CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

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HELD AT: 250 Broadway-8th Fl.- Hearing Rm. 1

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

COUNCIL MEMBERS:
Joann Ariola
Harvey D. Epstein
Simcha Felder
James F. Gennaro
Christopher Marte
Mercedes Narcisse

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

Alister Martin
Commissioner of Department of Health and Mental Hygiene

Tristsan McPherson
Acting Medical Director of Disease Control and Medical Director of the Bureau of Communicable Diseases

Bindy Crouch
Assistant Commissioner Bureau of Immunization, Division of Disease Control

Amaka Anekwe
Director of Strategic Nutrition Initiatives, Chronic Disease Prevention, Center for Health Equity and Community Wellness

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Dr. Anne Curtis

Donna Lee Hickey

Miral Abbas

Christopher Leon Johnson

Good morning, this is a microphone test, Committee on Health, recorded by Taisha Sherman. Today's date is March 5th, 2026 in HR1.

SERGEANT AT ARMS: Good morning and welcome to today's New York City Council hearing for the Committee on Health. At this time, I would like to remind everyone to silence all electronic devices. Also, at this point going forward, no one is supposed to dais. Chair, we're ready to begin.

CHAIRPERSON SCHULMAN: Thank you. Good morning and welcome. I am Council Member Lynn Schulman, Chair of the New York City Council's Committee on Health. I would like to begin by welcoming Dr. Alistair Martin, the new Commissioner for the New York City Department of Health and Mental Hygiene, to his first hearing before the committee. And by the way, this is our first oversight hearing of 2026. We are very pleased to have you here, and I am excited about the dedication and skill you bring to this role. I look forward to furthering the productive and collaborative partnership we have already formed. Thank you all for joining us for today's hearing where we will be discussing access to childhood

vaccines in New York City. We will also be hearing the following legislation- there's a long list, so just FYI. Proposed introduction 196A, sponsored by Council Member Feliz, which was previously heard as introduction 1465 on December 12th, 2025. Introduction 260, sponsored by Council Member Krishnan, which was previously heard as Introduction 1337 on September 30th, 2025. Introduction 547, also sponsored by Council Member Feliz. Introduction 693, sponsored by Council Member Dinowitz. Resolution 273, sponsored by myself. Resolution 272, also sponsored by myself, and proposed Resolution 243A, sponsored by Council Member Hudson. Before we begin, I would like to recognize the following council members that are present: Council Member Narcisse, Council Member— sorry, Council Member Epstein, Council Member Marte, Council Member Felder, and virtually, Council Member Ariola. On January 5th, 2026, the U.S. Department of Health and Human Services, or HHS, issued a memo implementing major changes to the federal government's recommended vaccination schedule for children. These changes compound other changes the CDC and its Advisory Committee on Immunization Practices, or ACIP, made in the final months of 2025.

If I can direct your attention to the chart on the screen, I will highlight the most significant changes HHS has made and how the recommendations now differ from the recommendations of the city and state's Departments of Health and the recommendations from experts, such as those at the American Academy of Pediatrics. First, one of the most major changes regards recommendations for the HPV vaccine. As you can see, the city and the state still recommend either a two-dose or three-dose series, depending on the age at which the series is administered. The CDC schedule now only recommends one dose. Beyond its public health implications, this change may have implications for insurance coverage. Most health insurance providers are required to cover vaccines recommended by ACIP. Because ACIP and the CDC no longer recommend second and third doses of the HPV vaccine, insurance may no longer be required to cover these vaccines. This means parents may incur costs of more than $300 if they choose to follow recognized clinical practice guidelines. Insurers have pledged to continue covering all vaccines that were recommended by the CDC prior to the recent changes through the end of 2026. Following this, it is

unclear if further doses of the HPV vaccine will continue to be covered. The second major change involves the vaccines or vaccine series for the following illnesses: hepatitis B, meningococcal, ACWY, hepatitis A, rotavirus, the flu, and COVID-19. The state and the city still recommend these vaccines for all children, or for COVID-19, all children aged between six and 23 months. However, the CDC now recommends that children only be given these vaccines or vaccine series after an individualized process informed by discussions between a healthcare provider and the patient or the patient's guardian. They refer to this as shared clinical decision-making, or SCDM. While on the surface this change may seem reasonable, experts worry that SCDM may introduce barriers to access, especially for the 100 million Americans who lack usual access to primary care. They also feel— fear it will introduce a logistical bottleneck for physicians and other healthcare providers at busy clinics. In a city that already faces a critical shortage of primary care, this revised guidance should worry all of us. The federal government claims that these changes were implemented to increase trust in vaccines and to reverse concerning trends in

vaccination rates. However, these changes represent a major shift that could have broad impacts on the health of children in this city. While the recommendations of the city and the state have remained the same, the reliance on misinformation in the federal government and the conflicting messages members of the public are receiving may further depress vaccination rates, especially in vulnerable and already under-vaccinated populations. In response to these federal actions, members of the State Senate this week advanced a legislative package aimed at safeguarding access to vaccines and reinforcing science-based public health standards in New York, including measures to codify state vaccine guidance and expand points of access for immunization. This state-level effort underscores the importance of ensuring that New York continues to follow evidence-based clinical practice guidelines regardless of shifting federal policy. I look forward to hearing testimony from DOHMH and other relevant stakeholders describing the tools and tactics the City has at its disposal to ensure that New Yorkers continue to receive the evidence-based information and access to vaccines they need. I also look forward

to discussing how the legislation we are hearing today can assist us in this fight. I have a lot to say about this legislation. We have to do this for the record, so please bear with me. The first of the bills we are hearing today touches on a different but equally important topic. Proposed Introduction 196A, sponsored by Council Member Feliz, would require chain restaurants to display a red triangular symbol with the words "high sodium" in capital letters, bold, and in a red font on a menu, menu board, or in a tag next to a menu item that contains or exceeds 1,800 milligrams of sodium. Similarly, Introduction 547, also sponsored by Council Member Feliz, would require chain restaurants to display the same warning on menus or for menu items that exceed a specified level of added sugars. New Yorkers deserve to know what they are consuming. Nothing that impacts health should be hidden in the small text. As our city implements strategies to combat chronic disease through the Healthy NYC initiative, we must explore all options to ensure that New Yorkers can maintain healthy and nutritious diets. Moving back to the issue of vaccination, the next bill we are hearing is Introduction 260 sponsored by Council Member Shekar

Krishnan. This bill will help combat misinformation regarding vaccines by requiring the Department of Education with the assistance of DOHMH to develop informational materials which can be distributed to all parents with children attending New York City schools. Next, we are hearing Introduction 693 sponsored by Council Member Eric Dinowitz, which would require DOHMH to develop and implement a plan by the beginning of next year to educate the public regarding the benefits and importance of childhood and adolescent vaccinations. This bill, like Introduction 260, demonstrates this council's determination to continue fighting misinformation no matter its source and ensure that the communities we serve are educated and equipped with the resources they need to protect themselves and their children. We are also hearing three resolutions. First, Resolution 272, sponsored by myself, would call on the state to pass, A9077, which would require pharmacies to offer appointments for COVID-19 and other vaccines without a prescription and require the state to base its vaccine recommendations and other public health recommendations on nationally recognized clinical practice guidelines instead of

the CDC and other federal agencies. The second, Resolution 273, also sponsored by myself, would call on the state to pass S-4548, A-3892, and S-6744, A-3894, which would allow for dentists to administer certain vaccines. All three of these state bills, if passed, would enable New Yorkers to more easily access the vaccines they need, ensuring that our citizens have the tools they need to help keep themselves healthy. The final resolution, Proposed Resolution 243-A, sponsored by Council Member Hudson, calls on HHS to ensure that New York City has enough Mpox vaccines to prevent further spread and future outbreaks of the disease. While the global Mpox outbreak of 2022 to 2024 is thankfully behind us, we must always remember that our city was a national epicenter for infections. We must be prepared and we must be vigilant against future outbreaks. Finally, I want to briefly highlight the announcement last month of the restoration of $60 million in Article VI public health funding in New York City. This recurring restoration is the product of years of sustained advocacy, and I want to thank our partners at the state and city levels and all the advocates for their tireless efforts. This funding will

strengthen our public health funding infrastructure and improve health equity in our communities. I do want to point out DOHMH was alongside us when we fought this. So, it took a long time, but we finally were able to do it, so I'm very grateful. And I also want to mention that the Mayor and the Speaker, when they went up to Albany earlier this year, pushed for that as well. I want to conclude by thanking all the bill sponsors for their hard work and leadership, the administration for being here to testify and answer questions, as well as the dedicated organizations, advocates, and members of the public. I also want to thank my staff as well as the committee staff for their preparation for this hearing. Okay, I will now turn it over to the Committee Counsel to administer the oath to members of the administration.

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

COMMISSIONER MARTIN: Yes.

COMMITTEE COUNSEL: You may begin.

COMMISSIONER MARTIN: Thank you so much, Chair Schulman, for your leadership on this issue, and

thank you and the rest of the council members for the opportunity to testify today. My name is Dr. Alister Martin, and I am proud to be the Health Commissioner of the City of New York. This is my second week on the job, and this is my first City Council hearing, and I'm honored to be here representing the Mamdani administration and to talk about an incredibly important issue today. I'm joined today by Dr. Tristan McPherson, the Acting Medical Director of Disease Control and the Medical Director of the Bureau of Communicable Diseases, Dr. Bindy Crouch, the Assistant Commissioner, Commissioner of the Bureau of Immunization, and Amaka Anekwe, Director of Strategic Nutrition Initiatives. I'd like to take this opportunity to tell you a little bit more about myself. I found public health in the emergency room, first as a sick kid waiting to see a doctor. My mom raised me as a single parent working two jobs, and when she came home at night and I was sick, there was no pediatrician to call. So she and I would spend long hours waiting in ER waiting rooms. Years later, I was the one wearing the white coat in the ER. I was acutely aware that many of the patients that I was serving were like my mom and I were. They were in the

ER not because of an acute health emergency, but because every other system upstream had failed them, and this ER was the only place for them to turn. During medical school, I realized I had a choice to make. I could complain about how often our healthcare system fails people, or I could try to change the circumstances that put people in there to begin with. I've spent my career working to make those changes. One of the clearest examples we have of avoidable health outcomes are vaccine-preventable illnesses. And as an emergency physician during COVID-19, I saw firsthand that when patients lack access to safe and effective vaccines, the consequences are devastating. I placed more breathing tubes in people than I can count. Many of them looked like me, and they simply could not access vaccines, and for that reason, they suffered the consequences of that devastating illness. And in my work as a nonprofit executive, I built public health programs that helped hundreds of thousands of patients get access to reliable public health information and helped thousands more access vaccines that may not have otherwise. Today, we are facing a resurgence of cases better left in history. We have the resources to stop life-threatening

diseases before they begin, and everyone deserves access to those resources. I'm grateful for the opportunity to testify today on the evolving state of vaccine access for children in this city, and we have to be blunt with where we are. We are living through an extremely difficult time in public health. When it comes to vaccination and broader disease control infrastructure, we have faced dangerous and unfounded changes to recommendations from the Advisory Committee on Immunization Practices, or ACIP, as you've referenced, Chair Schulman. We face the federal government's overhaul of the childhood vaccination schedule, and we've also faced the withdrawal of the United States from the WHO. We've also seen the defunding, the undermining, the near dismantling of the CDC, and systematic federal misinformation and disinformation campaigns against vaccines that undermine public trust. In January, Secretary Robert F. Kennedy Jr. announced unprecedented and unilateral changes to the CDC's pediatric immunization schedule, and some of the vaccines that were universally recommended have been moved to risk-based recommendations, as you referenced, Chair Schulman, or shared clinical

decision-making. Vaccination decisions are already made between a patient and their family and their healthcare— between a patient and their healthcare provider, and these new recommendations do not change anything about that. What they do is create confusion, and they create a false impression these vaccinations are only beneficial to select populations. We know that that is not the case. These changes were made behind closed doors with no rationale, no scientific justification. The good news is that here in this city, families will still be able to access the full range of childhood immunizations as recommended by the American Academy of Pediatrics. And we will continue to do that with no out-of-pocket costs. The real damage was not to take away access to vaccines, which continue to be available and covered through the Vaccine for Children program and commercial health insurance. But the immediate consequence of these federal changes is to create confusion about and to sow distrust in vaccines, both among the public and among healthcare providers. Unfortunately, council members, these actions mean that we can no longer rely on the federal government to make transparent,

evidence-based, science-backed decisions about vaccines that protect the health of our children and communities every single day. Let me be clear, there's no new scientific evidence to support the change in federal guidance. We have decades of evidence showing that vaccines offer the best protection for children, for families, and for communities, and New York City's vaccination requirements for school and child care attendance are set in state law and in the New York City Health Code, and they remain the same as they were prior to the federal actions. Today, 97 percent of students attending public and charter schools in grades pre-K through 12 are in compliance with immunization requirements. That said, there's always more that we can do. For instance, while 95 percent of six-year-olds have completed their MMR vaccines, only 61 percent of two-year-olds in New York City have received all doses of the seven recommended vaccines. We're committed to increasing vaccine confidence, vaccine uptake, especially in our youngest children and in neighborhoods with the lowest vaccination coverage. As we face this avalanche of federal mis- and disinformation and unscientific changes to

vaccine guidance, we have positioned ourselves as a fortified counterweight to what is going on in Washington, D.C. We will adhere to the child and adolescent immunization schedule put forward by the American Academy of Pediatrics, and to ensure that our city has clear instructions, we sent out guidance to over 47,000 New York City healthcare providers endorsing the AAP's childhood vaccination schedule and offering them resources to answer questions from families. Look, when the United States withdrew from the WHO earlier this January, the New York City Health Department became the first municipal government in the country to join the WHO through the Global Outbreak Alert and Response Network, or GOARN. Our membership ensures that we can access and share critical information and resources across hundreds of public health institutions worldwide. The United States adopted a dangerous isolationist approach by leaving the World Health Organization. And the CDC and the Center for Disease Control and Prevention is the nation's health department and a critical federal hub of information that is normally deeply connected to the WHO. We have watched it progressively get weaker and weaker and weaker in this administration.

