



Testimony

of

**Deborah Kaplan, DrPH, MPH, R-PA
Assistant Commissioner, Bureau of Maternal, Infant and Reproductive Health
New York City Department of Health and Mental Hygiene**

before the

New York City Council Committee on Women's Issues

on

Intro 1063

**March 30, 2016
250 Broadway – Committee Room
New York City**

Good morning Chair Cumbo and members of the Committee. I am Deborah Kaplan, Assistant Commissioner of the Bureau of Maternal, Infant and Reproductive Health at the New York City Department of Health and Mental Hygiene. On behalf of Commissioner Bassett, I want to thank you for the opportunity to testify on the topic of breastfeeding and its many public health benefits.

The Department works to promote breastfeeding as a way to improve the health of infants and mothers. The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of life and continued breastfeeding with complementary foods until at least one year of age. Babies who are breastfed are less likely to experience medical problems such as respiratory illness and ear infections. Additionally, studies suggest that mothers who breastfeed are less likely to develop breast and ovarian cancer, and cardiovascular disease.

However, many mothers who want to breastfeed face barriers to continued and exclusive breastfeeding, which can lead to disparities in breastfeeding rates for low-income communities and communities of color. The Department recently released data showing that in 2013, babies born to women from high-poverty neighborhoods in New York City were 1.6 times less likely to be exclusively breastfed during the first five days after birth, compared with babies born to mothers from low-poverty neighborhoods. In addition, babies born to Black women were 1.6 times less likely to be exclusively breastfed than babies born to White women. Too many New York City mothers stop breastfeeding within a few weeks after childbirth.

The Department has several initiatives to encourage breastfeeding. For example, we offer breastfeeding education and pumps to new mothers through our Nurse-Family Partnership and Newborn Home Visiting Program; develop and distribute educational materials and information to providers and consumers about breastfeeding; work with community-based organizations to build local capacity to support breastfeeding; and offer trainings to local health care providers, hospital staff and field workers, including Certified Lactation Counselor, Train the Trainer, and Community Breastfeeding Educator courses. We also offer a lactation program for our own employees, including lactation rooms and a loaner breast pump program at Department offices and support services for employees. And we offer technical assistance to other City agencies interested in building their own employee lactation programs.

As part of a multifaceted strategy to promote breastfeeding, the Department collaborates with maternity hospitals and birthing centers on a variety of initiatives. As part of Latch On NYC, we work with hospitals to support mothers who choose to breastfeed, reduce formula supplementation to healthy breastfed infants during the hospital stay, and discontinue distribution of promotional or free infant formula that can interfere with a mother's choice to breastfeed. Currently, 13 of 39 New York City maternity hospitals participate in this program. The New York City Breastfeeding Hospital Collaborative works to increase the number of maternity facilities that achieve the World Health Organization and UNICEF "Baby-Friendly" designation, a special recognition to encourage and distinguish hospitals and birthing centers that offer an optimal level of care for infant care and feeding and mother/baby bonding. To date, 18 NYC maternity facilities are participating in this collaborative, including 17 hospitals and one birthing center. Four of these facilities have achieved and maintained this prestigious designation: Harlem Hospital, Queens Hospital Center, Lincoln Medical and Mental Health Center, and NYU

Langone. All of the hospitals that have Baby-Friendly designation accommodate nursing mothers, whether employees or visitors. Hospitals pursuing this designation are creating those accommodations as well.

We have also introduced community-based initiatives to address breastfeeding disparities, including work through the City Council-funded Infant Mortality Reduction Initiative, home visiting through the Newborn Home Visiting Program and the Nurse-Family Partnership, and the Brooklyn Breastfeeding Empowerment Zone. The Brooklyn Breastfeeding Empowerment Zone (BFEZ) is a place-based initiative in North and Central Brooklyn run by our Center for Health Equity's Brooklyn Health Action Center. This program trains and empowers community members to support breastfeeding parents and families, and activates faith-based leaders, small businesses, policy makers, and others to ensure that every mother and baby has the opportunity to experience the health benefits of breastfeeding and to reduce the racial and ethnic disparities in breastfeeding. Brooklyn Breastfeeding Empowerment Zone strategies include increasing awareness of the benefits of breastfeeding, involving male partners and family members in supporting breastfeeding, mobilizing the community to support breastfeeding, and providing economic opportunities by training local residents to become Certified Lactation Counselors and Doulas. As part of this effort, we've worked closely with Council Member Cornegy and Brooklyn Borough President Adams to support their Family-Friendly Brooklyn initiative, including the establishment of community lactation rooms for their constituents; they have been excellent partners in this work and we thank them for their commitment to this cause. Additionally, we engage local groups, faith-based organizations, employers, and employees to adopt practices that protect, promote, and support breastfeeding through our Breastfeeding-Friendly Spaces initiative and Know Your Rights workshops.

Intro. 1063

The Administration supports the intent of Intro. 1063, and is already working to create supportive environments where women are comfortable to breastfeed or pump whenever and wherever needed. For example, the Department currently offers employee lactation rooms at five sites, and six more are planned for 2016, including one in each of the planned Neighborhood Health Action Centers. All of the five current sites are open for both staff and visitors to utilize. However, the Administration is concerned about limitations to existing agency space and would like to work with the Council to give agencies flexibility to determine which of their sites can accommodate a designated lactation room. Additionally, the Department is concerned about how it would ensure the compliance of other agencies.

In order to evaluate the bill and its effect on City agencies, it would be helpful to clarify the extent of the mandate. For example, would the bill require lactation rooms only in City-owned buildings that house public-facing programming, or would lactation rooms be required in space leased by the City? And, would agencies be required to retrofit existing spaces to facilitate the availability of lactation rooms?

