

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

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B E F O R E: MARK LEVINE  
Chairperson

COUNCIL MEMBERS: Alicka Ampry-Samuel  
Inez D. Barron  
Mathieu Eugene  
Keith Powers

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

Kim Kessler, Assistant Commissioner, Bureau of  
Chronic Diseases Prevention and Tobacco Control  
New York City Department of Health and Mental  
Hygiene

Sarah Shih, Assistant Commissioner, Primary Care  
Information Project, Department of Health and Mental  
Hygiene

Michael Davoli, Director of Government Relations,  
American Cancer Society's Cancer Action Network, New  
York City

Robin Vitale, Vice President of Health Strategies,  
American Heart Association

Claire Wang, Vice President for Research Evaluation  
and Policy, New York Academy of Medicine

Miguel Graham, Student at DeWitt Clinton High School  
Member of Teens for Food Justice After School  
Apprenticeship Program

Joshua Delgado, Senior at DeWitt Clinton High School  
Campus, Member of Teens for Food Justice After  
School Apprenticeship Program

Chris Norwood, Founder and Executive Director of  
Health People

Minister John Williams, New Creation Community  
Health Empowerment

Anna Flattau, Vice Chair for Clinical Services for,  
Family and Social Medicine, Montefiore Medical  
Center

Dr. Pasquale Rummo, NYU Langone Health and NYU  
School of Medicine

Assistant Professor Jennifer Pomeranz, College of  
Global Public Health, NYU

Vanessa Salcedo, Pediatrician and Director of Health  
Promotion, Union Community Center, Bronx, Co-Chair  
of the Bronx Healthy Beverages Zone Project

Melissa Olson, Director of Nutrition and Wellness,  
Community Healthcare Network

Matt Greller, NATO

Pamela Bonney, Co-Founder, Tried and True Nutrition,  
Inc. and Member. American Heart Association Advocacy  
Committee

Clarissa Saliotto, Representing Herself

2 [sound check] [pause] [gavel]

3 CHAIRPERSON LEVINE: Good morning, good  
4 afternoon, everybody. Welcome. I'm Mark Levine,  
5 Chair of the City Council's Committee on Health. I'm  
6 pleased that we're joined by fellow Health Committee  
7 Member Dr. Mathieu Eugene, Council Member from  
8 Brooklyn as well as Health Committee Member Council  
9 Member Alicka Ampry-Samuel, and others will be  
10 joining us as well. We have three or four  
11 simultaneous hearings going on right now. So, it's a  
12 busy day around City Hall. Today we're going to be  
13 hearing four bills aimed at protecting children and  
14 all New Yorkers from excessive consumption of sugar.  
15 Introduction 5 sponsored by Council Member Barron  
16 requires signage about the risks of sugars and other  
17 carbohydrates for people with Diabetes and  
18 Prediabetes. Proposed Introduction 1064 sponsored by  
19 Council Member Kallos would prohibit chain  
20 restaurants from offering sugary sodas as default  
21 menu items and meals aimed at children. Introduction  
22 1326, which I am pleased to be the lead sponsor of,  
23 requires notification of significant amounts of added  
24 sugar on menu boards in chain restaurants, and  
25 Introduction 1361, which I'm also sponsoring,

2 requires the Department of Health to report on the  
3 occurrence of diabetes and diabetes related  
4 complications, and to develop a plan to reduce such  
5 health problems. New York City is losing the fight  
6 against obesity and Type 2 Diabetes, and sugar is  
7 largely to blame. According to DOHMH, 34% of city  
8 adults are overweight, and another 22% are  
9 categorized even more problematically as obese, and  
10 tragically this crisis is affecting children as well  
11 starting at extremely young ages. One in five  
12 kindergarteners and one in four Head Start children  
13 are obese in New York City. The statistics on Type 2  
14 Diabetes are similarly alarming with an estimated  
15 987,000 New Yorkers now afflicted with this disease,  
16 many without knowledge of their condition. And there  
17 is a disproportionate impact among African-American,  
18 Latino and Asian New Yorkers who are average—who are  
19 on average twice as likely as white New Yorkers to  
20 have Type 2 Diabetes. We need to give New Yorkers  
21 every tool we can to help them win the battle against  
22 obesity and Diabetes, and there is no tool more  
23 powerful than information. Unfortunately, when it  
24 comes to the food we eat in this city, critical  
25 information is often lacking. A quick look at a

2 typical fast food menu makes it clear New Yorkers are  
3 being served items that they would have no reasonable  
4 expectation of knowing are packed with added sugar.  
5 I'm not talking about desserts, which everyone knows  
6 have a lot of sugar. I'm talking about items like  
7 the following: These are actual menu items at chain  
8 restaurants in New York City. A salad with 40 grams  
9 of added sugar. That's equivalent to 10 teaspoons of  
10 added sugar. A side order of baked beans with 18  
11 grams of added sugar. That's like 4-1/2 teaspoons  
12 added into an order of baked beans. A honey barbecue  
13 sandwich with 21 grams of added sugar. A family size  
14 macaroni salad with 30 grams of added sugar. A small  
15 barbecue Hawaiian pizza, 33 grams of added sugar. An  
16 individual order of oatmeal, 33 grams of added sugar.  
17 I could go on and on and on, but it is clear that New  
18 Yorkers are ordering menu items, which they should  
19 have no reasonable expectation are packed with what  
20 in some cases is more than the entire recommended  
21 maximum consumption of sugar in one single menu item.  
22 New Yorkers need to be warned of the excessive  
23 amounts of sugar being added to food they are eating.  
24 That's why our bill Intro 1326 would require an icon  
25 to appear on menu items in chain restaurants warning

2 of high amounts of added sugar. This bill builds on  
3 the successful implementation of calorie counts and  
4 sodium warning on New York City menus, which are  
5 already providing critical and valued information to  
6 New Yorkers. If we are going to win the fight  
7 against obesity and Type 2 Diabetes, we need to  
8 empower New Yorkers with the knowledge to make  
9 better, smarter and healthier eating choices. This  
10 package of bills will go a long way towards achieving  
11 that goal. We look forward to hearing from the  
12 Department of Health and from advocates and health  
13 experts on how we can partner together in this fight.  
14 I am pleased that we have been joined by the lead  
15 sponsor of Intro 1064, our colleague Council Member  
16 Ben Kallos, and I am going to turn it over to him for  
17 opening remarks.

18 COUNCIL MEMBER KALLOS: Thank you. Good  
19 afternoon. I'm Council Member Ben Kallos. You can  
20 Tweet me at Ben Kallos. I want to thank all of the  
21 parents, advocates. I see children in the audience  
22 and I think that's absolutely amazing, students and  
23 members of the media who are here and watching  
24 online. Thank you to our Speaker Corey Johnson and  
25 to our Health Committee Chair Mark Levine for working

2 to get this bill heard, and thank you to the Council  
3 staff for your hard work to ensure this bill reflects  
4 the voices and expertise of parents and advocates for  
5 the Healthy Happy Meals Legislation. The CDC, the  
6 Center for Disease Control estimates that one in five  
7 school age children and young people 6 to 19 years is  
8 obese. Accord to the New York City Department of  
9 Health, half of elementary school children are  
10 overweight with one-fifth of kindergarten students  
11 and one-fourth of Head Start students are obese.  
12 Obese children and adolescents are more likely to  
13 become obese adults, and even young children can  
14 develop chronic health conditions, and diseases  
15 including Asthma, Sleep Apnea, bone and joint  
16 problems, Type 2 Diabetes, and risk factors for heart  
17 disease. The American Heart Association recommends  
18 that children over the age of two have no more than  
19 one 8-ounce sugary drink a week. Yet, the AHA also  
20 reports that children today are consuming as much as  
21 10 times that amount. Introduction 1064 of 2018 can  
22 help reverse these trends by requiring restaurants to  
23 make healthy drinks like non-fat milk and water, the  
24 norm on children's menu. Intro 1064 of 2018 ensures  
25 that water or milk 100% fruit juice and flavored



2 water without added sweeteners are preferred options  
3 for all restaurant kids' meals offered in New York  
4 City. This would be across every single restaurant.  
5 A 2017 Global Strategy group survey commissioned by  
6 the American Heart Association found that New Yorkers  
7 expressed nearly support at 94% for making the food  
8 and beverage option in children's menus healthier.  
9 The survey concluded that New York City voters are  
10 strongly in favor at 87% of making healthy drinks  
11 like water and low fat milk the default drink option  
12 on children's menus. This also would—bill would also  
13 hold non-compliant restaurants accountable. Any  
14 restaurant that violates any of the provisions of  
15 this bill would be held liable for penalties between  
16 \$200 and \$500. For the first violation \$500 and  
17 \$1,000 for the second violation within any 12-month  
18 period and \$1,000 to \$2,500 for a third or subsequent  
19 violation within any 12-month period. A version of  
20 this legislation was in—originally introduced in 2011  
21 by former Council Member and current State Senator  
22 LeRoy Comrie. It was something that I later  
23 reintroduced with co-sponsorship by Council member  
24 now Speaker Corey Johnson, and Council Member Steve  
25 Levin. It shouldn't need to take eight years to move

2 public health to where we are today, but we're  
3 committed, and we're going to keep going, and  
4 continue to ensure that we have access to healthy  
5 food. I would like to thank our Chair, Council  
6 Members Espinal, Ayala, Rose, Reynoso, Rosenthal,  
7 Richards and Rivera for co-sponsoring this current  
8 version of the bill. Thank you.

9 CHAIRPERSON LEVINE: Thank you, Council  
10 Member Kallos, and we're not going to turn it over to  
11 representative of the Administration. It's  
12 Commissioner Kessler and Assistant Commissioner and  
13 Director Schiff. You—you can give us your proper  
14 titles. We will ask you to do the affirmation with  
15 our Committee Counsel Sarlis.

16 LEGAL COUNSEL SARLIS: Do you affirm to  
17 tell the truth, the whole truth, and nothing but the  
18 truth in your testimony before this committee, and to  
19 respond honestly to Council Member questions?

20 ASSISTANT COMMISSIONER KESSLER: I do.

21 ASSISTANT COMMISSIONER KESSLER: I do.

22 LEGAL COUNSEL SARLIS: Thank you.

23 CHAIRPERSON LEVINE: Please.

24 ASSISTANT COMMISSIONER KESSLER: Thank  
25 you and Good afternoon Chair Levine and members of

2 the committee. I am Kim Kessler, Assistant  
3 Commissioner for the Bureau of Chronic Diseases  
4 Prevention and Tobacco Control at the New York City  
5 Department of Health and Mental Hygiene, and I'm  
6 joined by my colleague Sarah Shih, Assistant  
7 Commissioner for Primary Care Information Project.  
8 On behalf of Commissioner Barbot, thank you for the  
9 opportunity to testify today on the proposed  
10 legislation, which would require healthy drink  
11 options for children's meals; create a warning for  
12 food in restaurants that are high in added sugar;  
13 require restaurants to post signage about the risks  
14 of sugars and other carbohydrates, and require the  
15 department to report data about New Yorkers with  
16 Diabetes. The mission of the Health Department is to  
17 improve and protect the health of all New York City  
18 residents and promote health equity. Obesity and  
19 other diet related diseases including Type 2 Diabetes  
20 and heart disease are significant health problems in  
21 New York City, and disproportionately affect Black,  
22 Latino, and poor New Yorkers. New York City has  
23 implemented numerous programs, policies and  
24 initiatives to improve the health of New Yorkers.  
25 Yet, unacceptable inequities, avoidable and unjust

2 differences in health outcomes remain. In New York  
3 City in 2017, over 34% of Black adults and 33% of  
4 Latino adults had obesity compared to 19% of White  
5 adults. Fifteen percent of Black adults and 16% of  
6 Latino adults had diabetes compared to 7% of White  
7 adults, and Diabetes rates are increasing in New York  
8 City and across the country. Since 2002, adult  
9 prevalence of Diabetes in New York City has increased  
10 by over 40%. Continued efforts to address these  
11 chronic conditions are needed, and pursuing these  
12 efforts is a top priority for the department. Diet is  
13 a key risk factor for poor health outcomes. Yet, New  
14 Yorkers face a difficult environment when trying to  
15 make healthy choices. Foods high in salt and sugar  
16 are widely available, heavily promoted and often  
17 offered in large portions. In the face of this  
18 landscape, we have many strategies to increase  
19 availability, access and awareness of healthy food,  
20 promote active living and decrease consumption of  
21 foods high in salt and sugar. For example, in 2017,  
22 we distributed over \$1 million worth of fruit and  
23 vegetables via Health Bucks helping to put fresh,  
24 locally grown produce into the hands of thousand of  
25 low-income New Yorkers. The Health Department also

2 provides nutrition education in many settings across  
3 the city including childcare centers through programs  
4 like Eat Well, Play Hard, which alone has reached  
5 over 85,000 children, parents and staff since its  
6 inception in 2008. We have also produced media  
7 campaigns that call attention to the aggressive  
8 marketing practices of the food industry, highlight  
9 the importance of family support and making healthy  
10 lifestyle changes, and urge New Yorkers to make  
11 healthy choices like avoiding sugary drinks and  
12 choosing fruits and vegetables more often. The  
13 department's strategies are aimed at addressing  
14 multiple aspects of the food system from production  
15 to consumption with initiatives that target food  
16 industry practices as well as individual behaviors.  
17 The department's actions that reduce the prevalence  
18 of the impact of Diabetes are similarly  
19 comprehensive. We focus on prevention and address  
20 Diabetes, obesity and related chronic disease. At  
21 many stages from baby-friendly hospitals and breast  
22 feeding empowerment programs to nutrition standards  
23 in community and faith-based organizations, childcare  
24 centers and public schools to discourage the  
25 consumption of sugary drinks across the population.

2 We also work both clinical and community-based  
3 partners to increase the availability of the National  
4 Diabetes Prevention Program or NDPP in the  
5 neighborhoods of high rates of obesity and chronic  
6 disease in the city. The Health Department has added  
7 over 140 NDPP workshops over the past four years  
8 focusing on communities with the worst public health  
9 outcomes. Reducing consumption of sugary drinks is a  
10 top priority of the department and relevant to the  
11 bills we are discussing today. Not only are sugary  
12 drinks heavily marketed to youth, low-income  
13 neighborhoods and communities of color, they are also  
14 linked to serious health risks including weight gain,  
15 heart disease and Type 2 Diabetes. Actions that  
16 reduce sugary drink consumption also create  
17 opportunities to address racial and ethnic health  
18 inequities in these diet related diseases? I thank  
19 the Council for recognizing these issues, and Chair  
20 Levine and Council Members Kallos, Espinal, Ayala,  
21 Rose and Barron for sponsoring these pieces of  
22 legislation. I would now like to turn to the bills  
23 under consideration today. Intro 1064-A would remove  
24 sugary drinks as the default beverage for children's  
25 meals offered at certain food establishments.

2 Improving beverage options in children's meals is  
3 important and we always recommend water and  
4 unflavored, unsweetened milk or milk alternatives as  
5 the best beverage options for your health. The  
6 Administration supports this bill. This will shift  
7 norms about these beverages and create—and create the  
8 opportunities that would—to the de-sugary (sic) and  
9 consumption among youth. This is especially  
10 important since just one sugary drink serving can  
11 contain more calories from added sugars than a  
12 child's recommended daily limit. Of note, sugary  
13 drink consumption is especially concerning in our  
14 youngest New Yorkers. In 2015, nearly a quarter of  
15 New York City children ages zero to five consumed one  
16 or more sugary drinks daily, and within the same age  
17 range Black and Latino children were significantly  
18 more like to drink sugary drinks daily than white  
19 children. These differences in consumption are  
20 mirrored in our adult populations, and they  
21 demonstrate that it is never too early to send strong  
22 messages about the importance of avoiding sugary  
23 drinks. We would like to propose some edits for  
24 enforcement purposes and recommend limiting flavored  
25 mile to 130 calories, which aligns with the New York

2 City Food Standards. We look forward to working with  
3 Council to make this important change in the food  
4 environment for children. Intro 1326 would require  
5 certain food service establishments to post a warning  
6 label and icon for menu items that contain more than  
7 12 grams of added sugars. We thank the Council for  
8 raising this important topic and highlighting the  
9 impact that added sugars can have on our health.  
10 Sugary drinks are the largest single source of added  
11 sugars in our diets, and nearly half of that is  
12 consumed by children and teens comes from these  
13 beverages. We look forward to speaking further with  
14 Council about the feasibility of implementing this  
15 policy. Intro 5 would require certain food service  
16 establishments to display an informational poster  
17 about the risks of excessive sugar and other  
18 carbohydrate intake for Diabetic and Pre-Diabetic  
19 individuals. We appreciate the intent of this bill  
20 to address this disease on a population level by  
21 providing information to consumers, and we agree that  
22 restaurants are an important place for approaches to  
23 address public health, including through health lines  
24 for people living with Diabetes and Prediabetes.  
25 Diet is a key component of the individualized care



2 plan. However, because there is no one-size-fits-all  
3 dietary recommendation for all people with Diabetes  
4 and Prediabetes, crafting a poster that provides  
5 sufficient materials and information on complex topic  
6 could present challenges. We also note that experts  
7 recommend that nutrition labels be simple and easy to  
8 understand requiring no specific or sophisticated  
9 nutritional knowledge. However, the proposed signage  
10 may not provide actual information to consumers as it  
11 does not link health messaging to specific menu  
12 items. We look forward to discussing this bill  
13 further. Intro 1361 would require the department to  
14 report on a variety of Diabetes related health  
15 problems disaggregated by various demographics and  
16 issue recommendations for reducing the public health  
17 impact of Diabetes. The Administration supports this  
18 bill. We understand the importance of being able to  
19 track progress in order to understand the factors  
20 associated with these complications, and develop  
21 policies and programs to move the needle in the right  
22 direction. The department has access to a variety of  
23 data sources including our own robust A1C Registry,  
24 vital statistics data, and Community Health Survey  
25 Results as well as the State Health Department's

2 Statewide Planning and Research Cooperative System or  
3 SPARCS dataset and the United States Renal Data  
4 System. While the available data does not cover all  
5 of the indicators requested in the bill, we look  
6 forward to working with counsel to develop a report  
7 based on available data that provides a comprehensive  
8 picture of Diabetes and its health impact in New York  
9 City. Thank you for the opportunity to testify. We  
10 are happy to answer questions.

11 CHAIRPERSON LEVINE: Thank you both. I  
12 want to focus on the alarming trends that you  
13 mentioned. I just want to get the stats out there.  
14 What is the current rate of overweight and obesity in  
15 New York, and can you describe the trend on that  
16 factor?

17 ASSISTANT COMMISSIONER KESSLER: Current  
18 rates of overweight and obesity I think that you  
19 include in your opening statement for adults it's  
20 near two-thirds of the population that overweight and  
21 obese, and for kids as you indicated, it's about 1 in  
22 5 in our K to 8 population.

23 CHAIRPERSON LEVINE: How does that  
24 compare to past years?

2 ASSISTANT COMMISSIONER KESSLER: We've  
3 had—we haven't made the progress that we like to have  
4 made in addressing this—this factor. So, obesity  
5 rates have been relatively steady in New York City in  
6 the past several years. They're not going down.

7 CHAIRPERSON LEVINE: Diabetes, what is  
8 the rates?

9 ASSISTANT COMMISSIONER KESSLER: Diabetes  
10 rate citywide is a little over 11% I believe with—  
11 with vast disparities in different communities.

12 CHAIRPERSON LEVINE: I definitely want to  
13 focus on the disparities, but just to get the trend  
14 sound or the global trend. So, Diabetes has also  
15 plateaued or is it actually getting worse?

16 ASSISTANT COMMISSIONER KESSLER: Diabetes  
17 rates have been going up. Is that correct, Sarah?

18 ASSISTANT COMMISSIONER SHIH: Yes,  
19 Diabetes had experienced an increase from 2002 from  
20 8% to current, and it's—it continues to increase  
21 steadily.

22 CHAIRPERSON LEVINE: So, amidst all of  
23 the public policy interventions, all of the advances  
24 in science that has helped us understand the  
25 components of healthy diet, all of the public

2 information campaigns that we've done in this city,  
3 how is it that we are stalled on obesity and sliding  
4 backwards on Diabetes?