We cannot protect against what we do not know. And to help fill that void, we also joined the Northeast Public Health Collaborative, a coalition of northeastern states and cities, including our colleagues in the New York State Health Department, that have formed a regional alliance to share information, share resources, share best practices and communication strategies across state lines. Look, vaccine and vaccination policy and access is a central focus of this collaborative and a central focus of this administration. And the Health Department continues to maintain situational awareness, anticipate further actions, and develop strategies to make our policies and programs more resilient. While we respond to these federal changes, we are always advancing our day-to-day operations and impact. That includes: One, distributing more than 2.5 million doses of pediatric vaccines annually to healthcare providers across the city through our VFC, or Vaccines for Children's program. Two, monitoring and publicizing vaccination coverage through the citywide immunization registry and the childhood vaccination data explorer, which is available on our website. Three, providing access to immunization

records through our My Vaccine Record application and through the 311. Four, monitoring for vaccine preventable disease— yep, sure, absolutely. I'll repeat that last point. The fourth is monitoring for vaccine preventable disease through our robust surveillance system. And finally, acting swiftly to identify people with cases of infected measles, tracing those who may have been exposed, and implementing isolation and quarantine protocols to prevent spread in our communities. We are also tailoring our vaccination outreach to communities with the lowest coverage to support equitable uptake, helping to ensure children in daycares and schools have all required vaccines, encouraging New Yorkers to get their children vaccinated and to talk to their providers if they have any questions, and continuing to recommend that everyone six months older— six months and older get this season's flu and COVID vaccine shots. Across all of our vaccination work, we have a deep understanding of just how important it is to build trust at the ground level. That's why perhaps the most concerning part of the volatile federal changes is the deliberate creation of confusion. We are the oldest and largest local health

department in the United States, and in the absence of federal leadership, we have become a source of truth for the city and for this nation. Our intent is to earn the trust of New Yorkers and anyone seeking reliable health information. You might ask how? By being consistent, reliable, and accessible. We are prioritizing public health education through the New York City Health Department's communication channels. We recently invested $1 million in a paid media campaign promoting vaccine uptake with a focus on engagement in zip codes with low vaccination coverage. That campaign launches next week, and it'll run in English, it'll run in Spanish, Haitian Creole, Russian, Ukrainian, Yiddish, so New Yorkers can receive critical health information in their own language. As major public health disruptions unfold over there in Washington, D.C., we are also disseminating rapid response messaging on social media and in press. Turning to the legislation under consideration today, which you've referenced, Chair Schulman, Intro 260 would require New York City Public Schools and the Health Department to develop and distribute informational materials on vaccines to parents and to students. And Intro 693 would require

the Health Department to implement a plan to educate the public regarding the benefits and importance of vaccination for children and youth, provide outreach, and report to the council. We support both these bills, and we look forward to further conversations with the council about existing efforts to meet this need. Intros 196A and 547 by Council Member Feliz relate to the modifying of the sodium warning and the design of the required higher sugar warning symbol in chain restaurants. We appreciate Council Member Feliz meeting with our team to provide context on the impetus and the intent for those bills. And we were— we previously worked with Council on groundbreaking legislation requiring chain restaurants to post added sugar warning labels on menus. Requiring high sodium content, the city already requires chain restaurants to provide New Yorkers with a warning label for menus with high sodium. We appreciate the sponsor's thoughtfulness in trying to further address chronic disease inequities, and healthy decision-making when consuming fast-food products. We're still evaluating the impacts of these bills and how to best accomplish our shared goals on that. As we discuss with the council member, we are aligned in trying to provide

New Yorkers with the information they need to make these healthy decisions, and we look forward to continuing those conversations. Thank you very much, council members, for your attention to these issues. The New York City Health Department is informed by over 220 years of service to this community. Leadership in vaccination is responsible for some of the greatest increases in life expectancy in human history. We will continue building on that legacy no matter what challenges come our way. I look forward to working with you to make that happen. Thank you, and I'm happy to take any questions.

CHAIRPERSON SCHULMAN: Thank you very much for that very comprehensive testimony. So one question I have is— I have a few questions. One is, with the World Health Organization, what concrete impact will this membership have on vaccine outreach, preparedness, and outbreak response here in New York City?

COMMISSIONER MARTIN: Yeah, let me first start by saying thank you for that question, Chair Schulman. The reality is, uh, what we're seeing in Washington is a huge step back when it comes to providing public health information, communication, vaccine guidance, and that relationship between the World Health

Organization and the federal government used to be one that gave us the ability to coordinate not just nationally but internationally to make sure the right information gets to our residents. And so that's why it was so important for us to do what we did just last month, which is to join the World Health Organization so we can coordinate and really be on the at the tip of the spear when it comes to getting the information that we need to keep New Yorkers safe, to keep them healthy. I think that it's not just about the coordination internationally, though. You know, we also have to be in lockstep with folks in the region as well, and that's why it's so important that we've also taken efforts to create and support the Northeast Public Health Collaborative. So I'll pass it over to my colleagues to see if they have anything else to add.

DIRECTOR MCPHERSON: Thanks so much, Dr. Martin. The World Health Organization's Global Outbreak Alert and Response Network is a group of around 300 to 400 both governmental and non-governmental organizations that really exist to share data so that all of us can respond to outbreaks as rapidly as possible. Our partners at CDC have traditionally been a

representative and shared information with us. With the United States withdrawal from World Health Organization, it's really unclear what those information sharing practices might continue to look like, which is one of the reasons that we at the Health Department felt so strongly about joining this network to ensure that we still had those data available to us, so that we could best protect New Yorkers. We do participate in weekly calls with this organization so that we can get up-to-date information. They do provide really rapid notification for outbreaks that are happening globally, and we're able to use that information as just an additional piece so that we can know exactly what's happening in the world and change recommendations or really be on the lookout for things that may be here in New York City. It's a huge hub for international travel, and lots of New Yorkers travel internationally every day. So we just want to be— make sure we're as prepared as possible.

CHAIRPERSON SCHULMAN: I presume the bird flu is part of that conversation, as, you know, the potential upcoming issues.

DIRECTOR MCPHERSON: Yes. We actually have really robust surveillance for bird flu or H5N1 here in New York City. As we think about influenza viruses that may essentially have, like, markers for that. So we're always monitoring for that, but absolutely right. If there are outbreaks of bird flu in other parts of the world, we would be notified through that mechanism as well.

CHAIRPERSON SCHULMAN: Is any— I don't- I don't know how— I know what WHO is and I know about their setup and all that. Do they— do you know if they work or anybody works with the pharmaceutical companies? Because I think they actually are in a place where they can impart information as well, you know, and not go through the federal government?

COMMISSIONER MARTIN: Yeah, it's a really good question, Chair Schulman. You know, at this moment, we're not aware of, you know, what the communications look like between those private pharmaceutical companies and the WHO. What we know is that by working with not just our international partners like the WHO, but our regional partners. You know, we can get the information and guidance that New Yorkers

need to stay safe and healthy and make the right decisions when it comes to vaccinations.

CHAIRPERSON SCHULMAN: Maybe there's a way that the Department of Health, since it's not only the largest but it's the premier health agency in the country–

COMMISSIONER MARTIN: [interposing] That's right.

CHAIRPERSON SCHULMAN: can partner with some of these pharmaceutical companies. I'm more than happy to— we're more than happy to be helpful in that regard, and maybe there's a public/private partnership there that would be helpful.

COMMISSIONER MARTIN: Yeah, we appreciate the sentiment, and you know, look forward to talking with you about that, Chair Schulman.

CHAIRPERSON SCHULMAN: Okay. Sounds good. The insurers have pledged to continue covering all vaccinations that were previously recommended by the CDC through 2026. Is— are you concerned that after 2026 parents may begin incurring out-of-pocket costs for immunizing their children? And I know the Mayor's affordability platform obviously speaks to that, and especially given that second and third doses of HPV are no longer on the schedule of recommended vaccines and thus not strictly required to be covered by

insurance, what steps have you guys taken to address that moving forward?

COMMISSIONER MARTIN: Yeah, it's a really good question. So, you know, the position of this department is that no child who needs a vaccine should have to pay for that.

CHAIRPERSON SCHULMAN: Uh-hm.

COMMISSIONER MARTIN: And, you know, we are watching very closely what's happening with the out-of-pocket costs. What we can say is that the immediate picture is stable in the near term. We have commitments from insurers to cover all vaccines that were previously recommended by the CDC all the way through the end of 2026. So, that's the first thing I can say.

CHAIRPERSON SCHULMAN: Right.

COMMISSIONER MARTIN: The second is, you know, as the council members are aware, the Vaccine for Children's Program is a marvel in this city. Over 75 percent of children in the city are covered by the Vaccine for Children's Program. That means that they do not have to pay out-of-pocket costs, and so that program is going to help to continue to make sure that vaccines can get to the kids that need it most without their families having to pay out of pocket. And so we're

continuing to watch this closely, and you know, we'll be, you know, working with our counterparts to establish a plan to make sure what happens after 2026 is equitable, is fair, and make sure that, you know, kids can get access to the vaccines that they need.

CHAIRPERSON SCHULMAN: So here's an interesting question. So, HHS Secretary Robert Kennedy has said that he's going to try to lobby the states to not require vaccines, to pass laws. So, if those folks come to New York–

COMMISSIONER MARTIN: [interposing] Yeah.

CHAIRPERSON SCHULMAN: that creates an issue. So I'm just— you don't have to necessarily answer that, but it's something on the radar for you to be mindful.

COMMISSIONER MARTIN: Yeah, we're tracking that, and I appreciate you bringing up, and it's something that does concern us.

CHAIRPERSON SCHULMAN: I wanna, uh, mention that we've been joined by Councilmember Feliz. The federal government now recommends only one dose of the HPV vaccine, and insurers are no longer required to cover additional doses. Several states have moved to mandate free coverage by state-regulated insurers. Should parents choose to include additional dose?

What is— do you know what New York State is doing to cover the out-of-pocket costs that families may incur?

COMMISSIONER MARTIN: Let me just first say a word about what you said with regard to Robert F. Kennedy and the federal government's actions. What the federal government is doing is an unmitigated public health disaster. Okay. They're promoting to— promoting a mood of confusion, of mis- and disinformation. They're contributing to even erosion of trust when it comes to getting the information that we need to New Yorkers to make decisions around vaccinations. And, you know, put simply, the federal government has taken a massive step back in terms of doing the work that it needs to and should be doing to, you know, promote public health. And so what we are going to do in this city is we are going to step up and pick up the weight and continue to give families the evidence-based, science-backed, guidance so that they understand what decisions- they understand the background and can make the decisions that are best for them to make sure that their kids get these vaccines.

CHAIRPERSON SCHULMAN: Well, thank you. The HHS in its decision memo of January 5th, 2026 states that a knowledge gap exists due to a lack of post-licensure infrastructure for monitoring potential adverse reaction and long-term chronic events, to your point, and a lack of randomized vaccine trials. Would you regard this as an accurate statement?

COMMISSIONER MARTIN: Would you mind repeating the last part of that question?

CHAIRPERSON SCHULMAN: Would you regard that as an accurate statement? I presume not.

COMMISSIONER MARTIN: On the vaccine injury piece?

CHAIRPERSON SCHULMAN: On the post-licensure infrastructure, that's what they're saying, that that's— yeah.

COMMISSIONER MARTIN: Yeah, that's it. No.

CHAIRPERSON SCHULMAN: Has DOHMH reviewed HHS's decision memo, and how does DOHMH respond to HHS's concerns that the United States was an outlier in terms of vaccines recommended to children?

COMMISSIONER MARTIN: You know, I'll pass it over to my colleagues in a second, but let me, you know, state again, you know, while the federal policy might have changed, the science has not changed. And you

know, we are very concerned with what we are seeing and hearing from the federal government. And it's having— it's taking a toll here, you know, in New York City. We're seeing already, um, downward trends in some of the very important vaccination rates that we have not seen these kinds of downward trends in the past. Starting first with the seven-dose series, we've seen a decrease from 64 percent in 2024 down to 61 percent in the zero- to two-year-old cohort. We're also seeing decreases in the MMR two-dose coverage in that four- to six-year-old cohort as well, about three percentage points. Similarly for varicella, we're seeing a 3.2 percent decrease. And also hepatitis B birth dose, we're seeing a decrease. We'll get into why that one in particular is so important. The bottom line is the trends are concerning to us. We're continuing to watch and monitor to see that- see that these trends do not sustain. But, you know, to take a step back, I think what we're seeing from the federal government is you know, truly, you know, adding to an era of confusion and miscommunication around this. And we're seeing the beginning effects of those downward trends here.

