CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON RULES, PRIVILEGES AND ELECTIONS

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HELD AT: 250 BROADWAY – COMMITTEE ROOM, 14TH FLOOR

B E F O R E: Keith Powers, Chairperson

COUNCIL MEMBERS:
Justin L. Brannan
Gale Brewer
Selvena N. Brooks-Powers
Crystal Hudson
Rafael Salamanca
Pierina Ana Sanchez

A P P E A R A N C E S

Dr. Michael Lindsey, Board of Health nominee
Dr. Angelo Acquista, Board of Health nominee
Dr. Maida Galvez, Board of Health nominee
Dr. Judith Salerno, Board of Health nominee

SERGEANT-AT-ARMS: Can we start the webinar, please?

Good morning and welcome to the New York City hybrid hearing on the Committee on Rules, Privileges and Elections.

Please silence all electronic devices.

Chair, we are ready to begin.

CHAIRPERSON POWERS: [GAVEL] Good morning and welcome to the meeting of the Committee on Rules, Privileges and Elections. I'm City Council Member Keith Powers, Chair of the Committee.

Before we begin, I'd like to introduce other Members of the Committee who are present. So far, we are joined by Justin Brannan of Brooklyn, and we'll be joined by others along the way.

I'd also like to acknowledge the Committee Staff that worked on the appointments that we are hearing today, Committee Counsel to my right Jeff Campagna, Director of Investigations Francesca DellaVecchia, and Deputy Director of Investigations Alycia Vasell, and Chief Ethics Counsel Pearl Moore.

Today, we are holding a public hearing on four nominations submitted by the Mayor for the appointment to the Board of Health pursuant to

Section 31 of the New York City Charter and, by letters dated March 3, 2023, Mayor Eric Adams requested the advice and consent of the Council regarding the appointments of Dr. Angelo Acquista, Dr. Maida Galvez, Dr. Judith Salerno, all medical doctors, and Dr. Michael Lindsey, Ph.D. to the Board of Health. We may be joined by the Speaker and she may give remarks at some point but I'll just keep going.

Primary function of the Board of Health is to legislate and oversee the New York City Health Code which encompasses the rules governing all matters and subjects within the jurisdiction of the New York City Department of Health and Mental Hygiene. The Department's jurisdiction is among the most extensive and varied of all the city agencies and includes such diverse disciplines as communicable diseases, environmental health studies, radiological health, veterinary affairs, water quality, pest control, vital statistics, and the Office of the Chief Medical Examiner. I hope you guys are taking notes on all those. The fact that the Health Code rules have the force and effect of law and cover such an extensive range of measures aimed at improving the

physical and mental well-being of New Yorkers highlights the importance of the work of the Board of Health and consequently the vital need for crucial consideration of all potential appointees. The Board of Health's 11 members serve six-year terms without pay and cannot be dismissed without cause.

I'll introduce the candidates that we are hearing today. First, we're joined by Michael Lindsey, a resident of Manhattan who has been nominated by the Mayor for appointment to the Board of Health to serve the remainder of a six-year term that expires on May 31, 2026. Dr. Lindsey holds a Ph.D. in social work and is the Dean and Professor at New York University School of Social Work. If appointed, he would replace Karen Redlener whose term expired on May 31, 2020.

We're also joined by Angelo Acquista who is nominated to serve the remainder of a six-year term that expires on May 31, 2028. Dr. Acquista is a medical doctor who is currently the Medical Director at Lenox Hill Hospital in a very great City Council District on the Upper Eastside. He has previously held appointments as a Medical Director in Mayor

Bloomberg's Office of Emergency Management and Taskforce on Bioterrorism.

Dr. Maida Galvez is nominated to serve the remainder of six-year term that expires on May 31, 2024. Dr. Galvez is a Medical Director and is a Professor in the Department of Environmental Medicine and Public Health and the Department of Pediatrics at Icahn School of Medicine at Mount Sinai Hospital.

We're also joined by Dr. Judith Salerno who is nominated to serve the remainder of a six-year term that expires on May 31, 2024. Dr. Salerno has worked in medicine and public health for nearly 50 years, most recently as President and CEO of the Susan Komen Foundation and President of the New York Academy of Medicine.

You guys are very qualified so congratulations on your appointments. That was a mouthful to try to get all your accolades out there.

I want to thank you all for being here. Before we start your testimony, we're going to ask you all to raise your right hand to be sworn in.

COMMITTEE COUNSEL CAMPAGNA: Do you affirm to tell the truth, the whole truth, and nothing but

the truth in your testimony before this Committee and in answer to all Council Member questions?

NOMINEES: (INAUDIBLE)

CHAIRPERSON POWERS: Great. Thank you and, again, congratulations on your nominations. We'll take testimony from everybody and then we'll have some questions. We'll start on the right over here, and we'll move down the line.

DR. MAIDA GALVEZ: Good morning. It's an honor to join you all today. My name is Dr. Maida Galvez. I am a pediatrician and Professor of Environmental Medicine and Public Health at the Icahn School of Medicine at Mount Sinai. My parents immigrated to New York City from the Philippines and settled in Elmhurst, Queens where I was born and where much of my extended family lives today and then raised me and my brother in Westbury, New York, a town that has been referred to as a melting pot village. My father, Manuel Galvez, was a merchant seaman who worked in payroll for a New York City-based shipping company and my mother, Aida, was a schoolteacher who then trained to be a dietician, working in nursing homes. I enrolled at CUNY Medical School at the City College of New York with an

interest in teaching and caring for children and graduated from the Icahn School of Medicine at Mount Sinai where I received my medical degree and later a master's in public health. I trained for four years in the Bronx in Social Pediatrics at Montefiore and completed a Pediatric Chief year at Jacobi Medical Center.

It was in my training that I saw firsthand how neighborhood shapes health, and I pursued a Fellowship Training in Environmental Pediatrics at Mount Sinai so I could root my work in prevention of common chronic health conditions in childhood like asthma and obesity. Since 2006, I have served as Director of the CDC and Environmental Protection Agency and American Academy of Pediatrics supported Pediatric Environmental Health Specialty Unit. We serve New Jersey, New York, Puerto Rico, and the U.S. Virgin Islands. It is one of 10 PEHSUs in the country in each federal region. The PEHSU is a go-to resource for evidence-based messaging for clinicians and families with concerns about environmental exposures, whether those are in their home, their school, or in their and larger community.

I am the Director of the New York State Children's Environmental Health Center or NYSCHECK. It’s the first in the nation state-wide, publicly funded model for children's environmental health services in the United States. There are IO PEHSUs in the country. There are seven New York State Centers in Albany, Buffalo, Syracuse, Rochester, Westchester, New York City, and Long Island, and Mount Sinai serves as the Coordinating Center. I Co-Lead the Region 2 PEHSU and NYSCHECK Coordinating Center with my good colleagues Dr. Perry Sheffield, and Dr. Lauran Zajac serves as our Medical Director. Together, we work with a wonderful team including diverse community partners to champion healthy environments for all children and their families. Through environmental health screening in pediatrics practices, families are now asked about their home environment for common environmental asthma triggers like mold or pests, and then families are connected to the needed healthy homes interventions. As the first in the country to prescribe healthy homes as part of clinical practice, New York is truly leading the way for other cities and states to follow. We also work to build clinician capacity to

respond to family concerns, and a major area of work is focused on training the next generation of leaders in children's environmental health.

As Director for Community Engagement for the Mount Sinai National Institute of Health Center Conduits and the National Institute of Environmental Health Sciences Center for Health and the Environment Across the Lifespan, I work together with partners in a range of fields including education, housing, environmental advocacy, and law to translate emerging research into programs and policies that prevent and reduce environmental exposures for children, their families, and their communities.

I am here today because sound public health policy is critically important to promoting the healthy growth and development of all children. As a pediatrician, I have witnessed firsthand how public health policy can positively impact New York City families. New York City has truly led the way in ensuring the latest science informs actions at the program and policy level to benefit all New Yorkers, and I am honored to be considered to serve on the Board and to give back to New York City and to be of service. Thank you.

CHAIRPERSON POWERS: Thank you. Go ahead.

DR. ANGELO ACQUISTA: Good morning, Council Members and Members of the Committee on Rules, Privileges and Elections.

My name is Angelo Acquista, and I want to thank you for considering my nomination to serve as a member of the Board of Health. I arrived in the United States at New York Harbor on February 11, 1963. I grew up in Astoria Queens and attended New York University as an undergraduate from 1973 to 1977. I attended New York University School of Medicine from 1977 to 1981. I was an intern and resident in Internal Medicine at Lenox Hill Hospital from 1981 to 1984. I have specialties in Internal Medicine, Pulmonary Medicine, and Tropical Diseases. I served as Committee Chairman for Quality Assurance at Lenox Hill Hospital from 1988 to 2012 and was the Assistant Director for the Intensive Care Unit at from 1989 to 2003.

I have been in private practice from 1986 to the present. I served as Medical Director for New York City's Office of Emergency Management, and I helped write protocols for New York City's response to biological, chemical, and nuclear emergencies. I

have authored books and publications on terrorism. I wrote a New York Times best seller, The Survival Guide: What to do in a Biological, Chemical or Nuclear Emergency. As Medical Director of the Office of Emergency Management, I participated in the 9/11 recovery effort. At the request of the Centers for Disease Control and the New York State Department of Health, I wrote A Physicians Resource Manual on Biological, Chemical and Nuclear Emergencies, a resource manual that served as the basis for my book, The Survival Guide: What to do in a Biological, Chemical, or Nuclear Emergency. Physicians who pass my test that I created will receive a State-issued ID that allows them to cross police barriers in the event of an emergency.

I was one of the first to profess the health benefits of the Mediterranean diet based on medical literature and published the New York Times best seller, The Mediterranean Prescription. It is a diet book, cookbook, and book that describes the health effects of being overweight and obese. I also wrote The Mediterranean Family Table addressing the need of introducing children to healthy food early in their development. I currently am the Executive

Director for Signature Services International and Executive Health for Northwell Health.

I hold several patents on wireless sensors for wireless recording of vital signs, including heart rate, heart rhythm, respiratory rate, temperature, and oxygen saturation.

I want to serve on the Board of Health because I found my experience as Medical Director for the Office of Emergency Management rewarding, and I would like to serve New York City once again in light of our recent pandemic.

I humbly look forward to serving the people of our City.

DR. JUDITH SALERNO: Good morning, Committee Chair Powers and esteemed Council Members.

My name is Judy Salerno, and it is a privilege and an honor to be nominated to serve my fellow New Yorkers as a member of the Board of Health.

