CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

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HELD AT: COMMITTEE CHAMBERS – CITY HALL

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COUNCIL MEMBERS: ALICKA AMPRY-SAMUEL
INEZ D. BARON
MATHIEU EUGENE
KEITH POWERS
HELEN ROSENTHAL
CHAIM DEUTSCH

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

DR. OXIRIS BARBOT, Commissioner of NYC Department of Health and Mental Hygiene

SANDY ROZZA, Deputy Commissioner for Finance

DR. DEMETRE DASKALAKIS, Deputy Commissioner

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YUGEON KIM (SP?), Korean Community Services of Metro New York (KCS)

KENNETH SHEA, Coalition Against Smoking in Immigrant Communities

DR. VANESSA SALCEDO, Union Community Health Center in the Bronx

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

ZAHAR ALI (SP?), Develop and Communications Manger Arab American Family Support Center (AAFSC)

JESSICA LEE, Korean Community Services Project Coordinator and ACA Patient Advocate

LOUIS ALI (SP?), Policy Coordinator for CACF, Coalition for Asian American Children and Families.

JIAM WE (SP?), Director of multi-social services Chinese American Planning Center (CPC)

MARIA LE SALDO, NEMIC, Executive Director for Lower Manhattan Improvement Corporation

KELLY SAVATINO, Public Policy Manager Community Healthcare Network (CHN)

NATALIE ENTERIANO (SP?), Care for the Homeless, Policy and Advocacy Manager at Care for the Homeless

EVA KORNICOFF (SP?), PUMOC, Executive Director for Polonius Organized to Minister to Our Community

VEKA HARAJO HARES, Hannock

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

MARIA DEL DAGATI (SP?)

ENRIQUE, Hannock

ANTHONY FELICIANO, Executive Director of Commission on the Public Health

HERICO HATANAKA (SP?), JASI

JUAN PENSON (SP?), Director of Health Services at Community Service Society (CSS)

GWEN PERISONE (SP?), Access Health

SALWIN CHAN, Senior Manager of Health and Policy at New York Immigration Coalition

KENDRA OKAY (SP?), Health People

CHRIS NORWOOD, Executive Director for Health People

DIVINE ALLA (SP?), Community Outreach Worker, Interior Navigation Advocate for Coalition on Positive Empowerment

GAIL BROWN, Coalition on Positive Empowerment

ANDREA BOWEN (SP?), Principal of Bowel Public Affairs Consulting, Coordinator of Transgender Non-Conforming Non-Binary Solution Coalition (TGNCNB)

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

SHAY HUFFMAN, Social worker intern and New York City Anti-Violence Project

BRITTANY BRATHWAY (SP?)

CECILIA HEDIN (SP?) Principal of Transgender Equity Consulting

WILLIAM ROBERTSON, IT Manager for Start Up

JOSELINE CASTILLO, Trans-Immigrant Project of Mic Lower New York

SASHA KALADEAN (SP?), Policy Coordinator Transgender Advocacy Group

JESSICA GWOMAN (SP?)

OKEY INFO (SP?)

WINNIE MARIA, Hepatitis C Mentor and Support Group

AMY SHENTANG (SP?), Hepatitis B patients

EMMANUEL EMPHASOSA (SP?), Monte Fiore Viral Hepatitis B

COURTNEY POWER, Bronx Care Health System

CHRISTINA BOYNES (SP?), Department of Family Medicine Bronx Health System, Community Health Worker

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

HANNAH FAZIO, Harm Reduction Coalition

MARLA TEPER, Public Health Solutions

KELLY SABATINO, CHN

JUAN PENSON, Community Service Society

ANNETTE GOWDINO, State and Local Policy Director for Treatment Action Group

ILYRIANA VERMON (SP?), New York Lawyers

SCOTT DAILY, New York Junior Tennis League

JACK PERKINS, New York Roadrunners

MICHAEL ROGERS, New York Roadrunners

KEN ROBINSON, Research for a Safer New York

ROSALIND CASTILLO

REED RELLAN, Housing Works

ROBIN VITALE, American Heart Association

MICHAEL DEVOLE, American Cancer Society

CHELSEA GOLDDINGER, LGBT Community Center

BRIAN ROMERO, GMHC

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

GINA GLADFEDDER, Live On New York

PASCAL BERNARD, Planned Parenthood

JUDITH LEDSHED, New York State Nurses Association

ANN BOLLE, New York State Nurses Association

SHANNON WHITTINGTON, Visiting Nurse Services of New York

AMANDA ZAGG, African Services Committee

ANNA CORELLE, Sharing and Caring

SARGEANT AT ARMS: Test, test, this is a test. Today's date is March 18, 2019. This is a Committee Hearing on Health being recorded by Sargeant at Arms, Edwin Lopez. (long pause)

CHAIRPERSON MARK LEVINE: Good morning everybody. Welcome to the New York City's Council on Health. New York City Council's Committee on Health for our hearing on the FY2020 Operating Budget for the City's Department of Health and Mental Hygiene where specifically we will be examining the approximately $885 million allocated for public health programming. We will also address the health-related performance indicators from the FY2019 Preliminary Mayor's Management Report and the Department's $611 million Fiscal Year 2020 Preliminary Budget and Commitment Plan for the following decade. Okay, problems bear with me. Alright we are back. I want to start by acknowledging that I consider the Health Department of this City to be the best big city Public Health Department not just in America but in the world for 150 years almost. Uhm raising the bar, innovating and setting a standard, which departments around the world have been chasing for a long time and that

should be a source of enormous pride and comfort to the people of the City. Even the best Health Department in the world of course needs funding to do its job and to succeed and that is particularly true at a time when we face a number of very difficult and in some cases, accelerating public health challenges in this City. We after many years of progress have now seen a rise in the number of adults who are smoking in New York City after many years of progress, we are seeing a rise in the obesity rate in New York City. After decades of decline we are now seeing a rise in the tuberculosis rate in New York City, we are seeing a rise in hepatitis C, viral hepatitis cases numbering 14,000 new cases just last year alone in New York State. We have a growing number of Legionnaire's disease cases. We have made huge progress on combating lead poisoning, particularly viewed relative to the statistics of a decade or two ago but there are still an estimated 4,000 kids a year who are getting diagnosis with lead poisoning. We made huge progress in combating HIV AIDS with the number of cases in 2018, the fatalities I believe this is declining to 122. But we should consider every single death of a disease for which

there is a cure to be a systemic failure. And of course, there are 600,000 New York City Adults who live life without the basic security of health insurance. And each of these challenges in almost every case has a significant disparity along racial and social economic factors and that should target our consciousness and should motivate us to action. So, despite these myriad challenges, the FY2020 DOHMH Budget allocates funding increases only for two priorities which is tackling the led crisis and rat reduction programs and we look forward to understanding the decision to identify those two priorities were made. And we are considering the City's health budget in the context of continued hostility from the Federal Government with a tax on numerous public health funding streams which New Yorkers rely on and in his proposed Federal Budget the President includes hundreds of billions of dollars in Medicaid and Medicare payment cut which if enacted would directly impact a variety of essential health services and programs in our City. There also are challenges closer to home with slowing tax receipts here in the City leading the Mayor to propose the first PEGs or Programs to Eliminate the

Gap of this Administration and the Department of Health and Mental Hygiene has not been immune from these proposed PEGs with savings at their designated to achieve of $15.3 million. A goal that I fear can only be reached by cutting critical programs. And finally, the Preliminary 10-year Capital Strategy allocates $611 million for DOHMH Capital Improvements. 61% of its total budget is planned for the first three years but historic commitment rates indicate this is probably an unrealistic goal. With a growing population in the City and no shortage of emerging public health challenges it is critical that the Capital Plan offers an achievable road map to meeting the Agencies long-term space needs. I look forward to a robust discussion on these and many other topics. And I want to thank my incredible Committee staff, Policy Analyst Emily Valcan, Committee Counsel Zay Emanuel Hilu, Sara Liss and Financial Analyst Lauren Hunt and my own team, Chief of Staff Aya Keeef and Budget Director, Amy Slattery. And I am now going to ask our Committee Counsel to please administer the affirmation to the Administration.

COUNSEL: Do you affirm to tell the truth, the whole truth and nothing but the truth in your testimony before this Committee and to answer honestly to Counsel member questions?

DR. OXIRIS BARBOT: I do.

COUNSEL: Thank you.

DR. OXIRIS BARBOT: Good morning Chair Levine and members of the Committee. I am Dr. Oxiris Barbot, Commissioner of the New York City Department of Health and Mental Hygiene. I am joined by Sandy Rozza, Deputy Commissioner for Finance. Thank you for the opportunity to testify on the Department's Preliminary Budget for Fiscal Year 2020. Medicine and public health have been my battle ground for social justice. Throughout my career, I have sought to combat a stark reality. For far too long, zip codes have determined how long or how well individuals lived. I know all too well the outsized roll that the Social Determinants of Health, things like housing, education and socioeconomic status can play in an individuals and a community's health. As Health Commissioner I am squarely focused on centering communities and particularly immigrants at the heart of our work. This is critical to tackling

our biggest challenges from the opioid epidemic to chronic diseases and HIV AIDS. Bridging public health and healthcare delivery along with integrating mental and physical health approaches will be pivotal strategies in closing the gap of racially based health inequities. I am proud and excited to lead the health department to make New York City not only the strongest and healthiest City in the US but a more just and equitable City where everyone can realize their full health potential. I want to start by highlighting the achievements we have made with Council in the last year to improve the lives of New Yorkers. Together we made New York birth certificates more inclusive to all gender identities by allowing people to submit their own affidavit to change their gender marker to male, female or X. we are also closer to fulfilling our shared goal of operating animal shelters in every borough with Council's approval of the ULURP application to construct a full-service animal shelter in the Bronx. Most recently the health department was thrilled to strongly support the Council's package of bills that would ban all flavored tobacco and e-cigarette products including menthol cigarettes. Banning these

products is one of the most important things that we can do to protect the long-term health of New York City's youth. I want to thank Speaker Johnson, Chair Levine and Council Member Cabrera and others in the Council for their leadership on these efforts. In addition to these efforts, the Department had a busy 2018. We expanded hours and services at the Corona Sexual Health Clinic and launched LISTOS, a sex positive marketing campaign that encourages Latinos to consider using pre-exposure prophylaxis as part of their sexual health plan. This was the health department's first awareness campaign to be conceived of and largely released in Spanish. Something we plan to do more of in the future. As part of our ongoing work to eliminate racially based inequities in birth outcomes we also developed the New York City Standards for Respectful Care at Birth which outlines rights individuals have during and after childbirth. They are an integral component of our work with the healthcare delivery system to reduce structural racism and unconscious provider bias that affects some of our most concerning health outcomes. In building off of the successful work to reduce sodium in our food supply, we announced the national Salt

and Sugar Reduction Initiative. This partnership of over 100 local city and state health department associations and health organizations across the country is calling on companies to reduce added sugar in packaged foods by 20% and in sugary drinks by 40% by 2025. Finally, in response to an increase in tuberculosis cases we moved quickly to expand our services to address this uptake. I want to thank you Chair Levine for sharing our commitment on this issue. I am happy to report that there was an 8% decrease in TB cases in 2018. This translates to 559 cases which is among the lowest in the City's history and today as we celebrate World TB Day this is very welcomed news. I will now turn to the preliminary budget. The department currently has approximately 6,500 employees and an operating budget of $1.6 billion for Fiscal Year 2020 of which $760 million is City Tax Levy. The remainder is Federal, State and Private dollars. In the Fiscal Year 2020 prelim plan the department received $3.8 million for new activities including $271,000 to continue our implementation of the neighborhood rat reduction plan which will allow us to expand coverage to 50 NYCHA properties in the Bronx, Brooklyn and Manhattan. The

Department has also received $6.7 million since the Fiscal Year 2019 Adopted Budget to address elevated blood lead levels including $2.3 million in the prelim budget. The majority of these funds $6 million is directed to the implementation of the new policy to lower the elevated blood lead level for home investigation to 5 mcg/dL. This includes 74 new positions for health inspectors and public health nurses. In addition, we received $245,000 to conduct outreach encouraging lead testing. We are now matching birth records with blood lead testing records and sending letters to families of children who have missed their 1-year or 2-year old blood lead test encouraging them to see their pediatrician. The new funding for lead in the preliminary budget will be used to enhance the citywide immunization registry in order to improve blood lead level task notifications to parents and healthcare providers similar to the notifications for vaccinations. Based on preliminary 2018 data, elevated blood lead levels continue to drop among New York City Youth. In the first three quarters of 2018, we have seen a 9% decline for children under 18 years of age with a blood lead level at or above 5 mcg/dL associated with

private housing and a 12% decline for children associated with NYCHA compared to the same period in 2017. More work needs to be done to eliminate lead exposures and I am proud of the work this department; the Administration and Council has taken in the last 9 months to address this issue. Though, we have a separate budget hearing on this next week, I want to acknowledge our ongoing work to address mental health and substance misuse. We are now in the 4th year of the city's THRIVE NYC initiative and beginning the third year of HEALING NYC. The preliminary Budget includes $500,000 for the NYC well program and $792,000 to enhance a syringe service program. We look forward to discussing these issues with Chair Ayala and the Committee. As the Governor and Legislature finalized the state's Fiscal Year 2020 Budget his month, I would like to flag for you an area of significant concern for the department. I have also expressed my concerns to Legislators in Albany. The Governor's Executive Budget includes a cut in State Aid provided to the department under Article VI. As you know Article VI funding provides partial reimbursement to every county in the state to support Public Health Activities and Services. The

proposed cut which would only affect New York City would reduce our reimbursement from 36% to 20%. This would translate into a loss of $59 million for Fiscal Year 2020. If the cuts stand, we will not able to spare New Yorkers from the impact. The Department will be forced to reduce the number of inspections of cooling towers to prevent the spread of legionella, decrease operating funds for school-based health centers, distribute fewer naloxone kits and clean syringes and close two of our sexual health clinics. In addition, our ongoing efforts to stem the current measles outbreak could be affected. The Governor's main rationale for singling out New York City is that we have greater access to federal funding than other counties. But the reality is that federal funding we receive is ear-marked for specific programs and cannot be used for the activities that would be affected by cuts to Article VI. Additionally, funding for school-based health centers continues to decline. There are 165 health centers serving 440 schools in New York City, providing students with access to comprehensive primary medical care, dental care and mental health services at no out of pocket cost. The funding cuts in the State Fiscal Year 2018

Budget were restored by the Legislature last year with one-time funds of $3.8 million. Unfortunately, the Executive Fiscal Year 2020 Budget did not baseline these dollars or fully restore the statewide cut. If the Budget is not increased substantially, the school-based health centers may be forced to close their doors at the end of the current school year. Given the uncertainty at the Federal level, now is not the time to cut healthcare services provided by the safety net institutions. We are grateful that both the Assembly and Senate rejected the Article VI cut and added funding for school-based health centers in their one house budget bills. We will continue to closely monitor as negotiations in Albany progress. Finally, I will turn to what is happening in Washington DC. We are optimistic that the shift of power in Congress will prevent future Legislative damage to the public health priorities like the Affordable Care Act. However, under the current Administration we have already seen traumatic damage done to long-standing public health priorities including Federal Rules that would allow healthcare providers to discriminate against and deny patients access to healthcare under the veil of conscience

protection and religious freedom. We also face significant cuts to reproductive health funding due to the recently announced Title X Gag Rule that would eliminate funding to any organization that provides or refers for Abortion Services including Planned Parenthood. The de Blasio Administration will do everything in its power to fight the Gag Rule and protect the fundamental right of women to control their reproductive health including comprehensive sexual health education, contraception, cancer screenings, STI testing and treatment and access to safe abortions. Despite the very real challenges we face in Albany and Washington I am grateful for a City Budget that supports the Department's work and advances our goals to protect New Yorkers, preserve communities and make our City healthier. Before closing I want to acknowledge my excellent leadership team who are here with me and today and the Department Staff for continuing to achieve so much on behalf of all New Yorkers. For me, Public Health is a team sport. As I've said before, they represent the very best in their fields and bring expertise and passion to our work every day. Thank you and I am happy to answer your questions.

CHAIRPERSON MARK LEVINE: Thank you so much Commissioner, I want to acknowledge that we've been joined by Stall Work Health Committee Member, Council Members Keith Powers from here in Manhattan. I want to thank you for highlighting the Federal threats and I share you alarm about Title X, Gag, the Title X Gag Rules which would impact providers like planned parenthood which probably the most prominent in the public's imagination but there are also are many smaller nonprofit providers from whom this funding would represent a majority of their entire budget and would probably lead to the closing of some smaller providers which would be a very painful loss of much needed health services for women of the City so I, I share your alarm about the moral and physical implications of the Title X Gag Rule and I also appreciate you giving some detail to the threats in state cuts which as you point out happen to only impact one jurisdiction in the state, no other county or city or town would face cuts like we would face and uhm I know that they are on a scale that it would be very difficult to protect provision of services. We are thankful for allies that we have in Albany who are fighting very, very hard against those cuts and

for that matter, allies in Washington and Congress who are fighting against some of the Federal changes. And you highlighted something which has not gotten much news at the state level which is the threat to school-based health centers and I am just a huge believer in the power of this model. Everything we understand about healthcare is that primary preventive care is cost effective and yields great long-term health benefits. It is just the smartest state of the art way to provide healthcare and what better place to do that than the building where kids are already spending much of their live and where family members are also often present. And in fact, on the beauties of this model is that generally it does pay for itself after a short start-up period because of, of, of Medicare and other billing. To roll back the system of school-based health centers would just be insane and we have to fight against the state cuts would require that. Not under our jurisdiction here in the Council but that we definitely need to highlight and I appreciate that. You remarked on that in your opening statement. As we both mentioned, because of softening Tax receipts the Mayor has tasked City Agencies with an across the

board cut which I believe in health department would be 2%, is that correct?

DR. OXIRIS BARBOT: Uhm actually it would be 1%.

CHAIRPERSON MARK LEVINE: 1%?

DR. OXIRIS BARBOT: Yes.

CHAIRPERSON MARK LEVINE: Uhm but in an absolute dollar amount it was $15 million roughly?

DR. OXIRIS BARBOT: Yes $10 million in this Fiscal Year and $5 million next year.

CHAIRPERSON MARK LEVINE: Got it, is that $10 million the public health side or is that also, covered the mental health side?

DR. OXIRIS BARBOT: So, we are going to be looking at all aspects of our Budget and we are going to be working very closely with OMB to make sure that we are able to absorb these savings in a way that doesn't affect services for New Yorkers.

CHAIRPERSON MARK LEVINE: Uhm, well just to say you don't know yet where those savings will come from?

DR. OXIRIS BARBOT: Right, we are looking at all of our budget and again the driving force will

be to make sure that services, direct services to New Yorkers are not affected.

CHAIRPERSON MARK LEVINE: When will you know exactly where those savings will be extracted from?

DR. OXIRIS BARBOT: So, my hope is that by April we will have more concrete information.

CHAIRPERSON MARK LEVINE: Uhm which is to say as part of the Executive Budget?

DR. OXIRIS BARBOT: Yes.

CHAIRPERSON MARK LEVINE: We are very, very worried about this. Uhm, and will worry that this will require attrition because of how much of your Budget is connected to personnel costs and that uhm attrition means that there are less people to do the work. It's not as bad as layoffs, but from a service provision prospective it might as well be the same and uhm depending on where those jobs are, are attuited from, I'm very concerned that it could reduce the scope of programming. Uhm, I'm sorry we can't talk about that in detail today because this is obviously worrisome to us. We understand the physical environment. We understand uhm the Mayor's rationale for implementing PEGS and that he hasn't

done this in the last five Budget cycles. I'm not questioning the, the underlying physical necessity here but as Chair of Health I am going to be very, very, very concerned that none of the public health priorities that I know that you share are impacted in any, in any substantial way, so as soon as you are able to detail that, uhm we look forward to debating with you the implications. Uhm you have despite this physical environment, identified two programmatic areas, for increased (1) is in our ongoing challenge against lead poisoning. Uhm, that is a priority that you know the City Council shares. I consider it to be an enormous failing that a City that promised in 2004 in Legislation that we would end lead poisoning by 2010 is still debating this score in 2019. And I noticed that in your opening statement you remarked about a plan to look at birth certificates to build a database that you can then match against for vaccination if I am understanding, understanding this right and I am wondering when this has been implemented, if it has not yet been, when it will be. Uhm and frankly why it wasn't implemented earlier, maybe it was a resource issue and whether that is uhm the reason why you've asked for more money in this

budget for, for lead programming. So, the enhancement to the City Immunization registry is to increase the notification that go to providers and parents. The mailings that we have started to do in December are actually matching birth records against the records that we get of children who have had their lead tested and so we then extract the children who should have been tested given their age and send letters. And we started that in December and as a matter of fact, we have already mailed just over 20,000 letters to families and we will be looking very closely at the yield that that gives us in order again to reach the milestone of getting to a vision 0 approach to eliminating lead exposure and wanting every child as required by state law at age 1 and 2 to be tested for lead.

CHAIRPERSON MARK LEVINE: So, uhm so sorry where are we now? Is that, is that implemented at this point?

DR. OXIRIS BARBOT: Yes, we started in December. We've been sending those letters out. It averages somewhere around between 6,000 and 7,000 letters that go out on a monthly basis.

CHAIRPERSON MARK LEVINE: Is that the entirety of the use of the additional money you've asked for, uhm to work for lead poisoning?

DR. OXIRIS BARBOT: No uhm so for the various components related to lead, uhm $6.7 million is going to decreasing exposure and that was related to hiring inspectors and nurses that would do the case management for children identified as having an elevated blood lead level of 5 or greater as you know the changes made in July and so in addition, that also covers uhm outreach, media, mailings and enhancements to the current central immunization registry that we do to add lead notification to that. So, it is a fairly comprehensive approach again in the citywide effort under lead free NYC to get to that vision zero approach.

CHAIRPERSON MARK LEVINE: Uhm I, I identified in my opening statement a number of uhm urgent public health matters from uhm rising rates of obesity to persistent challenges in tackling HIV. We have measles outbreak ongoing so in that context I was surprised to see that the only other area where you've allocated more money other than lead was in rats. And I'm, I'm as anti-rat as anybody but can

you explain how that made the very short list of two programs that got enhancements?

DR. OXIRIS BARBOT: So, as an agency uhm we are always looking for diversified avenues of bringing in dollar support to the initiatives that we are looking to launch. And so, you know the work of the agency is supplemented by Federal as well as State dollars and private dollars through grants. So, these were ones that are being funded through CTL dollars.

CHAIRPERSON MARK LEVINE: In other words, this is not diverting uhm resources from other programming?

DR. OXIRIS BARBOT: Correct.