5 ASSISTANT COMMISSIONER KESSLER: Thank  
6 you for that question. I-I agree with the-your  
7 characterization of this as something to be extremely  
8 concerned about. The rates even where we've seen  
9 rates steady up as opposed to increases, they are  
10 certainly far too high despite the efforts that we've  
11 had at the local level, and efforts that have been  
12 happening nationally and state-statewide as well in  
13 terms of awareness of this issue. OPC is a  
14 complicated issue. It's-we're really-we are up--New  
15 Yorkers are up against a lot when they're trying to  
16 make healthy choices in the city. It has to do with  
17 the food environments that we're all trained to  
18 navigate and other-and other factors that contribute  
19 to this. It would be challenging to see changes in  
20 obesity rates over time because it is difficult for  
21 people to reverse obesity once they have obesity,  
22 which doesn't mean that we can't see progress in  
23 other areas.

24 CHAIRPERSON LEVINE: Right, but the  
25 continual emergency will be seen at young ages means

2 that we're—we're in the midst of some sort of ongoing  
3 failure. This isn't only a legacy of—of people who—  
4 who have suffered from obesity for years, and have  
5 challenges overcoming it, there are additional  
6 people, young people, the most vulnerable, the most  
7 innocent you could say. And it's—it's just—it's  
8 enormously frustrating and worrying because of how  
9 far we've come in understanding the ways that diet  
10 and exercise contribute to these diseases, and the  
11 work that we have attempted to—to spread that  
12 information I think it—this gets beyond the scope of  
13 this hearing in some ways. But I think it probably  
14 reflects a fail—failure of—of curriculum in the  
15 public school system to help teach people what is  
16 healthy eating. It—it probably reflects failures in  
17 the diet that were—and—and the meals that we're  
18 providing in schools. Again, this is beyond the  
19 scope of the hearing, but it's extremely worrisome to  
20 me, and a source of yet additional frustration are  
21 disparities in these diseases along lines of race,  
22 ethnicity, and income. Could you say anything about  
23 how the city looks from a perspective of racial  
24 equity on these diseases?

2 ASSISTANT COMMISSIONER KESSLER: Yeah. I  
3 want to start by saying we share your sense of  
4 urgency and frustration in terms of not being able to  
5 turn the tide on—on these conditions in the way that  
6 we have hoped to and with the comprehensive types of  
7 approaches that we've tackled—that we've used to  
8 tackle these issues. In terms of disparities, I know  
9 for Diabetes rates they are very significant. I  
10 think that Latino and Black New Yorkers have rates  
11 about twice as high as White New Yorkers, and  
12 similarly, that's similarly true for sugary drink  
13 consumption as well as for health outcomes like  
14 obesity in terms of people of color in comparison to  
15 Whites. We think—I think we have to recognize that  
16 these problems are really complex, and they go to core  
17 inequities in our city. Their foundation of health  
18 comes from opportunities and resources, and what's  
19 available to New Yorkers, and those resources include  
20 things like housing, transportation, clean and safe  
21 parks, healthy and safe food, and those resources  
22 have not been distributed equally throughout our  
23 city, and I know this is—I know this is a concern  
24 that you share. We still believe that changing  
25 environments to increase opportunities for people to

2 be—for people to be able to make healthier choices  
3 and to make those healthier choices easier in the  
4 ways that we have done with the policy approaches  
5 that we have—have pursued and the educational  
6 approaches that we have pursued can make a difference  
7 for New Yorkers, and that's why we're enthusiastic  
8 about the Council's attention on these issues, and  
9 some of the proposals that you have introduced today.

10 CHAIRPERSON LEVINE: Yes. We need to  
11 look at the availability of healthy food. People are  
12 creatures of their environment, and the food that is  
13 provided in low-income areas in the city and  
14 communities of color in this city is markedly less  
15 healthy. It still remains true throughout the city  
16 that—that the most wholesome and healthy food is more  
17 expensive, and generally less accessible for people  
18 in low-income communities. Hence the origin of the  
19 term food deserts. I live on 153<sup>rd</sup> Street in  
20 Washington Heights, and in my local bodega you have  
21 to go eight freezers in to find a drink that is not  
22 sugary. So, if you want a diet drink or water, you  
23 have to go eight freezers in, and the average person  
24 is not going to make it to the eighth freezer. They  
25 are going to grab what's available, and again this is

2 beyond the scope of this hearing, but understanding  
3 the availability of healthy food and making sure it's  
4 accessible and affordable to every single person in  
5 the city is—is an absolutely key—key part of—or it  
6 has to be a key part of our strategy. And, you know,  
7 I'm so frustrated because back in the '70s and '80s  
8 the science wasn't exactly settled on this or—or at  
9 least it hadn't been disseminated yet, and—and I've—  
10 I've often recounted my—my traumatizing incident from  
11 middle school where I had a class on health, and I  
12 was taught that pepperoni pizza was healthy because  
13 it had all four food groups [laughter] and-- But—  
14 but, we have learned so much since then, and that  
15 information has been disseminated. We understand now  
16 you have to reduce processed food. You—you need to  
17 reduce consumption of animal-based products. You  
18 certainly need to reduce the amount of added sugar,  
19 sugar period in your diet, which is our focus today.  
20 And so the fact that we're not winning that war is  
21 enormously frustrating, and pushing the envelope on  
22 getting people information is really a key part of  
23 this hearing today. I want to pause and acknowledge  
24 that we've been joined by a member of the Health  
25 Committee, Council Member Inez Barron, who is also



2 the lead sponsor of Introduction 5, and I'm going to  
3 ask her to say some remarks about her bill, please.

4 COUNCIL MEMBER BARRON: Thank you, Mr.  
5 Chair for holding this very important hearing, and  
6 thank you to the panel and to the audience that's  
7 here as well to witness this. The bill is very  
8 simple. It simply says that where there are  
9 restaurants that have a seating capacity that there  
10 be a chart that informs the consumers that excessive—  
11 the risk of excessive sugar and carbohydrates  
12 particularly for persons with Diabetes and  
13 Prediabetes. Similar to the salt shaker where you  
14 have number 2 of number 1 salt shaker to indicate  
15 that. I think that perhaps many people have  
16 forgotten or do not—will never perhaps learn that  
17 carbs turn to simple sugars. So, they've got to be  
18 aware that the process of digestion results in the  
19 sugar in the bloodstream. So, this is an attempt to  
20 bring that awareness, to bring that familiarity. We  
21 know that there are, in fact, the advertisements that  
22 are going forward now talking about the risk of  
23 smoking, what the conditions are that caused by that.  
24 We know that there's a public campaign bringing  
25 awareness to the dangers of these excesses or the

2 conditions that contribute to these chronic diseases  
3 that result. So, that's what the bill talks about,  
4 and I'd like to know what's the position of the  
5 Administration on the bill?

6 ASSISTANT COMMISSIONER KESSLER: Thank  
7 you so much for your question. We also agree with  
8 you around the importance of this topic, and the  
9 importance of bringing interest in education and  
10 information of what's healthy to eat to all New  
11 Yorkers. Our concern with the bill is that providing  
12 information for people with Diabetes or people with  
13 Prediabetes in a format such as a poster would be  
14 difficult. It would be difficult to craft a poster  
15 that would give meaningful and actual information to  
16 people with Diabetes in a restaurant environment, and  
17 this is because there really is no one-size-fits-all  
18 recommendation with Diabetes in terms of what to  
19 consume and the topic of carbohydrates is somewhat  
20 complicated in terms of the way that carbohydrates  
21 appear in all different types of food including  
22 fruits and vegetables and including whole-whole grain  
23 foods that could be very much a part of a healthful  
24 diet. And so, in that way it's complicate to

2 translate this to a poster, and—and we think that  
3 could pose a challenge.

4 COUNCIL MEMBER BARRON: We love  
5 challenges. It's an opportunity. So, I have several  
6 ideas about how we can get that done. You know when—  
7 I used to teach, and that's still my gift and my  
8 calling, and I think that's something that I'll  
9 always be in touch with, and I'm sure that amongst  
10 the 1.2 million school children that are out there  
11 that they might be able to devise a very direct,  
12 simplistic poster which gets at what we're talking  
13 about. I believe it was a child who came up with the  
14 Reduce, Reuse, Recycle symbol, and no it's not in-  
15 depth. It doesn't go all the way, but it gets the  
16 direct message that we need to be able to circulate  
17 and I would think that somewhere amongst the 1.2  
18 million children and the teachers that are committed  
19 to getting them to be creative that there would be a  
20 way to get the message very directly. And I would  
21 want to know would the Administration consider that?  
22 Would the Administration work with the DOE to talk  
23 about that as a campaign, and look to see what we can  
24 come up with along with the Department of Health and  
25 Mental Hygiene-Mental Health?

2 ASSISTANT COMMISSIONER KESSLER: We  
3 certainly are interested in any mechanisms that we  
4 think we can use to get helpful-messages that can  
5 help people make healthier choices out and working  
6 with the DOE is something that we do in a variety of  
7 different ways. Nutrition education is a core part  
8 of our activities. We have a nutrition education in  
9 childcare settings. We have nutrition education in  
10 Farmer's Markets, and we would-we'd welcome the  
11 opportunity to discuss how we can help more New  
12 Yorkers understand what's healthful for them to eat,  
13 and I think we would look forward to doing that.

14 COUNCIL MEMBER BARRON: So, you mentioned  
15 nutrition education. What in the curriculum  
16 addresses nutrition? You brought it up so--

17 ASSISTANT COMMISSIONER KESSLER: So, I  
18 was speaking of nutrition education programming that  
19 the Department of Health offers and not specifically  
20 DOH nutrition education programming, which I wouldn't  
21 be the best person to speak to. In terms of our  
22 programming, we offer, as I mentioned, nutrition  
23 education, which that takes place in childcare  
24 centers across New York City in low-income  
25 neighborhoods specifically, and that's designed to

2 reach parents and staff as well as kid, and then also  
3 nutrition education at Farmers' Markets throughout  
4 the city, and that covers a whole host of topics  
5 from—from sodium to sugary drinks to using more fruit  
6 that's at the farmer's markets and it has a culinary  
7 component to it as well, culinary education component  
8 to it as well.

9 COUNCIL MEMBER BARRON: Do any of that—  
10 does of that information—I've seen it in pamphlets  
11 and things of that nature. Does any of that  
12 information come in a direct kind of chart or--?

13 ASSISTANT COMMISSIONER KESSLER: We have  
14 lots of different print collateral.

15 COUNCIL MEMBER BARRON: Where you have  
16 the plates and the information. (sic)

17 ASSISTANT COMMISSIONER KESSLER: Yeah, we  
18 have lots of different information like that that  
19 people—that is available from calling 311. We also  
20 have information that we use and develop to educate  
21 providers or work with providers around increasing  
22 awareness of public health information that we want  
23 them to share with their patients. So, on topics  
24 such as Diabetes as well as hypertension and—and  
25 currently we are visiting providers in low-income

2 neighborhoods with a—with an education kit that's  
3 about pediatric obesity, and what providers can do  
4 around increasing awareness of pediatric obesity, and  
5 addressing pediatric obesity.

6 COUNCIL MEMBER BARRON: Well, I think you  
7 for that, and I look forward to seeing how we can, in  
8 fact, draw on the creativity and the intelligence and  
9 the ingenuity of students in particular to come up  
10 with a poster that would be directly to the point  
11 considering all of the complexities of what  
12 carbohydrates do, and how they are synthesized  
13 differently in—individuals that would address this  
14 issue because we certainly know that in particularly  
15 communities of color this is a high incidence, and it  
16 gets to be a question of inequity in providing  
17 services and information to those communities where  
18 there's a high incidence of these chronic diseases,  
19 and it's something that I think we need to address,  
20 and not just talk about how complex it is, and not  
21 have a plan to address it and resolve it. Thank you,  
22 Mr. Chair.

23 CHAIRPERSON LEVINE: Thank you Council  
24 Member. I want—I want to continue a few questions on  
25 the issue of sugar, and I want to emphasize that our

2 focus in this hearing is on foods and drinks with  
3 added sugar, and—and why—why we make that  
4 distinction. Too much sugar from any source can  
5 still be a health problem, but the reality is that  
6 the sugars that occur naturally in fruits are  
7 considered less worrisome (1) because fruits have  
8 some other beneficial health qualities and (2)  
9 because people are just less prone to binge eat. No  
10 one is going to sit down and eat eight apples in one  
11 sitting the way people are prone to eating chocolates  
12 and other things that have—have all the negatives  
13 without any of the positives. And so our focus on—on  
14 our bill for sugar labeling is on added sugar, and as  
15 I mentioned, added sugar in—in dishes or meals where  
16 one wouldn't expect to see it. I understand that you  
17 agree with the spirit and intent of the bill, but  
18 that you have concerns about legal matters and  
19 implementation. Could you explain again your  
20 concerns on—on the practicalities?

21 ASSISTANT COMMISSIONER KESSLER: As you  
22 indicated, we—we share your concern around added  
23 sugars, and we also recognize that the restaurant  
24 environment is one that is challenge to make  
25 healthful choices in, and where more and more New

2 Yorkers and people across the country are eating away  
3 from the home, we think the restaurant environment  
4 can be an important place to act. In terms of  
5 challenges with this bill in particular, the issue is  
6 that added sugar information isn't available to us,  
7 and it isn't available to customers in chain  
8 restaurants in New York City. So, under what  
9 restaurants are required to provide is to have  
10 nutrition information for their foods on site, and  
11 information—that information would include the total  
12 sugars that are in the food that they're offering,  
13 but not added sugars.

14 CHAIRPERSON LEVINE: Right, and as I  
15 understand this, we are victims of federal failures  
16 in this policy area where the federal government  
17 really for decades has been slow to act on sugar--and  
18 this had been documented—in part because of the  
19 influence of the sugar lobby, big sugar, so to speak,  
20 which has managed to beat back a number of promising  
21 public policy interventions at the federal level, and  
22 so now today we're stuck with federal mandates on  
23 menu and recipe reporting that are not included in  
24 this critical—this—this critical piece of  
25 information. Am I correct about that?



2 ASSISTANT COMMISSIONER KESSLER: You're  
3 correct about the status of the calorie labeling at  
4 the local level. So, the federal government is very  
5 close to—the federal government has made an  
6 announcement that will require that on packaged  
7 goods, the nutrition fact label that we're all used  
8 to looking at on packaged goods is going to require  
9 added sugars, and that's coming into effect very  
10 shortly. So, I believe it's in January of next year  
11 that we'll begin to see that. However, in their menu  
12 labeling requirements that are also in effect, don't—  
13 don't include that piece about added sugars. They  
14 include total sugars only. We were pleased to see  
15 the federal government have nutrition—have menu  
16 labeling go into effect with the requirements of the  
17 Affordable Care Act, and make that a—a nationwide  
18 requirement was something that was first adopted here  
19 in New York City, and so it's a positive step to see  
20 that it's being required nationally now, and it's  
21 also a positive step to know that added sugars will  
22 be required on packaged foods. However, there is  
23 this gap where added sugar information is not as a  
24 result of where the federal law is now. It's not  
25 going to be available in restaurant settings.

2 CHAIRPERSON LEVINE: We were able to have  
3 a successful sodium warning program, which survived a  
4 legal challenge. It's come to be appreciated by New  
5 Yorkers. I've even heard anecdotal stories of  
6 restaurants adjusting their recipes so that they are  
7 under the threshold that requires the sodium warning.  
8 That to me is a great success. If we're-if as a  
9 result of providing information to the public,  
10 restaurants feel obligated to make their menus more  
11 healthy, that's a win. Why-why-why did the technical  
12 challenges that you described for sugar not apply for  
13 sodium warnings?

14 ASSISTANT COMMISSIONER KESSLER: The  
15 sodium warning goes onto any item that has more than  
16 2,300 milligrams in that particular item, which is  
17 the federal guideline for the recommended maximum  
18 limit of what someone should consume in a day, and  
19 that information is available. That is part of what  
20 is required to be available on site as a result of  
21 menu labeling.

22 CHAIRPERSON LEVINE: Well, here again, so  
23 the federal government was smart enough to define a  
24 suggested maximum sodium intake, but unless I've  
25 missed it, they haven't done it for sugar, and there

2 have been some great independent—I think the American  
3 Heart Association and others have defined it, but it  
4 doesn't have the force of law, and it—it's—it's easy  
5 to see the hand of big sugar behind this because  
6 there's so many compelling public policy interests in  
7 the American people knowing what's too much sugar,  
8 and there—there is no agreed upon threshold there and  
9 so it's—it's limiting our action at the local level.  
10 And you did mention some progress on the labeling for  
11 packaged goods with added sugar. It's a miracle that  
12 got through the Trump Administration. I guess he  
13 didn't notice it, but that really is a great step  
14 forward, but—but this hearing today is really not  
15 focused on packaged foods, which are labeled. This  
16 is really focused on rescue—restaurant items where  
17 it's not clear what the recipe is or what the content  
18 is, and this—this is where we need to help New  
19 Yorkers who, as you point out, are—are still eating  
20 in restaurants, in chain restaurants at very, very,  
21 very high numbers, and I think it was you yourself  
22 who told me that a national study showed that  
23 something like 90% of families got at least one meal  
24 for their child at a fast food restaurant over the  
25 course of a week, which is a shocking number, but on

2 the plus side it does mean that if we can intervene  
3 to make fast food restaurants healthier then there is  
4 the potential to really yield great benefits in the  
5 diet of young people in New York City and beyond.  
6 So, I'm going to pause now. I want to first  
7 acknowledge we've been joined by fellow Health  
8 Committee Member Council Member Keith Powers, and I  
9 want to turn it over to our colleague, Ben Kallos for  
10 his questions.

11 COUNCIL MEMBER KALLOS: Thank you, Chair,  
12 Hashtag 3 committees one time. It's good to be right  
13 back. When we heard this legislation previously, the  
14 Administration was not supportive. Now the  
15 Administration and the Mayor are supportive. Can you  
16 share what changed in the past couple of years?

17 ASSISTANT COMMISSIONER KESSLER: We are--  
18 we are happy to be able to support this bill. We  
19 think it will set norms that are important to help  
20 parents and caregivers to make the right choices for  
21 their kids. It sends a very strong signal that  
22 sugary drinks have no place in the diet of children.  
23 So, we appreciate you bringing attention to this.  
24 The change list that the prior legislation had--had  
25 comprehensive nutrition standards for the whole host

2 of what was offered in the restaurant setting, which  
3 would have been challenging from an enforcement  
4 perspective. So, we think this is feasible to  
5 implement. It's already been done in a number of  
6 places, and will be very important from raising  
7 awareness and understanding of the implications of  
8 sugary drinks for kids.

9 COUNCIL MEMBER KALLOS: The original  
10 legislation tied only to incentive--children's meals  
11 with incentive items. This legislation applies to  
12 all children's meals. Does that change the way-one  
13 way or another?

14 ASSISTANT COMMISSIONER KESSLER: I  
15 understood that--with that with regard to the  
16 incentive items and this is for children's meals. We  
17 will be interested to talk further in terms of some  
18 of the definitions and around the bill to make it a  
19 little easier for enforcement and to--to match some of  
20 our existing language in the Health Code. The past  
21 legislation was more comprehensive in terms of its  
22 approach or in terms of once meals were covered by  
23 the legislation it had nutrition standards for a  
24 broader set of foods being offered, which would have

2 been more complicated for reinforcement—for  
3 enforcement standpoint.

4 COUNCIL MEMBER KALLOS: I think one of  
5 the things that we saw is that—is that legislation  
6 had been modeled on San Francisco, and the committee  
7 report, which I know you can download on the Internet  
8 at council.nyc.gov indicates that some of the  
9 research found that—that all that ended up happening  
10 was a ten cent fee was added in order to acquire the  
11 toy, which made it non-bundled somehow. So, how many  
12 restaurants will this apply to?