My personal story and wide-ranging work experiences have shaped my views on what it takes to live a healthy life and why it should be afforded to all. Raise in Newark, New Jersey in a multi-generational immigrant family, I was grateful to

receive a full scholarship that enabled me to become a first-generation college graduate followed by a generous fellowship that allowed me to pursue a Master of Science degree in public health at Harvard.

After working in public health positions in the federal government on Aging and Long-term Care policies, at the State level on Medicaid issues, I decided that I could more effectively work if I became a physician. While discouraged from applying to medical school by many, I pursued my dreams and was fortunate to be accepted by Harvard Medical School, after which I trained in internal medicine and geriatrics. I'm deeply indebted to those who believed in me and encouraged me to make my dreams a reality.

Early in my career, I was engaged in clinical research at the National Institute of Health working with Alzheimer's patients and on hypertension while learning the importance of life-course approach that recognizes how our environments and early life experiences can affect how we age. Following NIH, I worked at the U.S. Department of Veterans' Affairs dedicating my policy and clinical skills to improving the care of older veterans. I was the Chief

Consultant for Geriatrics and Extended Care, responsible for geriatric care policies for the VA System nationwide. A broad and inclusive approach to care was essential given the complexity and multiple health and social issues faced by many of our veteran patients. It was truly an honor to serve our nation's veterans for over eight years, and I'll always be grateful to them for their extraordinary service.

I returned to the NIH as Deputy Director of the National Institute on Aging, again focusing on critical research to advance healthy aging and to find ways to treat dementia, type 2 diabetes, hypertension, and frailty.

Following my tenure as a member of the NIH leadership, I served as the Executive Officer of the Institute of Medicine, now known as the National Academy of Medicine. There, I had oversight responsibility for over 60 authoritative reports annually that spanned many critical issues in public health and healthcare ranging from H1N1 flu to HIV/AIDS to gun violence and health affects of housing instability, providing me with policy perspectives on similar issues that come before the Board of Health.

I was also the scientific partner with HBO on a four-part series on obesity in the U.S. entitled Weight of the Nation. We were nominated for two Emmys, but, unfortunately, we didn't win.

The next stage of my career was as CEO and President of Susan G. Komen, the world's largest breast cancer organization, where I focused on the unacceptably high breast cancer mortality rates among black women as compared to white women. I launched a locally led 10-city initiative to address those disparities.

I then served for the past five and a half years as President of the New York Academy of Medicine, a 175-year-old New York institution, refocusing NYAM's work toward advancing health justice, a need that was never more apparent than during the pandemic.

Throughout my career, I've always combined my clinical and public health work with hands-on experience, volunteering at a human rights clinic in Washington, D.C., teaching geriatrics to medical residents, and most recently volunteering as a physician at Bellevue Hospital during the extraordinary difficult early months of the pandemic.

Since retiring from NYAM, I believe my calling to a life of public service is not yet complete. I would consider it a unique and important honor to serve on the Board of Health, contributing what I've learned over the past 40 years to advance policies and programs that can make us a healthier city.

Thank you for consideration of my nomination.

DR. MICHAEL LINDSEY: Good morning, Chairperson Powers and Members of the New York City Council. My name is Michael Lindsey, and I want to thank you for considering my nomination to the New York City Board of Health.

I come to this moment with a deep appreciation of where I have been and where I hope to be, that is, in service to this great city.

As I reflected on this opportunity, I thought about my first social work client, Lionel. His mother was serving a prison sentence when she gave birth to him, and, sadly, he died in prison this past summer. From the time he was born, his life was shaped by unaddressed anxiety and trauma, putting him on a trajectory into incarceration.

In thinking about Lionel, I am acutely aware of the lesson I learned from him as a beginning clinician, we cannot just attempt to heal the individual, we must also focus on the systems that perpetuate the circumstances that individuals like Lionel are subject to, poverty, lack of health care, racism, and mass incarceration. To be frank, my commitment to the fields of social work and public health started well before I met Lionel. As a young man in the 1980s, I saw immediate devastation in neighborhoods that had been upwardly mobile and whose residents had long been striving to make a better life for their families, all because of the crack-cocaine epidemic.

Getting to school safely, playing pickup basketball on neighborhood courts, going to teen parties without the risk of being shot, these are all circumstances and experiences that young people in many communities around this city and country take for granted. I couldn't do that. Even then, I knew I wanted to do something about it.

I was propelled through my undergraduate studies in sociology at Morehouse College by the desire to understand how such conditions could be

allowed to persist without a strong public response. Similar concerns galvanized my studies at Howard University, where I received a master's degree in social work, as well as my scholarship at the University of Pittsburgh, where I received a master's degree in public health and then my Ph.D. in social work. Subsequently, I was a Postdoctoral Fellow at Johns Hopkins University's Bloomberg School of Public Health.

My own adolescent experiences led me to focus my research and practice on the needs of young people, specifically investigating the mental health of children and teens and developing evidence-based interventions to engage them in treatment. I've led research uncovering the troubling trends in suicide behaviors, particularly among black children and adolescents, which has been published in journals of record such as the American Association of Pediatrics.

Meanwhile, I’ve long recognized the importance of translating research into policy and action. My advocacy led to the creation of a working group of experts supporting the Congressional Black Caucus' Emergency Taskforce on Black Youth Suicide

and Mental Health. It resulted in the report Ring the Alarm: The Crisis of Black Youth Suicide in America and related legislation that passed in the U.S. House of Representatives. Similarly in New York State, my work prompted the creation of the Office of Mental Health's Black Youth Suicide Prevention Workgroup, for which I am the primary subject matter expert.

My research has also garnered me various positions including membership on the CDC's Community Preventive Services Task Force. I also serve or have served on several editorial boards of leading journals of mental health.

Today, I am Dean of the NYU Silver School of Social Work, the first black man and person of color to hold the position. With that, I carry the daily commitment and responsibility to educate the next generation of social workers, including those who will enter New York City's mental health workforce, which is needed more than ever.

My interest in serving on the Board of Health stems from a passion for addressing the mental health needs of children, youth, and families, particularly those from vulnerable and marginalized communities, as well as a recognition that physical

health, mental health, and economic status are all inextricably linked and subject to systemic forces. We are just now emerging from a pandemic that exposed the inequities that are embedded in public health systems, leading to tragically unequal outcomes in disease and death.

As I think about the work of the Board of Health, I am reminded of the need to reform those systems in order to ensure that all people receive the physical and mental health care they need and deserve, and, perhaps, the legacy of Lionel's life lies in the need for systems change.

In closing, all of these experiences that I have shared today will inform the work that I hope to do with the distinguished members of the Board of Health. I want to thank you for your time and your gracious consideration of my nomination.

CHAIRPERSON POWERS: Thank you. Thank you all for your testimony. We have written copies here as well.

I wanted to ask a few followup questions and then I'll offer an opportunity to any Colleagues here to do questions as well. I'm just going to

bounce around so I'll ask you all different questions.

I'll start with Miss Salerno. I know you talked a little bit about doing work around diabetes and hypertension and things like that. Can you talk a little bit about what you view as the role of the Board of Health when it comes to, and ideas for how to further promote healthy eating in this city, steps the Department or the Board can take to address the epidemic of diabetes in this city, and, obviously, when you look at the entire role, and you'll see this in my questions as well, Board of Health and Department of Health is so vast, the different things they do, but I think the Board of Health particularly has played a role in the past when it comes to how promote healthy eating and then also regulating food establishments, things like that, so I wanted to hear, based on your experience and, of course, the Board's role where you see maybe further opportunities to do things around tackling diabetes and promoting healthy eating.

DR. JUDITH SALERNO: Yes. I think these are complex as we well know that obesity is related to the incidents and prevalence of type 2 diabetes. I

think that we have to understand more fully that we have placed the emphasis only on individual responsibility, and we've kind of blamed the patient, if you only ate better, if you only exercised more than you would be in better health, and you could stem the tide of diabetes, but we know those are complex issues, that there's lack of opportunities to exercise, healthy food often costs more money, those kinds of things so I think we can do a lot. The City has, I think, been a leader with elimination of trans fat, posting of calories and these kinds of things to give people the education and the tools they need to take individual responsibility, but we have to look at this as kind of starting with the individual and then moving into our communities and our neighborhoods and then the city because there are things at every single level that need to be done. The City has promoted among its employees, for example, the Diabetes Prevention Program which takes prediabetic people and gives them the opportunity to be in group settings online or in-person where they can learn and participate with support in these activities that will mitigate the possibility of and the risk of diabetes so we need to do more of that.

We need to encourage the employers in the city to do this, and we need to do double down on our education in schools about healthy eating.

CHAIRPERSON POWERS: Great. Thank you for that and hope you guys will take more of that up as we know we have a lot of work to do on that front.

I wanted to go over to Mr. Lindsey. Your experience in mental health, two master's degrees and a Ph.D., not too bad, making me feel pretty unaccomplished over here. I want to talk about more mental health. Obviously a challenge that we see as a City right out in the open right now, and I feel like the Board of Health has a lot of different areas where they regulate, but I wanted to hear more about where you think the City can be headed in terms of treating mental health, and we're joined by Council Member Hudson as well, but also where the Board particularly can play a role in advancing policies to help treat mental health.

DR. MICHAEL LINDSEY: I appreciate that question, Chairperson. I think one of the things that becomes important is that you cannot have health without mental health, and I also believe that the same root causes that we struggle with in terms of

healthcare are seen in health inequities that include mental health, and so I think that the Board of Health has a great opportunity to speak to the matter of mental health in a greater way, particularly coming out of the pandemic, and particularly regarding the well-being of children.

As I understand it, the Health Code doesn't speak fully to the matter of mental health, which I think is an opportunity for the City and for the Board of Health to consider. That includes education and all the important aspects of public health pertaining to how you promote preventative aspects of securing the well-being of one's emotional and psychological health. I also think that we have an opportunity to inform the City with respect to the workforce development that needs to happen to address the mental health crisis in our city and, again, I want to point to the crisis that relates to the mental health needs of children. I think that there's also a greater opportunity for the Board of Health and for the City to think about creating greater access to services, particularly in schools where we know that at this point schools are the largest provider of mental health services to kids and still

yet, even from my own research, we find that schools are not able to sufficiently meet the mental health needs of kids and we know the importance of mental health to long-term outcomes and success for kids, and so I think in those ways the Board of Health can help inform the City on an agenda around mental health and continue the great work that is happening within the City to address mental health needs of its citizens.

CHAIRPERSON POWERS: Do you see any specific policy that you think the Board could take now to help address those issues you highlighted?