We would like to stress the need for flexibility in determining which spaces are appropriate for use as lactation rooms. To address the broad and diverse health needs of New

Yorkers, the Department balances many initiatives simultaneously, each with their own space, staffing, and other resource requirements. For example, as part of Mayor de Blasio's commitment to Ending the Epidemic of HIV/AIDS in New York City, we are substantially expanding the services that our STD clinics provide. These clinics will be operating at or near capacity, and creating a designated lactation room could jeopardize the availability of clinical services at these sites. Another example is at our Tuberculosis clinics, where due to the nature of the illness being treated in that space, we strongly discourage infants on site to protect their health.

Instead of mandating lactation rooms, we might want to consider requiring agencies to adopt policies outlining their plans to become more breastfeeding friendly. The Department currently offers technical assistance to other agencies on breastfeeding in the workplace, and is happy to provide additional guidance on how to develop policies around the provision of signage and educational posters, employee training, and the availability of multipurpose spaces for breastfeeding and pumping on request.

Thank you again for the opportunity to testify, and I look forward to continue working with the Council on this important issue. I am happy to answer any questions.



OFFICE OF THE BROOKLYN BOROUGH PRESIDENT

**Testimony of Brooklyn Borough President Eric L. Adams
New York City Council Committee on Women's Issues
March 30, 2016**

Good morning, Chairperson Laurie Cumbo, and members of the New York City Council's Committee on Women's Issues. Thank you for the opportunity to testify today on this important legislation and a special thank you to Council Member Cornegy for working with my office to introduce this bill requiring lactation rooms in certain public places in New York City. In addition, I thank Council Members Margaret Chin, Laurie Cumbo, Daniel Garodnick, Barry Grodenchik, Corey Johnson, Stephen Levin, and Eric Ulrich, for their co-sponsorship of this bill.

I applaud the New York City Council for recognizing the need to support breastfeeding women and the New York City Department of Health for their breastfeeding initiatives. In 2013, New York City had an estimated 120,000 live births. Brooklyn accounted for about 40,000 of those babies. These numbers represent thousands of mothers and babies who can start the natural process of breastfeeding, which is scientifically proven to be beneficial to both mother and child. Breastfeeding provides vital antibodies, nutrients, and vitamins for the infant; can reduce obesity later in life; helps prevent asthma and certain cancers, and is easier to digest than formula. It also helps with the bonding process, protects women against certain cancers; is a ready-made source of nutrition for the baby, and unlike formula, is free. The American Academy of Pediatrics recommends that babies be exclusively breastfed for the first six months, and longer if possible.

According to the New York City Department of Mental Hygiene (DOHMH), while 89 percent of New York City women initiate breastfeeding at birth, only 32 percent of babies born are exclusively breastfed in the first five days of life. In lower income communities, this rate over the first five days is even lower. For example, 50 percent of women in Brooklyn Heights

breastfed while women in Sunset Park breastfed only 19 percent of the time. The numbers for exclusive breastfeeding rates also follow this trend. A DOHMH study conducted in 2011 found that for every 100 New York City women, only 14 breastfeed exclusively for the first six months. The number was even lower for low-income women; only five exclusively breastfed for first six months.

While women are protected by law to breastfeed anywhere, without fear of being asked to cover up or leave an establishment, we can, and must do more to improve efforts to build a truly breastfeeding-friendly and supportive environment in New York City.

In May 2015, as part of my Family-Friendly Brooklyn initiative, I opened a lactation lounge at Brooklyn Borough Hall. The room, a partnership between the DOHMH Breastfeeding Empowerment Zone, Worksites for Wellness, and Delta Children, is the first of its kind in a borough-wide agency. Our lactation lounge has comfortable chairs, a changing table, a hospital grade pump, a refrigerator for milk storage, and informational material on breastfeeding. The room is also directly across the hall from an accessible restroom, and has been utilized dozens of times since it has become operational.

Women who utilize the space range from those visiting Brooklyn Borough Hall for meetings or events, women who are shopping downtown, and women who work nearby and do not have and adequate space at their jobs. A police officer at the covering precinct also utilized the space for months because it was more inviting and comfortable than the space designated at the stationhouse.

The lactation lounge is available to the public during normal business hours and is easily accessed on the ground floor of Brooklyn Borough Hall. We have received great feedback from women who use the space, and utilization continues to grow as more people learn of its existence.

The legislation being introduced today goes beyond raising awareness. The creation of lactation rooms will provide a safe and clean space so that a mother can nurse a child in private — if she chooses to —and a space to express milk using a breast pump. When a mother is conducting business at designated locations, she can rest assured knowing that she will have a safe, quiet place to nourish her child. Just as important, if a mother is separated from her baby for an extended amount of time, she knows she will have access to a room where she can express milk. A missed pumping session can lead to discomfort for a woman, clogged milk ducts, or a decrease in her milk supply. While law dictates that women can breastfeed in public, there is no such protection or assurance of space for a woman who needs to pump.

I recommend that the New York City Department of Citywide Administrative Services (DCAS) be responsible for maintaining the lactation rooms, while the home agency assign the space to be used. The home agency should provide a room that is easy to access by the public, clean, has at least two chairs, a table for literature, and a functioning electrical outlet. DOHMH should coordinate with the home agency to provide educational materials as well as guidance in designating a space if needed. Additionally, the public lactation room would not be replacing a designated area for employees.

This legislation also calls for all the sites to be listed on an agency's website. I urge the administration to go further and list all public lactation rooms on NYC Open Data, so a woman will know all locations that are breastfeeding-friendly as she navigates the City. I have our lactation lounge's information on my website and added the words "breastfeeding-friendly" on flyers so women know that we encourage and welcome the practice at Brooklyn Borough Hall.

This legislation is a big step in normalizing the conversation around breastfeeding and will place New York City on the forefront of breastfeeding advocacy on a national level. The message to mothers will be loud and clear — New York City supports your breastfeeding efforts and wants to you be comfortable as you do so.

Thank you again for this hearing. We look forward to working with the New York City Council and the New York City Department of Health and Mental Hygiene to turn this legislation into law.