13 ASSISTANT COMMISSIONER KESSLER: We don't  
14 actually know how many restaurants it will apply to.  
15 There's about 25,000 restaurants in New York City or  
16 24,000 I think, and we don't know which ones are  
17 offering meals that are aimed at children. It's  
18 something that I think we would be learning as we  
19 went through the—on up the ramp—the ramp-up stage for  
20 this.

21 COUNCIL MEMBER KALLOS: And—and DOHMH has  
22 folks who can engage and look at the children and go.  
23 So what would—I'm sorry this is—I'm—I'm an operations  
24 type person. So, would you be sending folks to each  
25 restaurants to inspect the menu or would you just be—

2 and I'm not plugging a specific company, but like  
3 whether it's seamless or-or something else where you  
4 just hop online and look at the menus and see if  
5 there's a kid's menu or not?

6 ASSISTANT COMMISSIONER KESSLER: We-this  
7 is-this is really the first step in the process for  
8 us. So, once the bill is finalized, we would look  
9 into developing compliance guides and understanding  
10 from industry how the bill fits with their operating  
11 environment, and then we always-always with any kind  
12 of legislation that impacts the restaurants  
13 environment make our selves available for questions,  
14 and take it from there in terms of implementation.  
15 So, I believe it would have to do-I mean at some  
16 point there would have to be an analysis of-of what  
17 the menu indicates in terms of whether or not meals  
18 are being offered for kids.

19 COUNCIL MEMBER KALLOS: With regards to  
20 your suggestion, currently the legislation would  
21 allow for flavored milk. You're recommending a  
22 calorie cap on flavored milks. Why 130 calories?  
23 Why not 50 calories or 150 calories? I just did a  
24 quick search, and different milk-different flavored  
25 milk products have different calorie limits.

2 Similarly, alternative milk products have different  
3 calorie counts. So where—where would you see the  
4 calorie count and has the Administration had any  
5 conversations with industry about how that would  
6 impact that?

7 ASSISTANT COMMISSIONER KESSLER: We are  
8 recommending the 130 calorie count to be consistent  
9 with the New York City Food Standards. Those food  
10 standards apply to all of the meals and snacks that  
11 are offered through New York City Food Service or  
12 any—any food service that's funded by us, and for  
13 food service that is for kids we have even stricter  
14 standards particularly for sugary drinks, and no  
15 sugary drinks are available through any of the  
16 settings that offer food to kids, but flavored milks  
17 can be served, and they have a calorie cap, which  
18 makes them that much more healthful than sugar—than  
19 flavored milk that went over the calorie cap.

20 COUNCIL MEMBER KALLOS: Does milk offer  
21 any nutritional value over and above other beverages  
22 such as water, flavored water or juice?

23 ASSISTANT COMMISSIONER KESSLER: Milk has  
24 different—different nutritional benefits than those  
25 other items. So, it's high in health standards, high



2 in vitamin D. It's a source of protein. So, it-it  
3 does have place in a healthful diet for kids. We  
4 recommend unflavored milk in general, but we think a  
5 calorie cap would be helpful here.

6 COUNCIL MEMBER KALLOS: With regards to  
7 other places in your testimony you indicated that  
8 DOHMH is playing a role in childcare centers in  
9 public schools, which was good to hear because I  
10 thought we were federally preempted. So, I actually  
11 want to learn a little bit if I may. Just are there-  
12 are public schools-do we have better nutritional  
13 standards in public schools? I think some folks who  
14 have seen our legislation have said, well, how-if-if  
15 your legislation is doing all of this how-do we still  
16 have canned soda for sale in vending machines in  
17 public schools? Where are we in the other  
18 environments that you're looking, which are community  
19 and faith-based organizations, childcare centers and  
20 public schools?

21 ASSISTANT COMMISSIONER KESSLER: Yes. In  
22 public schools we have worked in partnership with DOE  
23 for a long time to make those setting more health  
24 promoting. So, in addition-as part the New York City  
25 Food Standards, there are standards for the meals and

2 the snacks that are served, and those do apply to  
3 school meals. School meals also have to comply with  
4 Federal Guidelines, as you indicated, but they comply  
5 with both the Federal Guidelines, and the New York  
6 City Local Standards, which in some cases—in some  
7 aspects are more stringent than what's required by  
8 the federal government, and that's been a long time  
9 process of—those have been in place since 2008 in New  
10 York City. So, we've been working hand-in-hand with—  
11 with DOE in terms of the—in terms of the adherence to  
12 the New York City Food Standards for some time. As  
13 part of the New York City Food Standards there's also  
14 beverage standards and those have strict requirements  
15 for any beverage—for any vending machines that are  
16 available in DOE settings. So, there are calorie  
17 thresholds in what can be offered to kids, and  
18 requirements that there's no artificial sweeteners  
19 either. So, in New York City schools in our vending  
20 machines, there are not sugary drinks available for  
21 you.

22 COUNCIL MEMBER KALLOS: What—what would  
23 somebody, what would somebody find in a—in a vending  
24 machine in school cafeteria or in a public school?

2 ASSISTANT COMMISSIONER KESSLER: I don't  
3 know what the current procurements are for—for DOE,  
4 but I think they're—in the past there have been  
5 things like very lightly—lightly sweetened with a  
6 small amount of juice in terms of the kinds of items  
7 that might be available or flavored seltzers of  
8 flavored—lightly flavored waters.

9 COUNCIL MEMBER KALLOS: I don't think I  
10 have a vending machine at most of the high schools in  
11 my district, but I—I did go to the 80<sup>th</sup> Anniversary  
12 for Bronx Science, and I feel like the vending  
13 machine was still there in the corner, and it still  
14 had all the stuff that as a high school student I  
15 might make the poor choice to get the most calories  
16 possible at 4:00 when that snack time came around.  
17 In terms of the marketing of sugary beverages, to—to  
18 youth, you mentioned that in your testimony. Is that  
19 something that you're still seeing?

20 ASSISTANT COMMISSIONER KESSLER: Yeah,  
21 marketing--sugary drinks are heavily marketed to  
22 everyone. They're aggressively marketed to everyone,  
23 and they—they are especially—that is especially true  
24 in low-income communities and communities of color.  
25 We know that there's just a saturation of sugary

2 drink messages in certain communities, and something  
3 that we tried to bring attention to including with  
4 the recent media campaign that called attention to  
5 the role of marketing and--and promoting of sugary  
6 drinks.

7 COUNCIL MEMBER KALLOS: And we've done  
8 research with NYU, and I hope to have them here where  
9 they studied the impacts of the first bill, and  
10 they've--I believe we'll hopefully hear what the  
11 impacts of this would be, and so in your testimony,  
12 you indicated that a quarter of New York City  
13 children ages 0 to 5--which like scares the dickens  
14 out of me because my daughter is a year old--are  
15 having one or more sugary drinks daily, which scares  
16 me a lot [laughs] because my daughter is still on  
17 milk or water. So, you're really seeing this trend  
18 and--and how--in your testimony you indicated that  
19 Black and Latino children were more likely. How much  
20 more significantly? Is it a couple of percentage or  
21 is it prices? What the given--

22 ASSISTANT COMMISSIONER KESSLER:  
23 [interposing] In that age with--oh, excuse me. Thank  
24 you for your question. I that grade--age group there  
25 was a--there was a really serious gap. It was I

2 believe three or four times more likely for Black or  
3 Latino Children as compared to white children in the  
4 0 to 5, and that was the first time that we had  
5 collected data among that age, in that age group.  
6 Among other youth and New Yorkers in general—I do  
7 want to share that we have actually made a lot of  
8 progress in sugary drink consumption in terms of  
9 reducing rates. So there is—we have seen that from  
10 the comprehensive effects that the—that the city in  
11 partnership with others—many other stakeholders  
12 throughout the city and the Administration and in  
13 partnership with many others. Our efforts have  
14 yielded declines in sugary drink consumption in New  
15 York City, but we—you know, as your—as you are  
16 pointing out and as our data shows, those rates are  
17 still far too high, and especially to see those—those  
18 number for our youngest New Yorkers is extremely  
19 concerning.

20 COUNCIL MEMBER KALLOS: Thank you very  
21 much for your support. We look forward to working  
22 with on the New York City Food Standards, and  
23 complying the legislation and for getting this done.  
24 It's—it's been eight years. How quickly do you think  
25 you can get it implemented?

2 ASSISTANT COMMISSIONER KESSLER: I don't  
3 think that's exclusively up to us, but we'll—we would  
4 work with you in terms developing that timeline.

5 COUNCIL MEMBER KALLOS: Thank you.

6 CHAIRPERSON LEVINE: They wanted it at  
7 9:00 a.m. today. [laughter] Thank you, Council  
8 Member Kallos for this great bill, and I'm going to  
9 pass it off to our colleague Council Member Powers.

10 COUNCIL MEMBER POWERS: Sure. Thank you.  
11 I'm sorry I missed your testimony, but I had an  
12 opportunity to—to catch up and read it. I am in  
13 support of—of all sort of public health efforts, most  
14 of the public health efforts that give consumers more  
15 direct information on what they're eating  
16 particularly because even on the packaging I know  
17 there have been some reforms there, but when you  
18 read—when you buy a bag of chips or candy or whatever  
19 it may be, you know like chips or things like that,  
20 like the serving size it always seems to be  
21 completely misinformative to somebody about how much  
22 what the health standards is, and then when you go to  
23 a restaurant, you often get little information about  
24 what you're actually eating, and how much they're  
25 adding into it in a—in sort of a climate where

2 they're trying to get you to eat more—and—and to  
3 return and things like that. So, I—I am supportive  
4 of 1326, which gives more information, and I share  
5 the chair's belief that there's some way we can get  
6 to this. I understand that it's not federal  
7 standard, and it's—and there's other sort of  
8 considerations here, but—but certainly supportive of  
9 some place to give the consumer more information  
10 about what their—what their intake is on any specific  
11 thing. And all of this is obviously around—around  
12 sugar. All of this also comes into context when we  
13 talk about prior efforts around sugar, beverage sizes  
14 things like that. So, can you tell us what—and—and  
15 I'm sorry if I missed part of it, but any—any efforts  
16 just generally here in the city, have kind of  
17 reconsidered and thought about the size mandate again  
18 that Mayor Bloomberg put forward that shows their  
19 position on it? Are there efforts to try to curb  
20 sugar intake not just—that—that really is about  
21 changing consumer behavior in restaurant or retail?

22 ASSISTANT COMMISSIONER KESSLER: Yeah,  
23 we—sugary drinks were made a top priority for the  
24 department and the administration, and reducing  
25 consumption is our shared goal that we have with you.

2 what we have been doing to build upon some of the  
3 policies that were put in place earlier like removing  
4 sugary drinks from childcare settings and making sure  
5 that any—any setting where New York City is serving  
6 food, sugary drinks aren't available is also building  
7 on our public education efforts, and our community -  
8 programming to reduce consumption of sugary drinks.  
9 So, that includes things like the media campaigns,  
10 which I've referenced already. We also have  
11 partnerships with CBOs to mobilize people around  
12 awareness, around sugary drinks, and they are  
13 nutrition education efforts, which I mentioned, too.  
14 In terms of policy, we've been excited to see the  
15 momentum on sugary drink policy that's been happening  
16 across the country. There's a lot of different  
17 innovative types of approaches including taxes being  
18 adopted at the local level, and—and policies like  
19 kids' meals, which we are enthusiastic to see taking  
20 place here, and so we're—we're looking forward to  
21 continue to explore what could be the best kind of  
22 approach. We think there is a role for policy and  
23 with this integrate and consumption.

24

25



2 COUNCIL MEMBER POWERS: And is that a  
3 fair way to say that this Administration doesn't have  
4 a position today on the size of the beverage?

5 ASSISTANT COMMISSIONER KESSLER: The  
6 Administration doesn't have a position today.

7 COUNCIL MEMBER POWERS: Okay and can you  
8 tell me about other policies in other cities and  
9 states? I think there's San Francisco and some of  
10 the cities that have adopted policies around either  
11 the children's menus or just around or-or consumer  
12 understanding of it that you-are there specific ones  
13 that you guys feel like New York City should be  
14 evaluating or adopting?

15 ASSISTANT COMMISSIONER KESSLER: The  
16 other kind of policy that we've been seeing across  
17 the country I mentioned already. So, kids' meals is  
18 one. That's in adoption in a number of places. It's  
19 been one of the more popular ways for localities to-  
20 to move forward and address sugary drinks and-and  
21 remind people that sugary drinks have no role in  
22 their children's diet, and similarly taxes have been  
23 adopted in a number of jurisdictions. A warning  
24 label has been proceeding and considered a  
25 legislation around warning labels to have been

2 introduced in a number of places, and those are the  
3 ones that come—are coming to my neck— California  
4 actually just introduced the legislation around  
5 portions, too. So there's a lot of momentum, and  
6 we're—we're watching that closely and interested to  
7 see how those things develop.

8 COUNCIL MEMBER POWERS: Okay, thanks, and  
9 I'm sorry that I missed part of this, but can you  
10 just lay out the concerns of 1326? There's a—I heard  
11 one part was a federal—lack of a federal standard for  
12 what's too much. Is that correct?

13 ASSISTANT COMMISSIONER KESSLER: Yes.  
14 So, there is actually federal guidance in terms of  
15 added sugar consumption. So the Federal Guidance  
16 it's a little bit different than sodium. It's not  
17 one number of a maximum limit, but the Federal  
18 Guidance is that we don't consume more than 10% of  
19 our calories from added sugars, and so for most  
20 people that would be about 50 grams of added sugar  
21 per day or for the 2,000 calorie diet. And I think  
22 what many people don't realize is how easy it is to  
23 do that just by drinking one sugary drink. One 20-  
24 ounce bottle of sugary drink can contain even 75  
25 grams of added sugar, and for kids it's even easier

2 to go over that daily limit. So, a kid—a kid's max  
3 for added sugar would be much, much lower. Something  
4 for a moderately active 8-year-old it's more like 40  
5 grams of sugar, and that could be easily consumed in  
6 just one sugary drink.

7 COUNCIL MEMBER POWERS: Yeah, and that's—  
8 that's just about the federal standard. What are the  
9 other--

10 ASSISTANT COMMISSIONER KESSLER:  
11 [interposing] Well, in terms of the concerns of the—  
12 with the legislation, it's just the fact that the  
13 added sugar information isn't available to us.  
14 Restaurants are not required to make available added  
15 sugar information. They required to make available  
16 total sugar information.

17 COUNCIL MEMBER POWERS: Total sugar  
18 information. Total sugar in every single item they  
19 serve?

20 ASSISTANT COMMISSIONER KESSLER: Total  
21 sugar in every single item that they serve, and  
22 because as Council Member Levine spoke about, the  
23 sugars appear naturally in a number of foods  
24 including fruits and including dairy. That means  
25

2 that it will be difficult to identify what-what items  
3 have just-what items are at-at a sugar threshold.

4 CHAIRPERSON LEVINE: But the bill would  
5 be implementable if the changes as to focus on sugar  
6 in general? Sorry, Council Member.

7 COUNCIL MEMBER POWERS: That was going to  
8 be my last question so--

9 ASSISTANT COMMISSIONER KESSLER: If-so  
10 information that is available at different  
11 restaurants sites includes total sugars.

12 COUNCIL MEMBER POWERS: So, so-  
13 theoretically you have a federal sort of guidelines  
14 about the tenth. We know what sort of the average  
15 intake should be calorie wise. We have sort of a  
16 federal standard around 10%. We have existing manual  
17 labeling I believe around sodium, and we have some  
18 information about total input. That seems like the  
19 genesis of a regular headache or something sort of.  
20 I mean it seems like the bill that we're discussing  
21 one of the main problems here is actually must that  
22 not having the added value information. I think to  
23 the Chair's point, was my next question is whether  
24 you could just take total sugar because it's still-  
25 whether it's added or-or natural sugar, it still

2 seems like there's some should, you know, there  
3 should be some limit on how much you can take.

4 ASSISTANT COMMISSIONER KESSLER: So, just  
5 to—just to make clear, what the Federal Guidance is  
6 about is about adage.

7 COUNCIL MEMBER POWERS: [interposing] By  
8 acknowledgement (sic).

9 ASSISTANT COMMISSIONER KESSLER: And—and  
10 I think in—in terms of additional ways of approaching  
11 this we'd be interested to discuss that with you, and  
12 it's an interesting idea to address.

13 COUNCIL MEMBER POWERS: Are there Federal  
14 Guidelines around total sugar?

15 ASSISTANT COMMISSIONER KESSLER: There  
16 are not.

17 COUNCIL MEMBER POWERS: Not. Okay, and  
18 going to sodium, what are the current New York City  
19 Regulations around sodium? There's a—there's a  
20 display if it's over 2,300 grams of sodium for a  
21 restaurant. That's correct?

22 ASSISTANT COMMISSIONER KESSLER: Yes.

23 COUNCIL MEMBER POWERS: And are there  
24 other—or have there been any other considerations of

2 the Department of Health around sodium intake whether  
3 it's either in retail or restaurants, or otherwise?

4 ASSISTANT COMMISSIONER KESSLER: Yeah,  
5 we—sodium is another top priority for us as one of  
6 the things that people—we want people to be consuming  
7 less of it. And we know that all Americans and New  
8 Yorkers as well are consuming much more—much more on  
9 average than the daily recommended limit. In  
10 addition to the sodium warning rule, through the New  
11 York City Food Standards we set, we set stringent  
12 sodium requirements for what's offered in New York  
13 City environments. I know we do a lot of education  
14 including we did campaign awareness around sodium as  
15 well.

16 COUNCIL MEMBER POWERS: Got is and I'm  
17 not necessarily saying I'm supportive of this, but I  
18 am just posing the question have—I know there—I think  
19 there's been some conversation in the past around  
20 placement of items in retail settings and things like  
21 that? Is that something that the department is  
22 considering?

23 ASSISTANT COMMISSIONER KESSLER: Yes.  
24 That's a—that's a kind of programmatic approach that  
25 we take. We can work with small retailers. For

2 example through the Shop Healthy Program, and that  
3 has a number of steps we could ask retailers to take  
4 like a--like a corner store bodega or a local  
5 supermarket in terms of making that environment more  
6 health promoting or easier to navigate, and so it  
7 would be things like offering a healthy lunch meal,  
8 making--make--ensuring--make sure that you're stocking  
9 low sodium items. Having shelf talkers that would  
10 indicate where healthier items are. So, steps like  
11 that that we think can help make our environment--  
12 retail environments healthier, but those are  
13 programmatic efforts.

14 COUNCIL MEMBER POWERS: And what's the  
15 incentive for a retailer to--to decide to change their  
16 store format to sell healthy items first and  
17 unhealthy maybe more popular items after they're--

18 ASSISTANT COMMISSIONER KESSLER:  
19 [interposing] Well we work--in that program we work  
20 closely with retailers. So, we offer technical  
21 assistance. There's also community-based supporters  
22 who may be advocating for that kind of change, and  
23 we'll provide tools to community members who want to  
24 advocate for that kind of change or work with a  
25 particular store. We think there--there are a lot of

2 examples where, you know, the department is certainly  
3 support of making these sorts of changes, but we're  
4 not acting alone. One of those would be the Healthy  
5 Beverage Zone Project that's taking place in the  
6 Bronx, which is something where the department  
7 through our Neighborhood Action Center there is a  
8 member of a coalition, but we're just one stakeholder  
9 in this coalition that's using a collective impact  
10 model to provide—to make a call to action to  
11 different CBOs and stakeholder in the Bronx to adopt  
12 sugary drinks policies to make sugary drinks not  
13 available in their settings, and—and raise awareness  
14 about sugary drinks. And so, that's an example  
15 that's being really led by community partners, and so  
16 we think there's champions and supporters all across  
17 New York City for 130 calories (sic) and non-sugar  
18 consumption.

19 COUNCIL MEMBER POWERS: Got it, but it—I  
20 think those are my questions. I think we touched on  
21 the Department of Education and some other  
22 initiatives. So, thanks—thank you for the answers.