CHAIRPERSON MARK LEVINE: Okay understood. Uhm the Mayor made an admirable and pretty bold statement that New York City will now become the first place in America to have Universal Healthcare. Can you explain what will change now for the 600,000 adults who remain uninsured?

DR. OXIRIS BARBOT: So, NYC Care which is an initiative that is being launched through H&H, I think as you say a bold statement of how the city is leading with values to ensure that not having

insurance is a barrier to getting care. And so, of these 600,000 New Yorkers, they will be able to access primary care, speciality care, mental health services, dental services at H&H facilities and uhm the process will be that they will be screened to see what if they quality of the City's public option and if they don't then be taken through an intake process to determine where on a sliding fee scale they fall again to get services so that neither insurance nor income becomes a barrier to getting healthcare access.

CHAIRPERSON MARK LEVINE: But everything you described has been in place for decades in the City if I'm not mistaken?

DR. OXIRIS BARBOT: Well, so through H and H and again I would defer to them for more detailed questions. Part of the inhibitions here are really looking to have the 600,000 New Yorkers linked to primary care. It has been demonstrated that having a medical home is one of the best ways in which we can keep people healthy. The other one is ensuring that they get care management. I think we can all agree of at least speaking for myself that navigating the healthcare delivery system can

sometimes be very daunting and especially if you are trying to do that in a different language and I think that H and H is uniquely positioned in order to really maximize the number of New Yorkers that are getting access to high-quality care.

CHAIRPERSON MARK LEVINE: Yes, again, the, the uhm the wonderful sliding scale of public hospitals that allows everyone to be treated regardless of ability to pay, regardless of whether they have insurance, regardless of immigration status is one of the bedrocks of life in the City and thank goodness for it. It's made this place more livable and just for a long time but still there are 100s of 1000s of New Yorkers who are not receiving medical treatment until they are in crisis and landing in an emergency room where the, the health implications for them could be serious and also by the way, secondarily the physical impact for our system when you are treating people only at the point when they are in crisis and land in the most expensive venue to treat somebody, the emergency room are also significant. Uhm so it's, it's a two front failing in that, in that respect and uhm we simply have to find a way for every person in this City to get the

kind of basic primary care that hopefully all of us in this room benefit from, annual physicals, vaccinations, early diagnosis, referrals to specialists, someone just to answer your questions, whether it be a Monday matter of billing or a more sensitive health matter. That is kind of the bedrock of quality healthcare that is now been proved to be most effective and as I understand the Mayor's plan, there is little if any patient management component at the moment. There is no change to the way dental services are provided, no change yet that I have heard, significantly articulated about the way pharmacy benefits are dispensed and critically it does nothing to help bring immigrants. We are primarily talking about undocumented immigrants. There are other people who are without health insurance in the city but really the most serious challenge is helping undocumented immigrants access this care. Uhm the Mayor's plan, as I understand, it does nothing to help bring them to the wonderful community-based non-profit what are called Federally Qualified Health Centers or FQHCs uhm throughout the City. That have been a critical piece of similar programs, launched in San Francisco, launched in Los

Angeles and even implemented here in a pilot action health in 2015 and in Action Health if I am not mistaken there were 13 community-based clinics where undocumented immigrants and others could receive primary care and 11 of those 13 were the kind of non-profit independent community-based providers that are in immigrant communities that have cultural competence, that are multi-lingual, that are sometimes even lead by the same immigrant communities that they are serving and that pilot which was evaluated a very, very, rigorous and expensive evaluation proved actual heath impact. Not a surprise to I think any of us but great to have that validation. And it was run under the offices of the health department. Which is important because it extended beyond just the public hospital system. Which is a pillar of service to immigrants but there is something special happening in these non-profit providers and can you explain what role the Health Department has in NYC Care and what role you envision for these wonderful community-based non-profit providers?

DR. OXIRIS BARBOT: So, let me start off by saying that uhm in my clinical years, I worked at

a Federally Qualified Health Center so I believe very strongly in the model and the quality care that these institutions provide and you are right that Action Health was started a pilot program as many of our initiatives do to really uhm better understand the feasibility of executing on a particular initiative and to determine what are critical points to make systems better. And so, Action Health did that, it identified the importance of having individuals linked to a primary are provider and having a medical home and the importance of care management and those two components have been weaved into NYC Care and I would say actually that they are sort of the central components of NYC Care. Uhm as to your question, with regards to the Health Department's role in NYC Care, we along with all other city agencies have uhm under the Mayor's Executive Order begun working on ensuring that through our services, we make sure that all New Yorkers are aware of NYC Care and other options that there could be for enrolling in health insurance and accessing services.

CHAIRPERSON MARK LEVINE: Okay, I, I, I appreciate that but uhm again the key central component of the pilot of the FQHCs didn't make its

way into the NYC Care and not only does that mean that we are not helping bring immigrants into these community-based non-profits but there is even a risk that we would undermine them because we could be diverting patients out of the FQHCs and I understand that H and H has an FQHC in that, Gotham Health which is great but it is only a small component of this and doesn't have the kind of community linkages. So, I will continue to refer to non-profit FQHCs but some of these non-profits could be undermined if they lose patients. There is a severe shortage of primary care medical providers, primary care physicians and other medical providers that could be poached away from the non-profits. Uhm if you have Gotham Health staffing up without new resources coming to the nonprofits so, uhm this is, this is of serious concern to me and I understand that you are not at this point driving design of the program but I would like to see the Health Department have a more robust role in this initiative, partly because you are uniquely suited to bring all of the desperate pieces of the health system together even beyond public hospitals and by the way even if we were talking about NYC Care, we have to find ways to more closely knit the nonprofit

FQHCs into the public hospital system so that referrals can be more smoothly. Right now when a local clinic makes a referral for speciality care of one of its patients to a public hospital, I mean that, that, that, that is could be like sending a piece of paper down a black hole where it can take months to get an appointment, it can be impossible to get an update on whether there was follow through to get information on the results of the visit. Uhm, we really need to, perhaps we can use this to spark this kind of action but there needs to be a more integrated health system in the City that brings together all of the wonderful non-profit providers in our public hospitals and perhaps NYC Care could, could be the vehicle for making that happen.

DR. OXIRIS BARBOT: Your point is well taken and I couldn't agree more. Thank you.

CHAIRPERSON MARK LEVINE: Okay, I'm, I'm happy to hear that. Uhm we are in the midst of measles outbreak in New York City which is the worst I think in a decade. It is almost entirely driven by parents who have refused to vaccinate their kids and uhm it is based on what only can be called a conspiracy theory that the measles, mumps and

rubella, MMR vaccine causes uhm autism and this is a, a pernicious, pernicious theory being fed by social media that originated in one, now thoroughly debunked study from 1998 whose author has since lost his medical license. I study which I believe had 12 subjects there have been numerous, far more credible and far more extensive studies which have disproven this link including one that was reported out in the last week or two that had over 600,000 subjects in the study which found 0, 0, provable link between MMR and autism so it is really profoundly disturbing that this kind of junk science is out there and uhm and it is impacting the lives of kids. Most of the people n the city who have gotten. Who have contracted measles in this recent outbreak are children? I think it is ¾ or so or more that are kids, they are victims. They are innocent victims of parents who are denying science and I am wondering if you can way in? First off, if you can give us an updated number, if you know the latest count on the number of cases which have been diagnosed? If you know how many of them are children and if, if you can tell us about the city's response to, to reign this in?

DR. OXIRIS BARBOT: So first, Mr. Chair, let me just start off by saying that I, I appreciate the passion that you show in this area because I need more people to feel as passionate as the health department does in this outbreak. Because I think that for far too long people have taken for granted that they don't see people around them with measles so why should they get the vaccination and as you rightly point out, rely on junk science that gets perpetuated through social media so thank you for that. Currently we are at 158 cases, individuals with measles in the City. Those are primarily centered in the neighborhoods of Williamsburg and Borough Park. But I also want to draw attention to the fact that this is a world wide issue. Several of the cases that we have had in New York City have actually been imported form places like, Israel, the UK and other, other parts of the world. There are several outbreaks that are occurring on the west coast and I think one of the things that has in my estimation allowed us to contain the current outbreak to 158, is the degree to which we emphasize the school age vaccinations. In New York City in the country with over 1 million children, our school aged

vaccination rates are close to 99%. That is a real testament to the staff that we have in the health department and the partnership we have with the Department of Education. That being said what we have seen this recent uhm outbreaks is that there are stools where principals are flaunting our Commissioner's orders and we are being aggressive about ensuring that school principals as well as parents take it seriously that we have had 11 children hospitalized one of whom ended up in the pediatric intensive care unit and again this is really distressing when you take into consideration that these are all preventable events. I could go on.

CHAIRPERSON MARK LEVINE: Yes, thanks, thank you for that update and uhm and for your message on this topic. This is an outbreak primarily affecting members of the Orthodox Jewish Community in New York City.

DR. OXIRIS BARBOT: Yes.

CHAIRPERSON MARK LEVINE: And I would never hold myself up as an expert on Halakha, which is Jewish Law but people who are much smarter than me on this topic have stated unequivocally,

unequivocally that there is nothing in Jewish law which would recommend that a family not provide this basic medical necessity to a child and leaders of the Stature no less than, than Rabbi Niederman from Williamsburg have articulated this powerfully as have colleagues of ours like Council Member Kalman Yeger who represents Borough Park which is the second major center of this, of this outbreak. Of course, Steven Levin who represents Williamsburg is very strong on this as well. Uhm but there, there simply is no basis in Jewish Religious Law to withhold uhm vaccinations from a child but that does raise the question of the religious exemption which is offered in New York State, uhm many states do not offer religious exemption uhm and in my opinion to offer a religious exemption for vaccinations when it is not only the health of your own child on the line but the health of every other child that your kid comes in contact with uhm is simply not defensible. I would support elimination of the religious exemption in New York State for that reason and I am wondering if you have information on the number of families in the affected communities who have cited religious exemption uhm as a pre-text for refusing vaccination?

DR. OXIRIS BARBOT: So, I don't have that number off the top of my head but I can assure you that it is a relatively small number. I think one of the important things here to note is that uhm exclusions be they based on medical grounds or religious grounds, uhm as long as they are enforced when there is an outbreak going on can be a part of a broader system of ensuring that children are safe. Let me say that a little bit more clearly uhm its incumbent on principles when we tell them to exclude children because there is an ongoing outbreak to in fact exclude those children until we give the green light, because as you say, it is not just to protect the individuals that one individual but it is to protect the entire school and we have in the case of you know one particular eoshiba seen that one child was responsible for over 20 other individuals being affected.

CHAIRPERSON MARK LEVINE: You know you learn in a very early age in Hebrew School about a principle called Pikuach Nefesh, uhm the principle of preserving the soul and it is hard to think of a higher mandate for an educational institution than preserving the soul, preserving the life of the kids

and we can perhaps debate about the wisdom of the religious exemption and you heard my opinion on it but there is just simply no excuse in the middle of a measles outbreak for allowing an unvaccinated child to sit in a classroom. This is a highly, highly contagious disease. It is so contagious that you can even catch it by walking into a room where an infected person has already left the room. I believe that uhm as much as two hours after someone has left the room. Just an indication of the severe contagious nature of this disease. And so, if, if there are any schools that are allowing unvaccinated kids to come in, in the middle of a measles outbreak. We have to immediately, immediately crack down on that and put an end to it. It is really just indefensible to put the lives and health of other kids at risk and I know that the City shares that priority.

DR. OXIRIS BARBOT: I couldn't agree with you more.

CHAIRPERSON MARK LEVINE: I am going to pause now and pass it over to my colleague, Council Member Powers. I have to make a very brief statement to the hearing next door on a matter of slightly less

weighty lift and death importance but I know you all care about preserving small businesses in New York City so, but I will be back in a moment and I am going to pass the mic to Council Member Powers.

DR. OXIRIS BARBOT: Thank you.

KEITH POWERS: Thank you, we will give you a brief reprieve here. Uhm thank you thanks for the testimony and for the answers. Uhm I'm just going to followup on his question, because I had some similar ones around the immunizations. You had given some stats already, 11 individuals have been hospitalized, was there 148 have contracted measles?

DR. OXIRIS BARBOT: 158.

KEITH POWERS: 158, can you put that in perspective of what are, what are the last two Fiscal Years or calendar years in terms of how do those rates compare to years, recent years past?

DR. OXIRIS BARBOT: So uhm and I'll ask Dr. Daskalakis to help me out with those last two years. Uhm much less than that. I will say that the last time that the City was in the midst of an outbreak was in 1991, and at that time there were roughly 1200 individuals that contracted measles. So, by comparison, though 158 is much higher than

obviously we want it, we want it 0 in 1991 was the last time. The other… that there was such an outbreak. The other thing that I will add is that its not uncommon for us to get individuals who bring measles into New York City from other parts of the world and uhm and in most of those situations I would say the overwhelming majority, we are able to stop transmission of measles with that person. We have a very capable group of individuals who go out and track down every single person who came in contact with that individual, confirmed their immunization status, if they have not been immunized, we have a three-day window in which we can get them immunized so that they don't develop measles. So, we have demonstrated that uhm we have, we can be very aggressive in these situations. We will get back to you with the numbers on the uhm, the cases of measles in the last two years but I want to assure you that it is much less than 158.

KEITH POWERS: Got it. So, we are amiss, something of a resurgence here in terms of, in terms of opening…

DR. OXIRIS BARBOT: Yeah and its, its something that is happening again as I said earlier,

worldwide and I was just recently at a meeting with you know individuals who uhm lead other big City Health Departments in the struggle… struggling similarly. A few months ago, I was at a meeting with the World Health Organization and it is something that we are all struggling with in terms of various ways in which we can uhm sort of deal in this new reality of you know, we are all so connected in this worldwide uhm epidemic.

KEITH POWERS: Got it, great. Uhm and I think you said it but do you have, did you say it was 99% are vaccinated right now? Or is do you have data on the vaccination rates in New York?

DR. OXIRIS BARBOT: It's just about at 99%.

KEITH POWERS: Okay got it. And, and what are the current regulations around immunizations in New York State and New York City?

DR. OXIRIS BARBOT: So, with regards to measles or just in general?

KEITH POWERS: Uhm to measles, sorry.

DR. OXIRIS BARBOT: Measles, okay, so uhm, children are required to have two measles vaccination. Typically, they the first one is

between 12 and 15 months of age and the second one uhm anywhere between 4 and 6 years of age and they are required to have two doses in order to get into school. As a note, I will say that we added an additional dose of measles requirements in the affected areas by this epidemic to capture the children that were as young as six months of age because this is a unique situation. So uhm, those are the requirements. I will say that children who have exemptions for vaccinations and that are excluded for outbreaks can return to school under two conditions. One, we determine that the outbreak is over or two, they can provide blood tests demonstrating, documented that they are now immune.

KEITH POWERS: And, and what are the existing exemptions for being immunized for measles or MMR?

DR. OXIRIS BARBOT: Uhm either medical or religious.

KEITH POWERS: Got it okay, thank you. Moving to another topic, I noticed in the budget that we have uhm I think it is 4, 5% of the budget related to World Trade Center related programs. Can you give us some detail I know the Federal government is

having a conversation right now about uhm the, the Compensation Fund and I am wondering our City's role in that and what the funding that we spend in our City Budget, how that impacts those who are serving down at the World Trade Center, Clean up Site.

DR. OXIRIS BARBOT: So, this is an area where obviously we are very concerned and it is important for those funds to continue. Uhm, recently there were reports by uhm the, the head of the World Trade Center Registry Fund that you know pay outs were going to be decreased and so we are very concerned about that. Uhm I am going to ask uhm Deputy Commissioner Rossa to help me talk about the specifics in terms of Dollars that we have for the World Trade Center Registry.

KEITH POWERS: Great, thanks. Okay and I am advised that we have to swear you in.

COUNSEL: Do you promise to tell the truth, the whole truth and nothing but the truth in your responses to this committee and to answer honestly to Council Member Questions?

SANDY ROZZA: I do.

DR. OXIRIS BARBOT: And as we look for those dollars, we uhm World Trade Center Registry is

a research initiative funded through the feds and so we don't typically do programming through that.

KEITH POWERS: Okay.

DR. OXIRIS BARBOT: For Fiscal year 2020 our preliminary budget indicates that we have $36.4 million slated for World Trade Center.

KEITH POWERS: And where does that money go to?

DR. OXIRIS BARBOT: The majority of it is for the Zadroga Act. That we federally mandated to reimburse.

KEITH POWERS: So, we pay and then we get a reimbursement from the Federal Government for that?

DR. OXIRIS BARBOT: No, we actually pay the Federal Government, it is our share.

KEITH POWERS: That's our share of it? So, and what is how much is our share for Zadroga from percentage standpoint?

DR. OXIRIS BARBOT: Uh I believe it's 10%.

KEITH POWERS: Okay, so we pay 10% and then are we impacted by the uhm, diminishing funds that are in the victim's compensation fund right now, as it's being discussed. We are asking the Federal

Government to reauthorize. Does that impact our budget in any way?

DR. OXIRIS BARBOT: No, I don't believe so.

SANDY ROZZA: No.

KEITH POWERS: Okay thanks. Uhm I wanted to about uhm, I actually have the Office of the Chief Medical Examiner who I think is coming maybe later but there is $58.60 million basically for capital funding in that budget, do you know what the funding is for?

DR. OXIRIS BARBOT: Uhm not for OCME, sorry I defer to them.

KEITH POWERS: Okay I will ask them. Uhm in my District so I'm just wondering if we are seeing new Capital Construction. We had a hearing on uhm smoking, on a few bills related to smoking a few months ago, maybe two months ago. Uhm where we talked about flavor. It was mostly around the e-cigarettes but obviously we have also passed a number of bills in the, in the, we didn't I wasn't here but the City Council did pass Bills, related to smoking, the prescription, some of the pharmacy ban and some of the regulations. I am wondering if the, can you

tell us, update us on either effort either in this budget or ongoing that the DOH is taking around smoking and lowering the population of those who are smoking in the city?

SANDY ROZZA: So that's, we of bills was really uhm instrumental in ensuring that New York City stays at the forefront of bending the curve on new people beginning or smoke as well as people stopping to smoke and so what uhm we have, continued to see though is that the issue related to flavored cigarettes, e-cigarettes including menthol continue to be uhm major hurdles and so we look forward to working with Council to try to get those bills over the finish line. We are, you know we work with community partners in terms of engaging youth to learn about the, all of the consequences of smoking. We work through uhm our City Agency Partners to make it easy for people to access uhm Smoking Cessation Services as well as working with our partners at New York State in terms of the quit line.

KEITH POWERS: Is there a new funding that if it was available in the budget that you could put towards programming and if what, so would that

help lower the population of people smoking in the City?

SANDY ROZZA: You know as Commissioner I am always happy to take new money.

KEITH POWERS: I know you are but I am wondering if there is a program that you feel is unfunded or not funded appropriately enough to help meet its mission around uhm lowering the smoking population.

SANDY ROZZA: You know one of the things that we always talk about is the, the hundreds of millions of dollar that industry has in its marketing and targeting specifically of youth and so, uhm if there were additional opportunities, the reality is that I don't think that we could match industry dollars in terms of, of media but that certainly is an area where industry is unparallel.

KEITH POWERS: What is your marketing budget around anti-smoking efforts today?

SANDY ROZZA: So currently in terms of our media budget total, uhm we spend roughly $16.8 million but that is not just on tobacco. What we try to do is leverage our resources and partnership with

the State because they also do marketing around tobacco.

KEITH POWERS: Right thanks. I just have a couple of more questions. I'm sorry to take so much time. Uh Department of Correction, I Chair the Criminal Justice Committee. We often talk, I known that that is, that is not done through H and H these days but I am wondering if the DOH views any role around those who are currently incarcerated or are leaving the City's jail or even I'm at the state prison system uhm around access to healthcare. We, you know, I think that in the correctional, uhm at least in the jail, you know in the jail facilities there is an opportunity to have a centralized healthcare system whether it is working or not we can discussion, but the, when somebody exits such as Riker's Island or the Manhattan Detention Center or in Brooklyn, you know the ability to access and receive quality healthcare becomes a concern, certainly we have some of the public hospitals to provide it. I am wondering if the Department has any funding or any efforts to help those uhm who have been formerly incarcerated to connect them to healthcare or continue, continuation of care?

SANDY ROZZA: So, we are doing, I would say a significant amount and I think that we are well poised to do more with individuals who interact with the criminal justice system. One of the areas, for example is in terms of all of the naloxone training that we do for families of individuals who are incarcerated or exiting incarceration. The other thing is that we are working closely with NYPD in terms of the diversion work and engaging individuals to, to avoid having situations related to mental health or substance use, escalate to requiring criminal intervention. Uhm the last thing I will say is that we recently received funds from the Manhattan District attorney, yeah DAs officer on partnering with healthcare providers in terms of starting to leave together more closely, how we create healthcare delivery systems that are more welcoming, accepting of individuals who are exiting the jail system and keeping them in care.

KEITH POWERS: We would uhm, I would appreciate if we are going to I think take a look at, continue to take a look at care for those after incarceration and contradict such high needs and mental health being a part of that and I would

appreciate if the department could, you know work with us around some effort to look at what an individual you know beyond uhm being city jail and in this case we would ask you to be part of the conversation as we go down that route.

SANDY ROZZA: We'd be happy to work with you on that.

KEITH POWERS: Thank you, I appreciate that. Uhm I will leave it there I will hand it back to the chair. Thank you.

SANDY ROZZA: If I could just go back and give you a response.

KEITH POWERS: Sure.

SANDY ROZZA: On the number of measles outbreaks in the past two years.

KEITH POWERS: Yes, that would be great.

SANDY ROZZA: So, in 2017 there were two. And in 2016 there was one.

KEITH POWERS: There was one in 2016, one in, uhm two in 2017.

SANDY ROZZA: Cases.

KEITH POWERS: Cases and then we are up to 100 and…

SANDY ROZZA: 158.

KEITH POWERS: 158 now. Very concerning. And I share the Chair's belief that this is a conspiracy theory.

CHAIRPERSON MARK LEVINE: Thank you Council Member Powers, we have been joined by fellow Health Committee Member, Council Member Inez Baron who I believe has questions.

INEZ BARON: Uhm thank you Mr. Chair and thank you to the panel. I just have one question we know that historically CUNY has had relationships with various city agencies and I do serve as the Chair on the Committee on Higher Education and in the last year, CUNY received I believe it was an intercity intracity transfer of funds totally $45 million for the health project and that money was designated for interns and for fellowships. So, I wanted to know if you had any information about the relationship. I think there were 300 interns that were a part of that so what relationship have you had with CUNY in making sure that program is successful. I believe it is a four-year program.

