New York City tend
7 to have more of the chain restaurants that serve and
8 aggressively market these foods and beverages.
9 As you may know, we worked extensively during the
10 height of the COVID pandemic to help communities
11 ravaged by that disease. Those efforts have included
12 promoting and facilitating COVID vaccination and
13 mobile testing.
14 As members of the Health Committee are no are no
15 doubt aware, many of the biggest underlying risk
16 factors for hospitalization and death from COVID
17 include obesity, type 2 diabetes, heart disease, and
18 other conditions made worse by high consumption of
19 added sugars. Clearly, the issue of dietary added
20 sugar is no trivial matter. So we are very
21 encouraged that this bill has gathered so many
22 Council sponsors and look forward to its passage
23 implementation for the benefit of all New Yorkers.
24 Thank you. Thank you so much.
25 CHAIRPERSON SCHULMAN: Thank you very much.

COUNSEL: Thank you. And then we're moving on to Dr. Vinya Moody.

SERGEANT AT ARMS: You may begin.

COUNSEL: Dr. Moody? Okay. Dr. Moody is not present. At this time, if there's anyone who is on Zoom, and would like to speak but who has not had their name called, please indicate that you'd like to speak using the Zoom raise hand function.

Seeing no hands, I'll turn it back to the Chair for closing remarks.

CHAIRPERSON SCHULMAN: I want to thank the Administration. I want to thank Commissioner Vasan and his team at the Department of Health and Mental Hygiene for coming and testifying today. I want to thank all the panelists. They had amazing stories and a lot of information to share. We're going to take that all back. And this is just the beginning of fighting diabetes in New York, which is a really important issue, and we will move forward from here. Thank you. And with that, this hearing is now closed

[GAVEL]

<u>C E R T I F I C A T E</u>

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 _____02/07/2023__________________