CHAIRPERSON SCHULMAN: Denmark appears to be a role model for the CDC's new vaccine recommendation guidelines, so I'd like to hear your thoughts about that.

COMMISSIONER MARTIN: Yeah, I'll pass it to my colleagues here.

ASSISTANT COMMISSIONER CROUCH: Sure. Good morning and thank you for that question, Chair. So, the utilization of the Denmark pediatric and adolescent immunization schedule is certainly inappropriate for here in the United States. So, we should consider two different things, the first of which is the epidemiology of disease here in the United States, which most certainly can vary in comparison to Denmark. The second, which is extremely important, is the characteristics of the healthcare delivery system. And so the delivery system here in the United States, as we know, is a very choppy, multiple pieces of a single puzzle type of system, which varies a lot from what occurs in Denmark, where there is a single system that tracks individuals really from birth to life, and ensures that adequate- it ensures that adequate records on each individual remain the same. So we don't have that here in the United States. And

so, you know, the recommendations to follow the Denmark schedule are, um, really out of form here in the United States.

CHAIRPERSON SCHULMAN: What actions can New York— thank you for that. What actions can New York City take to protect childhood immunization rates if federal guidance continues to diverge from medical consensus? Are there regulatory funding or educational tools the council should be considering?

COMMISSIONER MARTIN: Yeah, I can jump in there, uh, Chair Schulman. The reality is that we have already an incredibly strong vaccine infrastructure-

CHAIRPERSON SCHULMAN: [interposing] Okay.

COMMISSIONER MARTIN: in the city through the Vaccine for Children's Program. The Vaccine for Children's Program coordinates vaccine access over 1,200 providers in the city. These are pediatricians, these are family medicine doctors, these are primary care doctors. We're having these trust-based conversations with families every single day. And, you know, the reality is that relationship between patient and provider is where these decisions get made in a way that, you know, uses the trust that families need to make these decisions. So, the first

is really creating- helping to support that Vaccine for Children's Program and to lean on our providers, because that is where trust is highest. The second is- you know, in this city, every single year we give about 2.5 million doses through the Vaccine for Children's Program, and what we know is that over 75 percent of children are covered by that program. So the infrastructure, the bones of vaccine delivery and uptake in the city are quite strong. I'll turn it over to my colleagues, see if they have anything else to add.

ASSISTANT COMMISSIONER CROUCH: Sure, so thank you so much for that, Commissioner. So I just- I want to point out that the Vaccines for Children program, as we know, is a federal program. It is an entitlement program and therefore it is codified in law.

CHAIRPERSON SCHULMAN: Okay.

ASSISTANT COMMISSIONER CROUCH: So we feel that the VFC program, um, could be safe. I don't think that the program as a whole will get unfunded or defunded. However, we are not sitting back and relaxing. We recognize that there are things that the federal government could do to slowly dismantle the VFC

program short of saying we're not going to fund it. And so, one of those—

[background announcement]

CHAIRPERSON SCHULMAN: That's nice. Sorry about that.

ASSISTANT COMMISSIONER CROUCH: No worries.

CHAIRPERSON SCHULMAN: Go ahead. Yeah.

ASSISTANT COMMISSIONER CROUCH: Yeah. Sorry. So, what I was saying is that we, you know, we are concerned about ways that the federal government could dismantle the VFC program without actually unfunding it and needing to change— because they would need to change the law to do that. So what they could do, for instance, is stop recommending a vaccine altogether, and then that vaccine would fall off of the VFC program. So we have been lucky thus far in that the federal government has sown a lot of confusion and distrust. However, access to vaccines has remained despite this, but I will say that the Health Department, you know, we have been doing contingency planning to ensure that we have the ability to both procure and distribute vaccines should we see vaccines be removed from the VFC program.

CHAIRPERSON SCHULMAN: Yeah, that's why I mentioned about the pharmaceutical companies. Like, for example, recently the federal government said Moderna couldn't do the flu vaccine or their iteration— next iteration of it, and then they went back on that. They go back and forth, which is part of the problem. But, anyway, that, you know, that'll be something that— because I think the pharmaceutical companies would work, especially if we had a consortium of cities, which we talked about too, and states to do that. They don't— then they wouldn't need the federal government. We have to- we have to think about taking them out of the equation. But, what I want to know- so Dr. Martin, you mentioned the provider network. How extensive is your— is the provider list that you guys have?

COMMISSIONER MARTIN: Thank you for that question, Chair Schulman. Yeah, so we currently partner with over 1,204 providers across the city, through the Vaccine for Children's program, and the result of that is, you know, over 2.5 million vaccine doses that are given every single year.

CHAIRPERSON SCHULMAN: I mean, is there a thought to expanding that and making sure we cover everyone, or—

ASSISTANT COMMISSIONER CROUCH: Sure, so, you know, the Bureau of Immunization does recruitment and enrollment into the Vaccines for Children program on a regular and ongoing basis. It is part of our requirements in operating the VFC program. In addition, we do a lot of work to recruit providers to report to the citywide immunization registry.

CHAIRPERSON SCHULMAN: You do recruit, okay.

ASSISTANT COMMISSIONER CROUCH: We do do recruitment, and we encourage providers to report to the CIR. For children, it's required. For adults 19 years and older, it requires consent. But we do do recruitment both on the citywide immunization registry side as well as on the Vaccines for Children side.

CHAIRPERSON SCHULMAN: Do you track those providers, make sure they do what they're supposed to do, or—

ASSISTANT COMMISSIONER CROUCH: So on the pediatrics side and the Vaccines for Children side, we do site visits with them.

CHAIRPERSON SCHULMAN: Okay.

ASSISTANT COMMISSIONER CROUCH: We do quality assurance visits with them, and then we monitor their use and their use of vaccine and report— excuse me. We monitor their use of vaccine and reporting of doses to the citywide immunization registry, and then with the CIR, we also monitor all reporting to the Citywide Immunization Registry by healthcare providers.

CHAIRPERSON SCHULMAN: Okay, how does DOHMH work to ensure children who are uninsured, underinsured, or those who lack consistent access to primary care can access routine vaccinations?

COMMISSIONER MARTIN: It's a great question, Chair Schulman. You know, in this city we have an incredibly wide reach through the vaccine for Children's Program.

CHAIRPERSON SCHULMAN: Okay.

COMMISSIONER MARTIN: And that covers about just over 75 percent of children, offering these exact vaccines that you've talked about in a no-cost way for families.

CHAIRPERSON SCHULMAN: So for families— this is right up your alley, Dr. Martin-

COMMISSIONER MARTIN: [interposing] Please.

CHAIRPERSON SCHULMAN: For families relying on urgent care emergency departments instead of primary care, how is the department ensuring these children remain on track with their immunizations?

COMMISSIONER MARTIN: Well, through the Vaccine for Children's program, we are, you know, helping to make sure that those same families are hearing from their primary care doctors, from their pediatricians. But as you know, we also operate immunization clinics through our department, which are, you know, really the vaccination place of last resort. It's a service that we run for the city, and we have thousands and thousands of folks that come into those clinics every single year.

CHAIRPERSON SCHULMAN: The- DOHMH provides low-cost and no-cost immunizations through multiple access points across the city, including neighborhood health action centers-

COMMISSIONER MARTIN: [interposing] Yep.

CHAIRPERSON SCHULMAN: the Fort Greene Health Center Immunization Clinic, and through VFC program. Has the agency seen a decline in vaccination rates in any of

these access points over the past three to five years?

COMMISSIONER MARTIN: Yeah, let me say a few words and then hand it over to my colleagues. The most concerning trend that we are seeing is the decrease in vaccination rates between just last year and this year.

CHAIRPERSON SCHULMAN: Okay.

COMMISSIONER MARTIN: And I want to highlight and maybe double-click on a couple of those. So the first is with regard to the seven series in the zero to two-year-old cohort.

CHAIRPERSON SCHULMAN: Okay.

COMMISSIONER MARTIN: We're seeing that decrease from about 64 percent coverage to about 61 percent between 2024 and 2025. Now, these kids are eventually catching up when they get to school age, but it's the mandatory, you know, enforcement before they get to school. It's really doing a lot of that work. So there is this gap in that zero to two age where we-

CHAIRPERSON SCHULMAN: [interposing] Okay.

COMMISSIONER MARTIN: you know, really trying to catch up. The MMR two-dose coverage, we're seeing a decrease in that four- to six-year-old, a little bit

older, down about 3.1 percentage points. And then in varicella, the two-dose coverage is down about 3.2 percentage points from last year. The thing that's most concerning for me and for this department is the Hep B birth dose.

CHAIRPERSON SCHULMAN: Right.

COMMISSIONER MARTIN: Let me explain why that one's important. So, you know, a lot of the, you know, thought around what the vaccination rates look like over time, and the reason why folks may not be able to get the vaccine is because of they may be thinking about it's hard to make an appointment with their primary care doctor, or they miss an email, or they miss a text message. But that Hep B birth dose is one that's given, you know, shortly after birth. And so, it seems to suggest that more families are taking a pause in that moment, in that newborn period.

CHAIRPERSON SCHULMAN: Okay.

COMMISSIONER MARTIN: And that's concerning for us. So, I'll turn over to my colleagues.

ASSISTANT COMMISSIONER CROUCH: Sure. Thank you for that. Thank you, Commissioner. So I do— I'll just point out that in 2025, the Health Department's Immunization Clinic, which is at the Fort Greene

Health Center, we administered over 32,000 vaccines at that clinic–

CHAIRPERSON SCHULMAN: [interposing] Okay.

ASSISTANT COMMISSIONER CROUCH: in over 12,000 patient visits. I will note that we also administer vaccines at our sexual health clinics for those individuals coming in for sexual health services. I just want to point out that this is really just a drop in the bucket compared to the 3.1 million doses of vaccine administered to children across New York City in 2025.

CHAIRPERSON SCHULMAN: Okay.

ASSISTANT COMMISSIONER CROUCH: So, a large proportion of our vaccine— of vaccines here in the city are provided no-cost through the VFC program, as we've mentioned, and of course through these 1,200 healthcare providers across the city, and that's really the way that we believe it should be. The most important and trusted source when it comes to vaccines continues to be a child's own pediatrician or family doctor. So our efforts have been really focused on supporting and not replacing that relationship. You know, in addition to receiving vaccines, every time a child goes to their

pediatrician or family doctor, they receive assessments in their development, they receive preventive services, they receive anticipatory guidance that's accurate for the age of the child, and this really forms the basis of the medical home, and this is where we feel strongly that children should be getting vaccinated. I'll say that, you know, we have said that our clinic is kind of a safety net of the safety net, and so there is access there. We know that the H&H facilities across the city provide both full pediatric care in addition to pediatric vaccines. They are enrolled in the VFC program and participate fully. We also have very strong systems in place. I mentioned the Citywide Immunization Registry, so this— or the CIR, which is a database of all the vaccines that are administered to children and some of those administered to adults here in New York City. That CIR is incredibly important because it is a place where every dose that a child receives here in New York City is put into that database.

CHAIRPERSON SCHULMAN: Okay.

ASSISTANT COMMISSIONER CROUCH: Every provider who sees that child across the city can know which vaccines have already been given to the child. It also provides clinical decision support so that it tells the provider exactly which vaccines are due for every child, and it allows the provider to run a list of their own patients who are not up to date, and it also allows them to actually text message those individuals to have them come in for needed vaccines. And then finally, I'll say that that system also allows our families to access their own medical— their own immunization records and the immunization records of their minor children. And then all of this data that we get, of course, it comes from the Citywide Immunization Registry, and that's how we have coverage data. But what I, you know- my point about the CIR is that we use that to really prevent any missed vaccinations in any child. In doing so, it really helps us to ensure that we have very high-quality immunization care here in the City.

CHAIRPERSON SCHULMAN: No, that's amazing. Thank you. What specific strategies have been most effective in increasing vaccination rates in historically under-vaccinated communities? I mean, I know you're

launching this campaign in different languages and all of that, but apart from that.

COMMISSIONER MARTIN: You know, it's a great question, Chair Schulman. What we know is that one-size-fits-all public health does not work.

CHAIRPERSON SCHULMAN: No.

COMMISSIONER MARTIN: And so, you know, if we're not in your communities speaking your language, meeting you where you're at, we're not doing our job. And that's, you know, what we do. We meet people where they are, we speak in their language, and they sh— and we show up. In a couple of really concrete examples are, you know, we think about the work that we do with the Orthodox Jewish community. We've developed materials in Yiddish and English. It's been created collaboratively with community members. I have some of that to show you here today.

CHAIRPERSON SCHULMAN: Oh, wow. Cool.

COMMISSIONER MARTIN: Is it Shimi? Shimi is the protagonist in this, you know, coloring book that gives vaccine guidance information for the Orthodox Jewish community. In that same community, we've placed ads in community publications, and we maintain regular contact and relationships with the Haredi

Health Coalition. But we also know that the messenger oftentimes–

CHAIRPERSON SCHULMAN: [interposing] Yes.

COMMISSIONER MARTIN: matters more than the message.

CHAIRPERSON SCHULMAN: It does.

COMMISSIONER MARTIN: You know? And so we've worked with leaders in that community, and not just the Orthodox Jewish community–

CHAIRPERSON SCHULMAN: [interposing] No, understood.