Intro. No. 1063 – A Local Law to amend the administrative code of the City of New York, in relation to requiring lactation rooms in certain public spaces

Testimony by:

Theresa Landau, MS, RDN, CDN, CLC

Chairperson, NYC Breastfeeding Leadership Council, Inc.

Thank you for this opportunity to testify on behalf of the NYC Breastfeeding Leadership Council, Inc. (NYCBLC) and to work together to improve the health and well-being of the mothers, children and families in New York City.

New York State and City both have excellent track records of promoting, supporting and protecting breastfeeding. Breastfeeding is not just a smart decision for mothers and babies, it is also legally protected. Over 26 years ago, the NYS Civil Rights Law (79-e), one of the first laws of its kind in the nation, was enacted. But there are also labor, penal and public health laws protecting womens' rights. And certainly, breastfeeding is not only a womens' right, but a human right. And now, thanks to the City Council, we are here to support the establishment of Lactation Rooms in public spaces frequented by low-income and often marginalized women.

It is very well documented that NOT breastfeeding increases the risk of a wide variety of health issues for both mother and baby, in the United States. EVERY medical and public health organization in the world recognizes that breastfeeding is vital to the health and well-being of the baby and mother.

Breastfeeding is not a lifestyle choice; it is a public health imperative. According to recent research, it is estimated that if 90% of women breastfed exclusively for 6 months, the U.S. would prevent over 900 infant deaths and save \$13 billion each year. We have laws protecting a women's right to breastfeed in public, but we need to change the societal culture to accept and embrace these rights.

Increasing breastfeeding exclusivity and duration, especially among low-income women, has become a public health priority of national significance. Many of these mothers and their infants have less equitable access to support and resources. Most women choose to breastfeed but do not achieve their own breastfeeding goals, often due to lack of support and real or perceived barriers.

We all know that the zip code you live in should not impact your ability to get quality health care or breastfeeding support and should not influence health outcomes. Unfortunately, disparities do exist. Breastfeeding provides a safety net for many of these families. As breastfeeding initiation rates are increasing, so too are the numbers of women returning to work or school soon after the birth of their baby. Women live complex lives. Many of the women living in the communities addressed in this bill, face the challenge of being separated from their infant for many hours at a time, while navigating the many commitments and expectations of modern life. While we have laws requiring worksite lactation rooms, similar laws do not exist for lactation rooms in public spaces. There are very few places a mother can go to express milk. This creates an unnecessary barrier which oftentimes results in mothers introducing formula or not breastfeeding at all.

While the NYC Breastfeeding Leadership Council, Inc. supports the proposed legislation to expand protection of a women's right to breastfeed, and eliminate a barrier to providing breast milk for infants, through the creation of Lactation Rooms, we also have several concerns about potential unintentional consequences. As we all work diligently to "normalize" breastfeeding in our society, we fear that if not careful with the implementation, we might be encouraging women to "hide" rather than nurse in public. Likewise, staff members in some of these facilities, in the spirit of trying to "help" a family, upon noticing a mom breastfeeding in the waiting room, might invite them to breastfeed in the Lactation Room. This may be done with good intentions, however, the message becomes clear "women should not breastfeed in public".

As more and more women feel comfortable in breastfeeding in public, so too will society be more accepting and welcoming of these mothers.

So to minimize the risk of misinterpretation of the use of the public Lactation Rooms, we make the following recommendations:

- Define Lactation Room as a **private**, sanitary place, that is not a rest room, is designed to be used to express breastmilk, and which provides an electrical outlet, a comfortable chair and nearby access to running water.
- Add: Lactation Rooms shall exist primarily to meet the needs of mothers to express their milk. They are not to be used in any way to discourage or detract from public breastfeeding. In the event that an individual mother-baby dyad needs more privacy, quiet or a designated space for breastfeeding (e.g. child with sensory issues, multiple children, or other self-defined criteria), the Lactation Room may be used for breastfeeding.
- The poster created by the Department of Health should include a statement about a “mother’s right to nurse in public” or alternatively a poster that supports “the breastfeeding couple’s right to breastfeed any time, any place” and information about the private, sanitary Lactation Room to be used for milk expression , when needed.
- Mandatory training/education related to laws protecting womens’ right to breastfeed in public, workplace, etc. for the staff working in any building housing a Lactation Room. This includes frontline staff, housekeeping staff, security, and clerical, medical, administrative, etc. Staff members not understanding the purpose of the room, might inadvertently suggest a breastfeeding mom nurse in the Lactation Room. The only way we can normalize breastfeeding and make a difference in the lives of our families, is if everyone is supportive.
- Mandatory signage stating: Breastfeeding is welcome here!

I would like to take this opportunity to make several recommendations that you may not have jurisdiction over, but which you may help to influence.

- All government buildings should have public Lactation Rooms, and signs stating: Breastfeeding is welcome here!

- Any new public building being constructed or undergoing major renovations must include at least one Lactation Room (more, if necessary)
- Every airport in NYC should have at least one Lactation Room in each terminal. I recognize that you will have to work with the NY/NJ Port Authority and the Governor's office on this, but you can be influential.
- Tax incentives for businesses that establish Public Lactation Rooms.
- Grants or other incentives for community based organization or NGO's who establish Public Lactation Rooms.

As public breast-feeding becomes more common and acceptable, society will understand the difference between objectification of breasts and their natural purpose and function. We hope so, because breast-feeding is good for mothers and babies and good for society. Breastfeeding saves lives, grows healthier babies and saves billions in health-care costs. We need to work together to create innovative ideas to make breastfeeding the norm in this City and to eliminate barriers for women, families and society.

Thank you for this opportunity.

Leigh Anne O'Connor, IBCLC
Media Relations Liaison
La Leche League of New York
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Wednesday March 30, 2016

Committee on Women's Issues

Int. No. 1063 - In relation to requiring lactation rooms in certain public spaces.

Hello and thank you for having me to speak in support of lactation rooms in our city.. I am the Media Relations Liaison for La Leche League of New York, a La Leche League Leader, a Private Practice Lactation Consultant and a mom of three children.