SANDY ROZZA: So, uh I believe you are referring to the Mental Health Service for.

INEZ BARON: Yes.

SANDY ROZZA: And the individuals that were hired through that. Uhm let me start up by saying that we have uhm a great relationship with CUNY and we work on a number of different areas uhm and I am happy that we hire a lot of their graduates to the Health Department because they provide outstanding training. Uhm in that specific uhm case, of uhm mental health service corp, we are continuing to work with them. Uhm truthfully Council Member that mental health service core under the THRIVE program I am not as familiar with and I know that there will be a hearing on THRIVE and we will have a mental health hearing for the Health Department where we will talk more in detail for that. But what I will say is that uhm it, it is an opportunity to provide uhm additional training for a work force that is much needed in the City.

INEZ BARON: Thank you, so with that future hearing I would be looking forward to hear exactly what it is that is going on.

SANDY ROZZA: Terrific.

INEZ BARON: Thank you, thank you Mr. Chair.

CHAIRPERSON MARK LEVINE: Thank you Council Member. Uhm Commissioner I want to talk for a minute about viral hepatitis.

SANDY ROZZA: Yes.

CHAIRPERSON MARK LEVINE: Uhm this is a disease which affects the most marginalized people in this City. It is prevalent among intravenous drug users, uhm I believe also sex workers, perhaps you can clarify that. It is a very, very, serious disease. It can lead to liver failure, it can lead to cancer, it, it's a deadly, serious disease. It is a disease which science has now found a cure for. That's the good news. But it's a very, very, very expensive course of drugs and it requires uhm consistent uhm treatment and for the patient to uhm uhm to consistently take and complete the course of treatment. I believe the good news is that Medicaid is now reimbursing uhm for these very expensive drugs. It is no longer only for patients who are in liver failure. So, so the basic situation is as follows. We have a highly contagious disease that can be deadly for which there is a cure as long as people get adequate long-term treatment so the failure here is to get everyone who is at risk

diagnosed and in to treatment and under consistent care. This is essentially a failure of the system. This is not a scientific failure, it is no longer even a financial failure because of some progress that we've made on paying for the course of treatment. The failure is in reaching people who are at risk, getting them diagnosed, getting them into treatment, getting a follow up. That is what we have to intensively focus our efforts and put money behind it. Now the City Council through its viral hepatitis initiative has tried to focus resources on that component on the outreach component. There are amazing nonprofits on the ground in the City who are working directly with high-risk populations and have developed expertise and helping to bring them in for diagnosis and treatment if needed. Uhm but the City Council shouldn't be the one that was funding this. This is really kind of a basic function of public health. City Council should be doing innovative speciality, boutique interventions but when it really becomes a systemic public health intervention, we need the administration to take that over. So, what will it take to have the Admin baseline this very

important work again focused on the outreach to the vulnerable populations?

SANDY ROZZA: So, on the issue of hepatitis, we share your concern about uhm maximizing the number of individuals that get tested because treatment is available and we can certainly decrease long-term costs. We currently under our Budget have $4.8 million that we use uhm for hepatitis B and hepatitis C. In that we work with the healthcare delivery system to increase the number of individuals that get tested. Uhm there have been, it primarily affects individuals who are of the baby boomer generation who have gone undetected for a number of years so that is an area of concern and then secondly our work centers around syringe service programs because again younger people have been contracting hepatitis C through syringes and so part of our harm reduction is looking at how we uhm address both HIV harm reduction in coordination with Hepatitis C. I am going to ask Dr. Daskalakis to join me at the table to talk more about our efforts. I will say as he makes it up to the table that as compared to 2016, our numbers for 2017 show a 13.5% decline in the number of individuals newly reported with chronic

hepatitis. So uhm you know as I said earlier, as a Commissioner I'm always happy to take more money uhm but part of what we do at the Health Department is really target interventions that have demonstrated uhm return on investment.

CHAIRPERSON MARK LEVINE: Oh, we are going to have to do the affirmation for Dr. Daskalakis.

COUNSEL: Do you affirm to tell the truth, the whole truth and nothing but the truth in your responses to committee questions?

DEMETRE DASKALAKIS: I do.

COUNSEL: Thank you.

DEMETRE DASKALAKIS: So, briefly I think I'll talk a little bit about the work that we have done so far and some of the successes and challenges that we still have. Uhm I think that you have already referred to a couple of very important programs and have demonstrated that one of the important roles for the Department of Health is to navigate people to services whether that be through classic navigation or through peer supported navigation for hepatitis C and we have seen a pretty significant amount of success, so since 2014, the

check Hep C program that you are referring to uhm actually enrolled almost 3,000 people into the service uhm a little bit over 2,000 of them completed medical evaluation resulting in almost 1400 people being treated. Similarly, the peer navigation service which is a navigation service that is located, uhm as Dr. Barbot mentioned really touching syringe availability and exchange programs has also been very successful and it has been important in also training a workforce of peers, so people who have either had experience with drug use and hepatitis and or some combination and so really it has been pretty remarkable about just shy of 6500 people were enrolled in the peer navigation program and received services. Over 3000 were actually tested for hepatitis C and of those about 500, a little bit over 520 actually had a positive viral load which meant they had active Hepatitis C and then of those about 50% were treated with, with cure. So, I think as you mentioned, a lot of the work that we are doing is now that Medicaid and other insurers are way more accepting and paying for these fairly expensive, actually very expensive medications, taking people to care has been significant and I

think one of the more interesting successes has to do with the idea of micro-elimination and within the community of individuals uhm living with…

CHAIRPERSON MARK LEVINE: What was that term again?

DEMETRE DASKALAKIS: Micro-elimination.

CHAIRPERSON MARK LEVINE: What does that mean?

DEMETRE DASKALAKIS: So it means uhm that you can demonstrate that in some, some sort of fine nite or distinct population that you can actually approach eliminating hepatitis C and I think we've seen uhm in the population of people who are co-infected with hepatitis C and HIV where they have had a longer time of services being supported by insurance and then work that we've done with navigation, we think that we've treated about 50% of people who have co-infection and have cured about that 50% and we are seeing those numbers go up and up and so I think the point that, that our role is with navigating folks is critical is there because the good news is and I think you mentioned and Dr. Barbot mentioned is that there is somewhere for them to land which is one of the sort of unique cat.. sort of

unique experiences uhm a Medical expansion state with also really good policies around hepatitis in New York City and New York State and some are so. I think that may have answered your questions.

CHAIRPERSON MARK LEVINE: Because of sharing of hypodermic needles has been one of the, I think the single biggest way in which this disease is passed, our goal of providing safe injection sites in New York City is actually an important component in curbing the spread of viral hepatitis. We, we applaud the Administration for a little more than a year ago announcing its support for what are also known as overdose prevention centers, but a year later, none have opened and the opioid crisis continues to burn out there and presumably there are people who are contracting hepatitis C because of needle sharing and I am, I am not aware that there has been any money put into the Administrations Budget to support the operation of these centers, perhaps I'm wrong about that, could you update us on whether there is funding and uhm what it's going to take to finally get these life-saving centers opened in our City?

SANDY ROZZA: Health Department has been focused on really tackling this opioid epidemic and through investments and Healing NYC our work continues in terms of you know components related to syringe service programs uhm blanketing the City with naloxone and other measures to bend the curve in terms of the number of individuals dying because of opioid related deaths. To the issue of the opioid prevention centers, we have uhm Mayor has been clear that we are looking to the state to provide authorization for research project to be launched and we anxiously awaiting their response, but in the meantime the Health Department is ensuring that our ways of partnering with community-based organizations and all of the things that need to be in place for, for opioid prevention centers to be successful, we are actively working at that within the Department.

CHAIRPERSON MARK LEVINE: Is there, is there any money allocated in the Budget yet?

SANDY ROZZA: At this point there is not.

CHAIRPERSON MARK LEVINE: Why not?

SANDY ROZZA: It doesn't mean that the work is not happening. Uhm.

CHAIRPERSON MARK LEVINE: But is the plan to allocate City Funding to this?

SANDY ROZZA: So, the plan is for community-based organizations to, to take the work on of running the opioid prevention centers and we will be working in collaboration with.

CHAIRPERSON MARK LEVINE: These non-profits are living hand to mouth, none of them have surplus funds. Uhm to offer any kind of enhanced service they are going to need more money. So where will that come from?

SANDY ROZZA: So, I think we are still in conversations about how that funding will materialize but the important thing for now until uhm we are, we get word from the state and by the way we are also paying close attention to what is happening in Philadelphia is that we are developing materials, developing everything that needs to happen so that once uhm we get a green light we hit the ground running.

CHAIRPERSON MARK LEVINE: Do we have 2018 opioid or overdose death numbers in yet?

SANDY ROZZA: Uhm.

CHAIRPERSON MARK LEVINE: Or only through the third quarter?

SANDY ROZZA: I think only through the third quarter.

CHAIRPERSON MARK LEVINE: And do they show continued increasing over the same time period in 2017?

SANDY ROZZA: So, in terms of the numbers that we have, what we are showing is you know we are going to go into much more detail on this issue during our, mental health hearing. We are starting to see uhm thank you, a decrease in the slope meaning that a slowing down but we are still unfortunately seeing New Yorkers, a New Yorker every six hours die because of opioid related overdose deaths.

CHAIRPERSON MARK LEVINE: Every how many hours?

SANDY ROZZA: Six. And so, we continue to intensify our efforts in a place-based manner. So, specifically you know the launched the Bronx Action Plan to focus on what we are seeing there and it's an example of the data driven approach that the Health Department takes to ensure that we meet the needs with the resources that we have.

CHAIRPERSON MARK LEVINE: I think it is important for New Yorkers to understand the scale of this crisis. Which sadly has fallen out of the news for the better part of a year. We are losing more New Yorkers to overdose than we are losing combined from traffic crashes, suicide and homicide in this City. We should be sounding the alarm. We should be stopping at nothing to end this epidemic. And safe injection sites have been proven in over 100 locations globally to do exactly that. There to my knowledge has never been a death, an overdose death in a safe injection site globally. The science is behind this and when our imperative is to save lives we need to act with urgency. In the year since we had a breakthrough and the Administration announcing is support for this, one of the four sites that was slated for the pilot lost its location, is operating now as a van. So I don't know how in the world we are going to reestablish that very critical site and now we are now learning that in the interim year, the rate of overdose death, the rate of growth thankfully is, has decreased but let's call it what it is, a worsening crisis and it's not enough to decrease the rate of growth. We need to prevent deaths. We need

to reduce the rate of deaths and we are going to need money to do that. Uhm, there needs to be money in this year's budget, because the State could announce well before our next Fiscal Year that they are going to greenlight this going forward and if we lost more time because there wasn't money that would be inexcusable so we are really going to push very hard on this.

SANDY ROZZA: I agree that the science is clear in terms of the value of the opioid prevention centers and we are working aggressively in partnership with healthcare providers and partnership with community-based organizations, uhm to stem this tide.

CHAIRPERSON MARK LEVINE: I want to acknowledge that we've been joined by Council Member Helen Rosenthal and I will que her for questions here in just one moment. I want to ask about a topic that might require uhm Dr. Daskalakis to uhm come on back which is on HIV/AIDS.

SANDY ROZZA: Okay.

CHAIRPERSON MARK LEVINE: Uhm, I would like to start by asking for an update on numbers, uhm what is our current estimate for the number of New

Yorkers who are living with HIV? What was the number of new diagnosis in the most recent year that you have data? And what is the number of fatalities due to this disease for the most recent year that you have data?

DEMETRE DASKALAKIS: So, the first question was how many people are living with HIV in New York City? Uhm so, our current estimate which is based on some mathematical modeling as well as actually counting is about 90,000 people are living with HIV in New York City. The next question was how many new diagnoses? And the great news is that it is down by 5.4% from last year, from the most recent datas are 2017 data because it takes a while to make sure the cases are actually new, etc. and that is 2,157 but there is a deeper important number that is embedded in our report which is very important which is a number that demonstrates that HIV incidents in the last year has decreased by 18.8%, that means in lay terms that new infections are going down while we are still identifying people who are chronically infected which is really the HIV dream come true. Uhm they are being diagnosed earlier, during stages of, stages of acute infection, so about 18% of all of

our new infections are diagnosed during acute which means that very early on. New York City has a great program called Jump Start which has resulted in many of these individuals being started on medicines on the day of their diagnosis, part of our Ending the Epidemic program. And so ultimately, we are demonstrating a very significant decrease in new infections that is driven both by the power of treatment, uhm U equals U the undetectable is equal to untransmitable. We have about 74% of all people living with HIV in New York City who are virally suppressed, 85% of those in care are virally suppressed, comparing to about 51% nationally. So, we are way ahead on that curve and then also preexposure prophylaxis prep which is a medicine that prevents HIV individual who are HIV negative but at risk has had a surge. New York State estimates that there is an increase of prep uptake within the last year that we've measured by 41% and so it's, it's demonstrated pretty convincingly that treatment plus prevention uhm works and the effect of that is an epidemic that is careening towards its goal of 700 or fewer new infections by 2020 which is an ETE goal.

CHAIRPERSON MARK LEVINE: Uhm its, its extraordinary progress and I know that you, you personally have been behind much of it and I salute you for that and the department has a whole deserves enormous credit and also credit due to the state and in this case Governor Cuomo who has been personally behind this. Did I miss it or did you mention how many fatalities we have had?

DEMETRE DASKALAKIS: Oh no, I forgot about that too. So actually, an important number 1344 fatalities but I want to actually give you more than that number and talk a little bit about the fact that many of these deaths are not related to HIV. In fact, 68% of all the deaths that ive reported in that 1300 or so number are actually not HIV related. This is driven by scenarios that are supported by tobacco use cardiovascular disease and cancer are the leading causes and actually also viral hepatitis and I think I should, I talked to you earlier that we've seen surges in the number of people living with HIV who have now been cured of hepatitis C demonstrating that micro-elimination and then ultimately a larger elimination is possible.

CHAIRPERSON MARK LEVINE: Uhm so the number of people who have died uhm in which HIV AIDS has been deemed to be the cause, what was that number?

DEMETRE DASKALAKIS: It is whatever, 32% of that is, so about?

CHAIRPERSON MARK LEVINE: Of the 1300.

DEMETRE DASKALAKIS: Yes.

CHAIRPERSON MARK LEVINE: So, 4400 or so?

DEMETRE DASKALAKIS: 4400 or so yeah that sounds about right. Now those are AIDS related deaths versus the other ones that are non-AIDS related deaths. And if you actually look at our curve, it has been many years now that our HIV related deaths have sort of crossed the line. The majority as you can see by that number, the majority are not age related.

CHAIRPERSON MARK LEVINE: Because of the advances in, in, uhm, medical systems ability to treat and even cure HIV. No one should be dying from the disease and if someone does die there was a failure somewhere in the system. Uhm that we need to I think need to be very introspective about. Uhm one way to get to the source of such failures is to

examine every single fatality and death and look for where the breakdown in the system was. Uhm it is almost like a forensic approach. Like what a medical examiner would do, not, not physiological but looking at systemic failure. Is that being done? And are, are, is every case being examined in depth in that way?

DEMETRA DASKALAKIS: So at this point not every case is being examined, we actually I'm speaking about our good relationship with CUNY, we are actually launching a pilot with them and the Montefiore and CUNY uhm Center for AIDS Research to actually look at, implementing uhm retrospective evaluation of deaths and also looking deeper at individuals who acquire HIV through injection drug use because that is also ultimately preventable. That number, just in case, you are aware, 10 years ago about 1000 people were being diagnosed with HIV and it was because of injection drug use. Last year it was around 40. So, it that is truly a sit and hold that so we are doing work in the academic space through collaboration to see really what a pilot would look like and then sort of upscale as we go deeper into the experience of doing it. Not a lot of

other jurisdictions have done it. San Francisco has done a small pilot as well and it has been interesting that we are looking at it again the CUNY to just be very similar.

CHAIRPERSON MARK LEVINE: Well that, that, it's incredible progress. Progress wouldn't have been believed possible even a few years ago and I commend you for that. I was talking recently to the president of a hospital who told me that they see every case of maternal mortality of being a failure in the system. And so, for every single case, the hospital president themselves try to examine every step along the way that lead to that tragedy, that, that failure, that seems to be the kind of approach that we need to apply to people who are dying from AIDS. Is there a resource limitation? What would it cost to really do a, a complete analysis for every fatality?

SANDY ROZZA: So, I will just interject here to say. You know, I, I see your point but I think this is apples and oranges. In a circumstance where a woman dies in labor that's clearly sort of connected to the, quality of care in that institution or a much farther upstream failure but I think in the

situation related to HIV uh there are uhm I would say and Dr. Daskalakis can way in, many, many, many fewer who would find themselves in that kind of sort of acute situation where matching the resources to that kind of event would give us a good return on investment but I think the point the, perhaps we can make is that through the efforts in tracking down the data in terms of what we called the cascade of treatment, New York is leading the country I would say in terms of ensuring that people who get diagnosed get linked to care quickly and stay in care so that they become undetectable and that is really I think analogous forensically to how we look at opportunities within the healthcare delivery system to get better health outcomes faster.

CHAIRPERSON MARK LEVINE: Right and I am going to pass it off to take some of our colleague Council Member Rosenthal but I just want to make the point that while there may not be a failure in the hospital or the medical institution we fail somewhere with every AIDS death. It could be that we are our outreach systems for early diagnosis were insufficient or missing people. We know that there are severe inequalities in the demographics of how is

getting diagnosed now, uhm where it does overwhelmingly preponderance of cases are people of color, are women of color, are people with trans experience. Uhm maybe there is a failure to get someone into treatment after a diagnosis. A failure to support them, to remain in treatment. I failure to get them to kind of wrap around care they need for complications that emerge. I'm not an expert on this but something went wrong and if we can understand it then we can focus like a laser on the weaknesses in the system uhm to get to as close to zero as possible.

SANDY ROZZA: You get no argument from me that we have a healthcare delivery system that is designed to uhm take are of sick people not designed to keep people healthy and we couldn't agree with you more that by taking a forensic approach to that cascade is the way in which taking a public health view is, is going to help us to get better health outcomes faster for communities.

CHAIRPERSON MARK LEVINE: Thank you and I would like to pass it off to Council Member Rosenthal.

HELEN ROSENTHAL: Thank you so much uhm Chair Levine. You almost think that you, you got a Master's in Public Health. You are nailing it; you are nailing it. Uhm Commissioner it is great to see you. Thank you for all of your heard work and the hard work that your stuff does every day. You know I am a big fan of the Department of Health and your mission and uhm so following up on Council Member Levine's last question and your point uhm I am wondering if you can separate out, if you have uhm a line in your Budget that can tell us how much money the DOHMH allocates to public health education?

SANDY ROZZA: Oooh, to Public Health Education? We don't have easily at our hands. We could reconstruct that but not off the, the.

HELEN ROSENTHAL: And let me talk about it out loud is that because for example you just talked about materials you are putting together for opioid to give out somewhere. Uhm so those materials uhm are there, I would count them among a public health education campaign.

SANDY ROZZA: Uh-huh, okay.

HELEN ROSENTHAL: And those materials are they put together by a particular uhm division in the

agency or does the uhm division that looks at opioids put together that material?

SANDY ROZZA: So, in general, what I would say is that all of our divisions have subject matter experts that contribute to composing educational materials uhm and that have input into the various ways in which we deliver public health education. So as you know, that can take the form of uhm materials for the lay community, developing materials for the clinical services community, uhm we do public health education through our media so in terms of answering the question, how much do we spend on health education uhm I would, I would venture to guess that it is a significant portion of our budget but is not as easy to tease out.

HELEN ROSENTHAL: Yeah, I think it would be worth starting to look at that. I've always said that I think all education efforts made by the City should be uhm given to uhm the Department of Health and Mental Health to do because I think all of these are, are really public health education campaigns like vision zero. And, and we should have a division in DOH that is uhm tasked with this assignment. My two cents, that and the subway token will.

SANDY ROZZA: Thank you for your vote of confidence.

HELEN ROSENTHAL: Get me to city hall. Uhm I want to ask about the, you know I'm going to give the acronym CEG which I think stands for Community Engagement Group.

SANDY ROZZA: Yes.

HELEN ROSENTHAL: That works to promote sexual and reproductive health. It's a monthly meeting with 95 nonprofit organizations and it has been you know in my work as Chair of the Committee on Women incredibly meaningful. Uhm and you know for example, it is a way to get public health information out through those groups. So, is that funded in the Fiscal Year '20 and '21 Budget?

SANDY ROZZA: Uhm I will have to get back to you on that because I'm not certain but I will just echo that uhm it is a group uhm that has been instrumental in helping us work through the various components of our work related to severe material morbidity, maternal mortality, they were very helpful in putting together the respectful standards of care but we will have to get back to you on the, on the funding.

HELEN ROSENTHAL: I'm pretty sure I know the answer which is it was put in the Budget for four years and the last year is Fiscal Year '19. And so uhm I'm keen to advocate for continuation of funding for CEG so I'm very interested in confirming my understanding.

SANDY ROZZA: Okay, we will get back to you.

HELEN ROSENTHAL: Thank you. Secondly uhm how are you doing coming along in developing a plan to increase access to doulas which is something we discussed around maternal mortality and morbidity.

SANDY ROZZA: Yes, so the agency has been I think really at the forefront of highlighting the importance of doulas and we have been uhm supporting and promoting services of doulas in Brooklyn. I am really pleased to report that we are working with the State in terms of advocating for reimbursements of doulas because the reality is that we won't be able to expand those services unless they are appropriately reimbursed through Medicaid and through insurance.

HELEN ROSENTHAL: And in your work on that are you, is it your guiding philosophy as it is

mine that the reimbursement should go to the institution not the doula given concerns around uhm uhm doulas and how they are trained and the certificates that they get? So uhm, it's my understanding that the advocacy around Medicaid funding would be that uhm reimbursement would go to the institution that provides the doula, uhm maybe a medical center, public health station?

SANDY ROZZA: You know I'm not as intimately familiar with sort of who to be reimbursed I am, I am uhm most concerned that reimbursement not be a rate limiting step to having more access to doula services.

HELEN ROSENTHAL: Uh-huh.

SANDY ROZZA: Uhm and certainly uhm you know we can get back to you with what we think from a public health point of view is best serving our communities.

HELEN ROSENTHAL: I think it is an important point worth exploring and we could really use the help of Department of Health and Mental Health to aid in this advocacy so I'd love to followup with you on it.

SANDY ROZZA: Absolutely.

HELEN ROSENTHAL: Great, thank you. Uhm and I couldn't help but notice that most of your Budget is uhm not fun… while the City makes up almost half of the funding for DOHMH and we count a lot on Federal and State funding and my guess is because much of it is funded through Medicaid would be my guess and the other grants, other programs. I am watching the nodding heads. Okay.