COMMISSIONER MARTIN: by the way. There are lots of communities where we are sitting shoulder to shoulder with them, identifying the best ways to make the case and having them hold the pen, metaphorically speaking, on how to, you know, communicate best to their own communities. We've got a big paid media campaign coming up, you know, specifically for the Orthodox Jewish community and that will be launching in just a few, few months.

CHAIRPERSON SCHULMAN: [interposing] No, that's great. And I know you have the relationship with H&H, but do you also have the relationship with the private hospitals in terms of immunization?

COMMISSIONER MARTIN: We're in constant communication with our hospitals that are voluntaries.

CHAIRPERSON SCHULMAN: Yeah.

COMMISSIONER MARTIN: The private hospitals. And so, you know, we work in collaboration with them to do this work and to make sure that New Yorkers get the information that they need.

CHAIRPERSON SCHULMAN: And you wanted to say something?

ASSISTANT COMMISSIONER CROUCH: I would say that all of the—

COMMISSIONER MARTIN: [interposing] Please.

ASSISTANT COMMISSIONER CROUCH: I just wanted to mention that all of the hospital systems across the city are also enrolled in the Vaccines for Children program.

CHAIRPERSON SCHULMAN: Okay.

ASSISTANT COMMISSIONER CROUCH: And report vaccines to the Citywide Immunization Registry, both for their VFC-eligible children and their commercially insured children.

CHAIRPERSON SCHULMAN: Okay, no, that's great, and whatever we can do to be helpful there too in terms of us as members, you should utilize us as well, because we know a lot of the messengers, as you know,

in the community and all of that. So that would be helpful.

COMMISSIONER MARTIN: Thank you.

CHAIRPERSON SCHULMAN: There are several zip codes in Brooklyn where less than 30 percent of children aged between 24 and 35 months have received the entire combined seven-vaccine series. Do you have any targeted intervention decisions that you're doing for those?

COMMISSIONER MARTIN: Yeah, thank you for that question, Chair Schulman, and I'll turn over to my colleagues in a second. But let me first start by saying that the position of this—

CHAIRPERSON SCHULMAN: [interposing] Are those zip codes related to the communities we were talking about?

COMMISSIONER MARTIN: They are, they are.

CHAIRPERSON SCHULMAN: Okay.

COMMISSIONER MARTIN: But-

CHAIRPERSON SCHULMAN: [interposing] After I said it, I-

COMMISSIONER MARTIN: [interposing] It's okay. You know, the position of this department is that a

child's zip code should never dictate whether or not they get access to a vaccine.

CHAIRPERSON SCHULMAN: Right.

COMMISSIONER MARTIN: And so, in those very zip codes, we're working with our provider networks through the Vaccine for Children program and making sure that they get the messages and the communication they need for families to make the decisions they need to get their children vaccinated. And in those communities, we're working with community-based organizations, with faith leaders, with trusted local voices. We're going into houses of worship and community centers, and we're bringing that accurate vaccine information directly into homes.

CHAIRPERSON SCHULMAN: So, I'm just going to ask another couple of questions and then I'm going to let my colleagues go and I'll circle back.

COMMISSIONER MARTIN: Please.

CHAIRPERSON SCHULMAN: But the programs that the Mayor has just announced, the 3K, the 2K, and all of that, is there any coordination with that in terms of vaccinations, or that hasn't— we haven't thought it through?

COMMISSIONER MARTIN: It's a really good question, and, you know, to say, you know, we are very excited about the work that the mayor is doing, and we will be helping to support that work here in this agency, and, you know, we work closely with, as you know, the schools to make sure that children do have all the required vaccinations they need.

CHAIRPERSON SCHULMAN: These are then the- particularly the 2Ks, the daycare centers.

COMMISSIONER MARTIN: Yep.

CHAIRPERSON SCHULMAN: So that's— yeah.

COMMISSIONER MARTIN: Yep, yep. So, you know, we see that there's a, you know, a huge jump in vaccination coverage by the time that students hit school, and so we know that we've got to cover the gap before students are getting that- getting to that point.

CHAIRPERSON SCHULMAN: Okay. I'm going to ask- Councilmember Narcisse has some questions, and then, I'll give it over to Council Member Feliz, and then I'll circle back and then see if- Simcha, do you have any questions you want to ask later? Wait, one—

COMMISSIONER MARTIN: We can get you some crayons, too.

CHAIRPERSON SCHULMAN: Go ahead Council Member Narcisse.

COMMISSIONER MARTIN: There you go. Of course.

COUNCIL MEMBER NARCISSE: First, I have to say congratulations to you.

COMMISSIONER MARTIN: Thank you.

COUNCIL MEMBER NARCISSE: Very proud. And, you know, the whole community, especially when the doctor's seeing the doctors around and being part of decision-making for a long time and I understand communities and how we deliver care. So I want to say thank you.

COMMISSIONER MARTIN: Thank you very much.

COUNCIL MEMBER NARCISSE: One of the things I have to start that bothers me a lot— all my years in nursing, we always relied on WHO to help us out to understand what's going on around the world. We live in a global world. And now we're talking about vaccine, right? And how that affecting us around— not only us, because like I said, it's a global world, people traveling in and out. So it's scary. And having our government doing this, I don't know what to think anymore. So in MMR vaccine series, you said there's a 61 percent, and we have a decrease there. So what you

think contributing to that decrease? Is that those narrative that's going around? And how was it two years ago and comparing to now?

COMMISSIONER MARTIN: Yeah, it's a very good question. First of all, thank you very much, Councilwoman. And it's an honor for me to be in this position, and I hope to leverage this platform to do everything we can in this department to keep New Yorkers safe and healthy. On the subject of the WHO, you know, if I can speak candidly, you know, the messages that we're seeing from the federal government are creating confusion, mistrust, are leading people to, you know, not know where to get information about these really critical decisions. And so, we see it as our responsibility to step in and step up in this moment to provide that north star, if you will, with regard to how to think about all sorts of public health decision-making, but in this case, particularly for vaccines. To your question specifically, here's what we're seeing in the data. It's the two-year-old combined seven series that went down from 64 percent coverage in 2024 to 61 percent in 2025. And you know, the reality is that, you know, we have seen decreases in the past, but we're worried and we're monitoring

very closely to ensure that this does does not continue. I'm gonna turn over to my colleagues, see if there's anything else they would add.

ACTING MEDICAL DIRECTOR MCPHERSON: So one of the things that we know is that when kids get older and enter school age, they actually do catch up on those vaccines, and I really think it's a testament to the really strong requirements that we have here for schools, pre-K and daycare. So, I think that's a really important thing to realize. The other thing that I think is really important, as you mentioned around, WHO, you know, things that happen here in the U.S. don't just affect us. And so we're really concerned that the level of misinformation and disinformation that exists here in the U.S. could potentially impact other parts of the world because they look, you know, to us oftentimes for some of that information. So it's one of the reasons we really want the Health Department here in New York City to be that example of information that everyone needs that's science-based and has really good recommendations for people.

COUNCIL MEMBER NARCISSE: So how's the collaboration that you've been doing with the Northeast Public

Health? How is that working for us, and is that giving us some leverage knowing that we don't have WHO?

COMMISSIONER MARTIN: That's a great question. That's a great question. Yeah, the reality is that the worst thing that we can do in a moment like this is be alone and is be isolated and to make decisions without, you know, having partners on our sides and at our backs helping to, you know, lead through this moment. And so, the collaborative has been a wonderful, wonderful place to share best practices, to share information, to plan and coordinate, and to really establish a response that meets the moment. And so, you know, we are, you know– we are honored to be part of that group. We were also part of the establishment of the group, and for the foreseeable future we will be, you know, helping to continue to organize and coalition-build among that group.

COUNCIL MEMBER NARCISSE: To me, it's a war on science, and we cannot afford that. And, and the thing about vaccine, when you're associate it with autism, knowing there's a big increase in autism, especially in the Black and Brown community, that's already lack of trust, I find it very irresponsible.

And I'm— it's very alarming to me for the federal level to take that stand.

COMMISSIONER MARTIN: Yeah, what we're hearing from the federal government is absolutely leading to confusion and giving people, quite frankly, inaccurate, false information. And so we can't complain about it. We have to act. And, you know, what we are doing in the city is we are acting. We are not waiting for the federal government to come and tell us what we're going to do for New Yorkers or what the information should be that we will share with New Yorkers. We are relying on— look, this department has some of the best public health experts, not just in the country, in the world.

COUNCIL MEMBER NARCISSE: I know we do.

COMMISSIONER MARTIN: You know, and so, you know, we're leaning on that expertise to lead.

COUNCIL MEMBER NARCISSE: And I know my time is up. The last one I'm going to say, the concern of the cut on federal funding and having this and how we're going to make sure that people get the information, the real information, not the fake information. So thank you, Chair, appreciate your time.

CHAIRPERSON SCHULMAN: Absolutely. Council Member Feliz?

COUNCIL MEMBER FELIZ: Thank you. Thank you so much, Chair, for this important hearing. Thank you for working on the many issues that we're discussing today, including vaccines and also transparency related to meals and drinks that New Yorkers consume. And I also want to thank you, the Department of Health, for being here and also for the many conversations that we've had offline about these topics. I'm proud to be working on two bills being heard today, Introduction 196 and Introduction 547, which will help educate New Yorkers on what they consume and specifically educate New Yorkers on the levels of sodium and sugar in their meals. As we know, the effects of overconsumption of sodium are detrimental and well-documented. It continues to be a top cause of health complications, including high blood pressure, heart failure, and much more. This is literally a silent killer and it's especially a silent killer in some of our most vulnerable communities. And speaking about the dangers of sodium, there are restaurants that have extreme and disturbing levels of sodium in meals, disturbing

levels that are not even properly disclosed. Little Caesars, for example, has a pizza pie containing 11,000— approximately 11,000 milligrams of sodium. If you eat that pizza pie in one meal, you'll be consuming five times what you should have in an entire day. That is beyond concerning. And even worse, these are levels of sodium that are not even properly disclosed to customers. And even much worse, there's a Little Caesars located in almost every single corner of communities that are already suffering from health complications. Restaurants like these are literally killing people in our community, people who don't realize how much sodium they're consuming. Now, as all of you know and mentioned, we do have some rules related to transparency. We require basically a salt shaker icon when there's— when the rule is triggered, when there's a high sodium meal. But why speak to residents with coded or technical language? Those who don't understand what the icon means, are they supposed to just Google it? And also, who goes to different places and just starts Googling and trying to understand every single icon when there's billions of notices and warnings everywhere you go? That's not effective. Having a

warning that people don't understand has the same effect as having no warning at all. So it's crucial that we speak to New Yorkers in plain language so that warnings and information that we're providing can actually be understood, which should be, of course, our goal. So my bill will require many things, including high sodium and high sugar be written in red capital bold letters for meals that trigger the rule. Wouldn't be the first to have such rule. Philadelphia has actually a nearly identical rule. They require the icon but also red, white, bold letters for high sodium meals. And of course, this rule is not at all to tell New Yorkers what they should consume or what they shouldn't consume. New Yorkers are obviously free to consume whatever they want or will. But this rule, it would be a rule to provide New Yorkers with basic information about what they're consuming so that they don't make decisions that are detrimental to their health. So that is my opening statement. I'll briefly, ask some questions. So in the bill you mentioned- and again, thank you for the many conversations that we've had on this bill. So in the— in your testimony, you mentioned that you're not fully there with supporting the bill,

but that you look forward to having conversations. The bill requires a few things. Number one, that high sodium or high sugar be written in red capital bold letters. Also, it'll bring down the level that would trigger the rule to 1,800, and then it'll require some disclosures about the effects of sodium. Which are the parts that you disagree with, and are there any of those parts that you might could get on board with?

COMMISSIONER MARTIN: Yeah, first of all, thank you, Councilmember Feliz, for your leadership on this issue. I'm going to take them one by one. So first- and I'm going to pass it over to my colleague to share a little bit more. First, on the sodium bill, you know, we know that high levels of sodium are killing New Yorkers, absolutely. And we know that this department has been a leader on this issue in this city in the past. You know, at the end of the day, our goals are completely aligned on this, and, you know, what really is at stake is deciding what the details are around this. I think I'll pass it over to my colleague to speak a little more there.

COUNCIL MEMBER FELIZ: And I'm sorry, also have a few questions. If we could be a little bit concise with

the answers. I know our chair is pretty tough with the time, so trying to get a few questions in. Thank you.

ASSISTANT COMMISSIONER CROUCH: Absolutely. Good morning, Council Member Feliz. I'll be as quick as I can. So to jump right into it, we do have some concerns around equitable access to a red icon, particularly with New Yorkers that have impaired vision or low vision. Red is a little bit more difficult to see, and we do, to your point, want to make sure that as many New Yorkers as possible have access to this clear, transparent information to help support eating, healthy eating, in our chain restaurants.

COUNCIL MEMBER FELIZ: Okay. Which of the three parts, though, do you have the biggest issues with, and are there any parts that you would be willing to get on board with? So for example, would you be willing to get on board with a rule that is— could be complied with in a heartbeat, right? Just requiring high sodium or high sugar in red, white, bold letters for rules that trigger the rule.

COMMISSIONER MARTIN: Yeah.