23 CHAIRPERSON LEVINE: Thank you, Council  
24 Member. How many restaurants receive a grade today,  
25 a letter grade?



2 ASSISTANT COMMISSIONER KESSLER: [laughs]

3 So, you--

4 CHAIRPERSON LEVINE: [interposing] A  
5 rough-rough number.

6 ASSISTANT COMMISSIONER KESSLER: I'm  
7 talking with Graham. I think it's about 20—it should  
8 be about 24,000, the same, all restaurants in New  
9 York City.

10 CHAIRPERSON LEVINE: About 20--

11 ASSISTANT COMMISSIONER KESSLER:  
12 [interposing] 24,000.

13 CHAIRPERSON LEVINE: Got it.

14 ASSISTANT COMMISSIONER KESSLER: And I  
15 was thinking 24 and 25,000 yes.

16 CHAIRPERSON LEVINE: Now, our bill for  
17 sugar warning labels is a subset of that because it's  
18 only restaurants with 15 outlets or more. Do you  
19 have an estimate on how many restaurants would be  
20 included in that definition?

21 ASSISTANT COMMISSIONER KESSLER: I think  
22 that's about 3,000, a little bit over 3,000.

23 CHAIRPERSON LEVINE: So, it is pretty  
24 incredible that there are 3,000 fast food  
25 establishments in the five boroughs. It's—it's kind

2 of a sober reminder of—of just how many New Yorkers  
3 are getting their food from fast food establishments,  
4 which is why we're here, but this—it's still very  
5 much a mass market phenomena even with all the health  
6 awareness that we were talking about earlier in the  
7 hearing. Now the—assuming we implement either the  
8 limitations on children's meals or the warnings or—or  
9 any of these other bills, they're only going to be as  
10 good as enforcement, and that requires inspector.  
11 Those are presumably DOHMH inspectors. You have a  
12 force out there already doing various—inspecting for  
13 various—compliance with various health codes. So you  
14 have an estimate on the additional staffing that  
15 would be needed to cover if—if we implement these  
16 bill today for a workforce that I think is fair to  
17 say is already pretty over-stretched.

18 ASSISTANT COMMISSIONER KESSLER: You  
19 know, and so I don't have any estimate on that today.  
20 I did would just note that the chain restaurants in  
21 New York City are a variety of different types of  
22 restaurants. So, some are fast food, some are fast  
23 casual, some may even be sit-down and some of them  
24 may be—they have a variety of different types of menu  
25 items that they offer in addition to what we might

2 typically think of the fast food chains that we all  
3 know well.

4 CHAIRPERSON LEVINE: Yes. I think many  
5 of the fast casual restaurants offer the illusion of  
6 healthfulness [laughter] but often are serving menu  
7 items that have just as much sodium and sugar and—and  
8 fat content and—and et cetera. So, I think we're  
9 absolutely right to include them in this legislation,  
10 and I don't want to let them off the hook either as a  
11 place to—to intervene to help New Yorkers eat better.  
12 I'll—I'll—I just want to emphasize that—that we think  
13 about the workforce. It's needed to ensure  
14 compliance, and that we try not to just simply add  
15 more of a workload onto this--the existing force of  
16 inspectors because that probably means things are  
17 going to fall through the cracks or that an  
18 insufficient number of restaurants will be inspected.  
19 So as we move forward on discussing these bills, just  
20 want to urge the department to think about the  
21 staffing needs particularly since its budget time,  
22 and we're looking at the Health Department budget,  
23 and we want to make sure that you're adequately staff  
24 for a function that does directly impact public  
25 health in this city. I want to thank the

2 Administration for--for speaking today. We have long  
3 list of--of members of the public who we're going to  
4 ask to testify. So, we're all--we are going to move  
5 on, but thank you for your testimony today.

6 ASSISTANT COMMISSIONER KESSLER: Thank  
7 you for the opportunity.

8 CHAIRPERSON LEVINE: And we're going to  
9 call up a panel of advocates one of whom has been  
10 waiting very, very patiently, and I think is arguably  
11 the best behaved member of the public in this  
12 hearing, and that is Rose Davoli, and her sidekick  
13 Michael Davoli who by day works for the American  
14 Cancer Society. We're also going to invite up the--  
15 the one and only and incredible Robin Vitale from the  
16 American Heart Association as well as Claire Wang  
17 from the New York Academy of Medicine. That will be  
18 our first panel. [background comments/pause] We need  
19 to keep a phone book around here for boosting up--  
20 [laughter] Welcome, Rose. Thank you for coming.  
21 [laughter] Thank you for being here. Are you  
22 planning on speaking or are you just here to support  
23 that? If you'd like to speak, you can kick us off.

24 MICHAEL DAVOLI: Do you want me to start?  
25 Alright. So, Good afternoon, Council Member, good

2 afternoon to the Committee and thank you all so much  
3 for giving us an opportunity to speak this morning or  
4 this afternoon. I'm going to speak very briefly and  
5 then I am going to turn—turn it over to Rose here for  
6 a moment. My name Michael Davoli. I'm the Director  
7 of Government Relations for the American Cancer  
8 Society Cancer Action Network here in New York City.  
9 I'm not going to through and recite any of the stuff  
10 that you've heard this morning. Obviously, I think  
11 everyone here understands the—the grim statistics  
12 that we—we're seeing when it comes to obesity. But  
13 one thing I just want to emphasize is the direct  
14 connection between obesity and cancer. When you look  
15 at cancers in New York City, when you look at cancers  
16 in New York State and nationwide, 18% of all cancers  
17 are directly linked to obesity, and so it is often  
18 not something that we think of when we think of—we  
19 think of obesity directly connected to heart disease.  
20 We don't necessarily think of it linked directly to  
21 cancer, and so that is something when—when you look  
22 at, you know, other than smoking, there's no greater  
23 cause of cancer than obesity. And so that is why  
24 American Cancer Society is so, you know, highly—so  
25 interested in this issue. When you look at cancer

2 rates in New York City, they vary by borough, they  
3 vary by neighborhood, they vary by race and ethnicity  
4 just like obesity does. Just like sugary drink  
5 consumption does. And so, we are here today actively  
6 in support of Intro 1064. We very much believe that  
7 we need to do everything in our power to help keep  
8 our kids healthy, and while we are—we are fully  
9 supportive of the general mission of what the  
10 committee is doing today, we have to limit our  
11 testimony just to the sort of 1064 in terms of the  
12 sugary drink consumption. I—the—you know, it was  
13 interested that the Commissioner's office when they  
14 talked about placing a calorie cap on the sugary  
15 drink and the kids in the bill. (sic) That is  
16 something that we would definitely be interested in  
17 exploring as well. We are comfortable with the bill  
18 as it is and we do strongly support it as it is, but  
19 if that was something that the Council was interested  
20 in exploring, we would definitely be interested in  
21 exploring that with them. So, I want to just stop  
22 and—and just very quickly on a personal note I am  
23 someone who has struggled with my weight all my life.  
24 I think about the—the, you know, a \$1.10 is what my  
25 parents would give me to go to school everyday for

2 lunch, and I would get two chocolate chip cookies and  
3 two chocolate milks, and I struggled with my weigh  
4 all my life, and my mission as a child—as a father of  
5 6-year-old and a 1-year-old is to help them lead a  
6 healthy life. And every single day as parents as a  
7 community we ensure, you know, our job is to ensure  
8 that our kids eat healthy at home. We send them to  
9 school. We want them to eat healthy at school.  
10 Often—more and more often people are eating out.  
11 Their parents are eating out, kids are eating out.  
12 In fact, you know it was fine, it was fascinating to  
13 me at the Starbucks down the street I grab a quick  
14 cup of coffee. The only milk that they had there was  
15 chocolate and vanilla with 22 grams of sugar in each  
16 of those. The only vanilla flavored milk. The only  
17 juice they had there was sugar sweetened juice, and  
18 while that—that -that is not a—that wasn't a kid's  
19 menu, that sort of—that captures the problem that we  
20 have here is that a parent rushing to simply—who want  
21 to give their kids something healthy, it's just not  
22 that easy. So—so let me just start up Rose. Do you  
23 want to—can you say—want to just say quick words.  
24 What is that, you know, you—you dictated this to me  
25 and then I typed it up for you. So, what is it you

2 think? Why is it that kid—a kid needs to be healthy  
3 and eat and drink healthy?

4 ROSE DAVOLI: Just say what you-? [pause]

5 MICHAEL DAVOLI: Are you going to be shy  
6 now? You clearly can't be my child if you're shy.  
7 [laughter] Come on, do you want to say anything? If  
8 you want to read what you—what you told me?

9 CHAIRPERSON LEVINE: Or maybe dad can  
10 read what you told him?

11 MICHAEL DAVOLI: Alright, that's fine.  
12 So, so this is what—so we talked about this last  
13 night. So, it's important that kids like me eat  
14 healthy. Eating healthy will help me grow up big,  
15 strong and smart. Sugar is a treat, and should not  
16 be something we eat every day. My mom and dad give  
17 me healthy food and drinks. This idea will help me—  
18 help keep me and my sister healthy.

19 CHAIRPERSON LEVINE: That was outstanding  
20 testimony. [laughter] Outstanding and an important  
21 contribution. Thank you very much for that.

22 COUNCIL MEMBER KALLOS: Thank you. To  
23 Rose, I get—I get shy sometimes, too, and the best  
24 thing to do is just pretend no one is in the room,  
25 and that you're just here with your dad and one of



2 their friends. Do you want to say anything else just  
3 to add on? You don't have to if you don't want to.  
4 Goodbye. That's okay.

5 ROSE DAVOLI: Mommy is watching.

6 COUNCIL MEMBER KALLOS: Do you want to  
7 just say hi mom?

8 ROSE DAVOLI: Look at the camera and say  
9 hi mommy. See I can't move there.

10 COUNCIL MEMBER KALLOS: Okay. Alright,  
11 don't worry about it.

12 ROBIN VITALE: Rose, you're a tough act  
13 to follow. [laughter] Thank you, Chair, and—and we  
14 want to obviously thank you for your leadership on  
15 this very much. My name is Robin Vitale. I serve as  
16 Vice President of Health Strategies for the American  
17 Heart Association here in New York City, and we are  
18 strongly supportive of this entire conversation. You  
19 know, sugary drinks and—and the consumption of added  
20 sugars is a very significant health concern for us  
21 and our focus around, you know, really thinking about  
22 health and wellness across all channels for—for all  
23 New Yorkers. This measure 1064 and 1326 we believe  
24 very strongly will be effective policies to help  
25 broaden the awareness and really think about the

2 norms of our diet and nutrition. My testimony has a  
3 little bit more detailed information relative to the  
4 stats and the figures and all of those--useful  
5 information about why we're here to support this, and  
6 we do have other advocates that are slated to testify  
7 that I think will speak more directly to that point.  
8 So my testimony I really want to driver into some of  
9 the more technical details, and around kids' meals we  
10 have been working with Council Member Kallos on this  
11 measure for the entire timeline that you mentioned.  
12 I was reflecting earlier that when we first started  
13 this campaign together neither one of us were parents  
14 and now we both have young ones at home. So, it's  
15 become much more personal for us, but it's just  
16 really crystalized why we're doing this. Before it  
17 was about the science and the research. Now, it's  
18 about families. So, I-I really am deeply indebted to  
19 Council Member Kallos for your long-long support on  
20 this, and indeed the Heart Association was privileged  
21 to work with the Leroy Comrie when he first started  
22 talking about this. I have correspondence going back  
23 to 2009 on this issue. So, it's long time coming.  
24 We're very excited to not only have the Council's  
25 support, to having the Administration's support, and

2 we look forward to seeing this finally. I mean that  
3 would be a very exciting day for us for sure. On  
4 the-Chair, on your proposal on Intro 1326 we also are  
5 very supportive of the intent of the-the policy. We  
6 share your enthusiasm for what we're seeing around  
7 the sodium warning icon. We are very supportive of  
8 that as well. Sodium consumption as well as added  
9 sugars consumption are I think very appropriate areas  
10 of focus for the city to be prioritizing. As was  
11 outlined by the Administration with the previous  
12 testimony from the Health Department, there are some  
13 technical edits that we would like to-to see happen  
14 just to make sure that it is going to be something  
15 that's enforceable, that is in line with the-the  
16 current public health research and ultimately  
17 something that-that will be-be impactful in as much  
18 as-as the intent is behind it. So with all of that,  
19 we again are-are deeply grateful for your leadership.  
20 We look forward to the-the movement on both of these  
21 bills, and certainly deeply appreciate your focus  
22 around this important health topic.

23 CHAIRPERSON LEVINE: Thank you, Robin for  
24 all your great work and being a force for good health  
25 policy and for being here today.

2 ROBIN VITALE: Thank you.

3 CHAIRPERSON LEVINE: Thank you.

4 [background comments]

5 CLAIRE WANG: Good afternoon. Thank you  
6 very much for the opportunity to testify. I'm  
7 specifically speaking to the Proposed Healthy Kids'  
8 Meal, Intro 1064. My name is Claire Wang, and I am  
9 the Vice President for Research Evaluation and Policy  
10 at the New York Academy of Medicine. I'm also an  
11 Asian Professor at Columbia University Mailman School  
12 of Public Health. The Academy was established in  
13 1847. We've been dedicated to ensuring every adult  
14 and every child has the opportunity to thrive and be  
15 healthy. Such vision, you will note that it requires  
16 more than just high quality healthcare. It requires  
17 entire communities work together to ensure the  
18 environment in which our children learn, play and  
19 grow are healthy and safe. With one in three  
20 children in our lessons in humanity (sic) in the  
21 United States suffer from obesity and overweight,  
22 obesity remains a serious threat to children's health  
23 in the United States and the city. An over-  
24 consumption of sugary beverages is a major  
25 contributor. According to my research a 12 ounce

2 soda typically offered as part of a kid's meal can  
3 contain 150 calories and more than 9 teaspoons of  
4 sugar. For an 8-year-old that would—he or she would  
5 need to walk the distance between City Hall and Times  
6 Square in order to walk the calories off. Thanks to  
7 the efforts championed by the Department of Health  
8 and Mental Hygiene, and many cross-sectorial  
9 partnerships, we now have policies in place to ensure  
10 nutritional standards were—were reinforced in schools  
11 and childcare centers. We also have seen an  
12 education and media campaign to make sure sugary  
13 beverages are less ubiquitous, but we do believe more  
14 work is needed. This is also a matter of health  
15 equity. While these beverages contains absolutely no  
16 nutrients, they are heavily marketed to low-income  
17 neighborhoods and communities of color. Healthy  
18 default alone would not eliminate childhood obesity,  
19 of course, but it is a step in the right direction.  
20 It is especially important for younger children who  
21 are still forming their taste preferences and calorie  
22 (sic) norms. The truth is many chain restaurants  
23 have already removed sugary beverages from their  
24 menus, and it has become a state law in California.  
25 We believe that the Healthy Kids' Meal Proposal is a

2 sensible policy, and can strengthen market incentives  
3 for developing healthier menus for children. For  
4 these reasons the Academy fully supports the bill,  
5 and again we thank you for the opportunity to testify  
6 on this important issue.

7           CHAIRPERSON LEVINE: Thank you very much.  
8 Thank you to the excellent panel. I just want to  
9 emphasize one point, which Michael brought up which  
10 is the trend of people cooking less at home, and  
11 eating more out, and that means they don't know  
12 what's in their food. If you do cooking at home, as  
13 you can see everything you're putting in. You know  
14 if it's fresh. You know if it's healthy, you know if  
15 you're adding sugar, and when you go out to eat, you  
16 might not, and I think underlying the motivation for  
17 a lot of these bills is to try and intervene in the  
18 face of that trend to make sure that what people do  
19 eat is healthier, and that at a minimum they know  
20 what they're putting in their bodies like they would  
21 if they were preparing it at home. We think this is  
22 an important response to that trend, which has so  
23 many implications. I know we have a lot of members  
24 of the public. Some—do you have a quick question?  
25 Alright, we're going to pass it off to—

2 COUNCIL MEMBER KALLOS: I will—I will be  
3 quicker than I was with the previous panel. I guess  
4 to the other parents on the panel, it seems like even  
5 when you choose something that's labeled a baby or  
6 kids or healthy, when you spin it over it can have a  
7 lot of sugar in it and added sugar. You have to end  
8 up reading through the ingredients. How—how—how can  
9 this help in—in parenting and I swear to God I can't  
10 believe you saw it: Vanilla flavored. [laughter]  
11 I've—I've never heard of that, and I can't believe  
12 that's a thing.

13 MICHAEL DAVOLI: That—that vanilla and  
14 chocolate flavored milk is all that they sever there.

15 COUNCIL MEMBER KALLOS: [interposing] I—I  
16 got the chocolate milk, but--

17 MICHAEL DAVOLI: Yeah, it's—there's—  
18 there's—there's a whole slew of different flavored  
19 milks and—and there—it's a—they're sold by a company  
20 that promotes organic milk, and so that's one of the  
21 challenges that so you think something is healthy.  
22 It's healthy in maybe respect, but not so in the  
23 other respect, and—and that's one of the challenges.  
24 That—that's why what you're doing here today, and  
25 that's why this hearing is so important is that it's

2 exposing a lot of the -the hidden places that sugar  
3 is constantly found.

4           ROBIN VITALE: And if I may, I think one  
5 of the pivotal parts of all this discussion is really  
6 helping to support parents in exactly that for both.  
7 So, right now, it's incumbent for the parents to do  
8 their homework to-to really work steadfastly to make  
9 sure that things that they're buying for their-their  
10 kid, things that they assume are healthy indeed  
11 actually aren't because there's so much misguided or-  
12 or mislabeled--to just be blunt-food out there, and  
13 so I think when you're-you're thinking about the  
14 norms that we're instilling in our children.  
15 Measures like the-the 1064 and 1326 will help to  
16 really turn that on-on the side. So, whereas right  
17 now we have to fight harder to get the healthier  
18 foods, these measures will help us to make healthy  
19 foods more accessible, make that the norm. If you  
20 want to have the occasional sugary drink as a treat,  
21 you as a parent make that decision, you can still get  
22 that, and I think that's part of the sensible,  
23 responsible way this bill is drafted. We're not  
24 banning anything. We're not restricting parents'



2 rights. We're simply asking for the norm to be the  
3 healthier option.

4 COUNCIL MEMBER KALLOS: So, I've gotten  
5 some questions from the media about the initial  
6 version of the legislation that was tied to  
7 children's meals that had incentive items associated  
8 with them, and what happened in in San Francisco  
9 versus focusing on sugary beverages. What is—what is  
10 the American Heart Association's take on the—the  
11 change, and what we learned from other cities.

12 ROBIN VITALE: Well, you had—over the—the  
13 ten years or so that we have been working on this  
14 issue, the evolution science has been I think moving  
15 along in—in the same space as we've been thinking  
16 about how to address these concerns in New York City.  
17 So, what we've learned in those early days is that  
18 the—the toy, the incentive piece it's very easy to  
19 created loopholes around that, as you mentioned in  
20 your opening comments, and there's a long list of  
21 other restaurants that don't have the 20 incentive.  
22 But our marketing indicates that would not be  
23 impacted in that space. So, if we're thinking about  
24 the most impactful, most equitable policy, having it  
25 attributed to all restaurants, if you have a kid's

2 menu that they would have to have these healthy  
3 options. It makes good sense. Now, the concern  
4 around both the food standards and the beverage  
5 standards I think that's unique for New York City.  
6 The Heart Association across the country would be  
7 very supportive of food criteria as well. We would  
8 love to see the city get to a place where that can  
9 also be manageable. We hear the concerns from the  
10 Health Department. We understand the complications  
11 around enforcement and implementation. So, we think  
12 the beverages are a good first step, and we are  
13 strongly supportive of the current bill draft, and  
14 we'll see what we might be able to do down the road.