SANDY ROZZA: 47% of our Budget is City, 18% is Federal and 35% is State.

HELEN ROSENTHAL: So uhm you know I am always fascinated and I think people should always be remembering that because a City dollar can always draw down so much Federal and State money and I think it is a reason to add money to the Department of Health and Mental Health and certainly when we take away dollars it is almost meaningless. Uhm because the loss of services far outweighs the value of you know our $0.47 when we get $0.53 from other funders.

SANDY ROZZA: As Commissioner I am always happy to take more money.

HELEN ROSENTHAL: Good to hear. Uhm I wondering about let's see what we can do and working with Council Member Levine I, I hope to help with

that. Uhm I'm asking. I'm wondering about the school-based health centers and uhm the funding for that. Is that Medi… Medicaid Funding? Or a different type of grant?

DR. OXIRIS BARBOT: So, the school-based health centers bill Medicaid so the funding that we give them is met of the Medicaid that they get.

HELEN ROSENTHAL: Got it, so the reimbursement doesn't come from any other source does it?

DR. OXIRIS BARBOT: The city would get article VI for our school-based health centers.

HELEN ROSENTHAL: Article VI is 40% City.

DR. OXIRIS BARBOT: 36%, $0.36 cents on the dollar.

HELEN ROSENTHAL: $0.36 cents on the dollar. So, when you say that our funding is declining. Are you speaking about City funds or uhm?

DR. OXIRIS BARBOT: So, the State is proposing taking the 36% down to 20% and that and that's for Article VI in general and so that for not only school-based health centers but for all core public health activities could present a $59 million hole for us.

HELEN ROSENTHAL: Wait, sorry, say that one more time because I think I misheard the first one. So, the State provides $0.36 on the dollar and they are proposing that they go down to $0.20 on the dollar.

DR. OXIRIS BARBOT: Right and only for New York City would that cut be applied.

HELEN ROSENTHAL: And is there a rationale?

DR. OXIRIS BARBOT: They uhm they say that we unlike other jurisdiction in the State have access to Federal Funds but the reality is that those Federal funds are all designated for certain activities and they are not fundable funds.

HELEN ROSENTHAL: So, in other words without Article VI did you say?

DR. OXIRIS BARBOT: We wouldn't be able to do core public health activities.

HELEN ROSENTHAL: There is no federal funding for that? There is no possible access to federal funding for that? Other grants the City could apply for?

DR. OXIRIS BARBOT: No and actually what I would say is that the Prevention and Public Health

Fund is always being threatened by the Federal Government and if proposed cuts go through, we would be slated to lose $12 million from that fund. So, it's challenging and.

HELEN ROSENTHAL: So, the state is proposing to cut $59 million from New York City only? In.

DR. OXIRIS BARBOT: Article VI.

HELEN ROSENTHAL: In, in uhm, in funding for public health services and the federal government is threatening another $12 million cut for public health preventative services. So, they are basically proposing that we don't fund these programs so we can then have to rely more on what? Medicaid funding when people land in the hospital?

DR. OXIRIS BARBOT: You know it's, it's.

HELEN ROSENTHAL: Where they pay $0.50 on the dollar, the federal government and the state pays $0.25 on the dollar which even if they are doing the math, $0.25 is more than $0.20 in my.

DR. OXIRIS BARBOT: Your point is well taken; the logic doesn't add up.

HELEN ROSENTHAL: So, what, I would like to join you on any efforts. Are there efforts to

convince the Governor that he's, that this is a short-sided uhm funding cut?

DR. OXIRIS BARBOT: Uhm yes, I went up to Albany and I met with elected officials from uhm New York City. I am pleased to say that both the assembly and the Senate have rejected.

HELEN ROSENTHAL: Oh great. In their one house budgets.

DR. OXIRIS BARBOT: Yes.

HELEN ROSENTHAL: Budgets. Okay.

DR. OXIRIS BARBOT: And then similarly on the proposed federal cuts, uhm I last week maybe it was this week. Last week because today is only Monday went to Washington to advocate again for those cuts not to happen for New York City.

HELEN ROSENTHAL: Yeah, I mean it might be worth mentioning to the CEG that the Governor, the Governor is seeking to do this, perhaps the advocacy of those 95 groups would be helpful. Uhm although some of those groups are state funded groups. Lastly just really quickly on rats, sorry, and then I'm done. Uhm what is the trend in the rat complaints over the past five years?

SANDY ROZZA: So, uhm you know with regard to rats, I am pleased to say that we have seen significant decreases in some of our targeted areas. Uhm for example, we have seen a I believe it is a 44% decrease uhm pardon me, in the rodent borough counts in parks and as well as a 28% decrease in NYCHA developments and so that really is really.

HELEN ROSENTHAL: About 3-1-1 complaints?

DR. OXIRIS BARBOT: So, for 3-1-1 complaints.

HELEN ROSENTHAL: Sorry to interrupt. I know that I have that, uhm while you are looking for that I am wondering if correspondingly over the same time how many inspectors does DOHMH have to respond to the rat complaints? And is the number of inspectors correlated to the number of complaints? Or have you left the number of inspectors steady over time?

DR. OXIRIS BARBOT: So, while we are looking for the number of 3-1-1 complaints, we have uhm currently uhm roughly 156 individuals who provide direct services to the efforts around rat mitigation.

HELEN ROSENTHAL: And how many did you have roughly last year and the year before that?

DR. OXIRIS BARBOT: I think we will have to get back to you with those numbers. Complaints. So, on the 3-1-1 complaints we don't have the trend over time but for 2018 we had 32,528 uhm service requests. And we can get back with to you on the trend over time.

HELEN ROSENTHAL: That would be terrific. Uhm how of all your 136 inspectors which are you going to get back to me about how many you had the year prior and the year prior to that?

DR. OXIRIS BARBOT: Yes.

HELEN ROSENTHAL: Uh-huh. Are all of them certified to administer dry ice treatment? And do you still have to be certified to administer the dry ice treatment?

DR. OXIRIS BARBOT: I'm going to have Deputy Commissioner Schiff come up and handle that detailed question.

HELEN ROSENTHAL: I think he has to be sworn in.

CHAIRPERSON MARK LEVINE: Quickly only because we are almost out of time.

HELEN ROSENTHAL: You need to you want to administer.

COUNSEL: Yeah. Do you affirm to tell the truth, the whole truth and nothing but the truth in your testimony before this Committee and to respond honestly to Council Member questions?

CORINNE SCHIFF: Yes. And so dry ice as you know is a very effective method for certain circumstances for certain areas, we use dry ice in parks and we work with the Parks Department to identify.

HELEN ROSENTHAL: I'm sorry only because the chair has asked me to uhm.

CORINNE SCHIFF: Not all of our inspectors use dry ice. We have a specialized team that has been trained and so.

HELEN ROSENTHAL: How many inspectors?

CORINNE SCHIFF: How many? I will have to get back to you about the, about the number.

HELEN ROSENTHAL: That would be great. And what's the status of your pilot program for birth control for rats? Have you studied the success? And are you considering expanding it? I have heard great results from Chinatown but.

CORINNE SCHIFF: There was a small study and we are regularly and we are, we are regularly

doing our research into different methods but we are not pursing that now.

HELEN ROSENTHAL: Did you find that it wasn't, was not effective or not cost effective?

CORINNE SCHIFF: I will have to get back to you about the details of the findings but it was a limited study and uhm it is not a method that we are pursing right now.

HELEN ROSENTHAL: Okay thank you for that. Thank you Chair, thank you Commissioner.

CHAIRPERSON MARK LEVINE: Thank you very much Council Member, you have a real master's in public health I'm only faking it and I'm sorry for the rush nature of our hearing here but we have one more agency to hear from and we have dozens of people who want to testify and just and the final minutes with you, Commissioner, we haven't had a chance to talk about your Capital Budget which you are proposing at $661 million for the 10-year plan most of which would be according to your projections committed in the first three years. Is the planned Public Health Laboratory the major component of that uhm if you could remind us of the price tag for that and the other major components of your capital plan?

CORINNE SCHIFF: So, I will let Deputy Commissioner Rozza talk to the details but I would say that yes, the majority is the public health lab and then we also have in the Capital Budget $98 million for animal care centers, animal care centers.

CHAIRPERSON MARK LEVINE: Got it and is, is that not $661 million inclusive of the OCME facilities? I know that is our next uhm.

SANDY ROZZA: Yes, yes, it is.

CHAIRPERSON MARK LEVINE: Could you give us the major pieces of that?

SANDY ROZZA: So, for the first three years of the plan $110 million is for the public health laboratory and $95 million is AC&C and the balance is for infrastructure, our buildings and IT.

CHAIRPERSON MARK LEVINE: Including the LCME?

SANDY ROZZA: No that is for the Department of Health and Mental Hygiene only.

CHAIRPERSON MARK LEVINE: For the public understood.

SANDY ROZZA: Public Health.

CHAIRPERSON MARK LEVINE: Understood, understood. Uhm and uh there is no other upgrades

planned for your sexual health clinics for any of your neighborhood action centers, for Long Island City Headquarters?

SANDY ROZZA: So, we do have money in the Budget for again the infrastructure so the bricks and the mortar of the buildings and uhm and so we look. I mean obviously there is not enough money and we do repairs and as we need to do them in the buildings.

CHAIRPERSON MARK LEVINE: I am realizing that we haven't had a chance to talk about the Neighborhood Action Centers which you know I am a very big proponent of, a big believer in the power of being on the ground in communities uhm doing the kind of education and primary care work that it takes to, to turn around the disparities of health outcomes. There are three that the Health Department is currently running in the City. These are in facilities that for the most part was opened in the Laguardia era as District Public Health Offices, at one point there were 30. There are certainly many neighborhoods of the city that could use this kind of service, thinking about places Southeast Queens, the Rockaways, Northshore, Staten Island. Are there

plans to expand this very important network of on the ground public health intervention?

SANDY ROZZA: So, the Neighborhood Health Action Centers are in three neighborhoods with the highest racially based health inequities and where the Health Department had available buildings. Currently we have 18 buildings all of which are fully utilized and so uhm those are ways just one of the ways in which we interact with communities. There are a number of different ways in which we extend the reach of the Neighborhood Health Action Centers and other community-based activities that we do to reach communities that may not have physical buildings but have needs nonetheless.

CHAIRPERSON MARK LEVINE: Well I don't know the numbers in the Rockaways, the Northshore, Staten Island or the Northwest Bronx. Or even Washington Heights for the matter off of the top of my head but I would be willing to bet they show significant disparities relative to results for middle class New Yorkers, for white New Yorkers and it is a limitation of space, well that's why we have a Capital Budget. And I would argue this would be a very, very wise investment to uhm acquire new

facilities to be on the ground providing the kind of education services, community partnerships, really special things are happening in these facilities, I spent a lot of the time in the East Harlem Facility. It is pretty remarkable what they are doing and the kind of constellation of nonprofits that have come together under this roof. I would love to see this in more neighborhoods and I would certain advocate if the limitation of space for investments in the Capital Budget to make that possible. So, we are now out of time, thank you Commissioner. Uhm we are going to take just a very brief two-minute break and then we are going to come back with the Chief Medical Examiner and we are anxious to hear from all of you, members of the public, please don't leave, we want to hear from you directly. Welcome back everybody and I am very pleased that we have been joined by the Chief Medical Examiner, Dr. Sampson and welcome to your team. We are now going to view the Chief Medical Examiner's $83 million Fiscal Year 2020 operating budget. We will also examine OCMEs performance indicators for the Fiscal 2019 Preliminary Mayor's Management Report and the $58 million in OCME Capital Projects in the Fiscal 2020 Preliminary Capital and

Commitment plan for Fiscal 2020 through 2029. Though unseen by most New Yorkers the work for OCME is essential to protecting our City's Public Health and it is a key pillar in our judicial system. The scientists and other professionals who work at OCME have often foregone many lucrative career options elsewhere and service to the vital mission of this office. The mandate of OCME has continued to expand with increasingly uhm with increasing reliance on DNA evidence and the rise of the opioid epidemic and with the all too real need to prepare for mass death events in the post 9-1-1 era. In this hearing we will examine among other topics the time that OCME needs to complete DNA cases for various types of crimes. According to the 2018, Preliminary Management Report the median time to complete analysis of DNA cases has increased from 53 days to 69 days. In the past, OCME has explained that the reason for these average increases is primarily due to property crime cases being a second priority over cases involving people. However, we note that the average number of days required to complete sexual assault cases has also risen and will of course be interested in hearing what are the factors that have

led to that increase. I'm pleased to see that the time to complete toxicology cases continues to decline and remains under the target. In addition, there was a minor drop in the time it takes for medical/legal investigators to arrive at the scene from 1.9 hours to 1.8 hours. And I look forward to hearing how the staffing shortage in that line has been addressed and if there has been any conflict over the change in standards. Finally, the Fiscal 2020 Preliminary 10-Year Capital Strategy designates $58 million for OCME Capital Projects. 75% of the funding is planned for the first six years and we are hoping to have an indication of exactly which projects will be worked on in that period and I look forward of course to receiving updates on the new medical examiner facility and any other expected projects. As usual, I want to thank our wonderful Committee staff, Policy Analyst Emily Balkan, Committee Council's Zay Emanuel Hilu, Sara Liss and Finance Analyst Lauren Hunt and I'm now going to ask Zay if he will administer the affirmation to the Administration?

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

your testimony before this Committee and to respond honestly to Council Member questions?

DR. BARBARA SAMPSON: I do.

COUNSEL: Thank you.

DR. BARBARA SAMPSON: Good afternoon Chairman Levine and members of the health community. First, let me thank you so much for the recognition of the dedication of the OCME to the needs of New Yorkers at the worst time of their lives. I couldn't agree with you more about the importance of our work. Thank you for the opportunity to testify here today. We at the Office of Chief Medical Examiner value your leadership and thank City Council for the support of our mission to serve the people of New York City during their times of profound need. I'm Dr. Barbara Sampson the Chief Medical Examiner for New York City and my duty is to protect the public health and to serve criminal justice through forensic science. Seated with me are Dina Maniotis, Executive Deputy Commissioner and Dr. Jason Graham, First Deputy Chief Medical Examiner. I set a personal goal at the time of my appointment and continue to declare it every year. That is to build our Medical Examiner's Office into the ideal forensic institution, independent,

unbiased, immune from undue influence and as accurate as humanly possible. As Chief of the strongest and most comprehensive medical examiner office in the country I can truthfully say that science and medicine are more compass and I am proud of the work that my agency has achieved. First, I will discuss the Preliminary Budget. In Fiscal Year 2020, the OCME has approximately 741 employees and an operating budget of $83.3 million. In this Preliminary Budget we received three new positions and $370,000 in city funding for serology testing. Next, I would like to describe to you how this agency has succeeded in elevating our Agency-wide performance and how we are now building on that success to contribute I unique ways. I will begin with the accomplishments of our forensic biology laboratory. As you know OCME operates North America's largest public forensic DNA laboratory and serves as a leader in DNA technology and research. Since 2015, the laboratory has seen a nearly 60% increase in cases, largely due to increases in the processing of gun crimes resulting from the successful Merrill Project Fast Track Initiative. We have made the necessary adjustments to accommodate this dramatic increase in our work

load. The laboratory also saw an 18% increase in productivity since last year with regard to reports released to customers and a decrease by nearly 9% in case backlog. In 2018, was our best year yet in reducing the loss of criminalist with a very low attrition rate of 7%, the lowest in 15 years. I will now turn to our Forensic Toxicology Laboratory which in 2018 celebrated its centennial year along with the rest of the agency and is the largest laboratory of its kind in New York State. The Toxicology Laboratory has maintained a median turn around time of few than 30 days which is less than half the national average despite an increase in the number and complexity of cases received and the ongoing development and expansion of tests offerings. In 2018, we expanded the services offered for investigating deaths, drug impaired driving and suspected drug facilitated sexual assault. Our new methodologies include testing for new synthetic opioids and new tests to help monitor the emerging impact of novel psychoactive substances including designer benzodiazepines. Our capacity for these tests will soon be more expansive than those of the largest private laboratories in the country. Our

laboratory has also improved the qualifications and capabilities of its staff through intensive and ongoing training. Specifically, we have increased the number of staffs that have completed the New York State Certification for alcohol testing and we have increased the number of staffs signing case reports. I would like now to switch gears and share with you highlighted successes of our distinguished molecular genetics laboratory. The only laboratory of its time within a medical examiner's office in the nation and probably the world. The mission of his laboratory is to investigate sudden unexpected and unexplained deaths in apparently healthy New York City residents. First, we analyze disease genes, we then alert surviving family members so that loved ones at high risk for inherited diseases can be tested and treated. We have tested hundreds of post-mortem cases and counseled the surviving families. For the fourth time since 2011 the molecular genetics lab was awarded a National Institute of Justice Grant for research and development in forensic science for criminal justice purposes. Collectively the lab has approximately $2.5 million in grant funding to support the development of next generation sequencing

technologies and new test panels as well as implementation of the genetic counseling program and work on functional studies of genetic variance. I would like to turn now to our pathology work. The United States has approximately 2000 medical examiner and coroner offices but fewer than 500 board certified forensic pathologists. New York City has 35 of those 500 certified forensic pathologists. The OCME has developed its own pipeline for medical examiners with a robust forensic pathologist fellowship program. In the last 30 years we have trained over 100 forensic pathologists. 25 of them have gone on to become Chiefs across the United States. Our pathologists and our training program are renowned and in concert with our laboratory capacity, we are confident that we are the strongest office in the United States. I am proud of our day to day work but I am particularly proud of our innovative work that falls outside of the traditional purview of the Medical Examiner's Office. The OCME drug intelligence group is such a success story. We are piloting a new death investigation paradigm involving expanded death investigations of suspected overdose deaths. With the integration of social

workers who interview the decedents family have members of their social network. These interviews further inform the medical examiners who determine the cause and manner of death and the details of individual cases. The OCME Drug Intelligence Group then uses this information to brief our interagency partners often in real time about suspected and confirmed overdose fatalities. Our medical examiners also play a vital role in New York City Maternal Mortality and Morbidity Review Committee by providing expertise in the review of autopsy reports and discussion of the underlying causes of these deaths. I will now wrap up with an update from our mortuary department. In 2018, we improved quality control measures, turn around times and transport operations. Notably the OCME has implemented substantial improvements in our medical examiner transportation team, METTs Team to insured dignified, respectful and timely removals including the acquisition of five new state of the art transportation vehicles that were built and put into service. Finally, I want to highlight the great work of our laboratories and pathology departments in bringing in grant funding for research and development. Since 2014, the

Division of Laboratories has obtained over $15 million in Federal and State Grants and our pathology department has received over $400,000 in federal grant funding. Thank you again for having us here to testify today before the Committee. I am happy to answer your questions.

CHAIRPERSON MARK LEVINE: Thank you uhm Dr. Sampson. Much as I said about the City's overall Health Department, we have the best Medical Examiner Office in the world as far as I am concerned.

DR. BARBARA SAMPSON: I agree with you 100%.

CHAIRPERSON MARK LEVINE: Yeah so you are biased and I am not. And much like the Health Department we have; we have implemented many innovations here that have since been replicated around the world. This is one of those agencies in which most New Yorkers are barely aware of until that moment where they have the death of a loved one or perhaps there is a larger tragedy in the city, so I don't think that most New Yorkers appreciate the, the complexity of the operation and the importance of it and the extent to which it is a pillar of the criminal justice system as well and we very much

appreciate that and we want to make sure that you have the resources that you need uhm to do your work at the highest level and one thing that resources do is allow you to have a quick turn around time on DNA testing and I just want to call out, bring out a couple of numbers from the Mayor's Management Report. Uhm first for the median time the complete DNA property crime cases uhm from evidence submission to report the median number of days in 2017 was 63 and I FY18 it was 172. If I am reading that correctly. I am just drawing right from the Mayor's Management report.

DR. BARBARA SAMPSON: Yes, you are correct.

CHAIRPERSON MARK LEVINE: And uhm could you explain that dramatic, essentially it is a dramatic slow down in the production of work on that.

DR. BARBARA SAMPSON: So, as I eluded to in my testimony uhm back in 2015 began a huge increase in the number of submissions to the DNA laboratory. We made a number of accommodations, hiring more scientists to acc…

CHAIRPERSON MARK LEVINE: And so why is that? There is a decrease in property crime in New York City?

DR. BARBARA SAMPSON: Right so and that process first of all identifying criminal analysis, bringing them on board, they need extensive, that means six months of training to operate the first level. All of that takes a lot of time. So, we have always prioritized as I've said before, cases of involving crimes against people. The rape and homicide cases in particular. So, property crime backlog has suffered because of that but we have in the last few months now that we have the lab up to a staffing and everyone trained and operating uhm even better through a number of lean six sigma projects. That backlog is actually decreasing and we are going to be eliminating that backlog over the next few months so we are moving in the right direction.

CHAIRPERSON MARK LEVINE: So, you are anticipating improvements on this number for FY2019.

DR. BARBARA SAMPSON: Yes.

CHAIRPERSON MARK LEVINE: And when will we have that number? I guess. In the fall or? Uhm?

DR. BARBARA SAMPSON: The PMMR is. We can provide. We can provide it earlier than that.

CHAIRPERSON MARK LEVINE: We will be eagerly anticipating that because otherwise our assumption is that you're your understaffed which that is the logical conclusion. But.

DR. BARBARA SAMPSON: I appreciate that. But we did have that increase in staffing it just took a long time to trickle through the system and we do it has already, the number of, every month we are putting out more and more reports to catch up with that backlog so it should be decreasing and I would expect to see a change of that number within months and will certainly report that to you.

CHAIRPERSON MARK LEVINE: And is your explanation of the smaller but in some ways more concerning increasing the number of days it takes to complete uhm the analysis for sexual assault cases which went from 36 days in FY17 to 40 in FY18. Is your explanation of that increase also a delay in hiring and allocation of the staff?

DR. BARBARA SAMPSON: It is similar as I said though, we always prioritize uhm these cases and in a case where it is a public safety issue that it a

particular kit be turned around quickly it can be done within 72 hours. So, we are always working with our criminal justice stakeholders to identify those cases. Uhm the, this number here is slightly increased but uhm it far below the national average.

CHAIRPERSON MARK LEVINE: And are you anticipating that you will reverse that trend?

DR. BARBARA SAMPSON: Yes, our goal is to be back under 30 days.

CHAIRPERSON MARK LEVINE: But as far as you are concerned you have the resources to do that?

DR. BARBARA SAMPSON: At this time, I believe that we do. Case submissions to increase but not as rapidly but at this time I think we do have sufficient staff.