COUNCIL MEMBER FELIZ: Would you be willing to get on board with that part at least? Yeah. What I can say, council member, is that warning labels only work if people can see them. And, you know, our, you know, initial choice of color wasn't done by happenstance. You know, we chose that to, you know, ensure that folks who have, for instance, red-green color blindness can see. And so in this case, I think that there is an opportunity to continue the conversation and get to the same place on exactly what the warnings will look like. But pass it over to my colleague to see if she has anything else to add.

ASSISTANT COMMISSIONER CROUCH: And I'd just like to thank you again for raising some of these very serious concerns about some of the food that we can access in our chain restaurants. Some of the concerns that you raised are exactly why more than 10 years ago the Health Department moved forward through the Board of Health process to put the first-in-its-nation sodium warning in our restaurants. We did that through careful consideration of the scientific literature, legal review, relied on our communications expertise, and also engaged the public through a public hearing

process. So, we'd like to continue to utilize those same strengths in developing and revisiting the current sodium icon, and we do look forward sincerely to working with you in moving forward to collaborate to that end.

COUNCIL MEMBER FELIZ: Okay.

CHAIRPERSON SCHULMAN: One more question, but I'm also gonna ask that you continue to meet with the council member around this legislation. Is that fair?

COMMISSIONER MARTIN: Absolutely.

CHAIRPERSON SCHULMAN: Okay.

COUNCIL MEMBER FELIZ: Thank you. Another question, speaking about studies. Two years ago we passed the Sweet Truth Act, very similar idea but on the issue of sugar, a bill sponsored by former Council Member, now Assembly Member Keith Powers, which basically requires an icon for high sugar drinks at chain restaurants. And speaking about studies, during the rulemaking process for that bill, the Sweet Truth Act, the agency received expert testimony, which basically showed medical experts who basically found that an icon plus text increases the level of understanding by six times. The icon plus having a text versus just having a random icon. People see a

million icons everywhere they go. That expert testimony concluded that- and again, medical experts basically concluded that having an icon plus the text increases the understandability of it by six times. So, basically six times more effective. So, why didn't we consider that? And also, are you familiar with that study? And also, why not put that into consideration when coming up with these rules through the rulemaking process, or through whatever process, including this legislative process?

COMMISSIONER MARTIN: Yeah, well, thank you again, Council Member Feliz, for your leadership on this issue. We'd be eager to review that study with you, and sit down with you and think through how relevant that information is for New Yorkers. And, you know, we're eager to have a partner in City Council thinking through this very important topic together.

COUNCIL MEMBER FELIZ: All right, thank you. I'll wait for the round [inaudible].

CHAIRPERSON SCHULMAN: Thank you. Council Member Felder?

COUNCIL MEMBER FELDER: Thank you. So, the- I don't know whether it's a question or a comment on the book that you talked about, which I, you know, I hope that

you mentioned other communities as well that you've been publishing. And it's not isolated to the Department of Health. But I- I, over the years, I'd say about 25 years ago, there was a Shigella outbreak, and we spent a lot of time producing, you know, pa- coloring, pa- maybe not books, but pages and other things like that, and we just— So, I'm not gonna tell you I'm an expert colorer. In fact, I never get it in the line, you know. But I would just say to you that there's a general problem with— at least I believe it's not isolated to the Yiddish publications, in that the companies that- however they're chosen, they- so for example, I'm picking Yiddish because that's what's in front of me and that's a language that I know. Is that the language itself, there is absolutely nothing— number one, there is absolutely nothing incorrect about the language. But this, the way— this is not the way people, you know, or the children, I should say, fam— or the families that you're trying to, you know, engage, speak Yiddish, you know, at all. It might be correct, but this not the way they speak Yiddish, number one. Number two, the drawings themselves- there is one drawing, I believe, that’s pretty

accurate. The rest of them do not reflect the people, again, the people that you're trying to engage. And it's not the— this issue is not— As I said, it's not isolated to health. It's been— it's a longstanding problem with not only with Yiddish, with other languages as well. They're- you know, they engage companies that are, you know, they do the Yiddish the way they Yiddish, but they don't engage. They have to engage. By the way, I don't have, you know, an investment in any particular company or anything like that. I wish I did. But it's just a problem. That- so all I would say is that is this, coloring book, I want- you know, first of all, good luck. What's your job? Because, you know, yeah- I should have said that first because, because I will do everything I can to aggravate you, you know what I mean? But and I appreciate all in advance everything that you and your staff are trying to do to keep New Yorkers' health. I'm just commenting on a- it's a- it's not a Health Department issue, it's an are— this is a problem that's been going on for years, and I didn't discover it. You know, I'm just saying to you is that it's a wonderful idea, and we appreciate the fact. It's just a shame that, you know, that any of the

kids that you're going to pick this up- they're going to pick it up. They're going to say— they're going to laugh. They're going— even the name, like, the name is Simi. Now my name is Simcha. I- they used to— that was my nickname, Simi, if they wanted to bother me. No one— I don't know any boys in the neighborhood that you're trying to engage that are called Simi. I don't know. Shainel? Yes. But Simi? Even the name, like, they're gonna- they're gonna laugh. So I don't want to take up any more time. I think you got the point. I don't know how to color, and the books- it's a systemic issue. That's all.

COMMISSIONER MARTIN: Yeah. Well, thank you very much.

COUNCIL MEMBER FELDER: And I thank you for you— for the attempts, for trying.

COMMISSIONER MARTIN: Yeah. Thank you, Councilmember Felder. And, uh, we appreciate your feedback, you know, and we hear it, and we- you know, we'd love to follow up with you and learn more about how we can get closer there. You know, as you know, public health is oftentimes it's as much art as it is science. And so really getting, you know, to perfect

our messaging is what we're here to do. And we're looking forward to working with you on that.

COUNCIL MEMBER FELDER: No, I'm, I'm just— I just want to say to the Chair, the reason that I am emphasizing it is that the Commissioner mentioned that you're going to be spending money advertising-

CHAIRPERSON SCHULMAN: [interposing] Right.

COUNCIL MEMBER FELDER: doing things in a variety of publications, and I am concerned that the ads are going to be, I would say, as funny, but as the books, and then, you know, you're- it'll be a waste of money. That's all.

CHAIRPERSON SCHULMAN: Council Member Felder, would you be willing to meet with the Department of Health to work with them on this?

COUNCIL MEMBER FELDER: I would be willing to meet with anyone. Most people do not want to meet with me.

CHAIRPERSON SCHULMAN: All right, so he will help in that. And that's—

COMMISSIONER MARTIN: [interposing] Fantastic. Thank you, we look forward to your partnership.

CHAIRPERSON SCHULMAN: That is often— I, I agree, even during COVID that was an issue.

COMMISSIONER MARTIN: We hear you on that. Yeah.

CHAIRPERSON SCHULMAN: So, okay. I have some questions about legislation that was brought up, just so we can be on the record. So, one is Intro 693, sponsored by Council Member Dinowitz, would require DOHMH to develop and implement a plan by no later than January 1st, 2027, to educate the public regarding the benefits and importance of childhood and adolescent vaccinations for those 18 years old or younger. Does DOHMH believe this timeline is feasible?

COMMISSIONER MARTIN: Yeah, let me say a few words on Intro 693, and then we'll hand it over to, to my colleagues. You know, for us, educating New Yorkers about vaccines is not new.

CHAIRPERSON SCHULMAN: Right.

COMMISSIONER MARTIN: It's— it is literally our job. We do it day in, day out, and we welcome any partner in City Council who wants to help us make that work stronger. The timing of 693, the bill, could not be more important, as you know, given everything we've talked to— talked about today with the federal moment that we're in. And, you know, having City Council on record as a partner in vaccine education sends a very powerful signal to New York City families, and we support that-

[background noise]

COMMISSIONER MARTIN: Not a fire drill? We're good.

COUNCIL MEMBER FELDER: I didn't like what you were saying.

CHAIRPERSON SCHULMAN: We have technical issues in these rooms. Go ahead, I'm sorry.

COMMISSIONER MARTIN: And we support the opportunity to work closely with any city council member who wants to do this work in a collaborative way and get the right messaging out to families. The reporting requirements is where we want to have a deeper conversation with the council member. There are some specific requirements in the bill-

CHAIRPERSON SCHULMAN: [interposing] Okay.

COMMISSIONER MARTIN: that we would like to work through with council, because we just want to make sure that the reporting requirements are capturing what matters to help make sure that vaccines get to the kids that need them, and so we're looking forward to having those conversations. Let me pass it over to my colleagues, see if they have anything else to add.

ACTING MEDICAL DIRECTOR MCPHERSON: Thanks so much, Dr. Martin. I'll just mention, you know, as Dr. Martin had said, we do lots of work in this space,

and so we're actually really excited to continue to promote that and let people know what our Office of School Health does, as well as our partnership with the New York City Public Schools. They do provide educational materials to all students, which we help inform, and we really want to make sure that those are the best that they can be. So, I think there are lots of opportunities to work together on that.

CHAIRPERSON SCHULMAN: Okay, great. The bill requires a web-based portal listing vaccination locations and indicating whether sites serve uninsured individuals. Does DOHMH currently maintain such a centralized portal, or would it need to be built?

COMMISSIONER MARTIN: Yeah, let me say for the record and then pass it over to my colleagues to elaborate, you know, we run the Citywide Immunization Registry, which is, you know, really, a miraculous tool for us. It gives us the ability to go zip code by zip code, ethnicity, race data, age data, and really have a map of where we need to be leaning in more and supporting more and engaging more. And so it's with that tool, that asset, that we do this work. So I'll pass it over to my colleagues to explain, talk a little bit more about the other reporting.

CHAIRPERSON SCHULMAN: Okay.

ASSISTANT COMMISSIONER CROUCH: Chair, would you just repeat the beginning of the question?

CHAIRPERSON SCHULMAN: Yeah, the bill requires a web-based portal listing vaccination locations and indicating whether sites serve uninsured individuals. Does DOHMH currently maintain such a centralized portal, or would it need to be built?

ASSISTANT COMMISSIONER CROUCH: No, thank you for that question. So we do have our New York City health map, and on that health map we have an entire section just specifically for vaccination locations. You have the ability to search by commercial, Medicaid insurance, and uninsured. I do want to note, though, that the majority of those locations are locations to- for adults.

CHAIRPERSON SCHULMAN: Okay.

ASSISTANT COMMISSIONER CROUCH: Because our children tend to get vaccinated in their medical home.

CHAIRPERSON SCHULMAN: Okay.

ASSISTANT COMMISSIONER CROUCH: Much less so than at places outside of that medical home. But we do have various locations such as, like at the H&H locations, but yes, it's more focused on adults at this point,

but the portal exists and it's very similar to the COVID vaccine finder that we had during COVID. We had the flu vaccination finder, and that's all just been consolidated into our health map at this point.

CHAIRPERSON SCHULMAN: Okay, thank you. Now I have one other piece of legislation that I'm going to ask a couple of questions about. Intro 260, sponsored by Councilmember Krishnan, requires DOE to develop materials on the benefits of vaccines and distribute them within 90 days of enactment. What vaccine-related messaging does DOHMH currently provide to DOE, and what formal coordination mechanisms exist between DOHMH and DOE?

COMMISSIONER MARTIN: Yeah, it's a great question. Thank you, Chair Schulman. You know, the first thing that I want to say is we support the intent of Intro 260. We also know that much of what the bill requires we already do.

CHAIRPERSON SCHULMAN: Okay.

COMMISSIONER MARTIN: The Office of School Health, which is our joint operation with New York City Public Schools, already produces and distributes immunization requirement information to every single school in the city. This is through the form of

back-to-school letters which go to the principals, parents getting the communication in multiple languages and information that's published online and made in a printable and accessible format. So we welcome the conversation with Councilmember Krishnan. We want to make it better with regard to how to do this work together. And, you know, I think the instinct that the council member has is correct, right? Figuring out how to get families clear, accurate, and accessible information.

CHAIRPERSON SCHULMAN: Thank you. Now the last question I have for you is, even though this isn't our budget hearing, it's a budget question. So in the fiscal— in the fiscal 2027 Preliminary Plan, $11.8 million was allocated to immunization services, a two percent decrease from $12 million in the fiscal 2026 adopted budget. What portion of the fiscal 2026 immunization funding is allocated specifically to childhood vaccines?

COMMISSIONER MARTIN: Yeah, let me speak a little bit about the overall budgetary landscape for childhood vaccination. So, it's about $203.8 million. So, that breaks down into a couple ways. The first is about $200 million in the actual vaccines themselves and in

getting those vaccines out there, and then another $3.8 million in running the operations, managing, and making sure that we can actually deliver those vaccines. I'll turn it over to my colleagues to see if they have anything to add.

ASSISTANT COMMISSIONER CROUCH: Yeah, I don't have a lot to add on that. Again, the Vaccines for Children program in this fiscal year received $3.8 million from the Centers for Disease Control and Prevention specifically to operate the Vaccines for Children program. And then we distributed about 2.5 million vaccines for the VFC program with an additional 100,000 of vaccines for the– for children insured by the Child Health Plus. And I will note that we have seen our estimated funding for next year, and it has not been reduced.

CHAIRPERSON SCHULMAN: Okay. How is DOHMH utilizing the immunization funding to expand access to childhood vaccinations across the city and what specific services and programs for childhood vaccinations are supported by increased funding?