I have the privilege of helping support and promote breastfeeding. In my years of working with moms one of the biggest challenges I hear moms face is a clean, safe and comfortable place to nurse their babies or to pump milk for their babies.

Breastfeeding is challenging for most new families. It seems once a mom and her baby get into a groove with breastfeeding it is time for the majority of women to return to work. One of the biggest barriers to breastfeeding is employment outside of the home. New York City can be especially challenging for breastfeeding families.

Having lactation rooms would support babies in being breastfed longer. This is important because the cost of NOT breastfeeding is immense.

If 90% of American families breastfeed exclusively for 6 months, the United States would save \$13 billion per year and prevent an excess 911 deaths, nearly all of which would be in infants.

Breastfeeding is a valuable natural resource that promotes health, helps prevent infant and childhood disease, and saves health care costs.

Annual national health care costs, incurred for treatment of four medical conditions in infant who were not breastfed are estimated here:

- ~ Infant diarrhea in non-breastfed infants costs \$291.3 million;
- ~ respiratory syncytial virus costs \$225 million;
- ~ insulin-dependent diabetes mellitus, from \$9.6 to \$124.8 million
- ~ otitis media, \$660 million.

These four medical diagnoses alone create just over \$1 billion of extra health care costs each year.

This does not include the cost of missed work due to caring for a sick baby.

Many moms have found themselves pumping in a single stall bathroom and spilling their milk. No one should have to have food prepared or eaten in a bathroom. Not having a clean, safe place to pump can cause a mom to become engorged, which can complicate breastfeeding by suppressing milk and creating plugged ducts, mastitis and general discomfort. The inability to find the appropriate space to pump or nurse their baby is a major barrier to breastfeeding.

Lactation rooms would make it easier for New Yorkers and visitors to our city to breastfeed or express milk to feed their babies.

This local law will bring public spaces on par with the private sector, which provides wellness rooms to their employees.

New York is a progressive city that accommodates the diverse needs of our residents including people with disabilities and religious differences. Let us support New York's most vulnerable citizens.

Thank you.



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**WRITTEN TESTIMONY OF
THE SEX AND LAW COMMITTEE
OF THE NEW YORK CITY BAR ASSOCIATION**

**NEW YORK CITY COUNCIL
COMMITTEE ON WOMEN'S ISSUES
HEARING ON PROPOSED INT. NO. 1063 – IN RELATION TO REQUIRING
LACTATION ROOMS IN CERTAIN PUBLIC SPACES**

March 30, 2016

My name is Melissa Lee, and I am a member of the Sex and Law Committee of the New York City Bar Association. I am testifying today on behalf of the Sex and Law Committee. We thank the Committee on Women's Issues for this opportunity. Our Committee collectively represents a broad cross-section of the legal community including attorneys with expertise in public health law and policy, business law, government law, civil liberties and women's issues. My testimony today is based on the expertise of our members.

We commend the Committee on Women's Issues for taking this vital step to remedy the lack of appropriate accommodations for women needing to express breast milk in certain public spaces. However, our committee urges you to consider addressing two additional issues in the proposed amendment. First, we ask that you consider expanding the public spaces enumerated in the amendment to include public schools so that breastfeeding students may finally be guaranteed access to adequate, sanitary accommodations when needing to express milk. Second, while we recognize the critical importance of providing lactation facilities in public spaces, we ask that the Committee consider including language in the amendment to protect nursing mothers from being *required* to use such facilities when breastfeeding.

EXPANDING ACCOMMODATION REQUIREMENTS TO PUBLIC SCHOOLS

While schools, graduate and post-graduate institutions are currently required to provide their employees such accommodations for expressing breast milk pursuant to NY Labor Law § 206-c, they are not currently required under state or city law to provide their students access to the same types of accommodations. Further, in 2009, the New York Legislature passed the Breastfeeding Mother's Bill of Rights, which includes the right to pump breast milk for three years after giving birth.¹ However, by not providing a breastfeeding student with the time, space,

¹ N.Y. Publ. Health L. § 2505-a.

or sanitary conditions in which to safely and adequately pump milk during the day, schools without such accommodations are effectively rendering these rights meaningless.

Breastfeeding students, both part-time and full-time, are often subject to the same rigorous schedules as those employees NY Labor Law § 206-c seeks to protect. While schools are required to provide private, sanitary space for employees to express milk, students are often left with no assigned space or are forced to use unsanitary bathroom stalls or private bathrooms. In the latter instance, students may have to wait their turn, forcing them to miss or be egregiously late to class on a regular basis. Crucially, removing school-related barriers to breastfeeding may decrease the likelihood that student mothers who choose to nurse will delay or discontinue their pursuit of education.

Notably, last fall, the State of California passed a law requiring schools operated by a school district or a county office of education to provide reasonable accommodations on campus to meet the needs of lactating pupils related to breastfeeding.² These reasonable accommodations include both access to an appropriate space for expressing milk and/or breastfeeding, and the time to do so. By enacting such a law, California recognized that lactating mothers share the same needs regardless of whether they are employees or students.

Unfortunately, though, many New York schools needlessly create challenges for their breastfeeding students by not providing baseline accommodations for expressing milk. By including public schools in the list of public spaces proposed in Int. No. 1063, the City may finally ensure that breastfeeding students have access to private, sanitary space where they can adequately express breast milk. Because schools are already required by law to provide reasonable accommodations to their employees, it should not be burdensome for these same institutions to extend those accommodations to their students.

ENSURING THAT MOTHERS ARE NOT FORCED TO USE LACTATION FACILITIES

We further request that the Committee consider including language in the proposed amendment to affirmatively protect nursing mothers from being unnecessarily required to utilize the lactation facilities in any public space. For example, a woman who has her baby with her while waiting in line for her SNAP appointment should not be forced to leave her spot to use the lactation room. If a nursing mother feels comfortable breastfeeding in a public space like a waiting room, then current New York law gives her the right to do so.