CHAIRPERSON MARK LEVINE: In the context here both on property crimes and sexual assault is not is the, is the belief that there is more incidence or that law enforcement is just more frequently turning to DNA as part of the investigation?

DR. BARBARA SAMPSON: Uhm OCME doesn't really know uhm the details of necessarily of the cases that are submitted, whatever is submitted by

NYPD are the cases that we uhm generate profiles from.

CHAIRPERSON MARK LEVINE: Okay understood. I do want to ask about your DNA databases and as I understand it uhm in this country there are really three levels of DNA databases, there is the local database, the State database and then the national database and then you refer up to the higher level. Uhm so what we do here of course if implications for the statewide and national database. Are there any profiles that are included in New York City's DNA database that would not be allowed in either the State or the Federal database?

DR. BARBARA SAMPSON: Uhm the uhm local database contains a wide range of profiles. Everything submitted to us by the NYPD, so in addition to a crime scene evidence it would consist of a specimens that are from suspects for example or from missing persons all of these are kept separately and only at a, and some of those are not appropriate to upload into the state and then the state upload into the federal database.

CHAIRPERSON MARK LEVINE: And why are they not appropriate for uploading?

DR. BARBARA SAMPSON: Because into the State database we can only upload evex… crime scene evidence profiles.

CHAIRPERSON MARK LEVINE: Right but there still could be implications for investigations here in New York City uhm for those, those DNA uhm those items in the database which are not suitable for all out is that correct?

DR. BARBARA SAMPSON: Yes.

CHAIRPERSON MARK LEVINE: So why shouldn't that worry us that there is, there is uhm police investigation based on a DNA sample that is not suitable uhm that does not comply with the State and national standards. Shouldn't that worry us that we are investigating at a lower standard here in New York City?

DR. BARBARA SAMPSON: So, the local database uhm as I described it exists in many other jurisdictions as well. It is how we have been functioning for years and all of our oversights on both national and at the state level are aware of this local database. The local database actually plays an important role for the uhm criminal justice system and our uhm and any further discussion really

of the local database needs to include our criminal justice stakeholders.

CHAIRPERSON MARK LEVINE: Uhm, I, I agree with that. We are used to having more stringent standards here in New York City particularly when it relates to criminal justice and it is worrisome to me that the State and Federal Government have more strict standards and that definitely a line of inquiry we want to pursue, perhaps with broader stakeholders. Are there minors who are listed in the City's State and the City's DNA database?

DR. BARBARA SAMPSON: Uhm we don't necessarily have the uh demographics of everyone who is in the database. The database itself has no demographics. Those are submitted to us by NYPD but yes, I agree that there are, there are probably, there are minors in the database, yes.

CHAIRPERSON MARK LEVINE: So, you don't know the age of the individual necessarily?

DR. BARBARA SAMPSON: No necessarily only if NYPD happened to have provided it to us. But it is not within the database itself.

CHAIRPERSON MARK LEVINE: Right. But in a society which attempt not to burden uhm children

with all the negative implications of a criminal record following him around for the rest of their life, having their DNA in a database because of an incident that occurred when they were young. Clearly could be inconsistent with our values and detrimental to the life prospects of the child. Uhm I understand that we need other stakeholders at the table here. This is another point that I am going to flag for further inquiry. Is it possible for any New Yorker to know whether they are in this database? If I wanted to check whether I am in this database?

DR. BARBARA SAMPSON: Yes.

CHAIRPERSON MARK LEVINE: How would I do that?

DR. BARBARA SAMPSON: Uhm so you can uhm through a FOIL request, anyone can find out whether their data, uhm their DNA is in the database and if it is not a case involving a homicide, we do need approval of the District Attorney to be ale to share that information with the person. Uhm the DNA in the database can also be expunged through two mechanisms. One is through a court order and the second is through a letter from the District Attorney.

CHAIRPERSON MARK LEVINE: Uhm a FOIL request is not the kind of thing that uhm the average New Yorker is going to be able to pull off. This may be by design but as you understand it are there deliberately extremely strict limitations on this because of, of the implications that we would have for investigation and compromise of the work of the DAs, why not make it easier for someone to check?

DR. BARBARA SAMPSON: You know what OCME is the custodian of the data, the scientific data, uhm whether something belongs in the database anymore or not is diff… is impossible for us to say because we don't know the outcome necessarily of a particular case. We don't know if a, if a case has been thrown out. If there has been a not guilty verdict or anything more than that so we have to rely upon our criminal justice stakeholders to in… to help inform the expungement.

CHAIRPERSON MARK LEVINE: So, you would perform the expunging by following a directive from another agency. In other words?

DR. BARBARA SAMPSON: That is correct.

CHAIRPERSON MARK LEVINE: We are debating now as a state, the prospect of legalizing

recreational marijuana. A lot of us believe that when hopefully if but when we do that, we have to do right by the coun… the New Yorkers who were caught in an overlying aggressive enforcement system and that should include expungement of the records of people who have nonviolent arrests related to this. Uhm. Those folks may have been captured by the DNA database I presume. Would that potentially would expungement of their record, could it potentially include expungement of their uhm listing in the DNA database?

DR. BARBARA SAMPSON: Uhm I have no uhm particular information about that exact scenario but as I said if its criminal justice system agrees that expungement is appropriate, we would absolutely follow those expungement orders.

CHAIRPERSON MARK LEVINE: But in the case, in the cases of expungement do we generally delete the item from the DNA database? Is that done typically?

DR. BARBARA SAMPSON: The profile is removed from the database.

CHAIRPERSON MARK LEVINE: Okay that is a very, very, very, very important point. So that I

mean that if we succeed in enacting expungement as part of broader marijuana reform that the item would be deleted from the database as well. According to current practice as you understand it.

DR. BARBARA SAMPSON: If there is an expungement order, absolutely. Yes.

CHAIRPERSON MARK LEVINE: Okay that is very important. How much does it cost to maintain this database; I assume you have an entire dedicated team for that?

DR. BARBARA SAMPSON: Uhm we do but first of all the Kodis this database that we operate is absolutely internal to the function of the laboratory for obvious reasons. We do have a whole group dedicated to, as part of their jobs to running it. I don't, we don't track specifically how much is for, how much of the budget is for Kodis. The overall Budget of the lab is about $26 million. The vast majority of that via salaries for the 200 criminalists that work there. So, there is a cost of course with Kodis but I would guess that it is a relatively small cost.

CHAIRPERSON MARK LEVINE: Understood. Uhm one of the most important members of your team are the medical, legal investigators.

DR. BARBARA SAMPSON: Absolutely.

CHAIRPERSON MARK LEVINE: Uhm MLIs, uhm I think their main role is retrieval of, of deceased New Yorkers and this can be extremely sensitive operation. Uhm I presume there is some uhm sensitivity around maintaining the integrity of the body for purposes of testing but I am also thinking of just the impact for New Yorkers of having a deceased person in public view for an extended period of time and the importance of retrieving the body expeditiously and in a sensitive way. As I understand it there has been a problem with retention of staff in this line partly because of the salaries which I think maybe are $75,000 or $80,000 a year and it would be easy for. Uhm you can correct me on that. It would be easy for someone to make more money perhaps at a private medical institution. I know this is a challenging you have been focused on and it appears that a slight decrease in, in retrieval times indicates some progress on that. Uhm could you uhm update us on the status of of that

important line. What are the total number of, of salary lines what, what are the total number of, of salary lines are they all filled and how was the challenge and retention been? And uhm I don't believe we had other than you Dr. Sampson the other members of the panel actually answer the affirmation. Okay if you did, we will take your word for it but uhm. Sorry to be overly procedural but as law enforcement professionals I am sure that you appreciate that. So, I'm just going to ask Zeta to re-administer that.

COUNSEL: Do you affirm to tell the truth, the whole truth and nothing but the truth in your testimony before this Committee and to answer honestly to Council Member questions?

DINA MANIOTIS: I do.

DR. JASON GRAHAM: I do.

CHAIRPERSON MARK LEVINE: Please.

DINA MANIOTIS: So, our medical legal investigators are a critical part of our operation they are the medical examiner's eyes and ears at the scene and they have, they gather information at the scene and bring it back to the Medical Examiners to inform our autopsies. We have been very happy with

the success we've had over the last year in improving medical legal investigations in New York City so I am happy to tell you about that. Uhm so first of all our attrition rate in 2018 went down from 15% in 2017 to less than 7% in 2018. Now there is a number of reasons for this. You mentioned the salaries. They are medical, legal investigators in New York City traditionally have been physician's assistance and they are in very high demand clinically for obvious reasons. We were able to negotiate with that union an 8% increase for our medical, legal investigators so that the uhm high level of medical, legal investigator MLI3 now has a median total salary of over $150,000 but the salaries are only part of the issue that caused her to have problems recruiting new physician's assistants. Uhm as I said they are in great demand in the clinic uhm world and remember like doctors, the physician's assistants don't go to physician assistant school necessarily to work on the dead. They want to work with living people. Again, another problem in recruiting medical examiners, add physicians to this field. Uhm so we have really been limited like a pool of people that we can uhm hire who want to do this very important and very difficult

work. So what we have recently done is created a new line using medical, legal investigators that are not physician's assistants but have a great experience and in medical, legal death investigation before they come to the OCME and we've been very successful in recruiting from across the country new investigators that we think will improve the quality of our investigators because these are people who have chosen to dedicate their lives to medical, legal investigation. So uhm right now we have a 28 head count and. And how many?

DR. BARBARA SAMPSON: 5 tour commanders.

DINA MANIOTIS: And five tour commanders as well who oversee the operations.

CHAIRPERSON MARK LEVINE: No, no vacancies currently.

DINA MANIOTIS: Uhm we have.

CHAIRPERSON MARK LEVINE: If you could turn your mic on.

DINA MANIOTIS: Dina Maniotis so I believe right now we have on, in the process of onboarding. We don't have start dates but we have four of our tour commanders, one is pending and we had 8 MLI vacancies, medical, legal investigators.

We filled them except for two so we are doing really, really well in our recruiting of medical legal investigators.

CHAIRPERSON MARK LEVINE: And, and your benchmark for the time that it should take to retrieve a body is? What time period of time?

DR. BARBARA SAMPSON: Well right now we are down to 35 minutes to arrive at a scene all over the City which I think is remarkable.

CHAIRPERSON MARK LEVINE: So, it's, it's an immediate dispatch essentially.

DR. BARBARA SAMPSON: Absolutely and the cases you mentioned in public view are our highest prior cases so we try to do even better with those.

CHAIRPERSON MARK LEVINE: Okay, understood. We appreciate that update. I want to acknowledge that we have been joined by two of our colleagues, fellow Health Committee Member, Dr. Matthieu Eugene and Council Member Chaim Deutsch and I would like to now pass it over to Council Member Rosenthal uhm for her question.

HELEN ROSENTHAL: Thanks so much uh Chair Levine, I really appreciate it. Commissioner really nice to meet you. I worked very closely with one of

your predecessors, Dr. Charles Hirsch, we worked together for over two decades.

DR. BARBARA SAMPSON: I worked with him too for over two decades.

HELEN ROSENTHAL: What a great guy.

DR. BARBARA SAMPSON: Yes.

HELEN ROSENTHAL: Uhm I just want to ask a couple of questions on rape kits?

DR. BARBARA SAMPSON: Uh-huh.

HELEN ROSENTHAL: Uhm and uhm really just to cut to the chase, how many uhm how many more uhm medical examiners would you need in order to get the turn around to 72 hours for all rape kits?

DR. BARBARA SAMPSON: Uhm so the criminalists who are responsible for evaluating the rape kits would be the title that we would need to hire for that. I have no idea how we could do that kind of calculation but I think it would be a huge number.

HELEN ROSENTHAL: So, I'd love to try to do that calculation. To think about how long… and I think it is pretty straightforward, you would see how long it takes, see how many rapes, rape kits you have, right?

DR. BARBARA SAMPSON: No, the calculation is certainly doable, yes.

HELEN ROSENTHAL: Okay if we could do the math on that I would appreciate it and you know just to know how many rape kits come in every year. How many you do now within 72 hours, uhm and what's the average length of time for the remainder. And just a question of information? The lay term is rape kit… what is the uh technical term?

DR. BARBARA SAMPSON: The correct term is sexual assault kit.

HELEN ROSENTHAL: Okay uhm and so there are toxicology sexual assault kits? Are those separate?

DR. BARBARA SAMPSON: Oh yes, those are uhm testing for when there is suspicion that someone has been drugged during the sexual assault so you could have, the traditional sexual assault kit is a DNA test taken by a forensic nurse say in a hospital on a woman after she has uhm, suffered an assault and they may take at that time toxicology testing as well.

HELEN ROSENTHAL: So, if I could get the same numbers for the toxicology.

DR. BARBARA SAMPSON: Sure.

HELEN ROSENTHAL: Sort of how many you do, what's the fastest turn around. What's the average turn around?

DR. BARBARA SAMPSON: Right now, the average I can just tell you is 17 days for that.

HELEN ROSENTHAL: Is 17.

DR. BARBARA SAMPSON: For tox, the tox part.

HELEN ROSENTHAL: And does the result go to SVD or the individual?

DR. BARBARA SAMPSON: It goes, I believe it goes to law enforcement who submitted it and I'm not sure where it goes beyond that.

HELEN ROSENTHAL: Okay and of the DNA matches with profiles in your database, how many, can you go back and find how many are related to sexual assault?

DR. BARBARA SAMPSON: Would you repeat the question, I'm sorry?

HELEN ROSENTHAL: Yeah. There is a performance indicator and my guess it is in its in the Mayor's Management report that is called DNA matches with profiles in database.

DR. BARBARA SAMPSON: Yeah.

HELEN ROSENTHAL: Could you call out the number that are related to sexual assault? Not now but…

DR. BARBARA SAMPSON: I understand your question. I think we could uhm but I will certainly check and get back to you with that number if we can get it from our database.

HELEN ROSENTHAL: Great and lastly do you keep the results of sexual assault uhm rape cases, sexual assault kits and how far back can we go in terms of you keeping DNA results.

DR. BARBARA SAMPSON: The results we keep in perpetuity.

HELEN ROSENTHAL: Right and starting in 1970, 90?

DR. BARBARA SAMPSON: I'm not sure, I'll have to check. A long, long time, certainly you know way over a decade but I can go back further. Probably since the beginning of the lab I would guess but I will confirm that for you.

HELEN ROSENTHAL: Thank you very much I appreciate it. Thank you Chair.

CHAIRPERSON MARK LEVINE: Thank you Council Member and I believe that Council Member Deutsch has a question.

CHAIM DEUTSCH: Sure, thank you, thank you Commissioner. Uhm so I have, my question is according to Jewish Muslim religion when someone is deceased, they have to be buried in a timely in a timely manner. Is it ever, is there ever a time that when someone passes away that the Medical Examiner finishes their work that they need to sign off that people need to wait til? The family members need to wait until the next morning?

DR. BARBARA SAMPSON: And so, we try to uhm expedite uhm religious cases as much as is humanly possible. Our, on occasion, for example in either a homicide or in a suspected case that has a public health importance, an autopsy must be performed in accordance with state law. We have very good relationships with the religious communities to communicate that to them when it is absolutely necessary and they know we only ask when it is absolutely necessary. So, in that situation there might be a delay to the next day, uhm but in general,

we work very closely with the religious communities to expedite those examinations as much as possible.

CHAIM DEUTSCH: So, you are saying there is only two uhm there is only two cases, homicide or?

DR. BARBARA SAMPSON: An imminent threat to public health. Those are the exceptions that are recognized by New York State Law which upholds religious objection to autopsy.

CHAIM DEUTSCH: Okay and in every other case, you work 24 hours?

DR. BARBARA SAMPSON: Uhm in we expedite it absolutely as much as possible.

CHAIM DEUTSCH: So, what does it mean? I'm not so fashioned, what does it mean as much as possible?

DR. BARBARA SAMPSON: Well, if someone dies in the middle of the night, we are not always able to perform the complete external examination in the middle of the night.

CHAIM DEUTSCH: Why? Why is that?

DR. BARBARA SAMPSON: Because we don't, we don't have the staff available to do that.

CHAIM DEUTSCH: So uhm if you don't have staff available in the middle of the night, does that

mean, I mean doesn't that mean that you are not accommodating religious accommodation?

DR. BARBARA SAMPSON: In these cases, we are always in communication with the religious leaders and tell them what is feasible and if we are able to do it, we, we, we do expedite the case. If it must wait until the next morning, we do allow them to follow their beliefs, for example, taking the body perhaps to an off-site location and bringing the body back to the uhm medical examiners office in the morning. So, we accommodate them as much as is possible but you know, it is to always 100%.

CHAIM DEUTSCH: So, what would be the solution uhm to accommodate uhm these circumstances?

DR. BARBARA SAMPSON: I really don't.

CHAIM DEUTSCH: When it comes to religious obligation?

DR. BARBARA SAMPSON: Right. We do…

CHAIM DEUTSCH: Does that mean that you need to work 24 hours or have a staff on duty 24 hours? Like what is the solution to it.

DR. BARBARA SAMPSON: I really don't think there is a solution to it. I will be perfectly honest with you because there is no way to have the

complexity that… the complex staff that may be necessary in a forensic investigation available 24 hours a day. We, you know we have a limited number of medical examiners, they just don't exist. Same thing with medical legal investigators. We have strived since I took over 100% accuracy, 100% of the time. We have numerous protocols in place to ensure that mistakes don't get made and I can't allow bypass of those uhm procedures even in our extraordinary circumstances because of my commitment to that goal. So, uhm I you know as I said we work very closely with religious leaders, the feedback I've gotten has always been excellent from them and they understand our role, our very important role in criminal justice and public health.

CHAIM DEUTSCH: So, what would be required to have some work overnight that you would feel comfortable with and number one, number two is that a funding factor?

DR. BARBARA SAMPSON: I'm telling you the staff doesn't exist that would be able to do. Uhm I there is no way that I can have medical examiners, you know working 24 hours a day. We have a limited number of them I don't.

CHAIM DEUTSCH: So, is that a funding, is that a funding issue?

DR. BARBARA SAMPSON: It's a medical, there are 500 medical examiners in the entire United States. To increase our staffing from you know 7 days a week every day and during you know, say the 12 hours during the day to overnight I would just be impossible.

CHAIM DEUTSCH: Is it impossible because of the funding?

DR. BARBARA SAMPSON: They don't, there is nobody for me to hire. It’s not funding. There is nobody for me to hire. It's not funding there is no medical examiners to do this kind of work.

CHAIM DEUTSCH: So, there is no one, no one that could be tired to work overnight?

DR. BARBARA SAMPSON: Like I said I'm not going to compromise the standards that we do to forensic investigations so it is not simply a funding issue I guess we could hire more people and then maybe we could do a few more examinations but like I said a forensic examination, especially in these kinds of cases is very complex and requires not just a medical examiner will require the morgue

technicians and x-ray technicians and various other expertise to ensure an adequate examination. Not just an adequate, an excellent examination to ensure for the public health and the criminal justice system in New York City.

CHAIM DEUTSCH: Okay, could we have an off-line conversation in regards to this so I can understand it.

DR. BARBARA SAMPSON: Sure, yes, we are often discussion with religious leaders about this topic.

CHAIM DEUTSCH: No can we have uhm?

DR. BARBARA SAMPSON: Absolutely, yeah, uh-huh.

CHAIM DEUTSCH: Okay thank you very much.

CHAIRPERSON MARK LEVINE: Thank you Council Member Deutsch. We discussed in the DOHMH hearing that challenge of softening tax receipts for the City and the Mayor's Directive than most agencies find savings and I believe in the case of OCME uhm the targeting savings you are directed to achieve is 350,000.

DR. BARBARA SAMPSON: That's correct. Yes.

CHAIRPERSON MARK LEVINE: Uhm what percent of your budget does that rep…

DR. BARBARA SAMPSON: 0.42% of our Budget.

CHAIRPERSON MARK LEVINE: Okay so we are happy that it's a lower percentage then some of the other agencies because of the importance of your work but we want to make sure it doesn't impact programmatic operations. How can you achieve that saving without it slowing your work or compromise the site in any way?

DR. BARBARA SAMPSON: Uhm so we were just notified of this PEG and we are just beginning the process of looking at where we can find this cut with OMB and I am confident that we will be able to find this relatively small percentage of our budget without compromising services or turn around time or any of the other indicators that we have already discussed?

CHAIRPERSON MARK LEVINE: Uhm when do you expect to have details on where you will find the savings?

DR. BARBARA SAMPSON: Uhm probably within the next month or so? Couple of weeks.

CHAIRPERSON MARK LEVINE: We will be able to hear, you are an agency like many that primarily uhm expenses are different by personnel cost and so the natural inclination in general, the use attrition to achieve savings but attritions are not a cost-free strategy. It sounds like you are actually not considering that which is good news.

DR. BARBARA SAMPSON: No.

CHAIRPERSON MARK LEVINE: Uhm but we just hope that you don't lose much needed staff lines in any of your divisions. I want to ask you about your capital budget.

DR. BARBARA SAMPSON: Uh-huh.

CHAIRPERSON MARK LEVINE: Which I believe totals is it $58 million and I presume that the bulk of that is for your new headquarters, uhm having been in your existing building which I'm sure was a state-of-the-art facility in the 1950s. uhm it's clearly out of date and I know that constrains your work. Uhm can you update us on your plan to build a new main office.

DR. BARBARA SAMPSON: Uhm certainly. So uhm, our headquarters at 520 First Avenue does need to be replaced and we have been working with EDC to

try to identify a new space for the building and we continue to do that. As you know sine you saw the building it is a complex building. Uh there is both laboratories and a morgue that need to be in it so there are a number of constraints as far as the site and we are looking forward to identifying a site as soon as possible.

CHAIRPERSON MARK LEVINE: Looking forward to identifying a site. Uhm, but uhm this has been an ongoing. This has been planned now for years and we have not yet identified a site?

DR. BARBARA SAMPSON: That is correct.

CHAIRPERSON MARK LEVINE: Uhm can you tell us about where you hope the place the new building? Will it be in the same neighborhood?

DR. BARBARA SAMPSON: It might, I would love to have it to be in the same neighborhood because our Hirsch Center for Forensic Sciences, where our DNA lab is on 26th Street there and I think it would be great to have proximity. Uhm, to the other building. The building I would like to be in Manhattan because we already have, well we have offices in all of the five boroughs where families can go to make their identifications and have morgues

uhm that are relatively new both in Queens and in Brooklyn. So, it would make sense then for us to have a continue to have a mortuary here in Manhattan, hopefully near that area.

CHAIRPERSON MARK LEVINE: And so out of the $58 million for your capital budget, which portion of ear marked for this project?

DR. BARBARA SAMPSON: Right now, about $18 million is ear marked for this project.