15 COUNCIL MEMBER KALLOS: In your testimony  
16 you indicated that in the detailed 4-page testimony,  
17 which anyone can read at Council.nyc.gov, you  
18 indicate that parents still have a choice. They can  
19 still choose to spend that one sugary beverage a  
20 week, which is allowed. Not every day--

21 ROBIN VITALE: [interposing] They have  
22 to. [laughs]

23 COUNCIL MEMBER KALLOS: --but, and so,  
24 why is the right to choose so important, and how  
25 would that work?

2                   ROBIN VITALE: Well, I-I think, you know,  
3 again, this is turning the norm around. So, that  
4 right now parents have to fight extra hard to get the  
5 healthier drink options as opposed to what we're  
6 recommending here is the healthy options are the  
7 norm, and parents can ask for that—that sugary drink  
8 if they so choose. You know, I think New York City  
9 is—is very well established as a leader in—in  
10 appropriate evidence-based public health policy, and  
11 allowing the parent to continue to have that—that  
12 authority, how they're going to parent is of their  
13 own jurisdiction and at their own discretion. But  
14 obviously I think this helps to educate all New  
15 Yorkers, and particularly parents and young, you  
16 know, people that said that they need to be mindful  
17 about what they're consuming, and the occasional  
18 sugary drink is perhaps something that they be  
19 comfortable with. We'd obviously would encourage to  
20 only focus on healthy drink options, but certainly  
21 there is some room in diet and nutrition science to  
22 allow for the occasional treat to happen.

23                   COUNCIL MEMBER KALLOS: And if I may have  
24 one last question. I see in the New York Academy of  
25 Medicine reference to a piece by a Wang YC.

2 CLAIRE WANG: That's me. [laughter]

3 COUNCIL MEMBER KALLOS: I was curious  
4 about that and the caloric calculator average caloric  
5 impact of childhood obesity interventions and I see  
6 you're not wearing a white coat, but you are, in  
7 fact, a doctor and are now playing one on TV. If you  
8 can share with us some of the—what you learned in  
9 your—in your research published in 2013 on page E-3-  
10 and 313?

11 CLAIRE WANG: I'm happy to. So, I'm  
12 trained—I'm trained as a physician epidemiologist.  
13 So that piece of work is part of our effort to  
14 calculate. You know, many people might say a calorie  
15 is a calorie, and all you needed to do is exercise  
16 more in order to burn it off. In our opinion, that  
17 is a complicated and sometimes dangerous message that  
18 some of the industry voices might push because, in  
19 fact, when you do the math you could see that how  
20 difficult it is to burn off these calories, and that  
21 came from these added sugar that's added into the  
22 sugary water that has absolutely no nutrients. So,  
23 the example I used there is a crinkle (sic) kit size  
24 so that that's serving kids meals. In order to burn  
25 that off, you do for an average—an average 8-year-old

2 yes you will have to walk for 70 minutes in order to  
3 burn that off. So, for active individuals and-and  
4 children will know that we want them to be more  
5 active but, in fact, when you do the math and-and  
6 really figuring out how much calories are in these  
7 drinks, they could be very kind of-very deceiving.  
8 So, that was just what the body of research is about  
9 to really be conscious about the caloric count and  
10 sugar content in these beverages.

11 COUNCIL MEMBER KALLOS: Thank you.

12 CHAIRPERSON LEVINE: Thank you and thank  
13 you to this great panel.

14 MICHAEL DAVOLI: Thank you.

15 CHAIRPERSON LEVINE: Okay, next up we  
16 have Miguel Graham and Joshua Delgado from Teens for  
17 Food Justice; the Minister John Williams from the New  
18 Creation Community Health Empowerment; Anna Flattau;  
19 and Chris-oh, boy-Nowacks--

20 CHRIS NORWOOD: [off mic] Norwood.

21 CHAIRPERSON LEVINE: Norwood. Alright,  
22 from Health People. [background comments/pause]  
23 Joshua and Miguel, thank you for joining us.

24 JOSHUA DELGADO: Thank you.

2 CHAIRPERSON LEVINE: You have a hard act  
3 to follow with Rose [laughter] and we're glad that  
4 youth voice is in the house, and would you like to  
5 start us off?

6 MIGUEL GRAHAM: Sure. Hi. My name is  
7 Miguel. [background comments]

8 COUNCIL MEMBER KALLOS: Can you share  
9 your names on social media where there's like Twitter  
10 and Instagram and things like that? We'll share it.

11 MIGUEL GRAHAM: Hi, my name is Miguel,  
12 and I'm attended—student at DeWitt Clinton High  
13 School campus. I'm also a member of Teens for Food  
14 Justice After school Apprenticeship Program where we  
15 explore food justice issues and advocate for healthy  
16 food and drinks access in our community. I'm here to  
17 testify in support of Bill 1064 because I believe  
18 kids should not only have access to healthy food, but  
19 also healthy beverages on restaurant menus.

20 JOSHUA DELGADO: [coughs] Hi. My name is  
21 Joshua Delgado. I am a senior at the DeWitt Clinton  
22 High School Campus. Like Miguel, I am a part of Teen  
23 for Food Justice as both an intern on our hydroponics  
24 farm [laughs] and a member of Apprenticeship. I am  
25 also here to express my support of Bill 1064 because

2 I think that we deserve to have a—to have the option  
3 to make healthy choices. Oh, sorry.

4 COUNCIL MEMBER KALLOS: [off mic]

5 JOSHUA DELGADO: Behind our hydroponic  
6 farm and cafeteria and that includes drinks on  
7 restaurant menus. We support this bill that would  
8 require restaurants in New York City that serve  
9 children's meals to include drinks that are free of  
10 added sugars and sweeteners. After going into our  
11 communities to survey restaurants and analyze food  
12 and drink menus, we find lots of soda and sugary  
13 drinks like Sprite, Fanta and Hi-C, but very few  
14 healthy options.

15 MIGUEL GRAHAM: During apprenticeship we  
16 learn a lot about food and drinks access in our  
17 community, and what it means for ourselves on health,  
18 and we've began—we—we-well, we began to go beyond the  
19 classroom, and decided to explore options on  
20 restaurant menus. As a group, we created a survey  
21 that include—included our look at drinks on kids'  
22 menus, and the availability of healthy of  
23 substantial. We found that sugary beverages were  
24 always the default. Also, the way they are featured  
25 in kids' menus section or in their restaurant

2 themselves seems dis-dis-displaced to catch the eyes  
3 of young people.

4 JOSHUA DELGADO: I have learned and now  
5 know that companies often target teenagers and  
6 younger people by using colorful and catchy marketing  
7 in order to influence us to consume more sugary  
8 beverages. These tactics work because restaurants  
9 and companies know how to tie our products to recent  
10 pop culture and imagery to capture our attention. As  
11 a student, I am busy and don't always have the time  
12 to carefully consider restaurant menus when I buy a  
13 quick lunch meal. Sometimes I make the choice that  
14 are most familiar and easy. So, if kids' menus were  
15 to offer drinks free of sugar, and sweeteners, then  
16 the healthier choice would be that much easier to  
17 make.

18 MIGUEL GRAHAM: Thank you for allowing us  
19 to testify before you in support of this important  
20 bill. We're happy to answer any questions that you  
21 have.

22 CHAIRPERSON LEVINE: That was  
23 outstanding. Thank you Miguel and Joshua. Really  
24 impressive testimony and important. We thank you for  
25



2 being here. We'll—we'll continue the panel. Ms.  
3 Norwood, would you like to—

4 CHRIS NORWOOD: Thank you--

5 CHAIRPERSON LEVINE: --proceed.

6 CHRIS NORWOOD: --and it's—it's very nice  
7 to speak with young people.

8 CHAIRPERSON LEVINE: A tough act to  
9 follow, indeed.

10 CHRIS NORWOOD: [laughs] We—were like,  
11 they will make a better future, definitely. Right  
12 now, one million New Yorkers have Diabetes, and one  
13 third of adults have Pre-Diabetes. Yet, there is  
14 absolutely no city plans for the control and  
15 prevention of Diabetes. The situation, Mr. Chair, is  
16 unprecedented. We have never seen in the modern era  
17 an epidemic allowed to grow for decades without any  
18 coherent effort to stop it. It is a public disgrace  
19 in public health. We had one case of Ebola, and the  
20 whole city was mobilized. We haven't mobilized for  
21 Diabetes even knowing that thousands who have  
22 Diabetes will suffer terrible, but avoidable  
23 complications like amputation, blindness and dialysis  
24 and that without intervention 5% of Pre-Diabetics  
25 will develop Diabetes every year. We sincerely thank

2 you, Chairman Levine as sponsor, and the Council  
3 Health Committee for introducing legislation 1361. I  
4 was happy to just learn that the department supports,  
5 but I will review it because it shows where we are  
6 at. It requires the New York City Department of  
7 Health to finally compile a comprehensive report and  
8 a plan to reduce the occurrence of Diabetes related  
9 health problems. Amazingly, this has never occurred  
10 before. The legislation also requires the city to  
11 track numbers of complications like amputation,  
12 blindness, and dialysis ever six months, and also to  
13 report on the massive data on citywide A1C levels and  
14 measure of blood sugar that it already has in the  
15 Diabetes Registry. The importance of this is  
16 underscored by a just released study with intensive  
17 sampling that shows, in fact, the combined rate of  
18 both diagnosed and undiagnosed Diabetes for adults in  
19 New York. It's 16%, about 1 in 6 adults, not the 10  
20 to 11% widely used. Similarly, with Council  
21 oversight to assure full tracking through procedure  
22 codes and claims data, we can finally expect full  
23 understanding of the disastrous complications of  
24 Diabetes. For one example I expect the amputation  
25 rate will be almost double that now reported. Even

2 as we understand the full toll and tragedy of  
3 Diabetes, however, we need to equally understand that  
4 we can pull back. Progress is so possible. The  
5 Department of Health knows as does everyone in this  
6 field that very well proven education will slash the  
7 Diabetes risk for people who have Pre-Diabetes just  
8 as proven care education for those who already have  
9 Diabetes slashes the terrible complications. We  
10 could bring this proven education to the most  
11 stricken communities almost overnight by training  
12 neighborhood residents themselves as peer leaders to  
13 provide proven care education. Yet, the Department  
14 of Health refuses and refuses and refuses to fund  
15 such proven education. I will conclude by telling  
16 you that two peer leaders and educators at Health  
17 People. One has lost 100 pounds and taken her sugar  
18 level from near fatal to normal, but tragically, it  
19 was too late for her eyes and she is going blind.  
20 The other has terrible foot neuropathy and it is  
21 painful for her to walk, but barely able to see, and  
22 hardly able to walk, they are out every day teaching  
23 good care to other Diabetics because they will not  
24 permit these same things to happen to other people  
25 when it is clearly avoidable. Where is their Health

2 Department? Where is their support from the Health  
3 Department? They don't pay for this. Thank you  
4 again, Chairman Levine and the Health Committee for  
5 these very important hearings. I feel they are a  
6 breakthrough on many levels, and that they are  
7 starting to make us coherent, which is what we  
8 haven't been. So, I hope the entire Council will  
9 support your efforts. Thank you.

10 CHAIRPERSON LEVINE: Thank you, Ms.  
11 Norwood and I—I assume though you didn't explicitly  
12 say it that you're in support of Intro 1361, which  
13 would require--

14 CHRIS NORWOOD: [interposing] Yes.

15 CHAIRPERSON LEVINE: --the Department of  
16 Health--

17 CHRIS NORWOOD: [interposing] Yes.

18 CHAIRPERSON LEVINE: --to report on some  
19 of the factors that you mentioned.

20 CHRIS NORWOOD: That's correct.

21 CHAIRPERSON LEVINE: Okay. Wonderful.  
22 Minister, please.

23 Thank you, Minister Levine. [laughter]

24 CHAIRPERSON LEVINE: You just promoted  
25 me, but thank you.

2                   MINISTER JOHN WILLIAMS: That's alright.  
3 If you're involved in a great evangelistic effort in  
4 this city and, you know, New York I just came with  
5 the—the Governor and now Speaker Nancy Pelosi that is  
6 being the number one state in this country that is  
7 going after the gun—lobby gun, you know, violent  
8 things, and we know that all the deaths from gun  
9 violence, all the deaths from narcotics, drugs or  
10 whatever cannot compete with the drug sugar. Sugar  
11 is addictive, and it's the most—it's the—it's the  
12 worst killer not only in America, in the world, and  
13 what you are doing here is—should be commended and I  
14 applaud you very much for this bill, these bills that  
15 I know that it I going to, you know, bring great I  
16 would say benefits to the residents of New York City.  
17 In the Dinkins Administration we fought to—to get  
18 the—the entire city to get behind the smoking gun in  
19 public places and at work. The bill was passed, and  
20 today we see the benefits of the smoking. With this  
21 sugar bills that you guys are offering, I am here for  
22 one purpose and one purpose only. It is that as you—  
23 as you mentioned today, the representative from the  
24 Administration that despite all the efforts that  
25 they—despite all the efforts that they put into the—

2 the programs to prevent them to do this, where is  
3 Diabetes going? Where's the incidents going? I've  
4 worked for 25 years with American Diabetes  
5 Association to raise funds. Every year they raise  
6 hundreds of millions of dollars for Diabetes for not  
7 prevention, research and to this date this incidents  
8 and prevalence is going way up. So, what I would  
9 like for you to do is to back up these with the  
10 importance of funding community-based programs that  
11 would help to prevent what is happening, and the-the-  
12 the labeling laws and I don't know. You know, as  
13 you-you are saying the people in the-the community  
14 that are suffering are the minorities, and I tell you  
15 minorities don't read labels. They don't, and so  
16 they will be affected greatly by that. The most  
17 important thing is to-is to use the church/school-  
18 based preventive health centers in funding them to  
19 educate people like Health People to get the peer  
20 leaders, to reach out to the community and educate  
21 them about the dangers and to get them to be  
22 motivated to want to change their lifestyle, and  
23 that's basically what I'm here to testify about.  
24 Back up what you are putting in this bill with  
25 funding for prevention.

2 CHAIRPERSON LEVINE: Thank you for your  
3 passion and your focus on this important issue,  
4 Minister, and thank you for being here. I'm going to  
5 cue you in a moment, and I—I have to myself quickly  
6 run across the street to a press conference. In the  
7 interim, you're in the capable hands of Council  
8 Member Kallos, and I think we'll also be rejoined by  
9 Council Member Barron. I'll be back momentarily, but  
10 please take it away.

11 Thank you for the opportunity to speak.  
12 I'm also speaking in support of 1361. My name is  
13 Anna Flattau, and I'm the Vice Chair for Clinical  
14 Services for Family and Social Medicine at Montefiore  
15 Medical Center, and I work in one of our federally  
16 qualified health centers in the Bronx. Many of my  
17 patients have Diabetes, and I like my colleagues I've  
18 seen too many people with life altering complications  
19 such as kidney failure, vision loss and amputation of  
20 their feet. As well as being a primary care doctor, I  
21 directed for eight years a wound healing program  
22 where we worked to ensure high level of care for  
23 patients with Diabetic foot ulcers to help them avoid  
24 amputations. It's unacceptable that in the Bronx,  
25 people lose their feet to Diabetic amputation at

2 twice the rate of patients in Manhattan. There are  
3 306 regions called hospital referral regions in the  
4 country and of those 306, the Bronx is number 17 for  
5 the highest amputation rate. This pattern is seen in  
6 poor neighborhoods and other boroughs in the city as  
7 well. Social injustice underlies these results. We  
8 all know that it is hard to eat healthy when you are  
9 poor, but some neighborhoods lack options for healthy  
10 food and exercise and that many communities have  
11 inadequate access to primary care. It is also just  
12 hard to take care of your health if you are working  
13 two or even three jobs just to keep a roof over your  
14 head. The amputation rates tell us that once people  
15 have Diabetes we are failing them still further.  
16 Diabetic foot ulcers occur because high sugar levels  
17 damage the nerves in the feet so that a person can't  
18 feel a sharp object or an ill-fitting shoe that is  
19 causing the wound. The nerve damage also impairs the  
20 person's immune response so that infections can  
21 quickly become limb and life threatening. Limb loss is  
22 devastating to individuals and to their families, and  
23 it increases the already high burden of disability in  
24 these communities. People with Diabetic nerve damage  
25 in partnership with healthcare providers can



2 substantially lower their risk of amputation if they  
3 are able to prevent ulcers and to quickly access high  
4 quality treatment when ulcers do occur. Our  
5 communities need programs that reduce the rate of  
6 amputations for people with Diabetes, and we know  
7 from the evidence that there's several types of  
8 programs that can achieve this. Successful programs  
9 engage communities, educate patients, support  
10 preventive foot care services through primary care  
11 and podiatry, and provide expedited access to high  
12 quality ulcer treatment when needed. These  
13 initiatives enhance quality of care for individuals,  
14 improve population health outcomes and save  
15 healthcare costs by avoiding hospitalizations.  
16 However, our highest risk communities currently lack  
17 coordinated efforts to reduce amputation rates for  
18 their residents. Can we implement these solutions in  
19 New York? It might be we have no other choice  
20 because the alternative is to allow the crisis of  
21 Diabetic amputations to continue unchecked. The  
22 close tracking of amputation data is as proposed in  
23 this legislation is a necessary foundation for us to  
24 start coordinating efforts to actually reduce the  
25 Diabetes amputation rate in poor neighborhoods.

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2 These solutions will require hard work, but they are  
3 possible with the partnership of the healthcare  
4 sector, government and our communities. Thank you.

5 COUNCIL MEMBER KALLOS: Thank you. So, I  
6 have a first question for Teens for Food Justice.  
7 How are you?

8 JOSHUA GALADO: Good.

9 COUNCIL MEMBER KALLOS: How was the 4-  
10 Train ride this morning or afternoon?

11 JOSHUA GALADO: Long.

12 COUNCIL MEMBER KALLOS: It was like an  
13 hour still?

14 JOSHUA GALADO: Yeah,

15 COUNCIL MEMBER KALLOS: I-I went to-I  
16 went to high school on-around the block from you on  
17 205<sup>th</sup> Street.

18 JOSHUA GALADO: Leahman or...?

19 COUNCIL MEMBER KALLOS: So across from-so  
20 we share your football field Bronx Science

21 JOSHUA GALADO: Oh, Bronx Science.

22 COUNCIL MEMBER KALLOS: Yeah.

23 MIGUEL GRAHAM: Oh, I didn't know that.

24 COUNCIL MEMBER KALLOS: I think-do you  
25 still-do you-do you ever-so what do you call it? So,

2 tell me about this hydroponic farm that you mentioned  
3 in your testimony and--and what you have at your  
4 cafeteria. Do--so do both of you work at this far

5 JOSHUA DELGADO: Well--

6 COUNCIL MEMBER KALLOS: In New York City  
7 there's a farm in New York City in the Bronx.

8 JOSHUA DELGADO: Uh-hm.

9 COUNCIL MEMBER KALLOS: Tell them that.

10 MIGUEL GRAHAM: Well, for the farm we  
11 have a hydroponic farm upstairs in our school that's  
12 Teens for Justice. You can see it right there on my  
13 shirt.

14 COUNCIL MEMBER KALLOS: Yeah.

15 MIGUEL GRAHAM: So, we do supply like  
16 vegetables for--for the cafeteria sometimes, fresh  
17 vegetables when they are fully grown. Sometimes we  
18 give it away like to parents.

19 COUNCIL MEMBER KALLOS: And you grow it  
20 yourself.

21 MIGUEL GRAHAM: Yes, we grow it--

22 COUNCIL MEMBER KALLOS: Wow.

23 MIGUEL GRAHAM: --ourself.

24 COUNCIL MEMBER KALLOS: And what kind of  
25 food choices do you have in your--your high school?

2 So, we had DOHMH here. They were talking about the  
3 fact that they said that the school meals are  
4 healthier.

5                   MIGUEL GRAHAM: So, we have the choice.  
6 Yes, the school meals are healthy even though I  
7 noticed that some—some of the meals aren't healthy  
8 because some of the meals like they fry the food. I  
9 noticed that they give us like it's on Monday after  
10 we had it on Friday. So, we have to wait a while  
11 before like fresh food comes back in the cafeteria.

12                   COUNCIL MEMBER KALLOS: Do we still have  
13 somebody in the audience from DOHMH?

14                   MIGUEL GRAHAM: I don't know what that's  
15 about. [laughter]

16                   COUNCIL MEMBER KALLOS: No, no, sorry.  
17 So, we're going to take what you jus said. We're  
18 going to pass that along to DOE and DOHMH.