While Int. No. 1063 will undoubtedly serve as a meaningful change for all women needing private, sanitary facilities for expressing milk while in public spaces, it is crucial that steps are taken to guard against employee misunderstanding or misuse of the proposed law. Accordingly, city agencies should create materials making clear that passage of the amendment does not preclude women from choosing to breastfeed in an open public space in accordance with their rights.³

² Cal. Educ. Code § 222.

³ N.Y. Civil Rights Law § 79-e (1994).

In conclusion, for the foregoing reasons, the Sex and Law Committee does support the passage of Int. No. 1063. However, we first urge the Committee to consider adding language to the amendment that will finally allow public students access to adequate, sanitary accommodations for the purpose expressing breast milk and language to protect nursing mothers from being unnecessarily required to use lactation facilities in any public space.

Respectfully Submitted,

A handwritten signature in black ink, appearing to be 'Melissa Lee', with a long horizontal line extending to the right.

Melissa Lee, Esq.
Sex and Law Committee
New York City Bar Association



IN THE CITY COUNCIL

TESTIMONY OF WORKSITES FOR WELLNESS
IN SUPPORT OF INTRO J1063/2016
MARCH 30, 2016

Good morning. My name is Marti Copleman. I am co-founder and executive director of Worksites for Wellness, a nonprofit New York City-based organization dedicated to assisting working women's efforts to initiate and sustain breastfeeding when they return to work from giving birth. We proudly partner with the Breastfeeding Empowerment Zone, directed by Sharon Marshall-Taylor, to reach as many women as possible.

I'd like to thank Council Member Rob Cornegy and Brooklyn Borough President Eric Adams for initiating this legislation, and the other Council member-sponsors of this bill, as well as the Committee on Women's Issues, for their support of this issue and for holding this hearing. Thank you, also, for inviting me to testify in support of this historic initiative.

A great part of Worksites for Wellness's work concerns creating, *pro bono*, fully equipped lactation rooms in public workplaces accessible to any woman, so that a woman who needs to express her breast milk during her working day can just walk in and do so without having to deal with her employer's reluctance to create a lactation room, or face threats of retaliation for exercising her right to use break time to pump. Incidentally, as you probably know, NY Labor Law 209-c requires employers to provide lactation rooms and break time to employees requesting them. Breastfeeding advocates know that *any* barrier to breastfeeding can and does lead to premature and involuntary weaning, and thus has a negative effect on a community's rate of initiation and duration.

Women should be supported, not discouraged from, breastfeeding. The United States is the only developed country in the world that does not provide material support for breastfeeding mothers, to the detriment of our

national public health, the well-being of our families and children, and to our great shame. Why is supporting working women to breastfeed so important? Because in the United States very few women have paid maternity leave and so if they can't pump at work, they frequently choose not to begin to breastfeed at all, or they wean too early. Breastfeeding lowers the prevalence of ear, lung and intestinal infections/diseases; also, childhood obesity; asthma, diabetes, SIDS, pneumonia, and diarrhea. In addition, breastfeeding can have a long-term impact on *mothers'* health by protecting them from ovarian and breast cancers and osteoporosis.

Picture, if you will, a woman just returning from whatever little maternity leave she was able to take, having adjusted her body, her life, her other children, her marriage, her sleep schedule, and myriad other realities of her life to the needs and feeding and sleeping schedule of a new infant addition to her family. She must then -- alone -- approach her supervisor and request adjustment of her work schedule for pumping breaks, and she often must schlep an electric pump and bottles plus a cooler pack with her during her daily commute. These women are hardy, they are strong, they are enormously courageous, and we should be celebrating them and supporting them in every way we can. From the picture I hope I have just created in your minds, I hope you can see the interplay between paid family leave and the availability of free, public lactation rooms, not to mention how crucial they are to our continued progress in this important area of public health. As a nation we should be embracing this process and these women instead of reacting with embarrassment or shame or negativity.

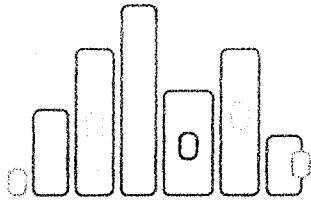
I'd like to add that we are grateful to this Committee for specifically including SNAP and Job Centers as locations where lactation rooms are required. They are among the facilities frequented by the most vulnerable New Yorkers.

In closing, I'd like to ask you to consider extending the benefits of this bill to *all* City agencies, to the Health & Hospitals Corporation (whose workers often do not have onsite lactation rooms but must *borrow* the facilities of their hospital's neonatal ICU), and to the 23 campuses of the City University of New York, which in my personal experience have for the most part been inexplicably hostile to the idea of adding lactation rooms to its campuses for

its thousands of overwhelmingly young and female student body members, staff, faculty and adjuncts.

Eventually, when breastfeeding is more socially normed, *insh'allah*, as we are convinced it will be, and when enlightened paid family leave policies universally exist such as in all the other industrialized countries of the world, we will look back on the idea of mandatory lactation rooms as quaint and old-fashioned, and wonder why such a mandate was even necessary. And the New York City Council will be renowned, for those who remember why this bill was necessary, as one of the major institutions that contributed to the social norming of breastfeeding in this great city.

Thank you very much for your attention today.



NYCMIDWIVES

Patricia Burkhardt, LM, CM, DrPH, FACNM, Co-Chair

Testimony on Int. No. 1063 - In relation to requiring lactation rooms in certain public spaces.

March 30, 2016

To the Committee on Women's Issues:

Women who have chosen to provide their newborns and infants with the custom made nutrition of breast milk must have all possible support to enhance and encourage this decision and process. They often require a private place to nurse if the infant is with them. Or they need the same type of space to express milk in order to maintain an adequate supply.