CHAIRPERSON MARK LEVINE: You can build a new headquarters for $18 million, no?

DR. BARBARA SAMPSON: You definitely cannot, especially like I said a, a.

CHAIRPERSON MARK LEVINE: That could be $100 million dollar.

DR. BARBARA SAMPSON: Easily. Yes. Other medical examiners officers have clocked in around that.

CHAIRPERSON MARK LEVINE: So why is it not in the budget yet?

DR. BARBARA SAMPSON: Uhm it will be once we get closer to getting started.

CHAIRPERSON MARK LEVINE: Right so that's, you are pushing this out years then. Uhm you

haven't identified a site. It's not in the capital plan yet. Uhm we might not even be breaking ground for 2 or 3 or 4 years. Is that, is that the timeline?

DR. BARBARA SAMPSON: Uhm probably pretty close, yeah.

CHAIRPERSON MARK LEVINE: Having been there, I wouldn't want to see you in a 1950s building for uhm a mean now we are talking 7 years from a move in date. Why is it taking so long to identify a site that seems to be the holdup at this point?

DR. BARBARA SAMPSON: Yes please. So, we have Dian Maniotis. We have some constraints with the you know the availability of space to be able to put a state-of-the-art mortuary and pathology center. We have done some feasibility studies in possible areas and it didn't work so we are looking again, working to find an appropriate location and we have had a lot of support from you know our, our city hall. We still need to find an appropriate site to put this kind of facility on.

CHAIRPERSON MARK LEVINE: And a gut renovation of the current building if we are going to

have $100 million budget why would that not be an option?

DR. BARBARA SAMPSON: That would be difficult because we have our operations are ongoing both pathologies.

CHAIRPERSON MARK LEVINE: You have to move to; you would have to move to a temporary location but if you couldn't find a permanent location uhm is that not a fall back option?

DR. BARBARA SAMPSON: It is and we've thought about it and it would be better to start a, you know tear it down and put up a new facility that would be the best solution. If we had to, yes that would be our option.

CHAIRPERSON MARK LEVINE: Okay uhm we, we would like to find a way to help you accelerate this process. It is clearly important for your operation and therefore for the city and to wait 7 years to get a modern facility really seems like too long. Uhm so we will make this an ongoing conversation and we will help you in any way we can on this one. Uhm I think that is it for us. Thank you very, very much for your testimony today and for your ongoing work in

leadership for this very important agency. Thank you very much.

DR. BARBARA SAMPSON: Thank you.

CHAIRPERSON MARK LEVINE: And now I'm excited that we get to call members of the public. Thank you for waiting patiently. We very much want to hear your perspective on the City's Health Budget and the City's Medical Examiner Budget and I am going to call up as our first panel, Diana Nazaar from the Northern Manhattan Coalition for Immigrant Rights, Yugeon Kim from the Korean Community Services of Metro New York, Kenneth Shea from the Coalition Against Smoking in Immigrant Communities and uhm this looks like Dr. Vanessa Salcedo from the Union Community Health Center in the Bronx. We are going to make sure that everybody here has a chance to speak. Thank you for waiting. We are going to have to put folks on a clock because we have literally dozens and dozens and dozens of people who want to speak and I don't want anyone to lose that chance so I will ask you all to try and be concise but I am anxious to hear your perspective. Are none of the four people I called up in the room? Let me repeat those names. Dr. Vanessa Salcedo, Kenneth Shea,

Yugeon Kim or Diana Nazaar. Oh, you are here, wonderful. Don't' be nervous you are among friends. Okay it looks like all four of you are here. And uhm great so we have three of the four, okay up we are all here, wonderful. Okay. And is it Mr. Shea, why don't you kick us off. And, and make sure you have your button on for the mic.

KENNETH SHEA: Does this work? Great. Uhm thank you my name is Ken Shea; I am representing the Charles Bowen Community Health Center as a part of our Coalition. Just to give you some background the health center is a Federally qualified health center. We have locations in Manhattan and Queens. Last year we served 60,000 union patients, 83% of our patients are below 200% of the poverty level and 82% are best served in a language other than English. We are currently involved in multiple health related City Council Projects. We are involved in a Hep B, the Check Hep B Patient Education Program as well as the Access Health NYC Program which seeks to increase awareness and access to linguistically and culturally competent health services. But today I am here to represent and on behalf of the coalition against smoking in immigrant communities. This coalition is

comprised of community-based health and social service organizations seeking discretion of funds to support a citywide expansion of the tobacco use navigation model program. We are joined together in this effort to reduce smoking disparities in foreign born limited English proficient populations. This is an effort to using a model of lay community health workers with the skills to provide education and connect smokers to the smoking cessation services such as nicotine replacement. The cost of smoking and subsequent health issues is much greater than simply providing the interventions. We looked at some data, the cost of a round of lung cancer treatment ranged from $45,000 to over $100,000 for initial treatments while we are looking for funding to provide interventions on a one to one basis uhm for the roughly $100,000 that we are asking for our organization we can probably connect 200 smokers to smoking cessation services. So, we represent other organizations that are using the same model. Thank you.

CHAIRPERSON MARK LEVINE: I am so glad, that, that you came out to speak today. I consider Charles Wang to be uhm an outstanding example of the

kind of community based FQHC that has uhm unique competence in serving immigrant communities in this City. I am not sure if you were hear earlier when I was questioning the Commissioner on NYC Care but I, I really regret the fact that community-based FQHCs like yourself are not part of that plan because of your clear uhm really unique abilities to, to serve immigrants in the broader health context and I know that you are speaking out about smoking cessation and a lot of New Yorkers kind of tuned out on this issue after the Bloomberg Era when we didn't make a lot of progress. I think very few New Yorkers realized that we have had a backsliding on the overall smoking rate. It is actually picking up amongst adults and it does seem to be driven by even higher rates among immigrant communities and I am not sure if you mentioned this in your remarks, but do you have an estimate for the rate of smoking among adults in, in immigrant communities in general or any specific nationality groups?

KENNETH SHEA: Uhm I don't have the data with me. I think in the information that we provided uhm as back up, it is, that we have some data in

there but a lot of it as you said is driven the availability of illegal cigarettes.

CHAIRPERSON MARK LEVINE: Right.

KENNETH SHEA: We have patients saying that they are paying less than $3 which is astronomically different than what the other stores are selling them for.

CHAIRPERSON MARK LEVINE: That, where are they? Where are they buying?

KENNETH SHEA: Uhm we did an intercept survey for our patients that uhm just on the street and they are accessing them through chat rooms, uhm online type of communications. It's just, and just to verify, I went outside just looked on the street and the cigarette butts that you see on the street are not the ones that you would recognize from the drug stores or you know from the local, the local shops. They are uniquely different and I've recognized them from some of the packaging that I've seen from the overseas cigarettes.

CHAIRPERSON MARK LEVINE: And I want to raise some stats that our Community Counsel just showed me which is that smoking for Asian American men increased from 19.6% in 2002 to 23.5% in 2016.

Uhm, smoking prevalence for Mexican men was 21%, uhm and I have elevated stats for another of other nationality groups in the City, uhm so I think by focusing on the immigrant angle, uhm you are, you are zeroing in on a very, very, important priority and we thank you for that.

KENNETH SHEA: I appreciate it.

CHAIRPERSON MARK LEVINE: Please.

YUGEON KIM: Good afternoon. Hi, my name is Yugeon Kim and I am here to represent KCS, the Korean Community Services of Metropolitan New York. We are, we have been around for 40 years, we primarily serve the Korean American population but we also serve other immigrant communities here in New York City. We have five offices in the city including Brooklyn, Manhattan and Queens. So today I would like to ask for your support in reducing tobacco use among immigrant communities. KSC is also part of this Coalition. The coalition against milking in communities and we seek to implement a tobacco use navigator model citywide. The aim of this program is to reduce smoking rates in immigrant community through community education and linkage to care such as culturally and linguistically competent

tobacco cessation services. Uhm so in the, in the case of the Korean Community about 22% of Korean American men and 16% of Korean American women are smokers. While citywide smoking has declined in the past decade to 21.5% in 2002 to 13.4% in 2017, uhm under the leadership of New York City Council and the Department of Health and Mental Hygiene, smoking rates in immigrant communities have actually remained stagnant or even increased in certain communities. For example, in Asian American men, uhm smoking among Asian American men, we have seen in in 19.6% in 2002 to 23.5% in 2016. So, this City's efforts to curb tobacco use among different communities have not worked for certain populations with different needs. This is due to the cultural and linguistic barriers but also the cultural and social norms that exist in certain communities that inhibit tobacco cessation. So, especially for Asian American men when tobacco plays and important role in their socializing and their social lives, it is difficult to target such rates. So lastly, I just want to end by saying that we would like to thank and you know ask for your support in your commitment to help equity in all New Yorkers, especially for CBOs like ourselves and

others here, because community-based organizations such as KCS we have a long-standing ties with the community. We have to trust the community members and we have the acute knowledge of what the, the community needs so thank you so much for your time.

CHAIRPERSON MARK LEVINE: Uhm I'm glad KCS is participating and there is no doubt that you all are well-positioned in serve immigrants from the Korean Community and beyond. This coalition includes uhm groups that also serve Latin American immigrants or immigrants from Africa. That may be what we are getting to but it seems like it is a very diverse coalition, is that right?

YUGEON KIM: Yes, yes, it is. It is not limited to Asian American but we include various ethnic and so populations in New York City.

CHAIRPERSON MARK LEVINE: Okay.

YUGEON KIM: Which uhm, you know. Are all.

CHAIRPERSON MARK LEVINE: That is a great Segway, please take it away.

VANESSA SALCEDO: Hi, my name is Vanessa Salcedo and I am a pediatrician at Union Community Health Center in the Bronx and I also help direct

their wellness and health promotion programs and I am here with the coalition uhm and that's specifically perfect Segway. Our group wants to target the Latino immigrant population and we are going to use the same model the Tobacco Navigation Model and as a provider I really want to focus on this model and community health workers. When we see our patients, we don't have the extensive time to talk to our patients about motivational interviewing, the techniques that have been shown to work with smoking cessation and other chronic diseases so this is extremely important to see if this works in this community so it can be an example for other health problems that we are having in this particular community and not only we are talking about immigrants uhm and Hispanics particularly have high rates also of smoking. It is the second highest in New York City's but what's very interesting about Hispanic smokers is there more likely to make attempt to quit compared to whites but less likely to receive the counseling or medication. So this is very important, this is something we are going to provide and as a pediatrician I am also very interested in e-cigarette smoking and uhm vaping and as you may know the recent study in 2018 just showed

an increase rise of 78% of high school students saying that they have tried vaping or e-cigarette smoking and also an increase of 48% in middle school students, alarming rates as you know and this is proven to effect the development of the child's brain so with this money we also would like to pilot program with the schools that we work with. We have the school mobile health van that we want to work and provide these programs and education with the students.

CHAIRPERSON MARK LEVINE: Thank you Dr. Salcedo and we care deeply about the epidemic of vaping among teens. We did a hearing on this a few weeks ago that highlighted what is now identified as 30% being the teen vaping rate. Uhm this is extremely addictive chemical and we should all be alarmed by that and I am glad that you are including the epidemic of teen vaping under your purview of this campaign, that's great. Thank you.

DIANA NAZAAR: Good afternoon, thank you for the opportunity to present today. Sorry, my name is Diana Nazaar I am the Director of Education of the Northern Manhattan Coalition for Immigrant Rights. I am presenting on behalf of the coalition against

smoking in the immigrant communities. Through our organization an NMCAR has 35 years of dedication education and organizing and protecting the rights of immigrants through direct services, civic engagement and community organizing both in Northern Manhattan and the Bronx. NMCAR has joined the coalition against smoking in immigrant communities with a goal of reducing the increasing rates of smoking in foreign born populations, both Spanish speaking only and limited English proficient who report Spanish as their native language. Funding will allow an NMCAR the implementation of a fully bilingual English and Spanish tobacco use navigator model program targeting low income and working for immigrants from Spanish speaking Caribbean and Latin American countries living in Manhattan and the Bronx. With funding NMCAR will be able to augment our services to the community including smoking cessation, outreach, community education, awareness and support connecting smokers contemplating quitting through evidenced-based resourcing. My conducting culturally competent English and Spanish community workshops in partnership with our local schools, our local libraries and communities' boards. The NMCAR

navigator will be able to reach approximately 100 outside of our MNCAR client. So, we would start the program within our ESOL classes and classes along with our worker center education program and then continue throughout the community.

CHAIRPERSON MARK LEVINE: Thank you and have you also identified vaping as a challenging that you are confronting.

DIANA NAZAAR: We work with older adults. We have not had the outlook. We do have a lot of the workers from our worker's center that through jobs, through barriers that they face it is just one of the additional stressors that they use when they are trying to balance, the looking for work, dealing with all the barriers of raising a family in New York City. So, we don’t have vaping and the majority of our students are all about over 35 so we do not have that but we do have what was mentioned earlier that they are buying cigarettes that are coming from outside of the country.

CHAIRPERSON MARK LEVINE: So, so you've identified this challenge. It is a shared identified of the easily availability of untaxed, unregulated

cigarettes from I guess you would call it illegal markets.

DIANA NAZAAR: Absolutely, we see it because we see the multi-cartons at our center, when they are leaving our center and we just hear it through the conversations that when we talk to them about how you are using this or why are you smoking and what other things can we help you with to meet to hopefully help you stop smoking. That's when they talk about well it's fine, it's not a money issue because I am getting them through my cousin or an uncle that travels and may bring cartons from other countries.

CHAIRPERSON MARK LEVINE: Right. Okay very disturbing. But I'm glad that you and the other panelists are working to fight this. Thank you very much, great first panel to start on and now we are going to move to our second panel, uhm coalition of voices from uhm Project Charge which we look forward to hearing about, so we have uhm, sorry if I'm misreading this. Zahar (SP?) Ali from, from the Arab American Family Support Center. We have Jessica Lee from Korean Community Services. We have Louis Ali (SP?) from CACF, Jiam We from CPC. Jessica Lee and I

think I got everybody. We actually have, is it the same… Okay why don't you lead us off and maybe you can explain to us what Project Charge is.

LOUIS ALI: Sure. It's good to see you again Council Member. We met a couple of weeks ago at their rally for advocacy, for 50% ongoing campaign. Uhm my name is Louis Ali. I am a policy coordinator with CACF, Coalition for Asian American Children and Families. CACF leads Project Charge which was created in 2007, through a recognition that there needed to be a more of a concerted and coordinated to bring the Asian Pacific American Community together to address health issues impacting our diverse communities and today it is the collaborative of 12 organizational partners and a long-term project evaluator. But just to give a little bit of background for CACF, we have been around since 1986 as the nation's only Pan Asian Children and Families Advocacy Organization and leads to fight for improve inequitable policies, systems, funding and services to support those in need. We work with almost 50 member organizations across the City to identify and speak out on the many common challenges that face our community. Currently the

APA community, Asian Pacific American Community is grossly underfunded with the City's Health and Human Service dollars while City Council discretionary funding provides us the opportunity to be flexible, innovative and responsive to those community needs, City Agencies must keep reinventing their policies and approaches and contracting our health and human service funding. Consider that APA and lead in serving organizations receive less than 1.5% in public social contract dollars and CD foundation grant dollars and yet while many members have long relied on City Council discretionary funds to bridge the gap and continue to provide vital services in APA, ethnic, enclave in Council District Citywide, APA lead in serving organizations receive only 5.06% of City Council discretionary dollars. The model minority stereotype of the APA community obscures the real challenges. Almost 50% of Asian Americans ages 18 and over remain uninsured in New York City. The majority, 89% of Asian American uninsured in NYC are foreign born. Over 38% of Asian Americans receive Medicaid and this is the highest rate of Medicaid usage within racial and ethnic groups in NYC and Asian Americans face serious health disparities

across the nation with importantly high rates of Hepatitis B and diabetes so one of the recommendations that my coalition is providing in order to resolve these issues is to restore access health NYC initiative to $2.5 million that equips organizations to conduct education and outreach among hard to reach populations from our uninsured NYC and restore $1,923,658 to borrow Hepatitis prevention that stops the spread of Hepatitis B and C through services like care coordination, testing, sterile syringe access and addiction treatment and the rest of my colleagues can also explain a couple of our initiatives and programs under Project Charge.

CHAIRPERSON MARK LEVINE: Thank you and you know I share your belief of the impact of Access Health and the Viral Hepatitis Initiative but as so we will be fighting for those initiatives again in this Year's Budget and partnership with you and the coalition.

LOUIS ALI: Thank you.

CHAIRPERSON MARK LEVINE: Thank you, okay.

ZAHAR (SP?) ALI: Good afternoon, my name is Zahar (SP?) Ali I am the Develop and

Communications Manager at the Arab American Family Support Center, (AAFSC). At the Arab American Family Support Center, we have strengthened immigrant and refugee families since 1994. We promote well-being prevent violence, prepare families to learn work and thrive and amplify the voices of marginalized populations. Our organization serves all who are in need but with over 25 years of experience, we have gained cultural and linguistic competency serving New York's growing Arab, Middle Eastern, Muslim and South Asian Communities. In light of anti-immigrant rhetoric many of our community members are at high-end risk for experiencing depression, anxiety and challenges to their mental well-being. Additionally, immigrant communities face multiple challenges in accessing services including language barriers, limited education and resources and difficulty navigating in unfamiliar social service and healthcare system. Understanding these compounded issues, ASFC developed a mental health initiative, we now have five mental health specialists on site to offer services to youth, adults and staff in a culturally and linguistically competent manner. Each case requires a high touch point of service with

clients receiving our services regularly over a period of 9 to 12 months. We have made significant progress in promoting mental and physical health and well being for immigrants and refugees throughout New York City with the support and resource allocations provided by the City. However, we understand that with your help and resources we will able to continue filling the gaps in services for the 3.1 million immigrants living in New York City. Further, we know that our communities of Arab, Middle Eastern and North African immigrants are undercounted because they are not identified in demographic surveys. As such, it has been challenging to secure these appropriate allocations for these community members. In light of these observations, AF secretly acknowledges the increase in funding allocated to mental health services. Still the increases will fall short of providing necessary resources to provide ongoing mental health support. We respectfully request the City to restore $2 million to the Immigrant Health Initiative. This initiative helps to decrease disparities among all New Yorkers by improving access to healthcare, addressing

cultural and language barriers and targeting resources and interventions. Thank you.

CHAIRPERSON MARK LEVINE: Thank you very much. We are glad that you are part of this coalition and thank you for your focus on mental health issues as well. Thank you.

JIAM WE (SP?): Thank you Chair Levine and the members of the City Council for the opportunity to testify today. My name is Jiam We; I am the Director of the Multi-Social Services or CPC Manhattan Community Center. The Mission of the Chinese American Planning Council (CPC) is to promote social and economic empowerment of Chinese American Immigrants in lower income communities with more than 50 programs and over 30 sites across Manhattan, Brooklyn and Queens so that over 60,000 per year. In addition, we support the recommendations of Project Charge, a campaign run by the Coalition of Asian American Children and Families (CAACF) which CPC is a members of. We ask that $2.4 million be restored to the Healthy Asian Initiatives that promotes healthy behavior, detection of chronic disease, training to prevent injuries through exercise and education and stress management procedures. We also ask for the

support of the Access Health NYC Initiatives which is designed to target individual and families who are underinsured with limited English proficiency and are experiencing various healthcare access information about health coverage and options. It gives organizations like CPC the resources we need to connect of community's members with much needed insurance information and healthcare resources. CPC focuses on the enrollment of older adults who are Medicare and/or Medicaid eligible but face barriers to accessing the system including language and information and that first year of participating in Access Health Initiatives, target set was 180 and to date we have already enrolled 248 community members. The need for these services is great. At the same time in a climate for immigrant New Yorkers many community members have expressed concerns about whether the health insurance enrollment would impact their immigration status. Better access to insurance coverage means that our community members get better primary and preventative care and lower the usage of. It also means that community members do not have to make the same choices between getting needed medical care, buying the prescription and putting food on the

table. This initiative like Access Health, NYC and Healthy Aging Initiative are more important. For these reasons, we recommend continuing and growing the Access Health NYC Initiative and restoring $2.4 million to the Healthy Aging Initiative. Thank you for your time.

CHAIRPERSON MARK LEVINE: Thank you and you said that you've enrolled 248 people in health insurance because of the access health funding. That is a great return on investment.

JIAM WE: Yes, thank you.

CHAIRPERSON MARK LEVINE: That is really phenomenal to hear. Thank you for that news, please.

JESSICA LEE: Good afternoon uhm my name is Jessica Lee and a; I am a project coordinator and ACA Patient Advocator at the Korean Community Services. Uhm KCS has been providing the Korean communities services for over 40 years, since 1973. And specifically, we have been providing patient navigation and health insurance enrollment to the Korean Community for more than 5 years now and uhm, we've been providing these services in Korean, English and in Spanish. Many immigrant communities and NYC share similar stories of struggle, often due

to linguistic and cultural barriers that prevent community members from accessing the City's Public Health Services. This is particularly true for the Asian Pacific American Community of which 78% of the population and foreign born, healthcare access programs are compounded by other issues such as immigration status, really challenges, language barriers, cultural stigma and low utilization of primary and preventive care. Among Asian New Yorkers Koreans were more likely to be uninsured, specifically 17% compared to other Asian groups such as Chinese, Filipino and Indian, 11%, 11% and 8% respectively until a major health issues needs immediate medical assistance, a lot of Korean American Immigrant either push off enrollment in health insurance or underutilize preventative care services that are accessible to the community at low or no cost. The Asian Pacific American Senior Community faces even greater isolation going to high rates of English proficiency to illustrate the limited English proficiency rate of Koreans in NYC was 94% and almost three times the general population which was 33%. The City support for this particularly vulnerable population is imperative.

Uhm and this may we kindly ask that the City support the Healthy Aging Initiative that promotes healthy behaviors, detection of chronic diseases, training to prevent injuries through exercise and education and education to teach particular pain stress, fatigue management for seniors. Thank you.

CHAIRPERSON MARK LEVINE: Thank you very much and how do you explain the disproportionately higher rates of uninsured amongst Koreans? Is it related to documentation status? Immigration status?

JESSICA LEE: Yes, yes, immigration status and uhm we've seen a lot of limited English proficiency within the community so I think those are two of the biggest issues.

CHAIRPERSON MARK LEVINE: Well I'm, I'm sorry to hear that piece of data but I'm glad that you are focusing on it and uhm we want to support you in that effort.

JENNIFER LEE: Thank you.