DR. MICHAEL LINDSEY: Certainly, and we just saw in the last few days, the City Council take some really great steps to improve the mental health service provision for those who are in shelters, and so I think the same philosophy around increasing access to care can also happen in schools, and so I see that as a really important opportunity to increase the provision of services in schools and what we know is that oftentimes where you live and the school that's in that location of where you live can determine whether you have access to treatment, whether schools will actually have a mental health

provider in place for children to be able to access when they need it and so one important policy decision I think that we could make with respect to mental health is to ensure greater access and schools are a primary location for those services to take place.

CHAIRPERSON POWERS: Thank you. Thank you for that. I'm going to hop over to Mr. Acquista. You work for one of the larger hospital systems here in the nation, I was going to say city but probably in the country, and we have obviously a lot of health challenges here in the city, we're talking about mental health, we're talking about obesity, obviously a pandemic. Just from your experience at Northwell and at your long health experience here, can you talk about where you see the biggest challenges facing the City right now and in the next five years when it comes to healthcare and particularly talk about what role the Board of Health can play in that and what challenges you see the Board of Health having in order to tackle those.

DR. ANGELO ACQUISTA: I think the biggest challenge that New York City and the rest of the United States and the world faces is preparing

ourselves for what we saw was an inadequate response to the recent pandemic. We noted that we didn't have enough supplies in terms of protective equipment. I remember at Lenox Hill Hospital we had six tractor trailers posted outside to accommodate bodies that we couldn't fit in our mortuaries. We noticed even though Northwell was well-equipped, many hospitals not having the necessary equipment to take care of the critically ill, lack of ventilators, lack of oxygen supply. We also noticed there were acute shortages in certain types of antibiotics, and preparation for the next pandemic is our biggest challenge. Another pandemic will occur. It's been part of human history ever since man started walking on earth. This is how nature protects itself to prevent overpopulation, and so we will have additional pandemics, and how we prepare for it is how we get defined as a civilization. The things that can be done is to improve our syndromic surveillance system in order to pick up diseases earlier, and this is a system that I helped develop at the Office of Emergency Management that allows us to follow purchases in pharmacies, over-the-counter medications, and when there are certain medicines

that are bought more and above in a certain period of time compared to previous years, we know that there's a local probably and then, with that hopefully, help confine whatever it is that is happening within that area. Syndromic surveillance, I think, is a very important tool in helping us to prepare for the next infectious problem that we may have, epidemic or pandemic. The other things that we can prepare ourselves for are surge capacity. We saw we were very limited in our ability for surge capacity. I pointed this out 22 years ago when I published my first book on terrorism. We are very, very limited on surge capacity, meaning that once we have our emergency rooms and ICUs saturated with patients, we have no other place to put them. We were putting patients in hallways and stock areas where we stock our equipment and so we need to improve our capacity for surge capacity, and the way you do that is you create warehouses where you have things that don't expire that in the event of an epidemic that they become available to us. The other thing that we did at Northwell which showed that we were well-prepared, much more than everyone else, we keep a stock of six months of everything, and so if there's a problem we

have a six-month supply of everything, and so I think New York City should follow that. It doesn't have to be six months, maybe it's three months, and so we don't have to start running around like some institutions had to, not having protective equipment, not having the gloves, not having the masks, and so this is something that I would think that the Board of Health should consider, and I think the next pandemic will tell us whether we've learned from the previous experiences that we've had.

CHAIRPERSON POWERS: I just want to ask a followup question. How do you think the City is doing in those specific areas right now? I know the Board of Health has a syndromic surveillance program right now with the pharmacies that you mentioned. How is that working? It feels like that's been in effect for a while, but I guess questions are are there other areas where we could be doing surveillance (INAUDIBLE) in the wrong context but we could be on top of the next pandemic by monitoring, I have a bill to monitor wastewater in the city, to create a permanent program in that, other areas, and then also on surge capacity and either a six- or three-month stock of supplies? How do you see the City's ability

to tackle the next pandemic in those areas at this particular moment?

DR. ANGELO ACQUISTA: One thought that I had was there are medications that expire every year, medicines expire, so it becomes a very costly item for the City if they have to stockpile these things, these medications, which to the best of my knowledge we have started to but it becomes very experience. There are creative ways to get around that where you deal with pharmaceutical companies where they automatically restock when something's about to expire where they can go and sell it, and it doesn't cost us any additional money to restock. That's one of the things that I think that the Board of Health should consider to help us save money and keep a safe stock of medications. If you remember, Chairperson, during the time when we had the anthrax scare, everybody was running around fearful that Cipro was being bought out everywhere and there was not enough Cipro. As a member of the Bioterrorism Taskforce, I recommended why don't we test and publish the sensitivities to the anthrax organism. Once we did that, we found that the anthrax organism that was here in New York was sensitive to eight different

antibiotics including Cipro. As soon as we published that, the fear in New York City subsided. The run on Cipro went way. Those are the little things that I think could make a big difference. Education and being prepared for the next episode where our surge capacity will be tested.

CHAIRPERSON POWERS: Great. Thank you. We're hopeful we don't have to deal with that anytime soon, but we know we have to be prepared for it. Thanks for that.

I wanted to switch over to a different topic which is an area where the Department of Health and the Board of Health have historically played a role which is around smoking and these days it comes in vaping and other methods so I'm going to ask Miss Galvez a question about that. The City Council has in the past banned smoking in most public spaces, and, at that time we were doing that, vaping has been marketed obviously over the last years as an alternative to that. Ten years later, we still see that. We've taken some steps to regulate it, but I wanted to talk about smoking in general and how to curb it and what role the Department of Health could play and what regulations do you see perhaps on top

of what exist today or what role the Board of Health, Department of Health, or City Council can play to address those risks?

DR. MAIDA GALVEZ: Thank you, Chair Powers. That's a great question, and I think that New York City demonstrated really forethought in their smoking policy that previously was thought to be impossible quite frankly. Posing that back then was thought to be an impossible task, yet New York City proved that it could be done, and that has curbed smoking rates tremendously, one by making it more expensive to smoke but also by banning it, not only in indoor settings like restaurants but also in New York City parks which is tremendous. For those reasons, we've seen health benefits across the lifespan but especially for children. As a pediatrician, we're especially concerned about secondhand and thirdhand smoke which children are routinely exposed to. It also highlights the disproportionate burden that certain communities face where indoor levels of secondhand smoke may be higher, for instance in public housing, so I think that this is an area that has improved dramatically because of sound policy. That said, with the

introduction of new technologies like vaping which have been marketed specifically to children because they've been flavored with flavorings that are similar to candies, that presents a tremendous concern, and I think that there are a range of exposures that have been linked to vaping as well, and the opportunity exists to strengthen regulations around vaping to ensure that this does not rise to the levels of the epidemic of smoking that we'd seen in the past.

CHAIRPERSON POWERS: Thank you. I'm going to stay on you and then I'm going to come back to another round and then I'm going to jump to Colleagues.

I just want to talk more broadly about the Board of Health. It's such an important part of our city and our healthcare system and regulating it, and it can be the leader ahead of the City Council or other places to make sure we jump in and craft regulations that help address different issues going on here, and all four of you bring in experiences in piles and background that I think can certainly advance the ability for the Board to do exactly what it needs to do and meet its mission and to go beyond

that. Just staying on Miss Galvez for a second, do you have any thoughts on how the Board, more broadly, what powers does the Board of Health have that you would leverage to advance policy priorities beyond just amending the Health Code, any areas where you see the Board of Health could expand its work beyond what it's doing today or any ideas about how you might use this role to better address health issues here in the city than that's currently being done?

DR. MAIDA GALVEZ: I think there's much we have to learn as we settle in to potential new roles on the Board if we're elected to serve. That said, in my area of work which is environmental exposures in childhood and through the lifespan, we've seen how the city, again like with smoking, was ahead of the curve with respect to banning lead pain in residences across New York City and the tremendous decline in blood lead levels in New York City children because of that and so, as a child of the '70s, my average lead level was probably about 17. Today, the average lead level in New York City children is less than 3. That's a tremendous gain. Still, no lead level is safe. Children should not be exposed to lead. While lead-based paint remains the primary source of

exposure in children, we have to better understand the contribution of non-lead-based paint exposures to these lower levels of lead, and I think that we have the second largest public health agency in the country with the New York City Department of Health, and they're already leading the way in investigating homes and doing a comprehensive assessment of what are the sources for those lower level leads, and I think there's a lot we can learn about these additional sources like food sources, for example, or consumer products and their contributions so that these exposures can essentially be prevented entirely.

CHAIRPERSON POWERS: Great. Thank you. I'm going to jump to Mr. Lindsey. You have a training in social work, and certainly we've talked a little bit already about mental health. Obviously, there's been some changes in the city right now when it comes to involuntary commitment practices to deal with folks who have mental health, can you talk about your views on those and any other policies you think the City should be taking right now to deal with folks who have serious mental illness. We, I think, across the city see individuals who desperately need help. Can

you talk a little bit about your views on the current practices that have been put into place and any other areas you think we should be doing more?

DR. MICHAEL LINDSEY: Yes, Chairperson. I applaud the City's efforts to ensure that those who are unhoused with mental illness are connected to the requisite supports that they need to address those mental health challenges that they exhibit. I think that consistent with the policy that it's important that we prepare a workforce that is specifically trained to be able to address their emergent issues, and, if law enforcement is involved, that they are also trained to be able to address those issues in a way that doesn't dehumanize individuals or facilitate the sort of re-experiencing of traumas that have already occurred in their lives and oversight I think that that's important that we ensure that we connect those who are unhoused with mental illness to long-term services that again are connected to professionals who are specifically trained to address and that they are able to receive those services and be housed long-term until their mental health challenges are address, and so I think that there's an opportunity to continue to build on that,

particularly around the workforce. As I understand it, there's a relative dearth of individuals who are in the workforce who can address the mental health needs of those who are unhoused and have mental illness and so we need to prepare a workforce in addition to mental social workers, other allied fields in mental health to be able to work alongside law enforcement and, again, ensure that the respect and careful care of their mental health needs are taken into consideration as we connect them to long-term supports.

CHAIRPERSON POWERS: Thank you. Thanks for that. I'm going to do one each and then we'll head to Colleagues.