COMMISSIONER MARTIN: Yeah, I can jump in there and see if my colleagues have anything else to add. You

know, really the linchpin of our vaccination program is our Vaccines for Children's program.

CHAIRPERSON SCHULMAN: Right.

COMMISSIONER MARTIN: And so, you know, we rely on those over 1,200 providers to get the vaccines out to their patients, because we know that as much as we do in this agency, as much as we can do, trust is highest in that exam room, and that those conversations between pediatrician and family, that's where the real, you know, magic is, and so we want to support those providers. The second asset is really the Citywide Immunization Registry, which gives us the ability to really, sort of in a geographic way, drill deep and to figure out which areas need the most support, need the most engagement, and so it's with these two components that we're able to do the work of vaccinating, you know. As we've heard already, we've talked about already, over 2.5 million kids a year. So, I'll turn it over to my colleagues, see if they have anything else to add.

ASSISTANT COMMISSIONER CROUCH: No. Thank you, Commissioner. I don't have a lot to add to that, but I will say that, you know, much of the work that we do out of the Bureau of Immunization is in support of

pediatric vaccination, and one thing that we haven't spoken as much about this this morning is just the provider support that we give to those 1,200, more than 1,200 providers as well as to the providers who aren't part of the Vaccines for Children program, and I think, it was brought up earlier, but, you know, one of the major steps that we took was to provide very direct and clear guidance to our healthcare providers to follow the AAP's Schedule, which we endorsed in collaboration with New York State, as well as in collaboration with the Northeast Public Health Collaborative, and what that does is it ensures that our providers have the confidence that they are administering vaccines according to a national standard. I think that's one of the really important pieces of our work is ensuring not only that our patients are comfortable with being vaccinated, but that our providers have accurate, up-to-date, and evidence-based information to administer vaccines and to provide information on the safety and effectiveness of vaccines to their patients.

CHAIRPERSON SCHULMAN: Okay. Is there a public education budget for childhood vaccine— vaccinations?

COMMISSIONER MARTIN: Through our department, we absolutely do support and coordinate public health education. We've talked about a couple of the campaigns that we're running. As I mentioned, most recently, a million-dollar paid media campaign that's rolling out very shortly at a couple of targeted groups. And we also operate a provider network, um, over 47,000 providers that are constantly receiving our communications about vaccines, that we use, that we activate, that we make sure that they get the best practices and know where we stand. You know, there are instances where providers have heard one thing from the federal government and seen another thing from the AAP, and we want to be, you know, the trusted source that they look to. And we are moving, you know- we are already- we are already in that place, and we are doing much more to solidify our position as the trusted source for providers in the City.

CHAIRPERSON SCHULMAN: Okay. Warm weather is coming, hopefully, and summer is coming. What, what plans do you have for Mpox, especially since Federal Immigration Enforcement has had a negative impact on

vaccination uptake among undocumented New Yorkers and mixed-status families?

COMMISSIONER MARTIN: That's a great question. You know, Chair Schulman, we are seeing from the federal government and their recent policy changes with the Mpox vaccine. Again, the federal government stepping back and, you know, leading to confusion and misinformation around that vaccine in particular. And so, you know, we believe it's our responsibility and our job to step in and provide clear guidance for folks when it comes to Mpox vaccine and others, but in particular with Mpox. And so that is our charge. That's our job. I'll turn it over to my colleagues, see if they have anything else to add.

ACTING MEDICAL DIRECTOR MCPHERSON: Thank you, Chair Schulman. We do routine surveillance for Mpox here in New York City to understand if we're seeing increases or decreases in cases. So it's something that we're monitoring very closely. And you're absolutely right, as summer approaches, we do often do outreach to specific communities, but also to providers to ensure that they know what they should expect. And really to try to incorporate that into just keeping yourself healthy, generally speaking. So we just want

to make sure that providers are up to date on who's eligible for Mpox vaccine so that they can—

CHAIRPERSON SCHULMAN: Right. And that's a two-vaccine, right? That's two-vax— 2-dose vaccine?

ACTING MEDICAL DIRECTOR MCPHERSON: It is still 2 doses, yes. Has mpox ticked up? I thought it did, but-

COMMISSIONER MARTIN: We've seen relatively stable-

CHAIRPERSON SCHULMAN: Okay, all right.

COMMISSIONER MARTIN: over the past few months, but we're monitoring it closely as we've seen some global outbreaks.

CHAIRPERSON SCHULMAN: Okay. We can help with that. I put together this task force when Mpox first happened, and we went around the city and made sure that organizations and everybody had what they needed. So-

COMMISSIONER MARTIN: That's fantastic. We look forward to working closely with you on that. We know we've worked with you closely in the past and continuing that work with you.

CHAIRPERSON SCHULMAN: Yeah. So, I don't have any other questions for you. We have a lot of important guests here that are goint to speak. I do wanna say,

Doctor, that considering you've only been here two weeks, you're extraordinarily prepared today, and—

COMMISSIONER MARTIN: [interposing] I have a great team.

CHAIRPERSON SCHULMAN: and it's, it's really appreciated. And, I think we got a lot of accomplished, and I think it was very substantive. And really appreciate it and look forward— I will tell you that we will be somewhat hard on you during the budget hearing, the way that it goes. And I know we have Haley here from the mayor's office that sometimes commissioners are reluctant to tell us what they need. I'm just— I'm saying that publicly now. But we wanna make sure that not just DOHMH, but all agencies are funded appropriately and the City Council negotiates with the mayor's side, so keep that in mind of things that you might need or want us to do. That you can either say there or we can talk about that offline. But I just— we're gonna, we're gonna hammer home some issues. So just so you're prepared.

COMMISSIONER MARTIN: Yeah. Well, thank you for your leadership, Chair Schulman, and we look forward to

working with you and having those discussions for budget hearing.

CHAIRPERSON SCHULMAN: So by the way, one of the things we will ask is that $60 million we're going to be getting for, for Article VI work, that's going to be spent on.

COMMISSIONER MARTIN: Yeah, let me also say publicly on the record, thank you for your leadership on that issue, particularly. As you know, that was something that this department has fought for a while, we couldn't have done that without you and, and our other partners. So thank you so much for that work.

CHAIRPERSON SCHULMAN: Thank you very much. You'll leave somebody here to listen to the testimony?

COMMISSIONER MARTIN: Yep.

CHAIRPERSON SCHULMAN: Okay, great. All right, thank you.

COMMISSIONER MARTIN: Thank you. Keep it. Yeah, thank you.

CHAIRPERSON SCHULMAN: We have some very distinguished folks talking during the public session. First, we're gonna have the Independent Budget Office. We're gonna have Cassandra Stuart, and then after Cassandra, we're going to have Dr. Demetre Daskalakis, who used

to be head of the CDC Infectious Disease. So, Cassandra? We're gonna swear you in because you're considered a city agency.

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

CASSANDRA STUART: Yes.

COMMITTEE COUNSEL: Thank you. You may begin.

CASSANDRA STUART: Good day, Chair Schulman and members of the Health Committee. I am Cassandra Stuart, lead budget and policy policy analyst on health at the New York City Independent Budget Office, IBO. I appreciate the opportunity to discuss access to childhood vaccines in New York City with you today. On Monday, March 2nd, IBO published a report on how federal changes to vaccine policies could impact New York City, providing broader context on the occurrence of reportable infectious diseases, both generally and specifically in children across the city. I've brought copies for the committee today along with a longer version of this testimony, which is also available on IBO's website. This report is

the latest in a series that examines areas of New York City's budget, economy, and operations that are particularly reliant on federal funding, subject to notable federal policy changes, or both. These reports are intended to inform public discussion by objectively highlighting how federal decisions may affect the city. Critical highlights of the report include the following. As far as federal and state policy context, in December 2025, the Centers for Disease Control and Prevention, CDC, modified its guidance for hepatitis B vaccinations so that the vaccine will now only be administered to babies born to women who test negative for the virus and after consultation between parents and clinicians. A birth dose of the hepatitis B vaccine was first recommended for all newborns in 1991. Since then, infections in children and teens have declined by 99 percent. Hepatitis B is a serious, potentially fatal liver infection. In January 2026, The pediatric vaccination schedule was further modified. Six additional vaccines— those for hepatitis A, meningococcal disease, rotavirus, respiratory syncytial virus, RSV, influenza, and COVID-19— were shifted from being recommended for all children to being recommended

only for high-risk and/or- high-risk groups and/or for those who consult with a healthcare provider. For the purpose of this testimony, these six conditions and hepatitis B will be collectively referred to as diseases of interest. The New York State Department of Health stated that its current childhood vaccination policies will remain the same despite the announced changes at the federal level. Further, during the State of the State address, Governor Kathy Hochul announced plans to advance legislation that will ensure New York has the ability to set its own immunization standards for school eligibility, clinical practice, and insurance coverage. While current federal changes to the childhood vaccination schedule do not necessarily equate to funding cuts, they set a precedent for future changes. Modifications to the populations for which vaccines are recommended, or to the vaccines that are recommended, may redefine how officials promote the safety of the general public from infectious and potentially fatal diseases. The Federal Vaccines for Children program, VFC, provides vaccines through enrolled public and private healthcare providers at no cost to patients, including through NYC Health's

own immunization clinics. VFC provides vaccines to children who are uninsured, Medicaid eligible or enrolled, American Indian or Alaska Native, or underinsured. As for the New York City landscape, in the city, over 60 percent of children are eligible for vaccines through VFC, and there are more than 1,000 providers enrolled in the VFC program. In evaluating the spread of cases of diseases of interest across age groups, IBO found that in 2023, children from birth through age 14 sometimes accounted for more than 50 percent of cases of the diseases of interest, 53 percent of rotavirus cases, and 64 percent of RSV cases. There is some overlap between the diseases of interest and vaccine requirements for attendance in New York City schools. Specifically, hepatitis B, influenza, and meningococcal conjugate ACWY vaccinations are required at various points through to grade 12. In closing, while federal vaccine guidance on the pediatric vaccination schedule has shifted several vaccines from being universally recommended to being for select high-risk groups and/or for patients who decide to take them based on consultation between patient and provider, New York State is adhering to

the vaccination schedule as it was previously structured. The current changes could place additional administrative burden on providers as shared clinical decision-making, that is decisions made after patient's consultation with providers, may require documentation for billing purposes. Because VFC only covers the cost of vaccines that are recommended by the CDC, it's possible that future changes to the vaccination schedule could result in the cost of some vaccines being passed down from federal government to New York State or to the city. This is of particular concern for influenza, RSV, and rotavirus, three conditions among the diseases of interest for which children ages 14 and under account for a significant share of cases. IBO will continue to track this issue as new information comes to light. Thank you for the opportunity to testify, and I'm happy to answer any questions.

CHAIRPERSON SCHULMAN: Thank you. This report is really good, very comprehensive. I encourage anyone who hasn't seen it to take a look at it. I do have some questions. In fiscal year 2025, 71 percent of funding for DOHMH's Division of Disease Control came from federal sources. What proportion of the

division's immunization program budget is federally funded versus city or state?

CASSANDRA STUART: The funding that we note in the report is pretty consistent over time with about 70 percent of the Division of Disease Control being federal funding through fiscal years '21 through '25. More specifically, if we're looking at specific for immunization, we don't have that breakdown, but the Division of Disease Control, which encompasses that, is about 70 percent federal funding.

CHAIRPERSON SCHULMAN: Thank you. The IBO's policy brief notes that the cost of recommended vaccines remain available and covered through the federally funded Vaccines for Children program, which is for children who are uninsured, underinsured, or Medicaid eligible. How stable is this coverage if a vaccine's recommendation status changes under federal guidance?

CASSANDRA STUART: So the concern that we put forward in the report is that future changes might modify what vaccines are covered, and therefore the cost of those vaccines would shift to either the state, the city, or individual patients. As for this availability of the funding, we would direct questions to the health agency.

CHAIRPERSON SCHULMAN: What risk is there that insurance coverage or Medicaid reimbursement could change when a vaccine is no longer routine under federal guidelines? One of the things that we note in the report is that there might be an additional administrative burden, particularly for Medicaid-enrolled persons. So as far as providers having to do more documentation to say that their patients are being sent over for vaccine administration, but as far as billing or anything like that, we don't note that in the report.]

CHAIRPERSON SCHULMAN: Has the IBO developed cost projections tied to increased cases of the diseases that the CDC has recommended for shared clinical decision-making, such as influenza or RSV?

CASSANDRA STUART: We haven't at this time, but we will continue to monitor, and as new information comes to light, we are happy to discuss that further and look into that.

CHAIRPERSON SCHULMAN: What is the long-term fiscal impact if lower vaccination rates lead to increased outbreak response costs?

CASSANDRA STUART: I would direct specific questions about response costs to the agency.

CHAIRPERSON SCHULMAN: Okay, great. And my last question is, will you be coming to testify at the budget hearing?

CASSANDRA STUART: We will absolutely be at the budget hearing.

CHAIRPERSON SCHULMAN: Thank you so much. This is so important and so great. Council Member Felder, do you have any questions for this? Go ahead. Yeah, I get it.