CHAIRPERSON MARK LEVINE: Thank you and thank you to this great panel. Okay next up we are going to hear from uhm Maria Le Saldo, from NEMIC, Kelly Savatino from CHN, if I'm pronouncing this right, Natalie Enteriano (SP?) from Care for the

Homeless. Uhm Eva Kornicoff (SP?) from Pulmoc and Veka Harajo Hares (SP?) Veka Hares for Hannock. Maria Del Dagati (SP?).

MARIA LE SALDO (SP?): Good morning, thank you so much Council Member, it is a good to see you. My name is Maria Le Saldo and I am the Executive Director of Lower Manhattan Improvement Corporation (NEMIC). We are a settlement house serving approximately 14,000 community members that reside in upper Manhattan and the Bronx. I am here today to testify on behalf of the Access Health NYC Initiative. It has been a program that has given us the opportunity to educate and spread key health information in numerous communities around the five boroughs, especially immigrant communities with adequate distribution of resources for Access to Healthcare. As an awarding organization, we develop multiple literacy and outreach activities through which we educate the public about affordable healthcare options and immigrant healthcare rights while providing application and access support for emergency Medicaid, primary and speciality care, Medicare, health-care act and other health related and human services. The Access Health NYC Initiative

has been essential for us to access training, advocacy and collaborations with other community-based organizations to facilitate access to health, especially for those clients facing barriers such as limited English proficiency. In the past three years, we have conducted numerous outreaches for the Access Health NYC Initiative and our staff members have encountered many cases of families deprived of essential health services due to lack of awareness and other factors. For example, a family of asylum seekers from Honduras sought help from NEMIC. Among their multiple needs, access to healthcare for all was urgent, especially the father who has diabetes. They did not know where to start and lacked information about their rights to emergency Medicaid and Chip regardless of immigration status. NEMICs health navigator promptly met with them, educated them about their eligibility and assisted with the application process. These immigrant parents and their two sons how have health insurance and information about health options available to them in their neighborhood and throughout New York City. I am pleased to inform you that this family now has access to health resources in the language that they

understand. So, I am here today to ask for Access Health NYC Initiative to be refunded and we thank you for the expansion last year.

CHAIRPERSON MARK LEVINE: Thank you so much Maria for your work and for speaking out on this and for all that NEMIC does. Have you detected any? Uhm awareness of the Mayor's announcement of what he has called Universal Healthcare, amongst folks that you are seeking to enroll? And has that in any way impacted their willingness to sign up for one of the programs on the exchange?

MARIA LE SALDO: Well, we are very fortunate that NEMIC has been around for 40 years and so people do trust our Access Healthcare worker who is out there pounding on doors and really participating in many, many, many community events. We haven't seen such a large influx yet when it comes to the Mayor's announcement so it is something that we will definitely need to focus on and really promote.

CHAIRPERSON MARK LEVINE: And actual what I've heard from some providers is, is uhm not that it was opposed to enrollment but that uhm people were reluctant to enroll for the existing exchange plans

because of this nebulous view of something better being on offer from the City and that is actually not what is coming. Uhm what is being offered is not a substitute for any of the uhm current plans available. It's, it's a benefit for people who are not eligible but I know you are aware of that, I just want to be sensitive to whether there is miscommunication or misunderstanding that is complicating what is already a difficult challenge in enrollment but it doesn't sound like you have encountered that yet.

MARIA LE SALDO: No.

CHAIRPERSON MARK LEVINE: Okay good to know. Thank you.

KELLY SAVATINO (SP?): Good afternoon, thank you Chairperson Levine for the opportunity to speak today. My name is Kelly Savatino I am the Public Policy Manager at Community Healthcare Network. We are a network for 14 federally qualified health centers throughout Manhattan, Queens, Brooklyn and the Bronx. We serve about 85,000 patients annually, provide primary care, behavioral health and a fully gamut of services. Our mission centers on the delivery of quality healthcare and the

adaptability of programs and services to meet the needs of our patients. Over the past several years we have been able to substantially increase the scope of our services due to generous support from the City Council, briefly go over and then have a comment be about the Mayor's OIC Care program. As an organization with roots in family planning, we provide comprehensive internal child healthcare. In 2018, we provided 53,000 patients with family planning services ranging from preventative screenings, to contraceptive counseling and prenatal and postpartum care. For infants and children, we provide the full scope of primary care through a pediatric department. All of these efforts are supported by the maternal and infant health initiative through the City Council which we have used to fund lactation counselor training providers and coordination of prenatal services for our patients. It also supports our annual More Than Just Sex Conference which is hosted by our team's pact program which empowers teens to prevent unintended pregnancies and STIs. This funding is critical in the wake of federal tax and the integrity of family planning service and we hope this funding is restored

this year. We also work with the City and are supported by the City through its viral Hepatitis Preventative Initiative to support HCV testing, counseling and linkage to care and this year we plan to expand that to our Long Island City, East New York, and Upper Manhattan Health Centers. We also remember coalition against smoking in immigrant communities and are hoping to increase our scope of services for tobacco and e-cigarette cessation services by hiring a new tobacco use navigator which would connect patients to resources and help them move through the healthcare process. Uhm and that panel testified earlier today. We are also a recipient of the City's Access Health Initiative which supports our outreach efforts among underserved communities through social media campaigns, PSA videos, education pamphlets and other social media outreach services. And finally, we encouraged the City to include in the Mayor's NYC Care Plan. We think it is critical. We are another source of primary care. We retain strong ties with our communities and we urge the Council to review the overall structure in the Mayor's Plan to promote ways to avoid uhm duplicative reporting requirements

relying on coordination and the combined infrastructure of HCs and QHCs continue to work together. So, thank you for the opportunity to speak to them.

CHAIRPERSON MARK LEVINE: Thank you very much and thank you for mentioning the need to get the FQHCs end the Mayor's Plan. The last piece I didn't totally catch so, the reporting challenges you mean related to uhm say referrals for speciality care to H and H. Is that what you were talking about?

KELLY SAVATINO: Yeah just making sure that by including FQHCs ideally in the plan that all of that information about referring and care is integrated in that FQHCs are included in that conversation and the way that information is shared.

CHAIRPERSON MARK LEVINE: I couldn't agree more. There is, there is no reason why when everyone has got electronic databases going, they can't just talk to each other and that would be good for patients and would make it easier for you to provide care. So, we definitely will, we share that as a priority. Thank you.

KELLY SAVATINO: Thank you.

CHAIRPERSON MARK LEVINE: Please.

NATALIE ENTERIANO (SP?): Good afternoon Chairman Levine. Thank you for the opportunity to participate in today's Budget Hearing. My name is Natalie Enteriano (SP?). You said that right, and I am the Policy and Advocacy Manager at Care for the Homeless. Care for the Homeless is the oldest and largest provider of medical and mental healthcare exclusively to people experiencing homelessness in New York City. We operate 23 federally qualified in state licensed Community Health Centers in four boroughs. We treat about 8,000 client and about 46,000 visits. We never turn you away because you don't have health insurance, or cannot pay or don't have documentation. We are here today to advocate for continued support of the citywide access health initiative. Care for the Homeless operates a highly successful citywide payer outreach program with the health of this initiative. A program trains and employs currently homeless peer outreach specialists to look at vulnerable people not accessing healthcare system and bring them into services. Our model is for multiple context with the potential patient including following up to give them 2 appointments, helping them with preventative ongoing healthcare,

accessing appropriate social services, health education, activities and trainings. Our patients for a variety of reasons are often suspicious and reluctant to access care of their poor and vulnerable most often have chronic medical and mental health issues and they take longer to serve. Our peer outreach programs are adaptive finding and connecting with our target population. They can communicate and build trust that others aren't able to duplicate. Bringing vulnerable people into healthcare is not just the right thing to do it addresses three major healthcare concerns, providing access to people not accessing primary and preventative healthcare, improving healthcare outcomes and saving public resources. Last year, it appeared outreach program brought more than 1000 unstably housed individuals into appropriate medical and mental health care, thanks for the increased funding for the access health initiative in the current physical year. We are on target to increase that number. We have also been able to offer every specialist full time positions. We have increased the technological capabilities of the program and we have been able to create strong relationship in neighboring

communities. Healthcare problems result in homelessness and homelessness certainly causes healthcare problems. For many people experiencing homelessness, appropriately addressing healthcare is the first step in transitioning out of homelessness. We want to thank your allies on City Council for continuing to fight for access to healthcare for vulnerable New Yorkers.

CHAIRPERSON MARK LEVINE: Impeccable timing. I wish some of my colleagues could learn from your example.

NATALIE ENTERIANO (SP?): I might have practiced.

CHAIRPERSON MARK LEVINE: So, the 23 FQHCs that you manage, that you run, are these embedded in shelters or are they stand alone?

NATALIE ENTERIANO (SP?): Correct they are co-located. Yeah so, we are drop in centers, soup kitchens and shelters.

CHAIRPERSON MARK LEVINE: So, it's, you are, primarily exclusively serving individuals who are in the shelter system?

NATALIE ENTERAIANO (SP?): Correct, experiencing homelessness, unstably housed, they can be in supportive housing.

CHAIRPERSON MARK LEVINE: And what about the unsheltered homeless who are not at a shelter?

NATALIE ENTERIANO: And we do have that, so about 20 about 20% are street homeless right now. Uhm from the people that we serve. The most, most of what we serve is people in shelter but about 20% are street homeless.

CHAIRPERSON MARK LEVINE: So, then the street homeless are making their way into one of the shelters for purposes?

NATALIE ENTERIANO: Into the soup kitchens. So, a lot of our…

CHAIRPERSON MARK LEVINE: Into the soup kitchens.

NATALIE ENTERIANO: So, a lot of our, a lot of our open access sites are in soup kitchens so we go where homeless people congregate. Uhm and our biggest centers are in those places.

CHAIRPERSON MARK LEVINE: Okay, such important work, thank you

NATALIE ENTERIANO: Thank you.

EVA KORNICOFF (SP?): Uhm good afternoon, my name is Eva Kornicoff (SP?). I am the Executive Director at POMOC Polonius Organized to Minister to our Community. And this is a first for me. We are also first year worthy of the New York.

CHAIRPERSON MARK LEVINE: What does POMOC stand for again?

EVA KORNICOFF (SP?): Polonius Organized to Minister to Our Community.

CHAIRPERSON MARK LEVINE: Oh, I see.

EVA KORNICOFF (SP?): A very long name that's why we used the acronym. It is our first year, we are proud of the initiative and I would just like to say a few words how this initiative impacted our uh, our operations. We've bee around for almost 40 years, we are a direct service provider. This provider, we've seen on an average 3000 clients. Hopefully with this initiative those numbers will be a lot higher. Our target population is the Polish Immigrant Community and other Eastern European uhm immigrant communities of New York City. It is a difficult community, difficult to reach, because of this funding we were able to hire additional staff and do a lot of excellent outreach. As I speak

today, we are conducting two presentations and workshops this week so this funding is really crucial. What we see is that uhm people lack of information, limited resources, of course the language barrier, the cultural barrier. It is very difficult for people to find the correct information and learn how to navigate the system. This is where this funding is really crucial because our outreach staff goes out into the community and really educates the community on what the healthcare system is all about? How to navigate it? And how to avoid certain, certain misguided information, mistakes that people commit? Like the whole issue of public charge right now is, is very, very uhm I would say important in the immigrant communities and people have no clue what is happening and what will happen should they continue? Should they not? Should they enroll? So, this funding is again, I stress the word crucial for us to continue that type of work in the community and we hope the City Council will refund.

CHAIRPERSON MARK LEVINE: We are, we are glad that you are part of the initiative and we are definitely fighting to continue the funding. So?

(SPEAKING ANOTHER LANGUAGE.)

EVA KORNICOFF (SP?): (SPEAKING ANOTHER LANGUAGE.)

ENRIQUE: Okay, Good afternoon. My name is Enrique I am the Administrator at HANNOCK. I am here to testify for the Budget 2020, request for $2.5 million. This funding has enabled us to create a more activities since 2015 in which more than 4000 clients who not eligible for insurance. As an entity we have explained to citywide residence about healthcare of choice and healthcare rights. Additionally, our program provides instructions on completing emergency Medicaid applications. We have given referrals for primary and speciality care centers. Our access program goal is to expand and bring more vocational activities to New York City residents. Because of involvement in healthcare in New York City is too high for illegible residents and it is even higher for individuals who are not eligible for healthcare insurance. The healthcare insurance policies are based on income and family size. There are groups within our communities who are not able to provide proof of addresses. Take for instance, the homeless or some employees who are not aware that they have options even they cannot provide

proof of income. The City because preventing sickness we are preventing expenses as well. I would like to take advantage of these and save our healthcare insurance and policies since our communities, they don't understand these. They do not know about their rights and they don't know how to get access to these. Unfortunately, in the Spanish community English can be a problem and the medical centers, they don't provide enough interpreters to help the community. I witnessed it by myself, I had to go to the emergency room because I got injured in the gym. I, being part of this initiative, we provide healthcare insurance every week to the community. Unfortunately, to get access to the specialist it took at least three weeks and I was dying with this hernia problem and it seemed like the system didn't care about it, calling insurance, calling my own company to seek help. So, this problem faced our community every day and City to support immigrants as well. Thank you for your time.

CHAIRPERSON MARK LEVINE: Thank you Enrique and I'm so sorry you had to go through that both from a medical and even worse.

ENRIQUE: No but it was sad because you are not aware of what you have or if you have injury you never expect to go to the emergency room but now to me there is an understanding with the group that we work every day because I am able to speak English, I will say fluently but actually the system they don't really care if you are good or not. Before I was here, we had the best assistance in the country probably we can have the best doctors in the country but we need social services, we need more social workers to support this technology in this group. Okay. Thank you very much.

CHAIRPERSON MARK LEVINE: Thank you for this panel.

ALL: Thank you.

CHAIRPERSON MARK LEVINE: Okay we have Anthony Feliciano on the Commission on the Public Health System, Herico Hatanaka (SP?) from JASI, Juan Pensone (SP?) from CSS, Gwen Perisome (SP?) from, she is listed as access health but and Selwin Chan (SP?) from the New York Immigration Coalition. Welcome everybody. And Anthony would you like to kick us off?

ANTHONY FELICIANO: Okay, good afternoon, I'm Anthony Feliciano, I'm the Executive Director of the Commission on the Public Health System. We are a citywide health advocacy organization. Uhm I'm going to talk about two important initiatives that we always address in terms of our work but also some of the other things that we support from our Coalition partners, uhm working on access to healthcare issues. Let me just state that everything that we talk about gets threatened by the way the Federal Government is proposing cuts. Uhm, the Trump Administration in terms of the directing the fees around public charge makes every more important that we have to invest in safety net programs and services and initiatives that actually protect our communities. Uhm so it leads me to really talk about Access Health NYC which we support to be funded at $2.5 million. This is not really an initiative that has really built capacity for CBOs. It allows for four or five leads to work in tandem with over 31 community-based organizations to address access to healthcare issues from two levels. From the issue of coverage but also in terms of knowing their rights. And for us at CPHS we provide the educational material around knowing your

rights pieces but it is work in tandem with the CBOs in terms of what they see as important in terms of issues and initiatives so this is critically important particular given the way the Federal Government is. Including I want to add to also about NYC Cares and you have mentioned before I think to see we are going to have to address a lot of challenges that are happening around timely clinical and speciality appointments. Uhm in addition, community-based are the primary brokers to engage in making these aware of NYC Cares and that initiative should connect to hundred of thousands of New Yorkers but we need to make sure that the CBOs and FQHCs are involved in that outreach and awareness because all we can do is have more confusion or not ensure that there is navigation around the system. I also want to issue the public hospital system in terms of ambulatory care and the general health clinics and making sure that subsidies continue being there given the way that we have inequitable funding streams coming in, particular to safety net facilities like the public hospitals and then I just want to add to the Health Women, Health Futures Program which we support and we work with which is a doula program,

really expands looking at prenatal and perinatal care. The other area is on mental health needs that we want around children under 5. We support for an increase there and then the other part is around the TB initiatives. We want to make sure that there is a site increase and really do the pilot program the CBOs want to do around outreach and uhm clinical care. And it is a critical point because I've seen over time given the infant mortality and TB when you have funding cuts or no increases, you start seeing a spike in the TB and also see a spike around infant mortality. So that pro… shows us that it demonstrates that CBOs are critically important to connect people to care but also around dealing with the conditions that keep them safe or not getting the, the well care that they need. Thank you.

CHAIRPERSON MARK LEVINE: Thank you very much and among the many important points that you raise is that with the NYC Care we are trying to reach a population that has been resistant to interacting with institutions, partly because of the climate of fear created by the horrible rhetoric coming from this president and we are going to have to work very, very hard to make people comfortable

with enrolling in a program like this and the people, the organizations that are best suited for that are the CBOs which are already on the ground in the relevant communities who have built the trust, who have language capacity of cultural sensitivity and it really is unfortunate that they are not currently built into the plan and uhm as you heard before it's a major priority of mine, oh we are just not going to reach who are in need which would be an enormous wasted opportunity.

ANTHONY FELICIANO: Can I just mention that I think part of the issue has been over time we bulk up on piloting initiatives like this get all the marketing go out and then we stop. There is not a continual strategy of making sure programs additional, particularly if there is where it is made for options and merge and come into that well. So, you really need to not do it sporadically, you really need to engage in a consistent basis.

CHAIRPERSON MARK LEVINE: Totally agree, thank you for that. Please.

SELWIN CHAN (SP?): Good afternoon Health Care Commissioner Chair Levine, my name is Selwin

Chan (SP?) and I'm the Senior Manager of Health Policy at the New York Immigrant.

CHAIRPERSON MARK LEVINE: I am not quite the Commissioner yet but thank you.

SELWIN CHAN (SP?): Oh, sorry.

CHAIRPERSON MARK LEVINE: Chair, Chair will do just fine

SELWIN CHAN (SP?): Sorry, I am here to talk about Access Health and NYC Care, similar to NYC is an advocacy and policy umbrella organization for more than 200 groups across the state working with immigrants and refugees. Now, in its fourth year the Access Health NYC Initiative has more important than ever, especially thanks to the enhancement in Fiscal Year 2019 to $2.5 million champion by you Council Member Levine. The need to maintain this funding at its current level is made evident by the success of initiative highlighted today by my co-panelists. I would like to talk about, take this opportunity to talk about NYC Care. There are estimated 600,000 New Yorkers without health insurance, half of whom are undocumented immigrants, coming from an immigrant family where my parents were without healthcare for 25 years, I know what this feels like. While we are

enthusiastic about the potential of NYC Care the details of the program have yet to be ironed out. We urge the Council to provide close oversight to ensure a transparent and timely roll out process. The Mayor proposed $25 million in Fiscal Year 2020 for the initial roll out starting in the Bronx, $200 annually at full scale by Fiscal Year 2021. Our understanding is that H and H currently serves less than ¼ of the estimated 600,000 total uninsured New Yorkers. Given that H and H is the sole entity that will provide services under NYC Care additional funding is absolutely crucial to provide care to a larger number of patients. We also urge the City to reexamine the current ramp up timeline to make NYC Care available citywide by 2021. This timeline can be accelerated because of the demonstrated success of the City's own Action Health NYC pilot. Finally, the current Plan excludes community-health centers that service patients at medical homes for so many immigrants New Yorkers today. It is hard to imagine a truly successful effort to guarantee comprehensive health access that does not include providers beyond H and H. We have a lot more details in our written

testimony, one last note that New York Immigration Coalition firmly supports the TB Initiative.

CHAIRPERSON MARK LEVINE: This was a stat that I hadn't heard that is very, very important. You said that only ¼ of the 600,000 uhm uninsured adults in New York City are currently receiving treatment at the H and H facilities is that right?

SELWIN CHAN (SP?): It is our, it is our estimate, our understanding that it is less than ¼.

CHAIRPERSON MARK LEVINE: And that is so important because the entire design of this NYC Care Initiative is focused on people who are getting repeat services at H and H without health insurance. That is who they are planning to communicate to. That is who they are hoping to steer to primary care which is very important but that is then leaving 75% of, of those in need without any outreach at all and so uhm it's one again affirmation of how critical it is the get the kind of CBOs, community-based FQHCs who presumably are serving many of the other 75% uhm integrated into this program but that you for that very, very important angle, stat that I didn't know.

SELWIN CHAN (SP?): Thank you.

CHAIRPERSON MARK LEVINE: I appreciate that. Juan.

JUAN PENSON (SP?): Hello, Chair Levine, thank you for the opportunity to st… to testify, uhm my name is Juan Penson (SP?) I'm the Director of Health Services at the Community Service Society and today I am urging the City Council to restore funding for New York City Managed Care Consumer Assistance Program which was an initiative that operating the City, funded by the City Council between 1998 and 2010. Uhm it helped basically New York City residents now only navigate the healthcare system but resolve any problems that they had with their health insurance. With this period, the program served around 137,000 residents, regardless of the type of coverage. We did notify boarders throughout Grass Root, of 25, 26 CBOs lead by CSS. Uhm so why is my cup important. So, the State as you know that has made a lot of progress in uhm reaching and connecting the insured and coverage since implementation of the ACA. Today the uninsured rate is half of what it used to be prior to the ACA. Uhm yes there are still a lot of people who are uninsured about 1 million in the state and 600,000 of those living in New York

City. But the truth is that the State and the City has made investments to tackle this problem, of course more could be invested. My colleagues already talk about Access Health NYC which you know we are a part of and I strongly support and it is a program that has been very helpful in granting funding to the CBOs to educate and to reach populations to health insurance to resources including the health in almost 90,000 health insurance, 500 of which are actually funded by the State and those enrollers have enrolled almost 4.7 or more than 4.7 million New Yorkers in health insurance within New York State. But we believe that the City could be doing more to invest in problems like NICA, there is still a little financial barrier that consumers face in accessing care, uhm that, were in place before the ACI and still continue to be a problem for New York City Consumers. A new survey in 2019 found that 52% of New Yorkers cannot afford their co-payments, their deductibles, medical bills and that number in the City is 59%, 10% higher than other places than the State. So people need this help, people need help with their billing disputes, people need help as insurance denials, applying for hospital financial

assistance, applying for problems lower than prescription drugs so respectfully as New York City Council to support restoring $1 million in funding for speaker's initiative to make sure that both insured and uninsured residents in the city have a place to turn when they have a problem with health insurance.

CHAIRPERSON MARK LEVINE: Uhm this initiative was before my time but it is called the Managed Care?

JUAN PENSON (SP?): Managed Care Consumer Assistance Program.

CHAIRPERSON MARK LEVINE: Uhm and the acronym is MCCAP?

JUAN PENSON (SP?): MCCAP, that's correct.

CHAIRPERSON MARK LEVINE: And this was discontinued in 2010?

JUAN PENSON (SP?): 2010, yeah. The City Council defunded the program, there was, it was mainly because of the recession, you know, there were limited resources and it, but it was a program that was very effective as I stated before, I helped about 90,000.