Just to Mr. Acquista, back to COVID and pandemic and your experience tackling that alongside Colleagues, I was there for the 1,000th person who was released from the hospital way back when and it was a reminder of how much sweat and effort went into it for the folks at your hospital and others to help folks so a reminder about how dark that moment was but how much hope was in there at the same time, but, certainly since that moment when I think as a City we were standing outside applauding all the folks that

were doing the work, dealing with a very scary moment, there's been in the years since then discussion around information and exactly how to educate folks appropriately and obviously a lot of controversy and debate about particular pieces of information that were out there. In more of a broad question here, which is we may head into another pandemic, we may see another wave of COVID that crushes the city, how do we and particularly the Board of Health, the Department of Health, and the City make sure that we are providing accurate information to people, they are in a position to accept that information or receive and what is the role that you see the Board of Health playing in the next pandemic or further in this pandemic to make sure that the public is properly informed about what is happening in real-time?

DR. ANGELO ACQUISTA: It's all a matter of education. The power is in knowledge, and I always tell people, when I wrote the book on terrorism that the purpose of terrorism is to instill fear in people, and the way you dissipate that fear is by educating people. Many people didn't take the vaccine, for example, because they were fearful, and,

again, this is something that people need to be educated about. The vaccine has had a tremendous role in bringing us to where we are today. There are countries to this date whose vaccine was ineffective that are now experiencing the same problems that we had two or three years ago when the pandemic first started here, and so, using the vaccine as an example, we need to find a way to educate people to let them understand that vaccination was what brought us out of this including also natural immunization and so, once we educate the public to this, they then become more knowledgeable on vaccinations for children where a lot of mothers and parents don't vaccinate their children because they're fearful, and the only answer that I can give and the role that the Board of Health can serve is to educate the public. There are many ways that you can disseminate information. You must get to these people to be able to let them understand the benefits of modern-day medicine, and a lot of people just don't understand it and so the answer is a simple one as far as I'm concerned, difficult to implement, but a simple answer. Educate. Let people understand the risks and the benefits and sometimes even when you try to make

them understand they still don't get it, and so we need to be able to show people the benefits of what it is that the City is recommending and why the City is making these recommendations based on the science, and so my answer to that would be education.

CHAIRPERSON POWERS: Great. Thanks. Final question and I'm going to hand it over to my Colleagues for questions. Miss Salerno, the Board has so much regulatory power, so many different areas it can touch, everything from animal welfare to pandemics to food establishments, and plays such a tremendous role and obviously impacts so many different industries here in the city. One of the ones that I was talking about, healthy eating, so forth, but the other side of that is have regulations over food establishments when it comes to letter grades and their inspections, and I think to me as somebody who likes to eat out, those letter grades have been successful in making sure that those places are in higher compliance but also for us as the public to know which places we want to walk into and to provide, I think, in a certain way almost like a pressure on those places to try to achieve the higher standing. On the other side of that, as we're coming

out of the pandemic, we do sometimes hear from establishments that feel like the process is a little onerous on them, that when the Department of Health shows up, they show up at crunch time. When they have to close their kitchen, it can be impactful to businesses, and we understand the balance and the need to do both, to protect the health of New Yorkers and make sure we have top health inside those restaurants but also make sure we don't totally crush them at the time so I just want to hear your sentiments around that program, how you think it's working, and any sort of ways that the Board of Health and the Department of Health could balance out the need to do regulation and inspections alongside finding a way to be helping to those that here, particularly those who are achieving those grades?

DR. JUDITH SALERNO: I think everyone wants to eat at a restaurant with an A rating without question. It is important, I think, that we understand that what we're asking the establishments to do are things that they should be doing, that they should have clean kitchens, they should be rodent-free, these sorts of things, and I understand that it's often burdensome and certainly to have an

inspection by surprise is a difficult situation and we may catch somebody on a bad day, but there are grace periods and there are opportunities for correction of these things that are found that don't meet Code, for example. There's an analogy to nursing homes when we inspect nursing homes, for example, and it's important that when we look at the ratings for the nursing homes on the quality because people need transparency in order to make decisions about where they eat, what they do, where they put their loved ones in a nursing home, and there should be at least a level that everyone can achieve, that they don't have to only achieve it when they're given a bad rating and they need to catch up, so if people are doing the right things and are made aware of what the consequences are, then that should be part and parcel of doing business in New York City, and I hope that we can get to a place where everyone has an A rating and, if they don't, that we can do quick turnaround so that people are given an opportunity to comply with where they might've fallen short, but I think we owe it to the public. It is public information then we make decisions based on that kind of public

information at all levels of things that affect our health in the city, this being one of them.

CHAIRPERSON POWERS: Thank you. I'm going to now hand it over to Colleagues for questions, and I may have some after that myself. We'll start with Council Member Brannan.

COUNCIL MEMBER BRANNAN: Thank you, Chair. Just an open question from whoever wants to answer it. What do you think the City could be doing more in terms of animal welfare? Where are we falling short?

DR. MICHAEL LINDSEY: What I think is important around this particular question is to ensure that, first of all, those who have a family member who is a furry animal are not disconnected from that family member, particularly when they go to shelters or other places where they have to make a decision about whether to go into the shelter for fear of risk of not being able to have their loved one connected to them. I think in a general way we should look at animal welfare in the same light as human welfare and ensure that both are adhered to at the highest levels in terms of what we can do to support that.

COUNCIL MEMBER BRANNAN: Thanks.

CHAIRPERSON POWERS: Council Member Hudson.

COUNCIL MEMBER HUDSON: Thank you. I have several questions so bear with me, please, but the first one is for Dr. Salerno. You were appointed President of the Susan G. Kolman Foundation after the organization decided to stop funding breast cancer screenings at Planned Parenthood Clinics. The controversy drew the fire of both pro-choice and anti-abortion advocates, and, at the time of your appointment, journalists asked what your position on Planned Parenthood and abortion was, but the organization's press office said that those issues were in the past. Now that you're nominated to serve on the City Board of Health and now that Roe v. Wade has been overturned, those issues are very much in our present. Can you please discuss your views on the effects of overturning Roe v. Wade and Planned Parenthood's role as a provider of health services?

DR. JUDITH SALERNO: Yes, now that I'm in a position where I can make those statements. This is a personal view, and I fully support, as a mother of daughters who are at reproductive age, I fully support reproductive rights, and birth equity is, I

think, a big related issue, and we're seeing the domino effects of the Supreme Court's decision now affecting how people are approaching their reproductive years and their ability to have children. I think that these are complex issues and that it is a right of women to make their own decisions about their reproductive and sexual lives.

COUNCIL MEMBER HUDSON: Thank you. Just two followup questions on that particular topic. One is what should the Board of Health and DOHMH do to make sure that abortion, including medically induced abortion, remains available in New York and then, similarly, what should we do to ensure that chain pharmacies continue to provide drugs like, I don't know how to pronounce it, mifepristone here in New York City?

DR. JUDITH SALERNO: I think we've seen what California did. They said to Walgreen's you're not going to provide the drug, we're not going to do business with you so there is economic leverage there, and I moved here from Texas so the attitude toward these issues was dramatically different and welcomed when I came to New York to see how people discuss these and supported the rights of women and

women's health, and I believe that we should continue to do that, but, again, it comes down to individual women's choices so we need to make sure that there is appropriate education so people can make the right decision for them and that we can provide the information in an accessible way and to provide the settings where that information is available through our health systems, public and private.

COUNCIL MEMBER HUDSON: Thank you. I just want to share that we are for the first time in history a majority-women City Council led by a woman and so we have taken unprecedented steps in ensuring that New York City will always remain a safe place for folks to access abortion care and reproductive rights so I just want to put that on the record.

DR. JUDITH SALERNO: Congratulations.

COUNCIL MEMBER HUDSON: Thank you. I wanted to just continue my line of questioning with you if you don't mind.

DR. JUDITH SALERNO: Sure.

COUNCIL MEMBER HUDSON: I see that a lot of your history is with geriatric care and Alzheimer's specifically. I got into public service because I was a caregiver for my mother who had

Alzheimer's Disease, and so I'm very passionate, I'm also Chair of the Aging Committee, and have been, despite my youthful looks, an advocate for older adults for quite some time and so just wanted to ask you how do you see the Board of Health playing a role in ensuring that New York City is prepared for the expansion or growth of older adults here. I held my preliminary budget hearing yesterday with the administration, and I continue to be disappointed by the fact that the older adult population is growing exponentially, and I know that New York City is not prepared. The New York City Aging Department or Agency has a budget that is less than 1/2 of 1 percent of the entire city budget, and I think it's just completely disproportionate to the growing population that we know is here in New York City so how do you feel that your role as a member of the Board of Health would help to address that growing population and their needs?

DR. JUDITH SALERNO: I think fundamentally we need to have an age-inclusive approach to health, and we need to understand as I said in my testimony that the things we do earlier in life reflect how well we will age, and we need to keep that in mind

that each of us is aging from the day we're born and that aging doesn't start at 65, but I think that the Department of Health working closely with Department for the Aging can do a lot more, and the funding for things like senior centers, for systems where we can support older people who live alone, we know about the epidemic of loneliness. Having said that, New York City was the first age-friendly major city in the world, and we should be very proud of that but understand that we have a lot to do because there are still many people who are isolated, who live in walk-ups and can't get down their stairs. We should have that lens through which we look at all the policies that come before the Board of Health to make sure that they're age-inclusive and not excluding older people from the benefits. We've done a lot of work in this city with benches, with looking at how we time the crosswalks, the zebra stripes, things like that, but there is so much more we need to do so that we can have more intergenerational support also, and I think that, again, these are things that we need to approach every policy with looking at these issues and incorporate that perspective.

COUNCIL MEMBER HUDSON: Thank you. Dr. Galvez, I wanted to ask, I thought it was interesting in your testimony that you mentioned the practice of prescribing healthy homes as part of clinical practice, and I'm wondering how might this translate into policy change or requirements for notoriously negligent and predatory landlords?

DR. MAIDA GALVEZ: That's a great question, Council Member. If I can take a moment just to address your previous question that you…

COUNCIL MEMBER HUDSON: I would love that. Thank you.

DR. MAIDA GALVEZ: I am also a daughter of someone who had dementia and passed just prior to the pandemic, and even with a pediatrician daughter it was incredibly difficult to navigate, and I think that, one, we had incredible family support, but, two, once we connected with a geriatrician and a social worker that connected us to community resources that were available to them and were affordable, it made all the difference, and it shouldn't be so hard to figure that system out so I think if there are any opportunities to support those community resources that really provide vital support

to families who face these challenges, I think that's an area where we can really make a difference.