Low income families in particular often spend long hours at the multiple city facilities included in this law. They also have a strong economic need to assure an adequate milk supply to avoid the use of costly formula and to assure the best nutrition for their infants. Additionally, NYC has worked hard to create a culture where breastfeeding is normal and breastfeeding in public is common. However, many women are more comfortable breastfeeding in private. Providing space apart from restrooms for both breastfeeding and milk expression is an essential next step in the Council's efforts to strengthen and maintain the breastfeeding culture.

Once this bill is passed, there will be the challenge of assuring not only privacy but also safety for women choosing to use the space. Although it is not something to hide, placing a nursing mother in an advertised separate place that insures privacy may also increase her

vulnerability. Keeping this space integral to where the activities of the facilities occur will minimize this possible negative effect.

In summary, public health policy mandates support for breastfeeding to optimize the health of women and families. Public lactation rooms permit breastfeeding women who are separated from their infants because of work or travel to continue to breastfeed, by enabling them to pump breast milk and bring it home for use during the next day's separation. Women who travel with their infants also use these rooms to feed their babies in comfort and privacy. This bill will facilitate the construction of these spaces in all boroughs.

New York City Midwives support this law. And we thank you for including midwifery to contribute our point of view as you gather the information needed to pass this law.

Patricia Burkhardt, LM, CM, DrPH, FACNM

A handwritten signature in cursive script that reads "Patricia Burkhardt".

NYC Midwives, Co-Chair

**Testimony Before the New York City Council Committee on Women's Issues
Regarding Int. No. 1063-2016 - Requiring Lactation Rooms in Certain Public Spaces**

My name is Amber Star Merkens, and I am the New York Outreach Coordinator for Mothers' Milk Bank Northeast (MMBNE) as well as a post-partum doula in Brooklyn. MMBNE respectfully submits this testimony on lactation rooms in certain public spaces in New York City and thanks the Committee on Women's Issues, Brooklyn Borough President Eric Adams, Council Member Robert Cornegy, and the rest of the bill's sponsors for the opportunity to testify today.

MMBNE is a non-profit community milk bank, registered under FDA and certified by the Human Milk Banking Association of North America. We are in 11 states plus Washington, D.C. In New York, we provide pasteurized donor human milk to 17 of the roughly 20 hospital NICUS that provide it; 7 of which are in New York City. Last year alone, we distributed 55,350 ounces of milk to fragile babies across New York State.

We urge the Council to support this bill providing lactation rooms in public spaces through out the city and believe that the public and city employees alike deserve appropriate space in which to pump or breastfeed, while recognizing that legally mothers have a right to breastfeed in any public location where they are otherwise authorized to be.

Supporting public breastfeeding and pumping are important to me personally and I am honored to share why. As a New York mother and the mother to a child born three months premature, I know intimately the impact that lack of public support for pumping and nursing has. I was told that my very sick baby would have a better outcome if I provided her with my milk instead of formula. She particularly needed it to heal her intestines after surgery from necrotizing enterocolitis, and to combat sepsis. I pumped every three hours daily until she came home six months later. When I was not home or in the hospital, it became extremely difficult. It often felt as if I was engaged in a shady activity, expressing my baby's much-needed milk in dirty bathrooms, behind tinted car windows, and in dark corners. Literally everywhere but a clean, comfortable, accessible room. With such adversity, it might have been easy to give up, but thankfully I didn't.

I want other women to be able to provide nourishment and medicine for their own babies without enduring what I did. I want this bill to become law.

Breast milk is an important public health priority, particularly for premature and otherwise fragile babies, but stressing that importance needs to be expressed through action such as this bill. Lactation rooms are critical for enabling mothers to pump or breastfeed outside the home.

Breast milk is so important that in 2012, the American Association of Pediatrics stated, "If mothers' own milk is unavailable, despite significant lactation support, pasteurized donor milk should be used."

(<http://pediatrics.aappublications.org/content/pediatrics/early/2012/02/22/peds.2011-3552.full.pdf>)

Premature babies who receive breast milk are nearly 80% less likely to develop the life threatening disease of necrotizing enterocolitis (NEC). They are also significantly less likely to contract retinopathy of prematurity (ROP), which can cause blindness, and they receive multiple other health benefits. Breast milk is not simply nourishment, it is medicine.

If unable to breastfeed or otherwise separated from her baby a mother must pump milk in order to secure her milk supply. Enabling mothers to pump is physiologically important because it helps ensure adequate milk demand and supply.

Providing public lactation support is also a matter of equity. In 2008, according to the CDC, only about 59 percent of African American mothers had ever initiated breastfeeding and about 75 percent of white mothers. We see similar disparities in prematurity rates. According to the March of Dimes, in 2015, the prematurity rate among was 12.5% among African Americans and 8% among Whites. (<http://www.marchofdimes.org/materials/premature-birth-report-card-new-york.pdf>)

A recent study even shows that hospitals with more Medicaid recipients are less likely to use donor milk than others. (Parker M, Barrero-Castillero A, Corwin B, Kavanagh P, Belfort M, Wang J. Pasteurized human donor milk use among US level 3 neonatal intensive care units. *J Hum Lact.* 2013;29(3):381-389)

Increasing the number of NICUs providing donor milk and providing Medicaid and health insurance coverage for outpatients would go a long way to meeting the needs of fragile babies for all kinds of families.

Prematurity and breastfeeding rates reflect access by babies to the health that breast milk gives, and they have a profound and lasting impact on maternal child health. Public health campaigns and awareness raising alone can't increase equity. Mothers need support and, most importantly, access, such as that provided by the proposed bill for lactation rooms in certain public spaces.

In summation, we thank everyone again for this important legislation. Public lactation rooms are an important step toward building equity in breastfeeding rates, prematurity rates and public health at large. We urge the Council to embrace this bill wholeheartedly, to continue to do more to promote breastfeeding and breast milk, and to protect and support the mothers who provide it. We cannot do it all alone.

The New York Statewide Breastfeeding Coalition, Inc.