19                   JOSHUA DELGADO: There's someone behind  
20 it there. There's someone behind it.

21                   COUNCIL MEMBER KALLOS: Okay, and so do  
22 you have vending machines at the high school?

23                   MIGUEL GRAHAM: Oh, yes, we have vending  
24 machines.

2 COUNCIL MEMBER KALLOS: What's in the  
3 vending machines?

4 MIGUEL GRAHAM: It is we—it has snacks  
5 and it have sparkling water and you have ice tea. It  
6 doesn't really have the juice or sugary juice--

7 COUNCIL MEMBER KALLOS: [interposing]  
8 Okay.

9 MIGUEL GRAHAM: --but the ice tea I could  
10 say that's sugary juice.

11 COUNCIL MEMBER KALLOS: Does it have like  
12 a-a Gator Aid or-or Power Aid?

13 MIGUEL GRAHAM: No, I don't think so.

14 COUNCIL MEMBER KALLOS: And no carbonated  
15 beverages that are like Coca Cola or Pepsi or stuff  
16 like that?

17 MIGUEL GRAHAM: No, it don't—it doesn't  
18 have any of that.

19 COUNCIL MEMBER KALLOS: That's really  
20 good to hear, and then like snacks, would it have  
21 like M&Ms or and Snickers or is it like--

22 MIGUEL GRAHAM: Yes, they have a lot of  
23 those.

24 COUNCIL MEMBER KALLOS: Okay.

25 MIGUEL GRAHAM: And it some teachers--

2 COUNCIL MEMBER KALLOS: Yeah.

3 MIGUEL GRAHAM: --bringing sodas and  
4 stuff. So, sometimes we do have sodas--

5 COUNCIL MEMBER KALLOS: Okay

6 MIGUEL GRAHAM: --and stuff in the  
7 school, but

8 COUNCIL MEMBER KALLOS: [interposing] And  
9 it--

10 MIGUEL GRAHAM: -it's only on occasions--

11 COUNCIL MEMBER KALLOS: Okay.

12 MIGUEL GRAHAM: --we get those.

13 COUNCIL MEMBER KALLOS: And then Joshua,  
14 I don't know if you participate, but you mentioned  
15 that you did a survey. Can you tell me--tell me about  
16 some of the restaurants.

17 JOSHUA DELGADO: I didn't do the survey.

18 COUNCIL MEMBER KALLOS: Maybe Miguel did  
19 this. Did either of you do this?

20 JOSHUA DELGADO: He did the survey, yeah.

21 COUNCIL MEMBER KALLOS: No worries.  
22 Okay.

23 MIGUEL GRAHAM: Oh, I did the survey.

24 COUNCIL MEMBER KALLOS: So, can you tell  
25 me a little bit about the survey, what kind of

2 restaurants did you go to? Was it chains or was it  
3 local folks that kids' menus and what kind of things  
4 did you see? How—how did you do the survey?

5           MIGUEL GRAHAM: Well, it was a rest—when  
6 I heard that it was going out on a restaurant, I was  
7 happy everyone in Teens for Food Justice. I thought  
8 I was going out to eat. Then I found out that—found  
9 out that the restaurant is actually nearby our  
10 school. So, I was like wow, I never noticed it  
11 before, and it's like I don't know—you said that you  
12 used to go around the school area. I don't--

13           COUNCIL MEMBER KALLOS: [interposing] If I  
14 was making bad choices there was Cozy Corner. You  
15 went over the bridge and over the train tracks, and  
16 then you walked to more blocks.

17           MIGUEL GRAHAM: [interposing] Well, I  
18 did—well under the--

19           COUNCIL MEMBER KALLOS: --and there was a  
20 cute little place right under the train. Yeah.

21           MIGUEL GRAHAM: Under the train tracks, I  
22 don't remember what the name of the restaurant  
23 underneath there, but we went inside there and it's a  
24 nice cozy restaurant you could see, but it had a lot  
25 of let's see what would young people love to eat.

2 No. Hardly healthy options. Some beverages it's  
3 prepared sugary drinks, and so there was hardly any  
4 like food-drinks that is hardly no sugar-based, and  
5 the only thing that we could see they served in the  
6 restaurant that was healthy on no sugary base was  
7 like water.

8 COUNCIL MEMBER KALLOS: Got it, and for  
9 those testifying on 1631—sorry 1361. Forgive the  
10 slight dyslexia. I—I—I—I hear your request for  
11 funding. So, the—the question is should the study  
12 that is being suggested be conclusive and prove your  
13 hypotheses and what you're experience is at  
14 Montefiore? How much needs to be set aside in the  
15 budget to actually provide adequate treatment so that  
16 when folks are diagnosed with Diabetes that they  
17 actually are able to treat the disease effectively  
18 without any—without it getting worse, without having  
19 to get to the place of amputation. So, I guess I  
20 appreciate the—the good Reverend asking for—for the  
21 funding. The question is how much?

22 ANNA FLATTAU: So, I'll just say the—on  
23 of the base things I think the health services are  
24 already reimbursed and that's not really the issue.



2 It's really the community initiatives that require  
3 funding.

4                   MINISTER JOHN WILLIAMS: Right. Well,  
5 we—we as was mentioned here, the city, see has a  
6 Diabetes Prevention Program and can prevent most of  
7 these from happening that has a 60% success rate in  
8 preventing people becoming diabetics and also, you  
9 know, preventing amputations and different things  
10 because of the education. Because of the—the fact  
11 that we believe that the Church has a major role to  
12 play in the change of anything in this country,  
13 anything that was changed wither it's civil rights or  
14 whatever, church has a major part. So, we believe  
15 that the church-based and school-based preventive  
16 health centers are areas where we can not only  
17 motivate, but empower people to make change in  
18 lifestyle, and also follow the—the—the diet—the diet  
19 habits that would do the prevention. So, we are  
20 asking if we can get a three—all we need is \$3  
21 million, and if we can do this for you by 2020, we  
22 have a vision that is to reduce the incidents and  
23 prevalence of Diabetes by 20% by the year 2020 using  
24 the Church-Based Preventive Health Centers  
25 Initiative.

2 COUNCIL MEMBER KALLOS: That's nine  
3 months.

4 MINISTER JOHN WILLIAMS: Yes, and the  
5 end—the end of 2020.

6 COUNCIL MEMBER KALLOS: Okay, well. If  
7 somebody can provide a microphone and you can get the  
8 last word.

9 CHRIS NORWOOD: Well here it is. Okay.  
10 I think it's a question of building up around the  
11 city because you can train peer educators first  
12 throughout the highest risk areas of the city. There  
13 is mammoth literature showing of what this kind of  
14 education saves in an end. I'll give an example.  
15 Dialysis now costs about \$77,000 a year. It costs  
16 about \$850 to give someone a self-care course of six  
17 sessions, which brings down their dialysis risk by  
18 about 90%. Foot care and amputation, but Dr. Flattau  
19 can give figures. It's not just the amputations. If  
20 it's an above the knee amputation can cost up to  
21 \$150,000. It's the ulcers people are constantly  
22 getting. Those cost about \$38,000 for an ulcer  
23 hospitalization. Targeted foot care education costs  
24 about \$300 per person when you target it to diabetics  
25 who already have neuropathy, who are the high risk

2 group. I think we would be happy to, you know,  
3 present a--different ways of doing this and--and what  
4 it would cost and what you would get out of it. We  
5 can do that before the Department of Health finishes  
6 its report because there is already, as I say,  
7 mammoth literature, and mammoth in the field which  
8 was not supported by the Department of Health.  
9 Unfortunately, with--and I think it's important to  
10 know what makes this more crucial is a lot of this  
11 education is occurring now through DSRIP, you may  
12 know. Alright. That's over next year. All that's  
13 making progress is going to collapse next year.

14 COUNCIL MEMBER KALLOS: Thank you for the  
15 call to action.

16 CHRIS NORWOOD: Uh-hm.

17 MINISTER JOHN WILLIAMS: I just to-to  
18 mention that I--I applaud the Department of Health  
19 through the--borough of Brooklyn Interfaith Advisory  
20 Group that Dr. Bassett has established whereby we  
21 reach out to the--to the community in areas of the  
22 healthy bodega, and you talk about the Food Box that  
23 they are giving out, but as I said, they are the ones  
24 that are saying that they need from the Council the  
25 funding to fund these programs that they do not have.

2 You know, as I-I mentioned to Dr. Bassett the last  
3 before she-she retired at town hall with the Mayor,  
4 you know, where is the action in terms of educating  
5 getting these prayer leaders and getting these  
6 lifestyle coaches to actually got out in the  
7 community to influence the bodegas in there to do it.  
8 There's no funding. You-you were given a million  
9 dollars to put in the last budget for Diabetes  
10 Prevention, but it never went in. I don't know why  
11 the Speaker didn't put it in. So, I would hope that  
12 Dr. Kallos would be influential in leaving this place  
13 to make sure that the-the-my sister Dr. Barron that  
14 needs to really make sure that there is funding for  
15 prevention of Diabetes for community-based  
16 organizations.

17 COUNCIL MEMBER KALLOS: I will just-

18 COUNCIL MEMBER BARRON: Just to be clear,  
19 I don't have the M.D. or Ph.D. So thank you.

20 [laughter]

21 COUNCIL MEMBER KALLOS: I-I do have a  
22 Doctor of Law. However, I'm told I can't say I'm a  
23 doctor and I'm the black sheep of the family. My  
24 father was a doctor. My mother was a doctor.

2 COUNCIL MEMBER BARRON: That's  
3 politically incorrect, black sheep. Please my  
4 Kallos.

5 COUNCIL MEMBER KALLOS: You're correct.

6 COUNCIL MEMBER BARRON: Thank you.

7 COUNCIL MEMBER KALLOS: Than, you.

8 Apologies. I-I am—thank you. You got it. Thank you  
9 to this panel. Thank you to Miguel and Josh for your  
10 great testimony and all the great work that you do.  
11 Our next panel is Dr. Pasquale Rummo from NYU Langone  
12 Health, and NYU School of Medicine; Assistant  
13 Professor Jennifer Pomeranz for the College of Global  
14 Public Health at NYU; Vanessa Salcedo, Union  
15 Community Health Center; and Melissa Olson, Community  
16 Healthcare Network. All come on up. [background  
17 comments/pause] Thank you my colleague Inez Barron.  
18 We discuss linguistics and inherent prejudice in  
19 existing phrases and always endeavoring to do better.  
20 If the panel whoever would like to go first, please  
21 do. If you have testimony, please hand it to the  
22 sergeant-at-arms and share your Twitter names.

23 DR. PASQUALE RUMMO: Well, I don't have a  
24 Twitter name or Twitter, but thank you first of all  
25 for inviting me to testify at today's hearing. My

2 name is Dr. Pasquale Rummo, and I'm an Assistant  
3 Professor at NYU School of Medicine. I apologize in  
4 advance for my scratch throat. I'm battling a little  
5 bit of a-a cold. The focus of my research is on  
6 improving the food-the food environment especially  
7 for high risk groups like children, and using  
8 strategies and studying strategies related to  
9 neighborhood economics to improve the food  
10 environment, and I'd like to share my findings  
11 related to the proposed bill and highlight those.  
12 I'll skip over the stuff about the statistics and  
13 everything that everybody else has said so far, but  
14 starting with the food environment, including the  
15 location of food resources, it plays a very important  
16 role in shaping obesity risks among children. For  
17 example, my colleagues and I at NYU have shown that  
18 public school children in New York City have enormous  
19 access to food outlets including both fast food  
20 restaurants and full service restaurants, and we also  
21 have a publication under review showing that obesity  
22 rates are higher among children living very near to  
23 fast food restaurants in the city, and this  
24 relationship might be driven by the nutritional  
25 quality of fast food meals. So, food sold in fast

2 food restaurants are often low in fiber and high in  
3 sodium, unhealthy fats and refined carbohydrates. In  
4 particular sodium intake is really high on days that  
5 children eat at fast food restaurants as well as at  
6 sit-down restaurants, and children that eat fast food  
7 consume more calories, added sugars, and sugary  
8 beverages per day than children who do not, and they  
9 also have a lower consumption of milk. So, such  
10 evidence I think demands a public policy response.  
11 Policies informed by behavioral economics in  
12 particular can promote healthier choices by nudging  
13 consumers and subtle low-cost ways that honor  
14 individual preferences. For example, people have a  
15 preference—a preference for things to stay the same.  
16 So one way to leverage that preference is to change  
17 default options in your environment so that people  
18 are defaulted into healthy choices, but can opt out  
19 of them if they—if they so desire. So, the  
20 advantages of healthy default policies is that they  
21 are clear and practical and cost-effective, and  
22 healthy default options are also appealing because  
23 they are not burdensome for the consumer, and they  
24 don't require knowledge or complicated information.  
25 So, for example default options have been shown to

2 increase orders of healthy foods in restaurants with  
3 health default side options on menus such as salad  
4 instead of fries. So, in summation, I think the  
5 proposed policy has the potential to reduce soda  
6 consumption among children, and it has my full  
7 support.

8 COUNCIL MEMBER KALLOS: Thank you.

9 JENNIFER POMERANZ: Hi. I'm Jennifer  
10 Pomeranz. I am here to testify on 1064. So, I thank  
11 you for your advocacy for public health and I share  
12 the Council Members' commitment to public health, and  
13 also fury about added sugar, but I really need to  
14 urge your, and I guess I'm going to be blunt to point  
15 out the elephant in the room or the sugary beverage  
16 on the bill, but I--I really want to urge you. I  
17 think that the definition of healthy default beverage  
18 is not evidence-based, and I'm actually surprised I'm  
19 the first one to bring this up today. It is not an  
20 evidence-based definition. Flavored milk is a sugary  
21 beverage. The bill should include just plain  
22 unflavored, unsweetened milk of any fat percentage.  
23 Actually, the science fully supports that, and there  
24 should be an evaluation component especially on the  
25 juice part. So, just to give you a few more points



2 on—on my summary of my much longer testimony that you  
3 have in front of you, flavored milk is contrary to  
4 American Heart Association recommendations. It's  
5 contrary to nutrition science. It is not  
6 reimbursable under WIC or CACFP for children under  
7 five and this is because it is considered a sugary  
8 beverage and it's not from nutrition science. Yet,  
9 whole plain milk is completely healthy, and studies  
10 show that over time children that actually drink  
11 whole milk gain less weight than children that drink  
12 low-fat milk, and so there is a lot of wrong outdated  
13 recommendations that we should be focusing on low fat  
14 diets and non-fat dairy, but this is basically based  
15 on theoretical considerations about isolated  
16 nutrients, and not empirical evidence on the clinical  
17 effects of milk. And I really—the biggest point I  
18 want to make here is that both Burger King and  
19 Wendy's and other fast food restaurants are glad to  
20 voluntarily comply with the standard, and the  
21 American Beverage Association agrees with this  
22 standard and why is this? It's because the research  
23 shows that that if you have early adoption of sugary  
24 beverages and sweet drinks early in life, it  
25 increases preference for sweet drinks later in life.

2 So, they're basically building up their clients'  
3 health right now on sugary—on sugary beverages  
4 including chocolate milk, and you guys were all  
5 laughing about white milk and chocolate and vanilla  
6 milk, and this is a sugary beverage that's in your  
7 default of the bill. California's law does not  
8 include flavored or sweetened milk, and Connecticut's  
9 bill that was just proposed last month does not  
10 include flavored or sweetened milk, and we're in New  
11 York City, and we are like the leaders of public  
12 health, and we should keep staying being the leaders  
13 and I think you are totally committed to this, and  
14 being a leader in public health. And in order to  
15 make that commitment a true one, we have to take the  
16 sugar beverage out of the default beverage option.  
17 And the last thing is that the Beverage Association  
18 often says that—that it should be included because  
19 it's in school meals, and we all know that sugary  
20 beverage—that flavored milk is included in school  
21 meals, but this is because it's a USDA run program  
22 and the USDA's entire goal is promote our  
23 agricultural supply in—in the food supply, and dairy,  
24 increasing dairy consumption is actually a goal of  
25 our school food program. Increasing dairy

2 consumption I s not a goal for the--the default  
3 beverage, and the other thing is actually school  
4 foods studies show that--that we should be taking out  
5 chocolate milk and even New York City's own Healthy  
6 School Initiative suggest keeping chocolate out of--  
7 milk out of schools. So, and--and I just really want  
8 to point out the irony that we've been talking about  
9 added sugar and Diabetes the entire time we've been  
10 here, and no one is recognizing that the sugary  
11 beverage is still in the bill. So, I urge you to  
12 please take--amend that definition, and I would have  
13 the full support of me, and I think other people that  
14 have testified and would have liked to have said what  
15 I said, but probably couldn't. Thank you.

16 COUNCIL MEMBER KALLOS: Thank you.

17 DR. VANESSA SALCEDO: Thank you and good  
18 afternoon. My name is Dr. Vanessa Salcedo, and I'm a  
19 Pediatrician and Director of Health Promotion of  
20 Union Community Health Center in the Bronx, and I'm  
21 also the Co-Chair of the Bronx Healthy Beverage Zone  
22 project. As a pediatrician, I help--I see childhood  
23 obesity on a daily basis, but I don't normally worry  
24 about the obesity. I've seen the consequences of  
25 obesity. So, let me quickly tell you about one of my

2 patients. He's a 10-year-old boy who suffers from  
3 obesity, and doesn't drink any water. All he drinks  
4 are sugary beverages such as sweetened teas, sodas  
5 and sports drinks. I did a full workup and I quickly  
6 found that he has fatty liver disease, and for fatty  
7 liver disease, I have to send him for a liver biopsy,  
8 and this is something we don't really talk about.  
9 Unfortunately, there's more growing evidence that  
10 sugary beverage are contributing to the silent  
11 epidemic of liver disease. Yes, specialists know  
12 that the future of fatty liver disease is causing—  
13 will—excuse—GI specialists note that in the near  
14 future fatty liver disease will be the number one  
15 cause of liver transplant in this country. So, I  
16 quickly advised my patient to stop drinking all  
17 sugary beverages. To my surprise, he did. He  
18 started drinking water, and seltzer and after three  
19 months I saw his liver improving. I couldn't believe  
20 it myself. These stories are becoming too familiar  
21 and our families are suffering from these preventable  
22 diseases such that we've talked about today. Such as  
23 Diabetes, liver disease, and we haven't mentioned the  
24 chronic ill—disease of severe tooth decay that our  
25 kids are experiencing and the evidence is clear that

2 these are contributing to chronic disease because of  
3 sugary beverages, and this is why my patients in my-  
4 and our community are a driving force of the Healthy  
5 Beverage Zone, also known as HBZ, which is this  
6 grassroots cross sector collaboration that's focusing  
7 on promoting healthy beverages throughout the Bronx  
8 for everyone who lives and works in the Bronx. So,  
9 HPD has been going on since April of 2017 and we've  
10 gotten great moments. We have 63 partners and these  
11 include churches, schools, health centers, hospitals,  
12 Community-based organizations that have committed to  
13 remove sugary beverages from their vending machines  
14 meetings, providing more waters, and we are educating  
15 the employees similarly like what the students were  
16 saying: If the teachers are bringing in the sugary  
17 beverages, what example are they setting, does it  
18 really matter if they don't have it in the vending  
19 machines? They're leading by the wrong example. So,  
20 we're educating the employees, and we're asking them  
21 to take a pledge not to drink sugary beverages and be  
22 a role model. We know that focusing on this small  
23 change will lead to a big impact in the health of the  
24 community, and we're gaining momentum. Now, the  
25 next step is removing the sugary beverages for the

2 kids' meal. We need to set that example. So thank  
3 you for that opportunity, and I fully support Bill  
4 1064, and I would be happy to answer any questions.  
5 Thank you.