COUNCIL MEMBER HUDSON: Absolutely, and that's literally why I ran for office was because my experience was similar to yours in that I was the only child of a single parent, and it was so incredibly difficult to figure out what resources, services, programs, even just basic information might be available to us, and I was a well-resourced, technologically savvy younger person, and I thought that if it was that difficult for me, I can only imagine if you don't speak English as your first language, if you don't have somebody younger in your household, if you don't have a physician daughter to advocate for you, and it just shouldn't be that hard for so many people to access government resources and services so thank you for sharing that.

DR. MAIDA GALVEZ: Now your next question.

COUNCIL MEMBER HUDSON: Yes, the predatory landlords.

DR. MAIDA GALVEZ: It's much harder. Absolutely, I think as a clinician the thing that we face is that there's so much focus on the medical management and not on prevention, and that's why

we're all here today, is to focus on prevention, and what we see, for example, is that children with severe asthma who are missing school, who are seen in the emergency room, admitted to the hospital, only return home to substandard housing where the environmental asthma triggers are all too prevalent, and there are challenges in getting the repairs that they need. The question is how do we systematically address that in a way that overcomes some of the barriers to really immediate repair, and too many families are living in substandard housing for too long and actually know how to file complaints but don't get a response or the response takes years, and so I think that thinking about what the systematic barriers are in getting the repairs that they need and the range of services that are needed for those repairs and how to streamline that I think is where we need to focus our attention.

COUNCIL MEMBER HUDSON: Great. Thank you so much. Dr. Lindsey, my first question is, your training is in social work and your specialty in mental health disparities. Given that background and expertise, what are your views of Mayor Adams's new involuntary commitment policies?

DR. MICHAEL LINDSEY: Thank you, Councilwoman Hudson. I also want to go back to your question about Alzheimer's and then I'll come back to, I also have a mom who's 83 who has Alzheimer's and dementia, and this is an incredible issue for our family right now, and I see that my role as Dean of a school of social work is to ensure that we are populating a workforce with social workers who are able to go into the work of geriatric care and supporting families and older adults with these kinds of challenges. As I see it, and I'm really concerned about, is that that a limited number of our students want to go into work in that space, and so I'm trying to continuously think about how to best incentivize going into that type of social work. I also think that it's important for us to not forget the support that is essential for those who are caregiving, and I don't see that as prominent in the work around how to best support families and caregivers and so we're constantly sort of thinking about that. I also think that there's opportunities for senior centers that provide support during the day so that we are combatting the isolation and all the other risks associated with having dementia and spending time

alone during the days and also providing some respite for those who are providing the caregiving and so I applaud your work in that space, and it's incredibly important and I know that at a personal level.

In terms of the question pertaining to the Mayor's initiative, I think that it's important that we ensure that those who are unhoused and have mental illness are provided important supports that they need, and I think that, importantly along those lines, we need to train the workforce to be able to appropriately address the needs of unhoused citizens with mental illness to ensure that we're not perpetuating past traumas, and so I think that, again, the workforce issue is really important in terms of how we prepare law enforcement and also social workers and other professionals to be able to appropriately address the challenges that are presented in a way that is humanizing and not further dehumanizing, and I think that, in terms of long-term care, that's really important, and we should ensure that we are able to provide the requisite care long-term and assure that we're able to successfully transition folks back into stable situations, owing to the fact that it's important to address mental

health challenges along the way and that, once we're transitioning them to some from of stable housing, that they continue to have the access to mental health services and supports. To me, it sounds like we're heading in the right direction in that space. I just want us to be careful about how we are preparing that workforce to sufficiently address those challenges.

COUNCIL MEMBER HUDSON: Thank you for that and thank you, also, for sharing your personal story with your mother. I think it's really important that you mentioned as Dean of the Social Work School that folks aren't interested in going into geriatrics. That's something that culturally we undervalue older adults, and there are so many other cultures across the world that value older adults and show deference to older adults and we just don't do that here, and I think that we also need to ensure that, like you said, we're finding creative ways and innovative ways to incentivize folks to get into that field because it's only growing so thank you for sharing that.

In responses to your written questions, you lauded the Board of Health's declaration that racism is a public health emergency. What does it

mean to say that racism is a public health emergency, and how could it be addressed with public health solutions?

DR. MICHAEL LINDSEY: That's a really great question. What we know is that from research that I've actually conducted that things like discrimination, microaggressions tend to have a long-lasting impact on one's well-being. It can be related to depression, anxiety, etc., and so I lauded the recognition of racism as a public health issue because I think to combat the negative consequences of experiencing discrimination, microaggressions, etc., we need to approach it from a public health perspective. What that means is that there has to be some kind of universal education and understanding of the connection between racism, other kinds of discrimination, and health outcomes. The fact of the matter is that not just in mental health, but it has been documented quite well in the literature and studies that racism and discrimination is related to hypertension, it can be related to diabetes in terms of how one engages in healthy eating or other kinds of supportive activities around physical health and well-being, and so I think that a public health

response, then, in terms of education and then providing opportunities for folks to be connected to mental health treatment, for example, to be able to talk about those challenges and work through them in terms of how it impacts their lives is really important so I see that there's a need for a macro kind of intervention in terms of addressing these issues, but also in parallel fashion we need to ensure that those who are impacted by those situations at an individual level have access to services and supports to be able to reconcile those challenges. Indeed, what we know from the history of mental health service delivery in some communities of color in New York City, it actually was established on the opportunity in the 1950s, in particular, to be able to talk about the challenges of racism and discrimination, and so I'm thinking about the Lafargue Clinic in Harlem that was established for that very purpose.

COUNCIL MEMBER HUDSON: Thank you so much. Dr. Acquista, just one quick question for you, which is I saw that you served as Medical Director for the Office of Emergency Management, and I was just

wondering what your thoughts were on the City's response to Mpox last year?

DR. ANGELO ACQUISTA: The City's response was, in my opinion, good. We were able to learn from the pandemic that we suffered through from COVID, and, in that light, we were able then to respond in a quicker fashion to allow us to take into consideration the lessons learned from the past. The fact is that the biggest problem that we face today is the next pandemic that will occur and how are we going to be prepared for that. There will be evolving pathogens that we need to deal with, pathogens that may be resistant to current therapies and pathogens that we haven't seen before, and so, as Mpox or other organisms come to us as a civilization and I mean worldwide, we need to learn from each and every one of these exposures so that we can then from learning from them, we can react in a better way to the emerging pathogens coming forward.

COUNCIL MEMBER HUDSON: Thank you. I would suppose just follow that up to say I'm co-Chair of the LGBTQIA+ Caucus, and I think that there was, perhaps from a medical perspective, we addressed the Mpox well or good to use your words, but I think from

a sociological perspective we were lacking a lot in terms of who had access to vaccines and things like that so just throwing that out there as food for further thought.

DR. ANGELO ACQUISTA: Yes, there's no question, Council Member, that there are disparities related across the board that impact minorities in a much more significant way, and we see this in the rates of vaccinations that were lower, the rates of death from COVID were higher in the minority areas and minority groups, and, yes, I do totally agree with you that these are issues that need to be addressed, not only for Mpox but for all other diseases will come and face us in the future. The statistics are there. At Northwell, we saw more COVID patients than any other institution in the United States, but we also so the rates of death in hospitals in minority areas that were higher than they were in non-minority areas, and so I totally agree with you. Something needs to be done to address those issues because healthcare should be for everyone, not just for the privileged.

COUNCIL MEMBER HUDSON: Right. Thank you so much for saying. I just want to say that I think

the diverse experience that you all bring would be great on the Board of Health so thank you all for your time and for answering my questions.

CHAIRPERSON POWERS: Thank you. I'm going to note we've been joined by Council Member Brewer, Council Member Salamanca, and Council Member Brooks-Powers. We'll now go to Council Member Brewer for questions.

COUNCIL MEMBER BREWER: Thank you very much. I'm sorry I was late. I teach at Hunter this morning, but I was listening on Zoom, and I really also appreciate the Mayor's Office because I think I've met with all of you via Zoom, and I appreciate some of your answers, and I listened to the Chair ask about the schools, but I do, obviously yesterday there were shootings, one of which was in my District, and I do, for the last, I don't know, 30, 40 years, I've been pushing to have better school-based healthcare. It's not there. I know that you discussed it a little bit earlier but, given the shootings and when I was Borough President there were so many of them with young people either involved or the victims, one way or the other, and I just want to hear what you would do to advocate because you are,

as Council Member Hudson said, a really impressive group of individuals but you have to speak up. This city doesn't do well when we're quiet, so I'm just wondering what you would do specifically about school-based healthcare to advocate for more of it. It's not happening in my opinion.

DR. MICHAEL LINDSEY: I'm happy, Council Member Brewer, to answer that question because I do have a great deal of experience in terms of doing work in schools, and I believe the importance of schools as a basis of providing support to children, particularly because when you are struggling with a mental health challenge particularly related to the incidents you talked about yesterday, the anxiety and trauma that it induces, it impacts your academic and social outcomes. If you're thinking about these challenges or things that you've experienced in that environment that bring up anxiety or leads you to be traumatized by it, you're not going to be able to concentrate and focus in school, and so that's why I believe it's important for every school to have mental health providers onsite that are available to youth who need them, and I believe that we should think about the numbers in terms of the proportion of

providers to the students in the school. I think the ratio now as established by the New York State Comptroller, or at least identified by the New York State Comptroller, is that there should be one provider to every 250 students. I don't think that's sufficient and so I would in my role, if I am nominated to be on the Board, would certainly call that out and request that the Board think about ways to improve access to services by simply creating more opportunities for youth who need services to receive them. There should not be the case that any school is without a mental health providers, and, like I said, we need to think about the proportion, to increase it, for example, one to every 50 students for example.

DR. JUDITH SALERNO: May I add something to that, please? As a mother and a physician, I worry about the trauma that is occurring to the children going go school and worrying about shooters and violence, and I think we need to be prepared for a broader effect of what's going on across the city and across the U.S. with gun violence and how it's going to affect the generation of school children as they become adults, and we need to be prepared for their

mental health needs, and school is the obvious place where we can identify those most at risk.

DR. ANGELO ACQUISTA: One of the things that I would recommend is that we identify children with learning disabilities earlier rather than later. In so doing, we're able to bring attention to those people that need help. Oftentimes, our children go through grammar school, high school, and even through college not knowing that they have a learning disability. There are technologies that are out there now that allow us to do mass screening in children, in schools, for learning disabilities. The way that we do it now, it's very difficult because it's a one-on-one process, and we often ask our teachers who are already overburdened to take on this role, but there are technologies that are out there that help us looking at children with learning disabilities, identifying them, and then providing the necessary support, and so my suggestion would be to identify children with learning disabilities earlier rather than later, and you'd be surprised the impact that it has on these children as they get older. Less incidents of crime, less incidents of incarceration,

improved scores academically, and so that would be my suggestion.