COUNCIL MEMBER FELDER: Yes. No, I- there's been a lot of discussion about the, you know, material that will be produced and a variety of other things that will be put out there to try to engage families and children into the- into, you know, getting the vaccines. Historically, I would just say is that, I only know, you know, or try to get elected. And but there's a lot of similarities. It's a mark— the issue is marketing, right, despite whatever is going on. And all, you know, all of the money that's going to be spent on these ads and the books, which I certainly think is better than not doing anything at all. At the end of the day, if you're- the only way that you really— you can't buy votes. If you were able to, that would be the cheapest way to get people

to vote for you, but you can buy people's interest in vaccines. In other words, I'm wondering whether— I don't know what the legalities or not about, you know, giving them prizes, other— I mean, this is the stuff that, you know, that's certainly with the children engages their interest, or even the parents, you know. I once– I got an opinion about trying to engage people just to register to vote. Forget about to vote for me, to register to vote. And I got an opinion on it, but what I did was that I was going to tell people whoever registers to vote, you know, automatically gets, you know, into a lottery for trips to either my district, the district that I was trying, primarily Jewish and Italian. So, you had a choice of either a family of four going to Israel with hotel rooms and everything paid, or Italy, or an equivalent cost. I– at the end of the day, it became such a pro— you know, complicated that I couldn't do it. I couldn't do it. So I'm just suggesting— I don't— if it's— yeah, I'll shut up. I'm just suggesting I don't know whether we're permitted or not permitted or whatever else. And, of course, you know, once you start with that, you know, the people who enjoy having a good time on the radio making fun

of anything that we do- you know, if we do it, it's not good. If we don't do it, it's not good. But at the end of the day, if you're trying to get the children or the parents or families engaged and interested in the issue, that's how it works. That's how it works if we're permitted. So I'm asking you whether you know whether that is permitted. You know, not the trip to Israel or Italy. I'm just suggesting that type, in other words, in order to get them interested in it. There are— I- you know, there are a lot of other things. Oh, and other, you know, that could, that we- that's the question.

CASSANDRA STUART: Okay, I will start with a preamble and then more directly answer your question. We heard the admin testify earlier about how there is misinformation and disinformation. So what we're seeing is at the federal level one set of messaging and at the state and local level a different set of messaging, and that can create confusion, and likely will. So I agree with you that there should be clear, as you say marketing. There should be clear communication about what is going on and what the right course of action or the suggested course of action should be. As for whether it's permissible to

sort of offer incentive, I would let the health agency speak to that. I don't think so, but I would let the agency be the one to answer that.

COUNCIL MEMBER FELDER: You know that you could answer that, not you personally, but the Budget Commission. So you can't keep on giving it to the, you know, to the Commissioner. I mean, he's- as it is, the Chair complimented his being here two weeks and whatever else. There, there must be people at the Independent Budget- I don't mean about answering it right now, but if you could answer somebody in the Independent Budget Office, I'm sure has an opinion as to whether this is okay or not. If they could get back to the Chair and just say whether that would be okay or not. In terms of the- what you started out with. It's somebody who I worked with for many years, you know, like banged into my head, you have to pick your battles, right? So what they're gonna do federally or not do federally, we cannot control, you know, any- you know, I can't control what goes on in my own house and I will not say who's responsible. So, we can't control that, what we're trying- you know, so, I appreciate whatever you're doing to try to, you know, help and the Chair I mean, you know, is- we go

back a long way. My first time- the 20, 22 years ago, I think. It's about 22 years ago, even though I'm a CPA, I have problems with numbers. That, you know, we- that was the first time I got elected to the City Council and it's been a long time. She- her heart and soul is, you know- when something is important to her, it just doesn't stop. So, I don't know what— you should be prepared that, you know, this is clearly an issue that's very important to her. So I would just ask if possible- If not, not, that's all.

CASSANDRA STUART: We are happy to follow up with the Chair and remain in communication with the Chair. Thank you for the opportunity.

CHAIRPERSON SCHULMAN: Thank you so much for your testimony. Really, really appreciate it. I am now opening the hearing for public testimony. I want to remind members of the public that this is a government proceeding and that decorum shall be observed at all times. As such, members of the public shall remain silent at all times. The witness table is reserved for people who wish to testify. No video recording or photography is allowed from the witness table. Further, members of the public may not present audio or video recordings as testimony, but may

submit transcripts of such recordings to the Sergeant at Arms for inclusion in the hearing record. If you wish to speak at today's hearing, please fill out an appearance card with the Sergeant at Arms and wait to be recognized. When recognized, you will have two minutes to speak on today's oversight topic, access to childhood vaccines in New York City, or the legislation being considered today. If you have a written statement or additional written testimony you wish to submit for the record, please provide a copy of that testimony to the Sergeant at Arms. You may also email written testimony to testimony@council.nyc.gov within 72 hours of this hearing. Audio and video recordings will not be accepted. Okay, the first person we have is Demetre Daskalakis, who is an Infectious Disease Specialist and served in the leadership of the Federal Centers for Disease Control. Doctor, we are very appreciative of you coming before us today.

DR. DEMETRE DASKALAKIS: Chair Schulman, thank you so much for having me.

CHAIRPERSON SCHULMAN: Gotta put— yeah, the mic wasn't really working before. It's working now.

DR. DEMETRE DASKALAKIS: Chair Schulman, thank you so much for having me. That does sound much better. So good morning, members of the City Council and the Health Committee. Just to introduce myself, my name is Dr. Demetre Daskalakis, and I'm an infectious disease physician and former director of CDC's National Center for Immunization and Respiratory Diseases. I stepped down from that position because of significant political interference with political—with scientific decisions. I am thrilled to be back in New York City and serve as Chief Medical Officer at the Callen-Lorde Community Health Center, which provides high-quality affirming care to more than 24,000 LGBTQ+ New Yorkers regardless of their ability to pay. Throughout my career, I focus on evidence-based medicine and protecting public health, especially for vulnerable communities. Today, I want to speak about growing threats to immunization programs and the health of New Yorkers, especially our children. Routine childhood vaccinations have prevented hundreds and millions of illnesses and more than 1 million deaths and has saved trillions of dollars in societal costs. Yet the progress built over decades is now at risk. Vaccine misinformation,

as you heard earlier, is spreading rapidly, replacing scientific voices with grifters and eroding trust between providers and the families that they serve. We're already seeing the consequences: declining vaccination rates and real-time surges of measles, pertussis, influenza, and other vaccine-preventable diseases, sometimes causing death. In states with rising non-medical exemptions, vaccine levels are now too low to stop outbreaks. Infectious diseases do not respect city or state borders. It is now more urgent than ever that we shore up our community immunity through vaccination in New York City. Since leaving the CDC, I've watched federal leadership undermine vaccine recommendations and promote misinformation. These actions weaken the CDC and HHS, endanger families, and create confusion for parents and providers. They also threaten critical programs like the Vaccine Injury Compensation Program, which protects patients and stabilizes vaccine supply and supports innovation. But we are not powerless. New York City must prepare by strengthening local vaccine guidance, planning for potential federal funding disruptions, advocating for evidence-based policies, and helping communities separate fact from noise. Our

city and state must speak clearly and confidently grounded in science to counter misinformation and ensure families have the guidance they need. Local leadership is essential as federal agencies struggle under political pressure. Let's commit to public health infrastructure, transparent communication, and unwavering support for scientific integrity. Our children's health depends on it, and as always, New York City must lead as it always has. Thank you.

CHAIRPERSON SCHULMAN: We appreciate you lending your voice to this issue and also being available to us in the council, and I know that you are working closely with the Commissioner as well, which we very much appreciate. And we'll be circling back with you about a number of things. So thank you, Doctor.

DR. DEMETRE DASKALAKIS: Great, thank you very much. And I have also submitted extensive written testimony.

CHAIRPERSON SCHULMAN: We appreciate that. This is very— this is a very important topic. Okay, so now I'm gonna call a panel up. Andrea Jacobson? Is Andrea Jacobs in here? Hi. Danielle Cohen and Jacob Zychick. Hope I pronounced that correctly. Everybody

ready? We have one, two, three. Andrea, you want to go first? Go ahead.

ANDREA JACOBSON: Yes, thank you. Hi, my name is Andrea Jacobson, and I am Associate Vice President for Public Policy and Government Engagement at EmblemHealth. On behalf of EmblemHealth, I'd like to thank Chair Schulman and the members of the Committee on Health for holding this hearing. EmblemHealth is a mission-based nonprofit health plan with over 80 years of local experience, proudly serving more than 2 million New Yorkers. We operate 15 EmblemHealth neighborhood care centers where we provide free in-person and virtual support, access to community resources, and culturally competent programming for all community members. Many of our neighborhood care sites are also co-located with our partner medical practice, AdvantageCare Physicians, which provides primary and specialty care at over 30 offices in the New York area to over 400,000 patients a year. EmblemHealth strongly supports the introductions and resolutions being considered today. We know that elevated sugar and sodium intake can increase the risk of chronic diseases like diabetes and hypertension. As a Healthy NYC Champion, EmblemHealth

is committed to addressing chronic disease in our communities. In 2024, we launched a community diabetes wellness program in the Bronx, which has provided free A1C screenings, nutrition workshops, and one-on-one support to almost 9,000 Bronx residents in its first year. We've also invested $2 million to combat food insecurity and hold free food distributions and farmers markets at our neighborhood care sites as well as other community locations that have distributed nearly 32,000 bags of free and healthy food since launching in September. Our sites also offer free blood pressure screenings and collaborate with AdvantageCare Physicians providers who can address primary and specialty care medical needs in the community settings outside of hospitals and ERs. Last week, Neighborhood Care and AdvantageCare Physicians also hosted Heart Health Week events at sites across New York City where community members received screenings and attended discussions on healthy habits and lifestyle changes to improve heart health. We also believe that access to vaccines and vaccine information is vital to keeping our communities healthy. In addition to offering vaccines at our AdvantageCare physicians'

offices, we recently launched an AI tool to provide outreach to vulnerable members on flu vaccines and connect members to clinical and community resources. We've also maintained insurance coverage for vaccines and will continue to take steps to ensure vaccines remain affordable and accessible for all. The adoption of the legislation and resolutions being considered today is an outstanding example of New York City in the pursuit of improved public health and well-being. We support the council's efforts to improve access to nutrition education and vaccines, and we hope to be a constructive partner and resource to accomplish these goals. Thank you.

CHAIRPERSON SCHULMAN: Thank you. Next, Danielle. Is that— okay.

DANIELLE COHEN: Hello.

CHAIRPERSON SCHULMAN: Yeah.

DANIELLE COHEN: Good afternoon, Chair Schulman and members of the committee. My name is Danielle Cohen. I hold a master's in public health from Columbia University with a focus in health policy and practice, and I am the Executive Director and Founder of SNACC, a New York City-based nonprofit delivering hands-on food education and food access programming

to K-12 students and families across the Bronx, Manhattan, Brooklyn, and Queens. SNACC operates at the intersection of public health, education, and food equity through a place-based model that pairs real cooking experience with direct access to nutritious ingredients. Our program builds confidence, critical thinking, and practical life skills while strengthening school engagement and long-term developmental outcomes. I'm here today to express strong support for the sodium warning label bill and the high sugar warning label bill. From our on-the-ground experience, one thing is clear: children and families want to make healthier choices, but the environment around them makes that difficult. Many of the foods most accessible and affordable to the families we serve, particularly from chain restaurants, contain extremely high levels of sodium and added sugar, yet those levels are rarely visible when families are deciding what to eat. Warning labels that are easy to understand restore transparency at the point when it matters most, the point of purchase. These policies do not restrict consumer choice. They simply provide clear information so New Yorkers can make informed

decisions for themselves and their families. In our programs, we see how powerful even basic nutrition knowledge can be. When students learn how to read and interpret nutrition labels, understanding sodium levels, added sugars, and serving sizes, they feel empowered. Importantly, we never teach young people to think of food as good or bad. We teach them to understand the facts and make informed choices. Clear warning labels reinforce that same approach by making important nutrition information visible and understandable when people are deciding what to order. These bills are especially relevant for youth health. High sodium and high sugar consumption are linked to hypertension, diabetes, obesity, and other diet-related disease. Nearly 40 percent of New York City public school children are either overweight or obese. Poor nutrition also affects concentration, energy levels, mood regulation, and cognitive functioning, which influences classroom engagement and academic performance. Just yesterday, I was at a high school career fair, and a 12th grade student in Council District Two, learned that I run a food education nonprofit and immediately shared that she's trying to cut back on sugary drinks, because she

realized what a habit it's become. She said she wishes she learned more about this when she was younger, and that moment reinforced something we see often: young people want to make healthier choices, they just need the information to help them do it. When teens are ordering food for themselves, warning labels can serve as real-time education. Research consistently shows that complex nutrition facts panels are difficult for consumers to understand, and simpler cues can help make people make healthier choices when faced with multiple options. These proposals reflect how behavior change actually works. Education alone is not enough if the surrounding environment remains the same. New York City has already heavily invested in food education for young people. But those lessons are much harder to apply when foods most readily available to families are extremely high in sodium and added sugar without clear warnings. Policies like these help close the gap by reinforcing what programs like ours are teaching and making healthier choices easier for families to recognize at the moment they're making those decisions. SNACC believes that food policy is youth policy, health policy, and equity policy. On

behalf of the students and families we serve across New York City, I urge the council to advance Introduction 0196 and Introduction 547. Thank you.

CHAIRPERSON SCHULMAN: Thank you. Jacob?