March 30, 2016

The importance of breastfeeding to the health of women and children is widely known. Breastfeeding initiation rates are at an all time high with almost 90% of new mothers in NYC reporting they started breastfeeding in the hospital. However, rates of exclusive breastfeeding and continued breastfeeding beyond a few weeks drop dramatically. Health care providers and advocates have widely promoted the importance of breastfeeding for many years and hospitals are improving the quality of breastfeeding care provided in prenatal clinics and in maternity units. In NYC, the NYCDOHMH Hospital breastfeeding Learning Collaborative has been very successful in improving breastfeeding support in hospitals. The high initiation rates reflect this. Breastfeeding has become the norm in NYC hospitals. However, efforts to support breastfeeding families following the birth hospitalization have lagged far behind. This enthusiastic promotion of breastfeeding without adequate support is not fair to mothers and children and has led to some backlash against breastfeeding. Poor and minority families are most affected by this gap in support from hospital to home and community.

Numerous measures have been developed to help bridge this gap. NYS Medicaid provides reimbursement for prenatal and postpartum lactation support and counseling as well as reimbursement for breast pumps. Laws which protect the right to breastfeed in public, require women receiving prenatal and postpartum care to be informed of optimal breastfeeding practices and require employers to provide women with break time to express milk have all been enacted in our state.

While breastfeeding has become the norm in hospitals, it has not yet become the norm in the community. Much more needs to be done to address barriers to breastfeeding in the community. We need to improve support and address disparities to make continued breastfeeding easier for all. The

proposed amendment will help address two important issues for breastfeeding mothers: maintaining breastfeeding when mother and baby are separated and breastfeeding in public places.

Many women express milk when they are working or away from their babies with an electric pump or by hand, and have a caregiver feed the milk to their baby. Milk expression requires a clean space, privacy and electricity for a pump. Regular milk expression is needed when mothers and babies are separated in order to provide a mother's own milk to her baby and to maintain an adequate milk supply. Providing Lactation Rooms at city agencies which serve the public will provide breastfeeding mothers with a service that may be essential to continued breastfeeding. The impact could potentially be greatest for mothers from low-income backgrounds who face some of the biggest challenges and often spend long periods of time at these facilities.

Hopefully, in the near future, breastfeeding will become the norm in the community and mothers will feel confident and comfortable breastfeeding their babies anywhere. We know this does not always happen. Last year NYSBC helped facilitate the reporting of several civil rights violations to the NYSAG, including that of a mother who was asked to move to a private space in a large well known retail store and a tourist who was asked to stop breastfeeding at the Empire State building visitors' center.

Until we reach that ideal situation where breastfeeding is highly valued and considered normal, Lactation Rooms will provide an option to women wanting a private place to breastfeed. While breastfeeding an infant can be done discreetly, some babies and older infants need a low stimulation environment to feed. Many mothers are not comfortable breastfeeding in public places as well. However, it is very important to emphasize that breastfeeding is welcome and encouraged in public at all city agencies and that Lactation Rooms provide are optional for those who choose to use them. Adequate training for agency staff is critical. Mothers should never be prevented from breastfeeding in public or forced to breastfeed in private. The cases reported to the NYSAG involved well-meaning staff

who were not aware of the importance of breastfeeding or that breastfeeding in public is a civil right, protected by law in NYS. Staff education, public education and clear communication are necessary to ensure that Lactation Rooms are offered as an option and are intended to support those who choose to use them and not to hide breastfeeding.

Thank you for proposing this amendment. The NYSBC enthusiastically supports this measure.

Susan Vierczhalek, MD, IBCLC

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March 30, 2016

Re: File # Int 1063-2016; Requiring lactation rooms in certain public spaces

It is legal in New York City to nurse in public, but finding a good place to breastfeed can be both challenging and intimidating. Knowing that there is protection under the law doesn't always make it easy. In the media, one story after another tells of women breastfeeding in public being shamed and humiliated. Even with a New York state law protecting topless women from prosecution, mothers often feel reluctant to feed their babies in public. A very small number of establishments—infant stores, lactation boutiques, large, chain housing stores—offer rooms, comfortable seating, and privacy, but more is needed.

Ten years ago, with two small children, I needed to plan my entire day around feeding times. In this day and age, our mothers and their children deserve better. We all know the health benefits of breastfeeding—it should not be a handicap for a mom to have to feed her child in New York City.

Testimony: Mackenzie Whipps

I have been a lactation educator and childcare provider for many years, I am an academic currently developing and evaluating interventions to promote breastfeeding, and I am a nursing mother to my one year old son.

The evidence from research in the US and in other high income countries is abundantly clear: breastfeeding is good for babies, good for mothers, good for the family, and good for civil society – and we don't do it enough here. Promotion of breastfeeding is therefore an important part of any city's public health initiative.

This local law would not only protect the rights of individual lactating women and their babies, but it would also go a long way towards altering our cultural norms. Individual mothers utilizing these public spaces would not be the only one's impacted – conversations will be sparked, and awareness will be drawn to the importance that we, as a city, place on giving our children the best start to life. This effort is especially important for the marginalized and vulnerable families that utilize the service spaces like WIC offices, SNAP offices, and ACS buildings.

This ordinance would also provide a tremendous benefit to the women who work at these organizations. The social workers, peer counselors, and case managers who work in many of these civil service spaces work tirelessly under tremendously difficult conditions and with caseloads that are very difficult to manage. They deserve all of the support for work-life balance that we can reasonably give. And again, we know from empirical research that providing a room for pumping at work increases breastfeeding behaviors, satisfaction with work and family life, and better employee retention – just the kinds of outcomes we would want for our social workers and case managers in these settings!

Please consider this law carefully, and make your decisions in a way that would make your own mothers proud. Make all of us proud to be raising our children in New York City. Thank you.