COUNCIL MEMBER BREWER: East Harlem in the mix. Go ahead.

DR. MAIDA GALVEZ: School nurses were really truly frontline heroes in the COVID pandemic. I would turn to them and ask them what should we be doing now to better support you today and moving forward, and we have a variety of mechanisms to do that. There's the American Academy of Pediatrics, has a school health committee. I join those meetings on a regular basis. There's also professional development opportunities for school-based health staff where we could seek their feedback on ways to strengthen school-based health services. The schools that didn't have school nurses were at a loss, and so I think that's a major area to address as well. Then, as a pediatrician, education is one of the major determinants of health so ensuring high-quality education starting early with high-quality early childcare I think is a critical, critical area to explore.

COUNCIL MEMBER BREWER: Okay. One other thing to fight for is if it's how the reimbursements

work because the peer-to-peer is not reimbursable. I've spent hours on these topics so when you're looking at this, you have to figure out where the funding comes from, and we should be fighting for different kinds of reimbursement, just something to add to school-based healthcare.

The other question I have is there's a big issue about harm reduction. I'm supportive of the programs in East Harlem and Washington Heights. I don't know if you are, I don't know if this will come. You guys have been asked to solve all of the health problems in the City of New York as a result of your expertise, so I just didn't know how you look at harm reduction and the programs that do exist. I am supportive. They are super controversial. Could be perhaps run differently, but I didn't know how you look at harm reduction for drug abuse.

DR. JUDITH SALERNO: I was at the New York Academy of Medicine when the City asked us to do a review of these harm reduction safe injection facilities across the nation and look at the literature, and the science was very clear that they do prevent deaths and they do prevent overdoses so I think that if we're taking a science-based, evidence-

based approach we have to keep collecting the data from these few facilities we have in the City and be able to see where they're effective, where we could improve, and to look at what the consequences of not spreading this model further across the city would be. Thus far, the preliminary data looks good, and I understand why they're controversial because it appears in some ways that you're condoning drug use, but the drug use is going to take place whether in the facility or out on the street, can make a difference of whether a person lives or dies.

COUNCIL MEMBER BREWER: Thank you. Could I ask one more question?

CHAIRPERSON POWERS: Of course. Go ahead.

COUNCIL MEMBER BREWER: The other question is just the coordination of other, I guess, oversight. Let me give a quick example. We've been talking about people coming out of Rikers with health needs forever. There is a Board of Correction. I'm just suggesting that the Board of Correction and your oversight work together. I don't know that it's every happened in the history of New York because we're very siloed but we have to figure that part out, and the same issue with the Department of Health and HPD.

Lead is not doing better actually in terms of those in public housing than in the housing because HPD and Department of Health, no matter how many times they say they coordinate, they do not so it's another place for you to have some oversight if we really want to deal with lead exposure. Thank you very much. I could go on all day, but I will stop.

CHAIRPERSON POWERS: Thank you. We'll now go to Council Member Salamanca.

COUNCIL MEMBER SALAMANCA: Thank you, Mr. Chair. Good morning. First, I want to congratulate all the nominees on your nomination.

I represent the South Bronx. I represent one of the poorest communities in the City of New York, and I have one of the highest health disparities in the City. Diabetes, hypertension, obesity, asthma, a lot of it relates to poverty. As Board Members, you're going to have a role as to how the funding is being dispersed throughout the City of New York. How will you ensure that low-income communities are getting, number one, attention from the Department of Health and funding as needed?

DR. ANGELO ACQUISTA: We all know that social and economic disparities exist, and I think we

all know that the Bronx is one of the most afflicted. I think the road to economic and racial disparities is paved with poverty which then leads you to poor healthcare delivery. One of the things that in the answers that I gave that I recommended is as physicians, and I know many of them that would do this, to encourage some of the successful physicians to donate two, three hours once a month or once every two weeks to go to these impoverished areas and to show people the benefits of routine visits rather than getting healthcare from the emergency room. Identifying early health problems identifies those that are most at risk, and who's most at risk? Unfortunately, the members in your community. One of the ways that I think that we can improve that circumstance is by educating people to let them understand the importance of routine visits to a doctor, asking physicians and other healthcare providers to see if they would donate some of their time and create incentives for them to do so. It would not necessary cost the city any money, but it gives us additional care and supervision for those people that are most in need.

COUNCIL MEMBER SALAMANCA: I have excellent health facilities in my communities. Again, to go back, one of these health disparities such as diabetes and obesity has to do with healthy eating. A lot of it has to do with many of my constituents are on public assistance and so they may get X amount of dollars per month, they may have a large family, and therefore they have to ensure that whatever they get in terms of SNAP when they go to the supermarket, it's enough for the entire month. What programs will you help implement to help these families in terms of healthy eating? I don't think a doctor coming in a few hours is the solution to that problem.

DR. ANGELO ACQUISTA: I mentioned earlier how to address other issues in healthcare, and that is through education. I published a book, The Mediterranean Prescription, where it's three books in one. The first part is educating the public. To this day, I would say 80 percent of our population thinks that if you have your fat calories from olive oil that it'll make you gain weight. That's not right. It's incorrect so you educate people. What they eat, what they put in their mouths has a significant effect on their health. To this day, people think

that if you eat nuts which are healthy for you, they'll make you gain weight. Studies have shown that if you get your fats from olive oil or things like nuts compared to the fats that we get from animal fats, those people don't gain weight, but others from animal fats, not only do they have a higher incidence of every disease known to man, the third part of my book is related to the health effects of obesity, for the first time describing what unhealthy eating, being overweight and obese, which affects 60 percent of our population, what it does to every organ in our body. I don't think people realize these things, and so one of the things that can be done is to educate people about healthy eating, and, like I said, many people just don't understand the difference that not all fats are created equal. Just because something has fats in it doesn't mean it's not healthy for you and so education, I think, is a primary component in keeping people healthy as to what it is that they eat. For example, if you fry something, it becomes unhealthy. Fried calamari is very bad for you. If you happen to grill it, and people understand the difference between the two, then you're going to more likely eat the grilled calamari, and they taste just

as good as long as you know how to prepare it. Education, I think, is a primary factor in helping people in these communities.

COUNCIL MEMBER SALAMANCA: For the other candidates, I would like just to get an idea what programs are you going to try to focus on as a Board Member to help communities such as mine, low-income communities, in terms of healthy options?

DR. JUDITH SALERNO: I recall interviewing for the HBO series we did on obesity, and I wrote a companion book on the obesity epidemic in the U.S. I recall interviewing a mother in East Harlem, and she said I buy a bucket of fried chicken for my kids because I know it will fill them up, I know it's not the healthiest, but I can't afford something, broccoli and salad is not going to make my kids' bellies feel full, and that really struck me that education, yes, is very important, but we have to make foods accessible. Perhaps we can create ways that more farmers' markets, more green carts are available in different neighborhoods, but we also should be investing in helping people learn how to cook healthier meals too so our community centers with kitchens, we should grow gardens in all of our

communities and have people eat from what they grow. It's a community-wide effort, and, if it were easy to solve the obesity problem, it would've been solved. However, it's getting worse in this country, it's getting worse in New York, and we have to address it because it jeopardizes the health of the next generation significantly.

DR. ANGELO ACQUISTA: I'd like to add a little bit to what Dr. Salerno said. She mentioned chicken and, again, education. I don't think people understand that chicken is the biggest source of animal fat in our diet, and people think when they eat chicken it's very healthy. Well, it is healthy provided that you don't eat the chicken with the skin where all the fat is underneath it so education, I think, is a huge component in letting people understand what things to eat or not eat and then obviously having the finances that are available for them to purchase the foods that are healthy for you, but I was surprised to see this statistic that the biggest source of animal fat in the American diet happens to be chicken because people don't realize that if you eat the chicken with the skin on it with all the fat underneath and then on top of it you fry

it, you then have an unhealthy meal and you think you're eating healthy because you're eating chicken.

DR. MICHAEL LINDSEY: You raised a really great question, Council Member, and I think there are a couple things that are important to consider. One is that economic well-being and health are inextricably linked and oftentimes we do see disparities based on where you live, your ZIP code, etc. The purview of the Board of Health is, as I understand it, to enact, amend, or repeal provisions of the Health Code, and so I think that for purposes of what the purview of the Board of Health is, while not being able to recommend specific programs, I think we scan speak to the issues and then advise the Commissioner on what is important with respect to health and well-being, the importance of education so, for example, can we think about ways to build out health education in schools so that students are aware of the consequences of eating junk food or whatever is accessible to them. As my Colleagues were talking about fried chicken, I, myself, love fried chicken, and so I have to think about that in terms of the consequences on my health and so I think education is really important with respect to that. I

also think that it's important as Board Members, I know fully well studying poverty policy, that things like SNAP benefit, benefits are not sufficient, they don't last throughout the month, and so I would, if nominated to be on the Board, be in a position to advise fellow Board Members and the Health Commissioner on the insufficiency of those kinds of programs and to think about ways to further support the health and well-being of those who live in environments where there are food deserts or not access to appropriate sources for nutritious eating and diet.

DR. MAIDA GALVEZ: I share your concerns, Council Member, and I trained in a community clinic in the South Bronx where my good Colleagues are still working, and that actually brought me to a fellowship in environmental pediatrics, and my early research looked at the urban environment and how it shapes behaviors. It was a NIH-funded study called Growing Up Healthy in East Harlem, and it looked at the local food environment, and what we found was that on a whole for food and physical activity, families were traveling about six blocks, but for high-quality low-cost food they were willing to travel to, what then

existed in East Harlem and no longer does, the Pathmark, and so how vital a resource it is to ensure that larger grocery stores are available in high-poverty communities because that's been a challenge with Pathmark gone. We've also seen from our screening work in our pediatric clinics that when we screen for the range of social determinants of health that typically the environmental health concerns, the healthy homes concerns, were the top concern, but in COVID food insecurity surpassed that, and in response to that, my Colleagues that run the Social Determinants of Health Screening Program in General Pediatrics launched a community food program which included bringing a refrigerator into the clinic that could supply fresh food for families when they came into the doctor's office. In that screening program, they're also linked to community resources like the New York Common Food Pantry, which is based in East Harlem where they can get connected to additional social services as needed so really thinking about how to systematically connect families to these resources I think is a major area of need.