JACOB ZYCHICK: Dear- one of those days. Dear Chair Schulman and members of the Committee on Health, on behalf of the American Heart Association, Thank you for the opportunity to provide testimony on intro 0196 and intro 0547. Approximately 90 percent of people living in the United States consume too much sodium. On average, Americans consume 3,400 milligrams of sodium per day. More than 70 percent of sodium Americans consume comes from processed, prepackaged, and restaurant foods. The American Heart Association recommends that the maximum intake for the U.S. population should be 1,500 milligrams of sodium per day for optimal cardiovascular health. The American Heart Association is supportive of sodium warning labels to educate and empower consumers to make healthier choices when eating at chain restaurants. For this legislation to make the greatest impact, the association recommends an amendment that reduces the amount of milligrams of sodium that would include a symbol from 1,800 to

1,500 milligrams. This reduction in milligrams needed to include a symbol and warning would better align with the American Heart Association science and research for optimal cardiovascular health. For both pieces of legislation, we are supportive of collaborative efforts that would strengthen to educate and empower consumers when it comes to the symbol, messaging, and color also, and look forward to working with Council Member Feliz, the Department of Health, DOHMH, and others to, you know, leverage our science and research to improve these bills and pieces of legislation moving forward. Thank you so much and have a great day and stay dry out there.

CHAIRPERSON SCHULMAN: Thank you to this panel. We really appreciate your comments. I just have one question for Emblem, for Andrea. Not related to what you testified to, but when— I don't know if you were here for the whole hearing, but we talked about the Department of Health partnering with insurance companies. I know EmblemHealth nonprofit insurer. Am I correct in that?

ANDREA JACOBSON: Yes, we are.

CHAIRPERSON SCHULMAN: So if we can—

ANDREA JACOBSON: [interposing] Yes.

CHAIRPERSON SCHULMAN: If we can facilitate a conversation, that would be great.

ANDREA JACOBSON: Yeah, we'd love that.

CHAIRPERSON SCHULMAN: Okay, thank you. Okay, this panel's dismissed. Thank you so much. And stay dry. Try to stay dry. We will now move to virtual testimony. Please wait for your name to be called to testify, and please select unmute when prompted. I just want to remind folks that we have, we have two minutes for testimony. If you have a long testimony, please summarize it, and then you can actually send it— send the full testimony to testimony@council.nyc.gov, and it will go into the record. Thank you. Our first person is Dr. Anne Curtis.

SERGEANT AT ARMS: You may begin.

DR. ANNE CURTIS: Thank you, Chair Schulman, and members of the Committee on Health. My name is Anne Curtis. I'm a practicing cardiologist, electrophysiologist, which is a field subspecialty of cardiology, and a SUNY distinguished professor at the University of Buffalo. I also serve as the Advocacy Co-chair for the New York Chapter of the American College of Cardiology, which represents over 4,000

cardiovascular professionals across the state. I appreciate the opportunity to provide testimony for both Bill 547 and Bill 196, sponsored by Council Member Feliz. First, Bill 547 aims to increase awareness of high-sugar foods. Given the evidence linking high sugar intake to poor cardiovascular outcomes, we routinely advise our patients to be attentive to their dietary choices as part of effective cardiovascular disease management and prevention. In particular, the 2023 American College of Cardiology American Heart Association guidelines warn that high consumption of sugar is associated with an increased risk of cardiovascular events and chronic conditions, including diabetes and obesity. Additional guidelines from 2019 note that consumption of added sugar exceeding 10 percent of daily caloric intake is associated with increased mortality. By increasing transparency around added sugar, Bill 547 has the potential to play a critical role in improving nutritional awareness. The next piece of legislation, Bill 196, could also reduce the long-term burden of cardiovascular disease by raising awareness of any food item containing or exceeding 1,800 milligrams of sodium. The bill is aligned with

the recently released ACC/AHA blood pressure guidelines, which recommend that adults with or without hypertension limit their sodium intake to no more than 2,300 milligrams per day with an ideal target of no more than 1,500 milligrams per day for most adults. By requiring chain restaurants to clearly label high sodium foods, the bill empowers New Yorkers to make informed, heart-healthy, decisions when dining out. Thank you for the opportunity to provide testimony today on these pieces of legislation. I'm happy to answer any questions.

CHAIRPERSON SCHULMAN: Thank you so much. We really appreciate your testimony. Next person is Donna Lee Hickey.

SERGEANT AT ARMS: You may begin.

DONNA LEE HICKEY: Oh, good afternoon. Where are my glasses? Sorry.

CHAIRPERSON SCHULMAN: It's okay.

DONNA LEE HICKEY: Thank you for the opportunity to speak with you this morning. I am Donna Hickey and I serve as the Vice President of of the New York State Dental Hygienists Association. NYDA is the New York statewide professional association for the licensed

profession of dental hygiene. In addition to advancing and advocating for the professional development and practice of dental hygienists, our association's mission includes patient and public education along with the awareness of the importance of positive oral health and what you can do to help maintain good oral healthcare and prevent problems. As studies have shown, well-being of our oral health has links to our overall individual health. Diet, the foods or beverages you are consuming, and nutrition, the nature of the foods and beverages such as carbohydrates, are all key elements toward that well-being. My comments today will focus on proposal LS-21006 to require the New York City Department of Health and Mental Hygiene to change the design of the required high sugar warning symbol to a red triangular symbol with the words high sugar warning in capital letters, bold type, and red color displayed next to or below the triangle. Why is this education important? Let's take you into the dental operatory. What's known as a dental cleaning involves removal of plaque and tartar biofilm. That visit also is an assessment by the hygienist and questions and counseling toward the prevention and an exam by the

dentist. Your dental professionals are recommending a limited consumption of free sugar. Those are the sugars added by chefs, cooks, manufacturers, as well as occurring in syrups, honey, and fruit juice. Free sugars are primary instigators of dental caries, the process and what becomes cavities, and are key ingredients in the development of plaque on teeth. The free sugars converted into acids that can lead to cavities and tooth destruction over time. In counseling the patients, the dental hygienist and the dentist—

CHAIRPERSON SCHULMAN: [interposing] Can you just— we, we— I just need you to kind of summarize this. So, and you can submit the rest of the testimony.

DONNA LEE HICKEY: We are definitely in support of this policy. I thank you for allowing us to come speak, and I did sit through this whole hearing, and I understood that one of the issues with passing the bill would be the color red, but as Mr. Feliz said, that's something we could work on. I strongly support this. Thank you.

CHAIRPERSON SCHULMAN: Really appreciate it, and you can send the rest of your testimony to testimony@council.nyc.gov within 72 hours of this

hearing, and then we'll put it all in the— to the record.

DONNA LEE HICKEY: We will do that. Thank you.

CHAIRPERSON SCHULMAN: Okay. Thank you.

DONNA LEE HICKEY: Have a good day.

CHAIRPERSON SCHULMAN: By the way, I have one question. I thought you were going to talk about the resolution that I have to support legislation in the state legislature to have dentists give flu shots to patients. So do you have a— do you have an opinion on that?

DONNA LEE HICKEY: I do have an opinion only based on the fact that I've gone to all of the New York State Dental Board meetings. I am in favor of this.

CHAIRPERSON SCHULMAN: Okay, great.

DONNA LEE HICKEY: I don't know enough about it to pro or con.

CHAIRPERSON SCHULMAN: Okay.

DONNA LEE HICKEY: But we are in favor of that.

CHAIRPERSON SCHULMAN: Okay, thank you so much. That means a lot. Thank you. All right, take care. The next person is Meryl Abbas. I'm sorry if I mispronounce.

MIRAL ABBAS: Oh, hi. Thank you. It's Miral Abbas.

CHAIRPERSON SCHULMAN: Oh, sorry.

MIRAL ABBAS: Good afternoon, Councilmember and members of the Committee on Health. My name is Miral Abbas, and I am here today to advocate for a stronger, more accessible childhood vaccination program for our immigrant families in New York City and highlight how programs such as Access Health New York City can improve that accessibility and education for the communities that need it most. So Access Health is a City Council initiative, as some of you may know already, that funds community-based organizations across all boroughs to deliver culturally-responsive outreach and education to close gaps in healthcare and benefits access, mainly targeting immigrant and limited English speakers and uninsured New Yorkers. Many of our organizations operate in neighborhoods experiencing the highest rates of language barriers, uninsurance, and as pertinent to today's conversation, low vaccination coverage. Targeted vaccine education and outreach is especially critical for immigrant communities who already, as I mentioned, face high language barriers, unfamiliarity with the healthcare system, which is already increasing now, and now heightened concerns

about documentation and immigration status that could obscure their healthcare use. Access Health supports those families in not only informing them about vaccination schedules, but also having them feel safe and supported in accessing care and giving them the correct facts about using and accessing vaccines. We already know that the barriers to vaccination in immigrant communities include limited understanding of vaccine schedules, locations, loss of insurance coverage due to financial instability and changing eligibility, digital divides, and now growing fear and mistrust of healthcare institutions. Our Access Health CBOs are uniquely positioned to overcome these barriers and have already proven to be vital players in effectively educating their community members on the necessity of vaccine coverage while also combating the rising misinformation and stigma surrounding vaccinations as we saw during the COVID-19 pandemic when the award— or CBOs really stepped up. Because of their deep relationships and proximity to the communities they serve, they, for example, have hosted community workshops and led outreach through culturally relevant ethnic media channels. They have raised awareness about

recommended vaccines when they are available, especially for children and families. They've provided all the information and really accurate, culturally tailored information such as flyers in multiple languages. They've connected families themselves to vaccine— vaccination sites and pharmacies that can do that, and overall reduced fear and confusion in these efforts around eligibility, insurance, and documentation through their own trusted community health workers. This model of community-based outreach—

CHAIRPERSON SCHULMAN: Can you summarize the rest of it, please? And then you could submit the lengthier testimony to us at testimony@council.nyc.gov.

MIRAL ABBAS: Yes, of course, I was just wrapping up. And I just wanted to end by saying that this kind of necessary outreach is only really possible with sustained increased investment, and that's why we are also lobbying to continue funding for initiatives such as Access Health that ensures that these organizations can maintain staffing and their efforts to really expand culturally-competent and linguistically accessible education to the very New Yorkers and families who need it the most. Thank you.

CHAIRPERSON SCHULMAN: Thank you. And if this is about funding, you should make sure that you testify at the the Health Committee hearing on the budget, which is March 19th at 9:30. Thank you. Okay, next we have Christopher Leon Johnson.

CHRISTOPHER LEON JOHNSON: Yeah, hello, my name is Christopher Leon Johnson. I support both 196 and 547 for the sodium bills and the labeling. I want to make this clear that I think the City Council have to really come together and make this go through before the session ends. I believe that the restaurants is going to use their lobbyists to start paying- getting the Speaker to shut this bill down, because they don't want the people in the more impoverished communities to know about this stuff. They- there's laws that make it where that they have to post their nutrition, but they usually hide it. They hide it on purpose, because they want people to buy, buy, buy. I want to make this clear that I believe that Mr. Feliz and you, Mrs. Schulman, need to get together with mainly the Worker Justice Project and Justice for App Workers and make a bill to where that the apps should be able to do this. Where if like Uber, DoorDash, and Grubhub, and many others like Wonder Click and all

these wonder- like Motoclick should put these warnings when people start buying their food on the websites. Because a lot of people don't shop at these stores no more, McDonald's in person. They buy everything online. And I think that the warning should be more— it should be a bigger push to make— put these— hold these apps accountable. But I'm gonna make this clear that I hope this bill goes through, but when it goes through, that this enforcement of these— of this law should be done by DWCP. Because the problem with the Department of Health is that they're compromised. They're really compromised and they really don't do their job. So I believe that DWCP— because I think Mr. Sam Levine [sic] is going hard and cracking down on these corporations and these apps, and I think he's doing a great job so far. I think that all the enforcement when it comes to these laws should be sent to the DWCP under Mr. Sam Levine. But I'll say this right now, Mr. Oswald Feliz, you should make a— you should introduce some bills to hold these apps accountable when it comes to this stuff. The same bills, but Intro 196 should be applied to the apps like Uber, DoorDash, and Grubhub, Instacart, and Relay. And I hope you work with the

Justice for App Workers and Workers Justice Project to make this happen in this session. And I know that would go through. So that's all I gotta say. But like I said, it just— like, accountability starts first, but when it comes to this— these bills, it's a long fight. Restaurants, they don't like this. They don't like this type of stuff. They don't like to educate anybody. They just want to take your money and keep you addicted to this, to this fast- especially McDonald's. I mean, I'm surprised at this hearing they didn't talk about the CEO doing the Squidward bite on that McDonald's Big Mac, and [inaudible]. But, you know- so, yeah, so regulate. Put this on the apps more, and so, thank you so much.

CHAIRPERSON SCHULMAN: I appreciate your testimony. Thank you so much.

CHRISTOPHER LEON JOHNSON: Welcome, welcome.

CHAIRPERSON SCHULMAN: Thank you to everyone who has testified. If there's anyone present in the room or on Zoom that has not had the opportunity to testify, please raise your hand. Seeing no one else, I would like to note that written testimony will— which will be reviewed in full by committee staff may be submitted to the record up to 72 hours after the

close of this hearing by emailing it to testimony@council.nyc.gov. And with that, this meeting is adjourned.

[gavel]

C E R T I F I C A T E

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

Date April 16, 2026