Testimony for Public Hearing
Committee on Women's Issues
March 30, 2016

Rebecca Benghiat
Executive Director
Seleni Institute
207 East 94th Street
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www.seleni.org

Int. No. 1063 - In relation to requiring lactation rooms in certain public spaces

Good morning. Thank you to Chair Laurie Cumbo and the other members of the Committee on Women's Issues for permitting testimony on this issue today, and to the New York City council members sponsoring this legislation.

I am Rebecca Benghiat, Executive Director of the Seleni Institute. Seleni is a New York City nonprofit organization dedicated to providing clinical care, online information, professional training, and research funding for women's reproductive and maternal mental health. We provide:

- Mental health care for women and their families, including financial assistance for those unable to afford care, including pregnant and parenting teenagers
- Emotional support for women worldwide, through reasoned and practical online information
- Professional training in perinatal mental health for care providers worldwide
- Knowledge and understanding of reproductive and maternal mental health through research funding

At our mental health clinic, we treat up to 300 patients a week. We also offer a weekly Breastfeeding Clinic for mothers who are currently breastfeeding, and a monthly Preparing for Breastfeeding Workshop for expecting mothers with our resident lactation consultant. Seleni is also open to the public and is available to any breastfeeding mother as safe and sanitary place to breastfeed or express milk.

The Seleni Institute is deeply invested in promoting laws that support the rights of pregnant and parenting women. While in the city of New York the administrative code permits women the right to breastfeed in public spaces and in the workplace, often there are no amenities designated for them to fulfill this right and to pump or breastfeed in a sanitary and private place. There is still a stigma attached to breastfeeding and expressing milk in public spaces and in the workplace. This stigma is apparent in the lack of private, sanitary facilities that would enable women to breastfeed outside the home.

In our weekly Breastfeeding Clinic, the women who attend often express concern about how to maintain adequate milk production once they return to work. Also, without lactation rooms, women experience concern and stress around access to clean places to breastfeed and/or access to an outlet if using a breast pump. If pumping, preserving their breast milk is also a legitimate worry for lactating women. There is frequent discussion in the clinic of the difficulty of going back to work and simultaneously providing breast milk for a newborn. One clinic attendee is a practicing lawyer and expressed anxiety about being able to get from the courthouse to her office where she could store her breast milk in the fridge. We see time and time again from our patients

and clinic attendees at Seleni that many women do not feel supported in breastfeeding and expressing milk at work or in public places.

Since it is a legal right in New York City for women to breastfeed in public and at work, there need to be designated amenities to support them in actually exercising this right. Lactation rooms with nearby access to running water, an outlet, and a comfortable place to sit while breastfeeding or expressing milk should be a requirement in government agencies and buildings, job centers, public schools, and community and public centers.

We are grateful that the Committee on Women's Issues is addressing this important topic and supporting reproductive and maternal mental health.

I have been a MW in NYC for over 16 years. We are always encouraging women to breast feed their babies and support "breast is best". Yet we do little to help them to give them the opportunity to do so. I myself remember 16 years ago when my daughter was 4 months old and it was April and we went to a night time Yankee game. It was a cold and dreary night and she was hungry. Breastfeeding her in the bleachers did not seem like a good option. There being no other private place to go out of the cold an light drizzle, I opted for the bathroom. Of course the only sit available was the toilet (of course with out a lid). I sat there, in the dirty bathroom, sitting on the toilet and breastfeed my baby. Tears came done my eyes. It was humiliating and disgusting. I vowed then and there to never sit on a toilet again to breast feed my baby.

Requiring public spaces to require clean, private spaces for women to Breast feed is a huge health benefit to all NYers.

Submitted by
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in favor in opposition

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(PLEASE PRINT)

Name: MARTI COPLEMAN
Address: 60 PINEAPPLE ST. #7D, BRKN 11201

I represent: WORKSITES FOR WELLNESS
Address: same as above

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Name: Pam LYNCH ON BEHALF OF BP ADAMS
Address: ~~209 JOURNATION STREET~~ 113 E. 4TH ST, BROOKLYN

I represent: BP ERIC ADAMS
Address: 209 JOURNATION STREET

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Name: SARADISE KRAZBALEK
Address: 1150 PLUMBERS ROW, BRANTON, NJ

I represent: NYC BREASTFEEDING SUPPORT
Address: 42 W 4TH ST, NEW YORK, NY

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Name: Melissa Lee

Address: 764 Union Street Brooklyn, NY

I represent: NYC Bar Association

Address: 42 W. 44th Street NY, NY

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Name: Theresa Landau

Address: 225-20 88 Ave Bayside Manor 11427

I represent: NYC Breastfeeding Leadership Council, Inc

Address: _____

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Name: Marsha Wright

Address: 150 William Street, NY, NY 10038

I represent: NYC Administration for Children's Services

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Name: PATRICIA BURKHARDT

Address: 49 STRONG PLACE

I represent: NYC Midwives

Address: Same

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Name: Rebecca Benghiat

Address: 207 E. 94th St. 10128

I represent: Seleni Institute

Address: 207 E. 94th St. 10128

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Name: Leigh Anne O'Connor

Address: 10 Stuyvesant Oval NY NY 10007

I represent: La Leche League of New York

Address: _____

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Name: Mackenzie Whipps

Address: 320 5th Ave. 11215

I represent: Myself

Address: _____

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Name: Amber Star Merkens

Address: 385 E 18th St #3J Bklyn, NY 11226

I represent: Mothers' Milk Bank Northeast

Address: 377 Elliot Newton Upper Falls, MA

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Name: Deborah Kaplan

Address: 4209 28th St LIC

I represent: DOHMH

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Name: Deborah L. Aponte Martinez

Address: 315 Avenue C Apt 3D

I represent: public -

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Name: Carol Pace

Address: 445 W. 57th St Apt 16

I represent: NKALM

Address: 445 W. 57th St NYC

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Address: *146 St. NYC*

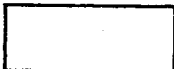
I represent: *Midwifery Care NYC*

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Address: *485 Throop Ave*

I represent: *Department of Health*

Address: _____

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