COUNCIL MEMBER SALAMANCA: Thank you for that. One of the frustrations that I have in the

Bronx is, for example, in the South Bronx, I represent Hunts Point. I have the world's largest produce market, meat market, fish market, and yet I have food deserts and food insecurities in my own communities, and many times families just do not have the funds to eat healthy but many of my supermarkets, even though they have access to these markets, the quality of food that they are offering my communities is very poor and too expensive. As a result, I work with the Department of Health where out of my discretionary funding we give what's called health bucks which is I would say these coupons to encourage communities to go to farmers' markets and kind of get discounts on fresh produce that they're offering. There was a program that we worked with with the Department of Health called Shop Healthy Bodega which would encourage bodega owners to change the way they're promoting their merchandise. Instead of soda at the eye level, have water at the eye level. Instead of candy at the counter, have fresh produce, to try to encourage individuals when they come in to eat healthy.

Just last thing, Mr. Chair, my last question, and this is extremely serious to me is

opioid use. As a Board, you have a responsibility, I know that you work with the Commissioner, but you have oversight. Opioid use has affected my communities for decades, but now it's a national conversation because it's affecting white communities. In my community on 3rd Avenue and 149th Street we call it ground zero for opioid use I believe in the City of New York, or at least in the borough of the Bronx, and one of the issues that we have is the high concentration of programs that we have there. You have methadone clinics, needle exchange programs, shelters for those that are actively using, and you have the illegal drug use, and so drug dealers know where to stand where if someone is going to go and exchange their needles, they're going to need to purchase this opioid or purchase their drugs so they're out there and they're selling. One of the biggest issues that we have in my communities is the overdose of fentanyl. Tomorrow, we're introducing a bill where it would require these harm reduction locations or organizations to provide fentanyl strips to help those individuals know if their drugs are highly contaminated with fentanyl. We want to save lives. I know many of these programs

have to do with the State with Oasis, but the Department of Health plays a vital role here in ensuring that these organizations have the funding that they need. One of the ideas in working with harm reduction organizations and the State has proposed this and I am a big proponent of it is safe injection sites, and I would like an answer from each and every one of you. Do you support the concept of safe injection sites?

DR. MICHAEL LINDSEY: Thank you for the question. I certainly support safe injection sites, but I want to make something, I think really important to this conversation, fairly clear, which is that oftentimes what we find is that substance use or overdose, the same underlying factors are associated with health inequities, particularly mental health inequities, and one of the things that I am concerned about and would like to see more of even in the sort of safe injection sites and other kinds of substance use centers is that we also realize or the opportunity that we have to add mental health treatment in concert with the substance use treatment, and oftentimes what we find is that there's not an integration of the two and so if

you're sort of simply addressing one-half of the issue which is the substance use and not addressing the underlying reasons like mental health issues that are untreated, undiagnosed then it is not fully addressing the issue of substance overuse and overdose and so I'd like to see that more, and, if I was appointed to the Board, I would be vociferous in my comments and opinions about the importance of connecting substance use and mental health treatment co-located in setting where they both can be addressed.

DR. JUDITH SALERNO: I previously mentioned that I had worked with the organization that did the analysis of the research on safe injection facilities and for the DOHMH and the City, and the evidence was clear and I think what we need to do is keep collecting data from several sites that opened in New York, but this is a complex problem, and you pointed out at least half a dozen different issues and when you asked the question about what's going on on the street and how it relates to other things, and my Colleague has raised another important issue, but we need a multipronged approach to this. One thing is not going to solve this problem. We need

to make fentanyl strips more available for testing. We need to support people in recovery. We need wider access for people who are trained in naloxone to prevent overdoses. These sorts of things, all taken in concert with the underlying issues that drive people to substance use so I think it's a complex issue, and we need to address it on many, many fronts, some of which come under the purview but not as many as we would hope from the Board of Health, but we certainly can work with the Department of Health to make sure that we're doing everything that we can to address this epidemic.

DR. ANGELO ACQUISTA: We currently have an epidemic in opioid drug overdoses through the United States. It's pervasive, and we're starting to pay attention to it finally as you said. One of the things I totally support wholeheartedly is these safe injection sites because it allows us to contact and make contact and connect with those people who are addicted where then you can offer supportive services. You can offer them counseling. Not only are they important for us to decrease the number of deaths that we have from opioid overdose, but it's an important way to connect with these people to let

them understand there's someone there that's willing to pay attention to them and give them the appropriate counseling. I'm totally, totally supportive of it.

DR. MAIDA GALVEZ: I'm in agreement with my Colleagues on supporting safe injection sites and the need for robust mental health services for families through the lifespan to focus our work on prevention as well.

COUNCIL MEMBER SALAMANCA: Thank you. I look forward to working with you. Thank you, Mr. Chair, for the time.

CHAIRPERSON POWERS: Sure. Thank you. We're now going to go to Council Member Brooks-Powers for questions.

COUNCIL MEMBER BROOKS-POWERS: Thank you, Chair, and good morning. I see that you all are very well credentialed so I'm pretty excited to read up and learn more about each of you. I just have one question for each nominee. First, I'm going to start with Dr. Lindsey. You mentioned in your answers to the Committee's questions that you devoted your research to addressing mental health inequities, and I'm especially interested in your response because,

as Chair of Transportation and Infrastructure, we're seeing a lot of mental illness play out in our public transportation system and other elements of the city so I would like to know how you feel that the Board of Health can help to address mental health inequity in New York City.

DR. MICHAEL LINDSEY: Appreciate the question. One of the things that I think is really important to establish is that not only do we have mental health inequities in terms of access to and use of services, but, unfortunately, it's sort of predetermined based on where you live or how you identify in terms of sex identity or even race and ethnicity, and what we know is that if you are a member of a historically marginalized group, the burden of untreated mental health issues is likely to be more caustic in the long run, and so I think in addition to informing the Board of the importance of creating greater opportunities for access to care, I also, and I mentioned this earlier, believe in the importance of creating stronger pipelines because we are experiencing a crisis in large part because the need is great but the opportunity to address the needs, particularly if you are a member of a

historically marginalized group who are oftentimes more willing to receive services from someone that looks like them or that represents their historical experience, then you're not likely to access care if you don't have a certainty that that will be the person with whom you are able to work with to address your mental health challenges and so I think that there's a workforce issue that we have to address and think about it in creative ways including whether we're talking about creating opportunities for greater access through telehealth services. As I mentioned earlier, the importance of co-locating services where folks show up to receive other supports or services like schools or even in sort of community-based settings, afterschool programs for youth and families, are incredibly important. If I were to be elected to be on the Board, I would advocate for those opportunities to increase access and also to think about the workforce challenge.

COUNCIL MEMBER BROOKS-POWERS: Thank you for that response. Dr. Galvez, you described your clinical work as focusing on diseases caused and aggravated by hazardous exposures in the urban environment. What do you see as the most important in

this respect in New York and the coming years and how can the Board of Health and Department help address hazardous exposures? In my District, we have JFK Airport. My communities surround the airport so we obviously get a lot of direct contact from air and noise pollution so I'm interested in knowing how the Board of Health and the Department could help address some of, even in those cases, the hazardous exposures.

DR. MAIDA GALVEZ: Thank you for that question. It's a great question. There's been a lot of work in this area in the region, particularly pointing to places like Newark, New Jersey where we have multiple major thoroughfares coming through at the same point, the port, the airport, and as a result an incredible amount of sources of air pollution in that area including truck traffic. In tours of the iron-bound community, when you give community-science tools to those community members, for example, Anna Bautista, (phonetic) who's at the new school, led a tour where she said that students taking counts of trucks passing by the school building, there were counts upwards of 300 trucks an hour passing by, so having the data that can then

inform the needed change is really critical, and New York City is actually ahead of the curve in that it has a community network of air pollution sensors, and those air pollution sensors, some of them are fixed and some of them move. There may be a need for more finer-grained sensors…

COUNCIL MEMBER BROOKS-POWERS: I was going to say because I think it's like 55, some of constituents want but 65, but, you know, yeah.

DR. MAIDA GALVEZ: I think that's exactly the area where we have to explore further. How do you enhance the existing network so you can get at some of those more local sources of pollution that maybe are not captured well in the existing network.

COUNCIL MEMBER BROOKS-POWERS: I would love to talk to you offline just to kind of pick your brain on that one because it is something that is critical in my District because we have a multibillion-dollar infrastructure program at JFK right now underway, and it's going to only increase the truck traffic and the plane traffic exponentially so thank you for that response.

Dr. Acquista, you mentioned in your answers to the Committee Staff that you think surge

capacity is the greatest challenge facing the Board and the Department in the next five years. What can the Board of Health do to address surge capacity and what the City need to do to address the issue?

DR. ANGELO ACQUISTA: Thank you. As I mentioned earlier, there are many things that can be done to address surge capacity, and that is to be able to store equipment that doesn't necessary expire. We were caught short with ventilators. Sooner or later, we will have the need for ventilators like we did during the pandemic, and the one way around it is to make sure that we have a certain supply that's readily available in the event of an emergency. That addresses the ventilator issue. Protective equipment was something we were all caught short on. The New York City Health and Hospitals was caught short, many of the private institutions were short. I learned from my institution, we had a six-month supply as I mentioned earlier, of everything we always keep in stock, and so we were able then to continue to source while we were using what we had in storage so protective equipment is very important. Addressing other needs in surge capacity, there will come times where antibiotics will be needed. That's very

experience because they expire, and there are ways that we can work with pharmaceutical companies with no additional cost to us that they will rotate those antibiotics to make them available to us if a need arises. For example, if there's some sort of biological attack, terroristic attack, we're going to need antibiotics. We address the issue, we identify it, but then those antibiotics need to be readily available. We were caught short once again during the anthrax episode that we had. Everybody was running to the pharmacy seeking Cipro, but we need to have a certain number of antibiotics that are readily available so that we can access them and so there are other things that we can address in terms of surge capacity. We were caught short with professionals so what do we do? At Northwell, we brought in healthcare professionals from other states that weren't hit as hard, and we brought nurses, we brought in administrative staff, we brought in doctors, ICU specialists, and this is something that I think that the City should look into and address. We learned at Northwell also, because we have multiple hospitals, that when one hospital is overwhelmed, we were transferring patients from one hospital to the other.

I think New York City didn't learn that until later on, and we were having hospitals like Elmhurst that were devastated with overcrowding, and so these are the little things that I think from our experiences that we can address the surge capacity needs, not only for individual patients where we can transfer them to other institutions that are not hit as hard so if you have 10 ICU beds that are available in one hospital across the city, why not decompress the other hospital where they have ICU patients in the hallways and so those are some of the ways that I think we could address surge capacity.