6 MELISSA OLSON: Can you hear me?

7 FEMALE SPEAKER: Yes, uh-hm.

8 MELISSA OLSON: Thank you Chairperson  
9 Levine and members of the Committee on Health for the  
10 opportunity to speak today. My name is Melissa  
11 Olson. I'm the Director of Nutrition and Wellness at  
12 Community Healthcare Network, CHN. We're a network  
13 of 14 federally qualified health centers including  
14 two school-based health centers and a fleet of  
15 medical mobile vans. We provide affordable primary  
16 care, behavioral health, dental and supportive  
17 services to 85,000 under-served New Yorkers annually  
18 in Manhattan, Queens, Brooklyn and the Bronx. As  
19 part of our mission to treat the whole patient, CHN  
20 offers a range of nutrition-related services to  
21 support healthy choices around eating and chronic  
22 disease management. We offer nutrition services at  
23 all 14 sites including Diabetes management and  
24 pediatric nutrition services, too. CHN also  
25 participates in the city's HealthFlex Program and the

2 Corbin Hill Food project, which brings affordable  
3 vegetable boxes to our Crown Heights and Williamsburg  
4 Health Centers on a weekly basis during the summer  
5 and fall months. In addition to these programs, our  
6 Nutrition Team frequently offers in-person cooking  
7 demos and hosts walking tours at local farmer's  
8 markets. Beyond direct service, CHN regularly  
9 advocates on behalf of its patients to promote  
10 greater accessibility, and equity throughout the New  
11 York City food system. These include efforts of  
12 supporting consumer education and choice, and data  
13 driven interventions addressing patterns of nutrition  
14 related disease. The proposed legislation at today'  
15 hearing addresses salient factors contributing to  
16 growing rates of childhood obesity, Diabetes and  
17 Diabetes related illness throughout New York City.  
18 CHN strongly supports intros 1064, 1326, 5 and 1361  
19 with the following considerations. For Intro 1064,  
20 which proposes switching the default beverage in  
21 children's meals to one of three healthy options. It  
22 addresses a significant challenge in maintaining the  
23 healthy lifestyle for both children and adults.  
24 Research shows that children's dietary habits set the  
25 trajectory for their nutritional choices throughout

2 the rest of their adult life. Children who assume  
3 healthier eating habits at a young age are more  
4 likely to maintain better dietary habits as they grow  
5 older. However, the prevalence of unhealthy food  
6 options oriented towards school age children as well  
7 as heavily-heavy marketing associated with these  
8 products makes it challenging for young people to  
9 start off on the right foot. Additionally, children  
10 living in neighborhoods with limited access to  
11 affordable healthy options are even more likely to  
12 have early exposure to unhealthy food and beverage  
13 options. We believe Intro 1064 will facilitate  
14 healthier consumption habits by making healthy  
15 beverages the default option for children's meals  
16 without eliminating the element of choice. I will  
17 add that I agree with my colleague about not  
18 including flavored milk in the definition of healthy  
19 options. In my family chocolate milk is considered a  
20 dessert. It's not a beverage option. So with that  
21 amendment, we also ask the committee to also consider  
22 whether this type of legislation could include venues  
23 used for children's birthday parties. These  
24 locations are another environment where children are  
25 often serve high sugar beverages of preset meals as



2 part of the party package. Council Member Kallos,  
3 you will see this in a couple of years when your baby  
4 daughter makes that birthday party circuit. But any  
5 legislation addressing these bases, of course, would  
6 be limited to locations where meals are provided by  
7 the venue itself, but it would be nice to see water  
8 served with the pizza and cake instead of Hawaiian  
9 Punch.

10 COUNCIL MEMBER KALLOS: I'm the awful  
11 parent who brings healthy food to the party.

12 MELISSA OLSON: [laughter] The second  
13 bill Intro 1326 focuses on empowering the consumer to  
14 make healthy choices. While we support the  
15 intentions of this legislation, we encourage the  
16 committee to consider the possibility of information  
17 overload on an already crowded menu display,  
18 especially in food establishments already required to  
19 post calorie information. While the goal this  
20 legislation is to help individuals make a healthy  
21 choice, it is also important that the information  
22 displayed is consumer-friendly. One method that has  
23 been implemented in certain food establishments is  
24 the use of a healthy icon to indicate items—thank  
25 you—to indicate items that are the healthy choice.

2 Of course, this method assumes a certain level of  
3 food literacy, and would require establishments to  
4 define what a healthy food option means. So, Intro  
5 Number five would complement nicely to show what a  
6 healthy food option means in health literate and  
7 digital way. We certainly like the idea of crafting  
8 such a poster in partnership with the DOE, and  
9 schools across New York City. Ultimately, CHN is  
10 supportive Intros 5 and 1326, but encourages the  
11 committee to consider additional ways to display  
12 nutrition information that makes it easy for the  
13 consumer to make the healthy choice much in the same  
14 way Intro 1064 makes the default drink option in  
15 children's meals the healthy choice. Finally, Intro  
16 1361 calls upon the Department of Health and Mental  
17 Hygiene to investigate trends in and develop plans  
18 for mitigating Diabetes and Diabetes related illness.  
19 CHN is fully supportive of this measure, and  
20 encourages the analysis to account for disparities  
21 related to race, ethnicity, income and geographic  
22 location. In a recent report the Department of  
23 Health noted significant racial disparities in  
24 childhood obesity. These phenomena are strongly  
25 linked to other factors disproportionately affecting

2 communities of color including limited access to  
3 affordable healthy food. We encourage the city to  
4 take into account these factors when planning to take  
5 out a (sic) list of recommendations for  
6 implementation. We also recommend that the results  
7 of this study be incorporated into a public health  
8 campaign encouraging New Yorkers to engage in regular  
9 primary care, and to adopt healthy lifestyle habits  
10 as a means to improve Diabetes related statistics.  
11 CHN applauds the City Council for introducing  
12 legislation that would address high rates of obesity  
13 and Diabetes throughout the city. We thank the  
14 Chairperson and the Committee again for the  
15 opportunity to speak today, and we hope to continue  
16 working with the city to address issues of food  
17 access, equity and health. Thank you.

18 COUNCIL MEMBER KALLOS: Thank you. I  
19 have a handful of questions. First to Dr. Pasquale  
20 Rummo. Is it Rumo?

21 DR. PASQUALE RUMMO: [off mic] Rummo.

22 COUNCIL MEMBER KALLOS: Thank you. Can  
23 you tell me a little bit—there's a piece in here  
24 cited. I believe it is understanding bias and  
25 relationships between the food environment and diet,

2 quality of the Coronary Artery Risk Development in  
3 Young Adults, CARDIA, which was published in the  
4 Journal of Epidemiology and Community Health in 2017,  
5 and I believe you are the lead author. Is that  
6 correct.

7 DR. PASQUALE RUMMO: That's right.

8 COUNCIL MEMBER KALLOS: Can you tell me  
9 about how your first—you first hand research on the  
10 matter informs your testimony on that, and what the  
11 impact—what you found in your specific research.

12 DR. PASQUALE RUMMO: Right. So, we  
13 looked at whether the availability of fast food  
14 restaurants in different types of food outlets  
15 affected individuals, in this case adults. The study  
16 was about adults, and their risks—not their risks.  
17 Sorry. Their diet quality, and we found that those  
18 who had a greater availability of fast food  
19 restaurants and convenience stores around where they  
20 lived were more likely to have poor diet quality  
21 including lower consumption of whole—whole grains and  
22 fruits and vegetables as well as higher consumption  
23 of sugar in beverages.

24 COUNCIL MEMBER KALLOS: In your testimony  
25 you mentioned two behavioral economists Thaler and—

2 and Cass Somfina (sic) both of whom I've had the  
3 opportunity to collaborate with around a project I'm  
4 working on called automatic benefits.

5 DR. PASQUALE RUMMO: Uh-hm.

6 COUNCIL MEMBER KALLOS: Can you—is this  
7 something where we should be bringing both of them to  
8 the table on this issue or you were just referencing  
9 their work on Nudge, which is a program that I  
10 actually very much enjoyed. He—I actually asked him  
11 some personal questions about things he had cited as  
12 poor decisions in his book, and he's actually since  
13 corrected. But would that work with Sonstein (sp?)  
14 be involved in this, and should—should we be inviting  
15 them to testify in the future.

16 DR. PASQUALE RUMMO: Right. Yeah, I  
17 think—well you should if you want to continue making  
18 policies surrounding healthy default options because  
19 I think those are very—they are shown to be effective  
20 strategies to manage people to make healthy food  
21 choices but still allowing them to make other  
22 choices—less healthy choices if they so desire. So,  
23 that's—I was stating it in the context of supporting  
24 the fact that you're using healthy defaults here

2 versus providing more nutrition information that  
3 might over-burden the consumer.

4 COUNCIL MEMBER KALLOS: Great. For Dr.  
5 Pomeranz and-

6 JENNIFER POMERANZ: I'm a doctor like  
7 you're a doctor.

8 COUNCIL MEMBER KALLOS: Oh, you're-  
9 you're-you're, oh, you're a JDMP. Okay.

10 JENNIFER POMERANZ: Yes. [laughter]

11 COUNCIL MEMBER KALLOS: So-so counselor  
12 Pomeranz--

13 JENNIFER POMERANZ: Yeah.

14 COUNCIL MEMBER KALLOS: Fair enough.

15 [laughs] So, I-I really appreciate your coming and  
16 speaking out honestly about your concerns about  
17 including flavored milk. I think one of the  
18 questions that I always ask is-is it-it is better to  
19 have-and I think you heard from American Heart  
20 Association, which have been leaders on this. Now, I  
21 know not for eight years, but for a decade, and we  
22 started with a very strong bill that included  
23 restrictions around the calories in the meal and the  
24 source of-and we've gotten to a bill that we believe  
25 we-and I think it's now to-you can literally look at

2 the testimony, which you just heard it from the  
3 transcript that this is legislation that we believe  
4 we can pass. So, I guess the question is: is the  
5 flavored milk a deal breaker for you and such a deal  
6 breaker that it would be worth another 3 to 10 years  
7 of the status quo or is it one of those things? And  
8 I'm a software developer in addition to being a  
9 lawyer it's iterative, and it would mean that we  
10 would set a new normal, and yes the new normal would  
11 still include a—a milk beverage that is flavored, but  
12 we would be taking soda and so many other beverages  
13 and—and sugar added. So, I guess that the—the honest  
14 response.

15 JENNIFER POMERANZ: So, a few thoughts.  
16 The first is that I—I still feel that New York City we  
17 think of ourselves as a leader, and yet we're—we are  
18 falling behind California and Connecticut if we stick  
19 with this definition, which is an embarrassment to us  
20 all, but the truth is I understand that perspective  
21 that the political feasibility may outweigh the  
22 evidence-based definition for some people and if—but  
23 I would encourage you to then include an evaluation  
24 component, which specifically looks at what's  
25 happening with these default options, and a lot of

2 the research—Yeah, no—I mean a lot of the research in  
3 the schools show that what happened when they took  
4 out flavored milk some milk consumption there was a  
5 dip in plain milk consumption, but then it started to  
6 rise again once the students got used to it. Just  
7 like will happen in the restaurants in New York City  
8 and P.S. we're not banning anything. They can fully  
9 ask for the flavored milk. So I think that that is  
10 something to strive for, and unfortunately the  
11 country started bringing back chocolate milk when it  
12 really was seeing an increase in plain milk. And  
13 interestingly enough the 100% juices when they  
14 offered a 100% juice, that's when the plain—the milk  
15 started to drip-drop more. So, there's a lot of  
16 interactions among the beverages that you're  
17 offering. So, you really need to evaluate your  
18 current definition if you implement it or any other  
19 revised definition, and then see if-- You know, I  
20 would hope that you guys have the courage to revise  
21 the definition if it turns out that you—you know, tis  
22 isn't—the—the non-evidence based definition didn't  
23 work as you had hoped.

24 COUNCIL MEMBER KALLOS: My recollection  
25 you've got somebody who is really ready and willing.



2 I think it is a matter of we have to negotiate the  
3 bills with the Administration. The good news is  
4 they'd like to cap it at 130 calories. It still  
5 doesn't sound like it will be good enough, but what I  
6 will say is I did a quick Google, and in reference to  
7 the vanilla and chocolate milk that we were  
8 discussing, the--the brand is Horizon and it is a--a  
9 milk that I drink at home that doesn't have that many  
10 calories when I drink it. So, it is a--it was a  
11 little bit surprising, and so I look forward. Dr.  
12 Salcedo, thank you for all the Tweets during the  
13 hearing. I--I did a quick Google of fatty liver  
14 disease, and Dr. Google says that is actually more  
15 prevalent as a symptom of folks who are--have--have  
16 issues with drinking. So, I guess how--is that--is  
17 that accurate and how often do you see fatty liver in  
18 the--in a youth population versus an adult population  
19 and it's kind of scary.

20 DR. VANESSA SALCEDO: Yes. So, more and  
21 more evidence is showing that sugary beverages act  
22 similarly to alcohol on the liver and that's the  
23 first step--

24 COUNCIL MEMBER KALLOS: [interposing]

25 Wow.

2 DR. VANESSA SALCEDO: --to Cirrhosis.

3 So, this is becoming a huge epidemic--I am not a GI  
4 specialist--especially because of the fructose it  
5 goes to the liver, and increasing--it increases the  
6 fat, and then as it continues, as it continues it  
7 goes to Cirrhosis and, of course, this is--it takes  
8 decades to occur, but if we don't stop that process  
9 and stop the obesity and stop the sugary beverage  
10 consumption, this is a huge problem. And talking  
11 about disparities, this is--in California they're  
12 looking into this more and more and unfortunately the  
13 Latino population have genetic predisposition for  
14 this fatty liver disease. So, it's non-alcoholic  
15 fatty liver disease, and it's--and it gets triggered  
16 sugary beverages as well as alcohol.

17 COUNCIL MEMBER KALLOS: And that's the--  
18 the Non-Alcoholic Fatty Liver Disease NAFLD?

19 DR. VANESSA SALCEDO: Uh-hm.

20 COUNCIL MEMBER KALLOS: Okay, that I'm--  
21 I'm learning more, and I guess just to the last--last  
22 question to Melissa Olson. So, yes I--I--I now get to  
23 spend my weekends at birthday parties and so I guess  
24 I would be--does your organization have capacity to  
25 investigate. This legislation would apply to any

2 place that has a letter grade. So, you're—you're  
3 right there are places that are serving food, and I  
4 imagine—I guess they're getting it catered so--

5 MELISSA OLSON: So, it would apply to  
6 them as well. That's what I was hoping for.

7 COUNCIL MEMBER KALLOS: I'm—I'm not sure,  
8 but if—if you have capacity as part of the Bronx  
9 Healthy Beverage Zone, and what you're doing to even  
10 just do a quick survey and whether--you're welcome in  
11 my district. You're welcome to come to the places  
12 that—that my daughter plays or-or where have you  
13 because I'm—I'm eager and interested, and I think  
14 it's just a matter of figuring out exactly what the  
15 universe looks like. Would you be open to that?

16 MELISSA OLSON: Healthy Beverage Zone was  
17 through them, but I think that we would be open to  
18 looking at what's in our surrounding communities by  
19 clinics as well. I also would imagine that anything  
20 that's happening for letter grade establishments it  
21 will have a ripple effect with the other  
22 establishments as well. Even if they're not serving  
23 food on site, they would—they would start to comply  
24 as well. We could certainly look into that.

2 COUNCIL MEMBER KALLOS: And I would just  
3 say I think I did something wrong because for her  
4 first birthday we offered our daughter like for the  
5 first time like a piece of cake--

6 MELISSA OLSON: [interposing] Oh, no.

7 COUNCIL MEMBER KALLOS: --and she likes--

8 MELISSA OLSON: That's completely right.

9 COUNCIL MEMBER KALLOS: Oh, no she spat  
10 it out, and then she went straight to the fruits and  
11 vegetables that we had for her. [laughter]

12 MELISSA OLSON: So then you take it.

13 COUNCIL MEMBER KALLOS: No worries.

14 Okay. Thank. [background comments]

15 CHAIRPERSON LEVINE: We have one final  
16 panel. I will call up now Matt Greller from NATO not  
17 the one that Trump hates.

18 COUNCIL MEMBER KALLOS: Are you sure.

19 CHAIRPERSON LEVINE: And, Pamela Bonney  
20 from the Tried and True Nutrition, Inc. and finally  
21 Clarissa Saliotto representing herself, and if you'd  
22 like to--great. Thank you. If you'd like to kick us  
23 off, Matt.

24 MATT GRELLER: Thank you, Mr. Chairman.

25 Good afternoon. My name is Matt Greller. I'm an

2 attorney and Lobbyist here on behalf of one of my  
3 clients, NATO, the Theater Owners of New York State,  
4 and as you alluded to, this is not the NATO that  
5 defends Europe. They are the ones more concerned  
6 about the Oscars last night. It's a not-for-profit  
7 trade association representing movie theaters. In  
8 New York City, NATO represents 37 theaters, 312  
9 screens and 1,800 employees across the five boroughs.  
10 Despite the very well intentioned reasons behind both  
11 Introduction 1326 and Introduction 5, NATO opposes  
12 both bills because we think that they will only add  
13 confusion, and positively impact public health.  
14 Additionally, we question whether the signage or the  
15 warning label will truly help the fight against the  
16 complex problem like obesity. The average New Yorker  
17 only goes to the movie four—the movies four times a  
18 year, and orders concessions just twice. During  
19 those two purchases a year, that person is looking  
20 for an enjoyable night out, and perhaps a treat.  
21 Most of our candy comes pre-packaged with labels that  
22 include the amount of sugar, and we do not think that  
23 any movie patron is surprised that our candy contains  
24 sugar. Yes, there are some foods out there that have  
25 surprising levels of sugar, but do obviously sugary

2 foods really need a sugar warning icon? Is the movie  
3 theater the right forum for the government to alert  
4 patrons about too much sugar? Maybe the problem of  
5 obesity is too complex, and more warning icons or  
6 posters are not the best one-size-fits-all approach  
7 for all foods or for all food service establishments.  
8 Instead, we suggest the following: More advertising,  
9 more collaboration and more education. Why not see  
10 state funding for nutrition awareness ads with basic  
11 information? The theaters would be happy to run  
12 them. So people understand what a calorie is or what  
13 the recommended daily allowance of 2,000–2,000  
14 calories are. Do people know what is meant by 12  
15 grams of added sugar? Do people understand that AHA  
16 suggested sugar intake for men, 150 calories verse  
17 the 100 calories for women. Why not advertise this  
18 information? We think that more context can have a  
19 greater impact. We also ask the Council to  
20 collaborate with the food industry on messaging.  
21 Many in the industry are already voluntarily reducing  
22 sodium and sugar, and we could partner on a task  
23 force to elevate nationwide best practices. So,  
24 instead of looking to add yet another warning label,  
25 or an additional poster, we suggest amending language

2 that is already mandated by the FDA with insertions.  
3 That language is 2,000 calories a day is used for  
4 general nutrition advice, but calorie needs vary.  
5 Additional nutrition information available upon  
6 request. We suggest add the words "with calories  
7 from added sugars not exceeding 100 per day per women  
8 and 150 per day for men." And the words "...and  
9 allergen" after addition nutrition. These changes  
10 would alert patrons—patrons to ask about allergens.  
11 They would educate the public about how much sugar  
12 they should be eating, and it would easily allow  
13 customers to find out about all other ingredients.  
14 Instead of a sugar warning label today and  
15 potentially separate warning labels for each other  
16 individual ingredient, why not do it all at once with  
17 just one sign that is already mandated. This will  
18 help food service establishments with certainty, and  
19 prevents cluttering the very limited space on menu  
20 boards. As part of this effort we could easily  
21 provide the full nutrition information for every  
22 single menu item either through a QR code, online, on  
23 an app, or even with a laminated sheet of paper  
24 available at the register. We think this would also  
25 provide readily usable, understandable and actionable

2 information for all our customers. Also, with over  
3 10% of the population having a food allergy, we think  
4 the City Council could lead in this field. Therefor,  
5 we respectfully urge the Council to forego the single  
6 ingredient warning label or the single ingredient  
7 poster. Again, we suggest a comprehensive approach  
8 combined with more advertising, more collaboration  
9 and more education. This will help all New Yorkers  
10 know about all ingredients, allergens and nutrition  
11 with just one sign that is already mandated. Thank  
12 you very much.