COUNCIL MEMBER BROOKS-POWERS: I thank you for flagging that because, especially when we saw how COVID-19 caught us off-guard, I mean there wasn't enough gowns or masks in the beginning of COVID-19, and I was really floored at how unprepared the City at that time was for that situation that we didn't have the supplies on hand. Some of our agencies did, but, like a comprehensive plan, and so I thank you for elevating that very important piece.

Dr. Salerno, you mentioned in your answers to the Committee the importance of the Board of Health Resolution passed in 2021 declaring racism

a public health crisis. Can you talk a little bit about how the Board of Health can further build on this Resolution and address this crisis?

DR. JUDITH SALERNO: Yes, I certainly think that what it called attention to is that it's not race but racism that has the detrimental effects on health, and, as Dr. Lindsey had mentioned before, there are many aspects to that, and we know now that even these kinds of things can be inherited through our genome, through epigenetics, that racial traumas can actually change our genetic makeup that we pass on to our children so that we're talking about hundreds of years of issues that have created a burden. I think one thing New York is in a very good situation in that we have one of the best city data systems so we collect information and we have the evidence that there are disparities in cancer and in the different places in the city, heart disease, all major chronic illnesses, diabetes, etc., but we were caught a little bit short during the pandemic in that we didn't start collecting immediately information on race and geography and ethnicity and those sorts of things, and when I was working at Bellevue, I worked there for six weeks from March through May of 2020, I

saw hundreds of patients. It was 100 percent COVID, the service I was working on. I saw one white person the entire time, and it was just stunning what the differences were in that pandemic so we need to collect data, we need to have it refined enough so that we can point to where the issues and the gaps are. I used to say that having worked much of the time in East Harlem that something happens when you cross from the Upper East Side, you cross 96th Street into East Harlem, that your life expectancy goes down by seven, eight, nine years so what is it about that? It's about race, it's about the environment, it's about all these factors that we've referred to as the upstream things that affect our health, and we need to address those, but I think that we need to collect better data as a starting point and that will point to where we need to act to really reduce and eventually eliminate these kinds of disparities, and we're not talking about disparities that exist only in New York. These are national problems, but we need to pay attention to them as the Board of Health in New York City and what we can do.

COUNCIL MEMBER BROOKS-POWERS: I appreciate that response, and I'll also go further to

say like in terms of access to preventative care and hospitals even, we've seen a lot of closures of hospitals over the past decade, really diminishing the number of hospital beds across the city, especially in communities that are black and brown. In Southeast Queens, we lost Mary Immaculate, Peninsula Hospital and, as a result of that, we see how it also impacts so the data will lead us to seeing some of the lack of investments in the health infrastructure, also contributes to diminishing the lifespan.

The last question, which is for the panel, and thank you, Chair, is a lot of us represent food deserts in the outer boroughs in particular as well as up in the higher parts of Manhattan. How can you use your role on this Board to develop policy that can help us further eradicate food insecurity?

DR. MICHAEL LINDSEY: I think by acknowledging in greater detail the connection between health and well-being and food insecurity and really helping to identify where there are opportunities to provide specific kinds of programming to address the food insecurities, whether we're talking about policies related to poverty and

well-being like SNAP benefits as we talked about earlier, the fact that it's not sufficient for a lot of families through the entire month, or whether we're talking about education with respect to healthier food options or supporting programming that's already in place at DOHMH that seeks to address food insecurities. We can continue to advocate for the importance of the connection between health and food insecurity and promote programs that seek to bridge that divide.

DR. JUDITH SALERNO: I agree with everything that Dr. Lindsey said, and I would suggest that since we know that many of our schoolchildren eat two of their meals in schools that that is a great opportunity to educate and to provide the healthiest food we can, and we have to make sure that we're not offering the broccoli salad next to a cheeseburger because you know what the kids will take so we have to be very careful about how we present foods, but that is where many of our schoolchildren get their nutrition.

DR. ANGELO ACQUISTA: I think there's a lot that can be done in terms of supplying our children with healthy diets and if we can profess and

educate children regarding the health benefits of the Mediterranean cuisine and have the school people who prepare those lunches, breakfasts, and dinners educated in the fact that the Mediterranean cuisine is the healthiest cuisine and make appealing food based on that diet, it would go a long way. It's been shown that if you introduce, for example, Brussel sprouts that children hate and you make them eat it, or any individual, even an adult, for one month straight you will develop a taste for it and so this is something that we can influence children, encouraging them to eat healthy foods, and you can't put the cheeseburger next to them, because once they have healthy choices and even though they don't like them and they eat them over a period of time, they develop a taste and a palette for it and they'll continue eating it. The other problem we have in these food deserts is most people purchase their food from bodegas. Now, what selection of fruits and vegetables do you get in those places? You don't get much of a selection, and so we need to encourage supermarkets, the large chains, to open up in these communities so that they have a diversity of food that people can pick from. That will make a big

difference. The healthiest food that you can actually eat are fruits and vegetables, and these bodegas, they don't have much in the way of selection in those regards. They don't have much of a selection of fish that you could eat but then comes the problem, finance. Fish is expensive, and so how do you provide that type of healthy food to that community, but the easiest place is, as Dr. Salerno says, is to get to children in school. Expose them to the healthy cuisine, ask those people who prepare the foods to follow that type of cuisine which we all try to follow ourselves as adults, and it's been shown if you're going to be obese as an adolescent, you'll be obese as an adult. It's as simple as that. Your dietary habits are formed early on, and the likelihood is that if you're obese or overweight as an adolescent you'll be obese and overweight as an adult. That's why you have to get them when they're children.

DR. MAIDA GALVEZ: I think the only thing I would add to what my Colleagues have already said is that there are wonderful community programs that are struggling and are addressing this need and so thinking through how to support these community-based

organizations. One example is Concrete Safaris, which has a community gardening program, where they're working with children after school and on the weekends, and those children are gardening outside their buildings and producing an incredible amount of fruits and vegetables. It's amazing. That is a profound lesson for school children to know that they can grow their own food and that it's healthy and then they can take it home and prepare it and have a healthy meal. I think that's a lifelong lesson for all us so thinking about how to support existing programs and growing them is where I would focus.

COUNCIL MEMBER BROOKS-POWERS: Thank you all. Thank you, Chair.

CHAIRPERSON POWERS: Thank you. We've been joined by Council Member Sanchez. We're now going to turn to her for questioning.

COUNCIL MEMBER SANCHEZ: Thank you, Chair, and good afternoon. Congratulations to all on your nominations.

I am Council Member Pierina Sanchez. I represent the Northwest Bronx, Kingsbridge, Fordham University Heights, a very high needs neighborhood, and one of the most outstanding trends that I've seen

in the last year or so in visiting schools is just a desperate lack of available mental health services in my community, and I now this is true across the city. My question to you all is what do you see as the Board of Health's role in addressing gaps in services like this, especially in high needs communities like the one I represent?

DR. MICHAEL LINDSEY: I see that the Board of Health has an incredible role to play. One, I mentioned this earlier, is that in terms of enacting upon or amending, repealing the provisions of the Health Code, it's largely silent around mental health issues, and I think that we need to bring that more into the Health Code. That's one thing. I also, as a person who does research in schools and provides services to youth in schools, believe in the power of having services co-located in schools and so you speak to a really, really important matter, which is that most schools do not have the requisite supports and providers that are necessary and so I think that in my role, if I was to be elected to be on the Board, would be a resounding voice for the importance of how to increase the number of providers, every school should have a mental health provider, and it

should be proportionate to the number of kids in schools, and so I think it's a huge, huge issue because what we know is that when kids are struggling with anxiety, trauma, or other mental health issues, it encumbers their opportunity to learn so if we want to have a city with kids who are able to thrive and grow to be successful in their development and in their adulthood to be able to make the choices in their life that they want to be able to make and they deserve to be able to make we're going to have to provide services and supports to them right now that are connected to their education.

DR. MICHAEL LINDSEY: School-based services are critically important, and I believe also that we don't do a very good job as primary care providers in the frontline of healthcare of identifying those at risk. We don't screen people for mental health issues so I think we need to really incorporate that and build it into our primary care practices, starting with the policies of Health and Hospitals which is the primary source of care for many in the city that we can begin to do better in that regard.

DR. ANGELO ACQUISTA: I agree with my Colleagues that the best that we could do is identify those children that are risk and who suffer from these disorders before they become problematic, gets them in jail, gets them in trouble with the law, and the way to do that is to have available staff that are able to diagnoses these children in order to take care of them, give them guidance. The other thing that I think we can also provide is to help create a self-learning environment that is safe. A lot of these children are from single-parent homes. They go home, they go outside, and they relate to the drug dealer on the corner. If we can just provide more supervision of these children while they're in school to give them the appropriate guidance, those that suffer from anxiety and depression are those that need our direction, and if we can provide that direction and diagnose them early I think this will prevent many of the social ills that we suffer, and we all suffer from our neighbor's illnesses. I think it will take us a long way in helping to address the issues that we confront, not only amongst the adolescent but also into adulthood.

DR. MAIDA GALVEZ: Moving upstream, I think the physical inactivity in children is a huge problem and it only worsened in COVID and so sedentary activities, going home, watching tv, getting on your screens, that's the norm, and it's very hard for families with working parents to get their children to afterschool activities where they may find those structural physical activities. That's critical to mental health. Yet, it's a big problem, and so I think looking for opportunities to make it easier for families to connect to preventative resources like structured physical activity programs I think is critically important.

COUNCIL MEMBER SANCHEZ: Thank you. Just a quick followup on that one if I may, Chair, and this is the last one. There are schools that don't have yards, don't have play yards, don't have space to provide the kinds of activities that you just mentioned that are so important. Do you think that the Board of Health has a role in communicating, talking to, pushing the Department of Education and School Construction Authority to address these challenges?

DR. MAIDA GALVEZ: My area is environment, and environment makes a profound difference, and so, absolutely, thinking about where there are opportunities, and play streets is one of them so closing the street in front of a school so that kids can use that either before, during recess, or after, I think those are opportunities to buffer some of those challenges. Thinking through whether or not that aligns with Health Code is something, if I were elected, I would learn how to do.

COUNCIL MEMBER SANCHEZ: Thank you. Thank you so much. Thank you all.

CHAIRPERSON POWERS: Thank you. Thank you, everyone, for being here today and answering questions and testifying and congratulations, again, on your nominations. With that, this panel is adjourned.

We'll now call on any members from the public who are signed up to testify, if anyone is here to testify.

Okay, no one? With that, we are adjourned. Thanks so much. [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 March 23, 2023