13 CHAIRPERSON LEVINE: Thank you very much,  
14 Matt. Could you just clarify? Are your theaters  
15 subject to letter grade system currently?

16 MATT GRELLER: Yes, they are considered a  
17 food service establishment.

18 CHAIRPERSON LEVINE: Okay. Our intention  
19 is actually not to add labeling requirements on to  
20 packaged foods that already have nutrition labeling.  
21 It seems like the kind of thing that could be fixed  
22 in the bill, and though I understand it's not  
23 explicitly addressed in the bill, as I said earlier  
24 in the hearing, I-I don't think we need labeling on  
25 the kind of foods, which are obviously high in sugar,



2 desserts and sweets and et cetera ,and there may be  
3 no items that you sell that are not already obviously  
4 sugary in a way that a lot of the fast food  
5 establishments have foods that you would never expect  
6 with so much added sugar. So, definitely look  
7 forward to continuing that conversation with you.

8 MATT GRELLER: Thank you very much.

9 CHAIRPERSON LEVINE: Okay. Please.

10 PAM BONNEY: Hi. I'm Pam Bonney. I'm a  
11 registered Dietician/Nutritionist and Co-Founder of  
12 Tried and True Nutrition, and I'm also a Member of  
13 the American Heart Association Advocacy Committee in  
14 New York City. My Twitter handle is At TNT  
15 Nutrition. Members of the Committee on Health, over  
16 the past 30 years Americans have steadily consumed  
17 more and more added sugars in their diets, which has  
18 contributed to the epidemic of living at an unhealthy  
19 weight. According to the 2018 Heart Disease and  
20 Stroke Statistics, the prevalence of obesity among  
21 adults estimating—estimated using Anne Haynes Data  
22 increase from 2000 through 2014 from 30.5% to 37.7%.  
23 Our country has grown accustomed to an excessive diet  
24 high in calories, and other nutritional concerns, and  
25 it's unfortunately starting with our youth. The same

2 report cited above also shows us that the prevalence  
3 of overweight and obesity among children and  
4 adolescents age 2 to 19 years is 33.4%. We are  
5 setting our children up for a lifetime of weight  
6 related challenges most notably chronic illnesses  
7 such as Diabetes, heart disease, stroke, some cancers  
8 and many others. Reducing the amount of added sugars  
9 we eat cuts calories and can help improve heart  
10 health and control weight. Since 1997, I have been  
11 helping clients do just that, achieve their nutrition  
12 and fitness goals in my private practice as a  
13 registered dietician/nutritionist, and as a pediatric  
14 nutritionist. My personal and profession experience  
15 has shown that the consumption of sugary drinks must  
16 be a top priority when counseling new patients, and  
17 science backs this up. Studies have found a  
18 significant link between sugary drinks consumption  
19 and weight gain in children. One study found that  
20 for each additional 12 ounce soda children consume  
21 each day, the odds of becoming obese increased by 60%  
22 during one and a half years of follow-up. Intro  
23 1064 is a sensible proposal that supports parents who  
24 want to instill a healthy standard for the children's  
25 nutrition. By making the healthy drink options more

2 accessible, we are establishing a new norm for our  
3 children. It's appropriate to think of sugary drinks  
4 as a treat, something that is unusual and not typical  
5 of a restaurant meal. Parents will still be given  
6 the option to choose these drinks, but will be more  
7 likely to choose the healthy versions as those will  
8 be the default on the menu. Giving parent choices as  
9 opposed to allowing restaurants to continue making  
10 the decisions for us is a responsible move. I  
11 applaud Council Member Kallos, Chair Levine and  
12 Speaker Johnson for their leadership on this issue,  
13 and look forward to its full passage into law. Thank  
14 you.

15 CHAIRPERSON LEVINE: Thank you very much,  
16 and we'll close out with our final testimony, and I  
17 know that Council Member Barron has some questions.  
18 Ms. Salietto please.

19 CLARISSA SALIETTO: Yes, thank you. My  
20 name is Clarissa Salietto, and I'm here in support of  
21 Bill 1064-A. I'm just representing myself. I grew  
22 up in the South Bronx in my haven community of the  
23 Bronx, and as many of us know, the Bronx is ranked as  
24 the unhealthiest county in New York State.  
25 According to the Robert Wood Johnson Foundation, I've

2 not only seen the impact of sugar beverages, I've  
3 also experienced it in my life. I've lived it. My  
4 neighborhood is surrounded by fast food restaurants,  
5 and bodega making unhealthy options easily  
6 accessible, and appealing to young people. On my way  
7 to work on a train on buses in the parks, I see  
8 children as young as toddlers with juices even sodas  
9 that contain lots of sugar. At the age of 34 I was  
10 obese weight 283 pounds and diagnosed with Type 2  
11 Diabetes. Most of my sugar intake came from juice  
12 and soda. After making the choice to only drink  
13 water for two years and cut out all sugar beverages  
14 from my diet, I'm no longer diabetic and I've lost  
15 100 pounds. This should not be the first option for  
16 our young people because the long-term effect will be  
17 detrimental to their lives. The Council today is  
18 considering a bill that will replace sugary drinks  
19 with healthier versions. This will make it more  
20 normal for kids to drink water and milk as opposed to  
21 juice and soda like I did. This should set the next  
22 generation on a path—on a healthier path where sugary  
23 drinks are rare, occasional—an occasional treat and  
24 they pay more attention to what they're putting in  
25 their bodies. Good nutrition should be available to

2 al New Yorkers. This law will help young people I  
3 seen in my neighborhood live a healthier life, and  
4 hopefully would help everyone in the South Bronx do  
5 the same. Thank you.

6 CHAIRPERSON LEVINE: What an inspiring  
7 note to conclude the hearing on. Thank you so much  
8 for coming and for speaking out, and--

9 CLARISSA SALIETTO: Absolutely. Thank  
10 you.

11 CHAIRPERSON LEVINE: And I congratulate  
12 you on--on your own personal success but also turning  
13 that around to advocate for others in Motthaven and--  
14 and around the city, and what--what you say is so  
15 true. The calories that you take in, in drinking  
16 don't really trigger the same kind of sensation and--  
17 and your body as being full the way eating food--food.  
18 So, we can drink and drink and drink with all kinds  
19 of sugar, and we don't feel that we're filling up  
20 with calories even though we're packing them into our  
21 body. So, it's particularly dangerous.

22 CLARISSA SALIETTO: Yes.

23 CHAIRPERSON LEVINE: And remarkable that  
24 just doing that one change to someone's diet, which  
25 is just cutting out the high sugar, high calorie

2 drinks can be so transformative. So, we congratulate  
3 you on that.

4 CLARISSA SALIETTO: Thank you.

5 CHAIRPERSON LEVINE: And thank you for  
6 speaking out, and I think that my colleague Council  
7 Member Barron has a question.

8 COUNCIL MEMBER BARRON: Thank you, Mr.  
9 Chair and thank you to the panel for coming and  
10 sharing your positions and to the last panelist,  
11 congratulations.

12 CLARISSA SALIETTO: Thank you, thank you.

13 COUNCIL MEMBER BARRON: That must have  
14 taken quite a commitment, but you realized the  
15 importance of that for your long-term health. So, I  
16 commend you with that. You're a real model--

17 CLARISSA SALIETTO: Thank you.

18 CHAIRPERSON LEVINE: --and that will  
19 inspire me to drink less sugary beverages, you know.  
20 So, again, I want to really commend you, and I know  
21 your family is pleased with that, and to say that you  
22 no longer have diabetes is what we're trying to get  
23 people to understand. What we're trying to get our  
24 people is the same. Thank you so much, and to the

2 first panelist from Mr.--I think your name is Mr.  
3 Geller or Keller.

4 MATT GRELLER: Greller yes.

5 COUNCIL MEMBER BARRON: So, that's  
6 Grelller.

7 MATT GRELLER: That's Grelller, yes.

8 COUNCIL MEMBER BARRON: Oh, Grelller.

9 Thank you for your testimony, and my question to you  
10 is people—I think you said people will be confused.  
11 So, if we find a simple way of telling people not to  
12 have excessive calorie intake because calories turn  
13 to sugar in the blood, will that address your concern  
14 about people's sugar intake?

15 MATT GRELLER: It's a great question  
16 Councilwoman. I—I think the real issue from the  
17 perspective of the movie theaters and the food  
18 service establishments in the city is space. I don't  
19 think anybody is opposed on the grounds of nutrition  
20 or the science. It's really what can you see and  
21 process in terms of the menu board, and there's fear,  
22 and I'm exaggerating a little bit here, but that the  
23 menu board then becomes like a subway map. You have  
24 a lot of different icons or additional signs. It  
25 becomes information overload. People want to go and

2 order what they want to order. They should be  
3 informed at the point of purchase as to the  
4 potentially what the healthier options, but if we  
5 mark it--

6 COUNCIL MEMBER BARRON: [interposing] So,  
7 if we could something like a skull and cross bones,  
8 something simple and direct would that be fine with  
9 you so that people will know, listen, you're making  
10 choices that are going to affect your life so just be  
11 mindful.

12 MATT GRELLER: So-so--

13 COUNCIL MEMBER BARRON: [interposing] I  
14 think it's disingenuous for this industry that, you  
15 know, thrives on people eating unhealthy things in  
16 the movie theater to really have us believe that  
17 you're concerned that it's complex.

18 MATT GRELLER: I-I wouldn't be here today  
19 if-if that weren't true. I'm also a parent and I've  
20 worked in this industry for the better part probably  
21 10 to 15 years now. We are suggesting taking a sign  
22 that is already mandated by the Federal Government  
23 and tweaking it to provide more information  
24 specifically about sugar intake and additionally  
25 about allergens because the fear from the business



2 perspective is there's a constant additional  
3 requirement or mandate, and that becomes difficult  
4 for the businesses that do operate in New York, but  
5 are both national and international, and so they  
6 constantly have to update things not just for the  
7 city of New York but elsewhere. And what we're  
8 saying and advocating for today is provide all the  
9 information, every ingredient, every menu item, and  
10 all the information in terms of sugar, in terms of  
11 sodium, in terms of everything so that customers can  
12 be informed. There just simply isn't enough space on  
13 the menu board. Most people have a phone, and even  
14 if they don't have a phone, they can get a paper  
15 menu, you know, with information, and when we  
16 discussed this with Council Member Levine, we—we gave  
17 him the information some the theaters just printed  
18 out. We can have that at the register. It's just  
19 too difficult to put it--

20 COUNCIL MEMBER BARRON: [interposing]  
21 Well, we could simplify the menu and just offer  
22 water.

23 MATT GRELLER: Well, I'm—I'm not  
24 discussing one particular menu item. I'm talking  
25 about the—the bigger picture.

2 COUNCIL MEMBER BARRON: I'm talking about  
3 the big—you said crowding the menu board--

4 MATT GRELLER: Yes.

5 COUNCIL MEMBER BARRON: --and I'm saying  
6 if we just offered water--

7 MATT GRELLER: So, you think the city of  
8 New York should ban all drinks: Milk, juice, you  
9 know, sparkling water, sodas, everything?

10 COUNCIL MEMBER BARRON: [interposing]  
11 We're talking about those beverages that have added  
12 sugar.

13 MATT GRELLER: Sure, sure.

14 COUNCIL MEMBER BARRON: So, we're talking  
15 about it as has the previous panel said chocolate  
16 milk and other flavored beverages.

17 MATT GRELLER: Yes, but this extends to  
18 food service establishments regarding menu items  
19 which include food.

20 COUNCIL MEMBER BARRON: My position is  
21 that this is an economic position and the industry  
22 is not looking to have their resources and their  
23 benefits and their income reduced.

24 MATT GRELLER: I think that the economics  
25 of the business is that they want to sell products--

2 COUNCIL MEMBER BARRON: Uh-hm.

3 MATT GRELLER: --and if the customers are  
4 educated and have the availability of funds to  
5 purchase something that they will purchase something,  
6 and whether it's a no calorie beverage, full calorie  
7 beverage or, you know, a low sugar item, if they're  
8 given the information at the point of sale they will  
9 vote with their wallets. They are in the business of  
10 selling. They are in the business of selling  
11 beverages, and I think that if we can collaborate and  
12 educate people on what is the best or healthiest  
13 option, everybody would benefit. The businesses  
14 would still be able to sell the items that they want  
15 to, and we would make sure that New Yorkers would  
16 have healthier health outcomes like my co-panelist  
17 here as well. You know, I-I think there's a lot of  
18 opportunity for collaboration on this. I don't think  
19 that people are so far apart on these issues. It's  
20 just the question of again, and I don't mean to  
21 burden--you know, constantly bring up this point, but  
22 it's--it's really a question of space. The movie  
23 theater menu boards are quite small, and the counter  
24 space are quite small. So, there's not much room for  
25 information, but we already have a sign up. Why not

2 use that sign and educate people about the amounts of  
3 sugar, and educate people also potentially about  
4 allergens, which has not been done in any  
5 jurisdiction in the country.

6 COUNCIL MEMBER BARRON: I'm glad that  
7 you're concerned about allergens, but we're going to  
8 really just focus on it.

9 MATT GRELLER: [interposing] Sure, sure,  
10 yes.

11 COUNCIL MEMBER BARRON: It's nice to  
12 bolster your position by about health concerns, and  
13 allergens and they're quite legitimate, but we're  
14 talking here about added sugar.

15 MATT GRELLER: Yeah, and my-my point  
16 about the allergens is just that there are a number  
17 of bills in the Council that address that, and we  
18 think there should be one sign to cover everything.

19 COUNCIL MEMBER BARRON: Thank you, Mr.  
20 Chair.

21 MATT GRELLER: Thank you.

22 CHAIRPERSON LEVINE: Thank you Council  
23 Member and I believe Council Member Kallos has a  
24 question as well.

2 COUNCIL MEMBER KALLOS: I was not  
3 expecting to ask questions about 1326 and  
4 Introduction 5, but your--your testimony just caught  
5 me so off guard. So, just when you go to a--a movie  
6 theater like there's bottled water, but in terms of  
7 other healthy options, can you cite some that you  
8 frequently see? Because like the nachos are not so  
9 healthy. Hot dogs not so healthy. Popcorn covered  
10 in butter not so healthy. Like where is the--like as  
11 far as I understand--so let me start with the first  
12 question.

13 MATT GRELLER: Sure, sure.

14 COUNCIL MEMBER KALLOS: Is it legal for  
15 me to smuggle water and healthy food and, too, things  
16 like apples, and fresh fruit and bananas and--and some  
17 of the things I may or may not currently smuggle into  
18 movie theaters. Is that legal?

19 MATT GRELLER: I--I think if you use the  
20 word smuggle it might connote that it's not really  
21 acceptable. I don't know about the legality. It is  
22 frowned upon. The theaters obviously want to sell  
23 their products. They understand that--

24 COUNCIL MEMBER KALLOS: [interposing]  
25 Would--would NATO and NY support either? And so one

2 of the things that was absent from this conversation  
3 is we have fast food industry that over the years has  
4 actually started to become--

5 MATT GRELLER: [interposing] yes.

6 COUNCIL MEMBER KALLOS: --healthier to  
7 meet us where we're actually getting to. With NATO  
8 support saying okay, we're going to set best  
9 practices and say we're going to have fresh fruits  
10 and vegetables and--and maybe instead of chips we can  
11 have carrot chips and saying this is the standard,  
12 and we want them available at every single movie  
13 theater?

14 MATT GRELLER: Those efforts have been  
15 made over the past decade, and unfortunately what  
16 most of the chains have seen, and I've seen some of  
17 the data, and I'd be happy to get specifics for you.

18 COUNCIL MEMBER KALLOS: Sure.

19 MATT GRELLER: They've tried to sell  
20 bananas, oranges, apples, granola bars, and  
21 unfortunately what occurs is they end up donating  
22 them or throwing them away because nobody buys them.  
23 And it's not as though people say oh, should I get  
24 the popcorn, as you alluded to with--with the butter  
25 versus the low sugar healthy granola bar or just the--

2 the raw fruit, it's that people expect when they go  
3 to a theater if they're going once or twice a year to  
4 see maybe, you know, one or two of the films that  
5 might have been nominated for an Oscar, they're there  
6 for a night out, and it's not really having an  
7 overall impact out of the rest of the 363 days out of  
8 the year. So, there has been an effort made. There  
9 has even been an effort to steer people towards low  
10 calorie and no calorie beverages. I-I think the data  
11 shows that people are already choosing that in terms  
12 of their own decisions and maybe a helpful nudge may  
13 help encourage better behavior as well, but-but the  
14 data show from the theaters in the city already that  
15 those healthy food items are-are not selling.

16 COUNCIL MEMBER KALLOS: I would say a  
17 decade ago folks didn't go to any fast food  
18 restaurant for-for healthy food, and now that's  
19 starting to change.

20 MATT GRELLER: Yes, there is absolute  
21 change.

22 COUNCIL MEMBER KALLOS: [interposing]  
23 Well will you help with-will you help us change it?  
24  
25

2 MATT GRELLER: Well, I'm here today to  
3 collaborate with the Council and I think what we're  
4 suggesting---

5 COUNCIL MEMBER KALLOS: [interposing] Do  
6 you think that the signage would--would actually--like  
7 when you said it was small boards--

8 MATT GRELLER: [interposing] Yes.

9 COUNCIL MEMBER KALLOS: --behind you is an  
10 LCD screen and--and usually I see like five or six of  
11 them lined up on a--a very extensive display that has  
12 lots of food, pictures on it. So, I guess I just was  
13 not persuaded by that. I would just say that I--I  
14 would hope that NATO NY would be interested in  
15 supporting this legislation, and what have you. I  
16 want to speak to the other two folks. I want to  
17 thank you for sitting through a long hearing, and for  
18 your participation. For Clarissa, can you talk to me  
19 about--about your struggle Type 2 Diabetes, about what  
20 your environment--how your environment contributed to  
21 it, and how you became an advocate around this issue  
22 and what you hope to see and how this would have  
23 changed your life?

24 CLARISSA SALIETTO: Definitely. I was  
25 diagnosed two years ago, and I--it was--Diabetes was



2 something that plagued my family for a really long  
3 time. I saw the effects with my grandfather,  
4 amputations, eventually losing both his legs, his  
5 sight, and-and eventually dying after like his organs  
6 began to shut down after having Diabetes. And that-  
7 that kind of scared me a little bit, but in my  
8 environment, you know, I-I'm growing up in Motthaven  
9 in what is the poorest congressional district in the  
10 country and, you know, we don't really have healthy  
11 options. When you look outside-I-I grew up in public  
12 housing in NYCHA, and when you-you come outside,  
13 we're-we're surrounded by fried food, chicken sports  
14 and McDonalds and Burger Kings and-and all of these  
15 fast food chains that seem appealing right, but  
16 there's nothing-to date there's nothing healthy in  
17 the community. There is nowhere where you can go and  
18 buy fresh produce, right. We have to wait for the  
19 farmer's market to come around and it's seasonal. So,  
20 there's -there's a struggle, there's a real struggle  
21 and then there is also the struggle of not being able  
22 to afford certain foods, right. Like having the  
23 option of saying well, should I buy a salad that  
24 costs 13 bucks or should I spend 13 bucks, you know  
25 for more food for something else. So, I-I did

2 struggle. I struggled for a while. After being  
3 diagnose I became a little depressed. I didn't know,  
4 you know, what to do, of course, because I had to now  
5 unlearn everything that I already learned about  
6 eating and what food really meant. So, I began to do  
7 a lot of research on my own about food and being  
8 diabetic, and decided to—I had to kind of see where  
9 was the sugar coming from, and I realized I was  
10 drinking soda and—and juice all the time, and so I  
11 decided to cut it all out and drink water. So, now I  
12 only drink water and nothing—nothing else. Just  
13 water. Yeah.

14 COUNCIL MEMBER KALLOS: Thank you for  
15 sharing.

16 CLARISSA SALIETTO: Definitely.

17 COUNCIL MEMBER KALLOS: Thank your  
18 report.

19 CHAIRPERSON LEVINE: Thank you to our  
20 final panel, and to this great hearing today. We  
21 appreciate everyone who testified. This concludes  
22 the hearing. [gavel]

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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 26, 2019