CHAIRPERSON MARK LEVINE: And not covered by Access Health Services?

JUAN PENSON (SP?): So, we, we do get some funding from Access Health to provide these services through our headline. The basic guess is that consumers all over the state, including New York City's Residents but there is not enough funding to have CBOs doing this work on the ground so that is why basically why we are advocating for it to make sure that you know, before we had 26 CBOs doing this, uhm providing these services. The issue that we bring you know some of that capacity that, that we lost in 2010 because there is really a great amount of help that is needed to help people you know basically fight insurance companies.

CHAIRPERSON MARK LEVINE: It sounds like a great initiative; I would like to talk to you further about how we can bring it back.

JUAN PENSON (SP?): Thank you.

CHAIRPERSON MARK LEVINE: Thank you for speaking. Gwen please.

GWEN PERISOME (SP?): Hi Chair, my name is Gwen and I am with FPWA, when it was FPWA I am going to speak a little bit about Access Health

although a lot of great groups have already talked about this. I am going to add a few more numbers on impact. So, in addition to some of the enrollment numbers that you have heard about, uhm Access Health Members have conducted over 1250 workshops around Know Your Rights and Health Education information to over 22,000 participants across the City. This is 31 organizations. In addition, they are making over 11,000 referrals and counting to navigation to health and hospitals, to community-based organizations, primary care and speciality and this is despite the fact that, so last year, we saw an incredible increase of more than doubling the initiative members. Uhm and for new organizations to start ramping out outreach it can take a few months to do this work so they are already out pounding the, connecting with community members, uhm even using for example, uhm partnering with free tax clinics to find people who need help enrolling and understanding uhm their healthcare needs so we would love to see that this initiative continue and in addition uhm NYC Care I want to make a note that in our evaluation efforts we are hearing from Access Health members that community members are already coming to them with

questions and confusion over how the NYC Care Program works and so we echoing a lot of the cause for Council support in the, in making sure that this is timely, efficient and well-funded this enrollment and like the, the execution of this program. Finally, as part of the end date 2020 Coalition, FPWA urges the Council support of age priorities relating to the end, ending the epidemic by 2020 goal including the tuberculosis coalition's ask of increasing by $6.3 million to city funding for the Tuberculosis Control Bureau.

CHAIRPERSON MARK LEVINE: And I regret that I didn't ask the Commissioner for an update on uhm TB numbers. The last data that I had showed a 10% increase in the City. But those numbers might be out of date. Do you have any indication on whether the number of cases has continued to rise?

GWE PERISOME (SP?): Uhm thanks to so, Treatment Action Group is going to, I know will also be speaking to this but to my knowledge, thanks to the self-funded Department of Health uhm increase in funding of $2.4 million last year, that was directly related to a decline in cases; uhm however, in terms of continuing to make sure that tuberculosis uhm is

not an ongoing escalation like in the City, we really need to make sure that the Department of Health isn't shifting funds away from other public health epid… epidemics and crisis and so that that's why a part of life we really urge support uhm from the Council.

CHAIRPERSON MARK LEVINE: And this is the mistake we've made in the past with TB which is we, we win some games, the rates decrease and then we start pulling back on funding and by the time we start to adequately fund it again, rates are in the rise. It is particularly worrisome now because this is, a disease which affects people who are really on the margins, predominantly immigrants living in substandard housing and tight quarters. Folks who in the Trump era are uhm often going to be scared to seek out medical treatment and we really need to redouble our efforts in reaching out to them, getting quick diagnosis. We need the check centers around the boroughs open and uhm making sure people get into treatment uhm who need it. So, thank you for, for, everything that FPWA does and for advocating on TB as well.

GWEN PERISOME (SP?): One thing that I just want to add that my colleague just pulled up for

me is that new diagnosis of tuberculosis declined by 8.8% in 2018, and uhm the Coalition in discussion uhm has shared that we think that that is directly relate to that uhm previously mentioned, increase in funding, so uhm in order to keep making sure that we are controlling this. We accolade what you were just speaking about.

CHAIRPERSON MARK LEVINE: That's a great victory and we want to keep it going. Thank you very much Gwen and thank you to this great panel. Next up we have Kendra Okay (SP?) from Health People, also Chris Norwood from Health People, okay I'm having a hard time reading the handwriting but Divine, the second name I can't read, the last name is Alla from the Coalition on Positive Health Empowerment and Gail Brown also from the Coalition on Positive Empowerment. Do you want to kick us off Gail?

GAIL BROWN (SP?): Sure, first thank you for allowing us to speak.

CHAIRPERSON MARK LEVINE: Sure, and your microphone.

GAIL BROWN (SP?): Okay my name is Gail Brown and I'm from the Coalition on Positive Health Empowerment and I am here to urge you to fully fund

the Unified Viral Hepatitis Fiscal Year 2020 Budget proposal and to also pass a resolution calling for New York City to commit to the goal of eliminating viral hepatitis. Uhm and that is in alignment with the World Health Organization because their goal is to eliminate viral Hepatitis by 2030. There is cures for hepatitis. The price has dropped considerably and there is no reason for New York City not to be in the forefront of the fight to eliminate Hepatitis C. Right now, we know there are 116,000 people in New York City infected with Hepatitis C and curing these people gives them a chance at life. Without treatment people infected with Hep C run a high risk of cirrhosis, liver cancer and death and at uhm COPE we have our boots on the ground. We do the work out in the communities. We are not in the health centers but we are in the communities where people are not getting the help that they need. We work with the people who are most challenged accessing healthcare. Particularly accessing a cure for hepatitis C. these are the people with substance use issues, people with mental health issues, the homeless, those who lack insurance and other issue that making accessing care challenging. And we help those people to overcome

any barriers that are in the way of accessing the cure and we actually get on the corner, we meet them on the corner, we meet them on the street, we meet them at the methadone clinic, we meet them at their home, wherever they are, the shelter, we show up and we walk with them each step of the way until they are cured and that's why we need to fund the viral hepatitis budget this year because it is so important to have the people on the ground. New York City is doing a really great job of curing all the people and getting to all the people who are in healthcare and that we need to get those people who are not showing up that they don't go to the doctor and they don't go to the hospitals. So those are the people who are trying to. And just really quick I just want to tell you people are still dying with Hepatitis C. I was at a funeral last month of a close friend of mine who was not able to access the cure and a number of years ago before the new treatments were available my brother-in-law passed from this virus so it is a very close issue to my heart and it's really people don't need to die anymore. People can live healthy lives and the cure is 8 weeks, that's it, 8 weeks. So, thank you.

CHAIRPERSON MARK LEVINE: Thank you for the work that you are doing. Which is, it's the critical ingredient really. It's the kind of outreach work that you are doing, education, peer support that we have to focus on like a laser, uhm I share your belief that the Health Department should just pick this up. It really feels like core, it's like a core government service that they should be funding, but in the meantime I'm glad the City Council has the Viral Hepatitis Initiative uhm to fil that gap and we will definitely be advocating for it to be refunded and hopefully grow. Thank you, Gail.

GAIL BROWN: Thank you.

CHAIRPERSON MARK LEVINE: And uhm Mr. Alla (SP?) would you like to.

DIVINE ALLA (SP?): Peace everyone. I'm Divine Prince Alla (SP?) I'm with the Coalition on Positive Health Empowerment and to the esteem members of the New York City Council I am Divine Prince Alla (SP?) Community outreach worker, interior navigation advocate for the Coalition on Positive Health Empowerment and my purpose here today at the New York City Council Health Committee hearing as a representative for our agency is to deliver my

testimony on the need for all the Council Members to approve the Unified Viral Hepatitis Fiscal Year 2020 budget proposal set before you. Whereas discourage about Hepatitis continues to be a public health priority that requires the concerted efforts of individuals and all the healthcare and public health agencies united here today. COPE is fully committed to its partnership and advocacy at all levels and in every community in this campaign's initiative to continue and increase funding to maximize the effectiveness of our work in fighting viral hepatitis in New York City and throughout the State of New York. More than 200,000 New Yorkers, pardon me, are living with chronic hepatitis C virus infection which can lead to severe liver disease which now accounts for more deaths each year than HIV/AIDS nationwide. Most people with chronic HCV can be easily cured with treatment that became newly available. However, many do not know the status, do not know their status and are not connected to the care that they need. Our organization COPE bridges to gap in chronic healthcare management for people not getting the essential care they need primarily yet not limited to the underserved communities of color in New York

City. I also seek in this testimony to opportunity to bring forth an awareness that the current opioid crisis in New York City has added to the need for this proposed funding so that we can also address the growing rate of Risk Behaviors which have made the possibility of HCV and HIV infections as well. Reality, I Divine Prince Alla (SP?) strongly urges the New York City Council to fully fund the Viral Hepatitis Fiscal Year 2020 Budget Proposal and in so doing to also pass a resolution committing the City of New York to goal of HPV and HCV elimination here throughout our state and nationwide. We at COPE thank you for your time.

CHAIRPERSON MARK LEVINE: Thank you sir for testifying and more importantly thank you for your work with peers. I know they are benefiting from, from your service leadership, we appreciate that. Thank you. Please.

KENDRA OKAY (SP?): Good afternoon Council Member Levine and thank you for having us today. I'm from the organization Health People. I am, my name is Kendra Okay I am also the CEO of Cross Television Live at Bronx Net Television and Leman College. And weekly we talk about situations with

diabetes. I am a type 2 diabetic. I have also had Chris Norwood the Executive Director of Health People come up with a group of folks to treat foot care to prevent the high rates of amputation. I am a diabetic for 23 years, I am 49 years old. I now have neuropathy and numbness in my fingers, mostly throughout the day, my legs and my feet. I have had several laser surgeries on both eyes and more scheduled. I am getting very concerned about the high rate of diabetics that are going through so many chronic diseases from this one disease and that there is no educational training out here yet. There is no funding, no money for CBOs like Chris Norwood so that we can reach the people in our community. I have dedicated my television show at Leman college so that we can outreach and teach people how to live and be better diabetics but we still need funding. I would like to ask Council if they listen to uhm and hear all of the concerns that we have. I am currently now dealing with a head wound that won't go away because I am a diabetic and we are looking at surgery because it started from just one small circle and we are taught at Health People right away that you have to go a physician when you get any kind of wound and if

it was not for that I may not be here. So, I just want to say that I am so grateful to Health People. Being with Health People I've lost over 40 pounds. If I had not joined Health People and they have not taught me how to eat better and to live better, I still may not be here.

CHAIRPERSON MARK LEVINE: Thank you uhm for what you've done with, with Health People and for people living with diabetes. I've had, I've had the benefit of hearing you testify before and it is always informative and. And.

KENDRA OKAY (SP?): Thank you, thank you.

CHAIRPERSON MARK LEVINE: We really appreciate what you've done and you certainly deserve support from the City.

KENDRA OKAY (SP?): Yes, thank you very much.

CHAIRPERSON MARK LEVINE: We will continue to advocate for that.

KENDRA OKAY (SP?): Thank you, God Bless you.

CHRIS NORWOOD: Uhm thank you Chairman Levine New York's Excessive Diabetes calls for Medicaid patients are the highest in the nation. A

staggering $15,366 extra per year for each Medicaid patient with diabetes. The City of course contributes billions to these costs. I really want to thank you Mr. Chair and the Council Members for the previous hearing on diabetes and also reducing sugar consumption and especially for introducing uhm Legislation 1361 to which the Department of Health itself is now agreed that will assure, assure the Department actually makes it first plan to control and address the New York City Diabetes Epidemic. However, we have just been through the sad occasion of yet another Commissioner in another Budget Hearing not mentioning once the word diabetes which is the City's most prevalent disease, now with 16% of adults. We have a $1.6 billion Budget without one diabetes line in it. Clearly, we are going to have to depend on the City Council because funding has to be part of the solution. All of these complications which so drive and cause the diabetes are substantially preventative through self-care, education, even after people get diabetes. We, ourselves who special state District funding, well it's not the State but anyway have been able to put 1400 diabetes on Medicaid and self-care education.

That funding runs out next year but most of all, you know a few organizations who have gotten District funding to do something that really works is not a plan. Last year, the Council asked the Department of Health to devote just $1 million to diabetes education like this. The Department refused. This year, please ask them for $3 million and we can set up throughout the City the same kind of peer education at Community Groups which we know and they know is so effective in fighting epidemics like AIDS, like Hepatitis and now use this powerful model to bring down both the human and financial costs of diabetes. Thank you.

CHAIRPERSON MARK LEVINE: Thank you so much for brining that up and you are right that the Commissioner did not mention this very serious disease and is there anyone left from DOHMH in the room? If not, that is really very, very unfortunate. I am sorry they are not here to hear your very powerful relevant remarks and the remarks of all of you who are testifying. We are going to speak to DOHMH about not having someone here. Uhm and uhm either way make sure that they loud and clear hear your message and my message that we need to up our

game in battling diabetes in the City. Thank you very much and thank you to this panel.

ALL: Thank you.

CHAIRPERSON MARK LEVINE: Okay we are, we are going to ask the next panel to, including Andrea Bowen (SP?), Shay Huffman, Brittany Brathway (SP?), Cecelia Hedin (SP?). We are running out of chairs here, William Robertson, how are we doing on chairs? Joseline Castillo, how are we doing there on chairs, folks? Uhm, I'm going to see them, see if we can squeeze in two more, uhm Sasha Kaladcan (SP?) and finally Jessica Gwoman (SP?). We wanted to get a large group together here because I think most or all of you are speaking on a critical topic which uhm has not gotten the attention it needs in today's hearing, uhm which is the health of, of our fellow New Yorkers of trans-experience and I am very happy to have uhm this level of expertise arrayed on this critical topic and Andrea I will ask you to kick us off.

ANDREA BOWEN (SP?): Thank you Council Member, I am Andi Bowen, Principal of Bowen Public Affairs Consulting. I am a transwoman and a coordinator of the Trans-Gender Non-Conforming and Non-Binary or TGNCNB Solution Coalition which

advocates for Community-based economic justice and an anti-violence strategy to support TGNCNB New Yorkers. Thank you Chair, Council Members and staff for giving me the opportunity speak. I am joined by Community Members to present to you the need for three major funding items we would like to see for the City's FY 20 Budget. Because these are public health oriented and because of your support of TGNCNB Health Needs we wanted to present them to you. To summarize and there are long explanations in a fact sheet attached to my testimony, we seek five TGNCNB Community Health Outreach Workers at a cost of around $470,000. H and H has been hiring for three community outreach workers for the remainder of FY19 that will support TGNCNB people in finding affirmative care and we want to see this program extended into FY20 and expanded to five for better coverage across the City. We seek TGNCNB technical assistance funds at about $59,000. Our community has spoken extensively and we will explain in this hearing about specific failures in the health system, funding should be provided immediately to address these concerns. Uhm Community Outreach Workers can bring in TA for healthcare staff that need extra education and the TA will provide

that education. Finally, five health outreach workers and the codrive of TA providers will only have so much reach so we should have a media campaign at a cost of about $690,000 to advertise these services and actions for our Community. Our Community can't wait for action. We can pinpoint problem areas across the healthcare system and with each botched surgery or incident of medical providers laughing at community members, we lose trust of the healthcare system. With the funding that we propose, the City could use media to direct people to the outreach, have the outreach workers guide people to the right care and TA providers reinforce previously received training. So, thank you for your time and I defer to all of my colleagues.

CHAIRPERSON MARK LEVINE: Thank you, and, and, am I right that you have you now formed a coalition, uhm is it the Transgender Health Coalition or what is what is the name of the coalition?

ANDREA BOWEN (SP?): It is the TGNCNB Solution Coalition. We started depending on how you count around 2015 or so, it started with a bunch of community forums across all five boroughs and then

we've been doing a bunch of different policy and budget items since then.

CHAIRPERSON MARK LEVINE: But primarily focused on health and medical issues.

ANDREA BOWEN (SP?): That is what we are focusing on primarily this year.

CHAIRPERSON MARK LEVINE: Got it.

ANDREA BOWEN: Yeah.

CHAIRPERSON MARK LEVINE: That is great because it elevates the issue and to have a coordinated push always multiplies the impact and you just, I just want to clarify you identified three major components of the Budget push which is the outreach workers, the public information campaign and the technical assistance peace.

ANDREA BOWEN (SP?): Yes.

CHAIRPERSON MARK LEVINE: And that is technical assistance to non-profits who are serving this community, what is, who is the recipient of that?

ANDREA BOWEN (SP?): The recipient would be healthcare professionals. So, we want nonprofits who have experienced doing training work and we would like TGNCNB people doing that training work to train

healthcare provides who we know have had maybe some misunderstanding as to how to work with the community. To put it.

CHAIRPERSON MARK LEVINE: It's like professional development essentially.

ANDREA BOWEN (SP?): So, as we understand there has been lots of training of providers but we understand that there are a lot of other problems and we need to reinforce that training uhm with more specific knowledge.

CHAIRPERSON MARK LEVINE: Absolutely, okay. Great, thank you.

ANDREA BOWEN (SP?): And I would like to turn to Cecelia because I know she has limited time.

CHAIRPERSON MARK LEVINE: Okay take it away.

CECILIA HEDIN (SP?): Thank you, thank you uhm good afternoon Chair Levine and Council Member, thank you and thank you for having me. My name is Cecilia Hedin (SP?). I am the principal of Transgender Equity Consulting and I am a transgender woman and a Latina and I would like to talk about the budget proposal related to health that would be vital for Trans-Gender, Gender Non-Confirming and Gender

Non-Binary people of New York City. Uhm last year after feeling unwell for a couple of hours. My partner took me to the hospital and we suspected that I was having a UTI because I was going to the bathroom a lot and I was in pain. After getting to the registration where my identity as a transwoman had no place to be reflected meaning there was no space for me to put in my, in my intake form that I was trans. I took it upon myself in a transgender woman to give medical workers some kind of head ups about you know my identity and so they could have a better understanding of who I was. They did not understand it and we had like about a 20-minute argument talking about my genitals. During that very unfortunate time I was repeated asked about my menstrual cycle and because my insurance ID said female, they were not able to understand that as a transgender woman I don't have one. Let me remind you that while all of this was happening, I was in extreme pain and was having to use the restroom every five minutes and there was a lot of people around me. It was humiliating. After they understood my situation, I was sent to see a doctor who after checking the result of my tests confirming that I had

a UTI but when I asked if she should check my genitals to rule out other issues, I don't want you to feel uncomfortable. I believe that she was feeling uncomfortable. My insurance paid a lot of money for this terrible interaction and I also had to pay $250 copay to be humiliated in a public hospital in the middle of the night. I could reiterate that everything that Andi spoke about is very important because training this medical uhm assistance, medical doctors and nurses would change that reality that I had to go through when I went last year.

CHAIRPERSON MARK LEVINE: That is just an absolutely outrageous, outrageous story you've recounted to us. I am so sorry you were subjected to that; it is unacceptable. And this was recent?

CECILIA HEDIN (SP?): This was last year.

CHAIRPERSON MARK LEVINE: And it was in a public hospital?

CECILIA HEDIN (SP?): It was in a public hospital.

CHAIRPERSON MARK LEVINE: Have you communicated to the leadership of H and H on this incident?

CECILIA HEDIN (SP?): I have.

CHAIRPERSON MARK LEVINE: Okay.

CECILIA HEDIN (SP?): I have and I am in conversations with the hospital to see how we can handle but you know as an individual I shouldn't be doing that. You know we need you know money for technical assistance so different people that do these for a living can have then, better.

CHAIRPERSON MARK LEVINE: Absolutely, uhm I mean it's, it's a systems failure that the people treating you were not trained and that policies were not in placed. Uh someone failed. Unfortunately, it is not unique. It is not unique to your situation, it's not unique to public hospitals. Uhm, I hear incidents like this far too frequently. We have a lot of work ahead of us and it needs to be everyone in the medical setting. Not only the doctors but uhm physician's assistants uhm radiology techs, receptionists who are helping you fill out paperwork. And I understand there was a lack of options all on the one the paperwork.

CECILIA HEDIN (SP?): In the intake form. This could have been like uhm avoided by the single moment when I got to the hospital in the intake, I could say that I was assigned male at birth but I

live my life as a woman so I am a transwoman this could have been.

CHAIRPERSON MARK LEVINE: Has that, has that been fixed since your incident?

CECILIA HEDIN (SP?): No.

CHAIRPERSON MARK LEVINE: That seems like the easiest of all problems you just reprint the forms?

CECILIA HEDIN (SP?): Yes.

CHAIRPERSON MARK LEVINE: And so are you in dialog with H and H about reprinting forms that allow for accurate uhm for an accurate uhm.

CECILIA HEDIN (SP?): The question that we always face when we talk about intake forms, is they are very difficult to change. I don't know what makes it so difficult for this to happen but that is why I am here today.

CHAIRPERSON MARK LEVINE: Okay well I would like to work with you and the Coalition on among other things on this issue because that, that seems fixable.

CECILIA HEDIN (SP?): It is very simple, it is very simple Council Member, if you give me an opportunity to ask me what was my assignment a birth,

right so I could say that I was assigned male. How do identify now? I identify as a woman, that tells you right way.

CHAIRPERSON MARK LEVINE: Right.

CECLIA HEDIN (SP?): That I am a transgender woman and for that I am most likely not have a menstrual cycle so you don't have to expose me to 20 minutes of like uncomfortable and humiliating questions in front of everybody. You know how you know how hospitals are. You are not by yourself, there is many, many people. You know I am; I understand myself as a strong trans woman and I can take that kind of interaction but I am sure that many other people who have left and would have been still sick.

CHAIRPERSON MARK LEVINE: Thank you for speaking out, for, for, being brave enough to speak about a personal issue like that I'm sure that was not easy but it is important uhm that we hear about problems like this so we can address them. I know if you have to leave and step out, we won't take it personally. We won't be offended but I am glad that you got to speak today Cecilia. (SPEAKING SPANISH). (SPEAKING SPANISH).

CHAIRPERSON MARK LEVINE: SPEAKING SPANISH). Please.

SHAY HUFFAN: Good afternoon Chair Levine, members and staff of the Committee on Health. My name is Shay Huffman and I am social work intern at the New York City Anti-Violence Project. I am here to talk about a budget proposal related to health that would be vital for Transgender Gender Non-Conforming and Non-Binary or TGNCNB people. First, I want to thank you for your advocacy for the community and its health needs. Second, I support the ask by the TGNCNB Solutions Coalition to create an initiative that will fund five community outreach workers, creating funding for Healthcare Technical Assistance and also fund a media campaign to advertise existence of Community Outreach Workers. We will also make these ask for the Committee on Hospitals. I am a proud New Yorker and I think of our City as a progressive 21st Century town. But I must tell you the realities of our Transgender, Gender Non-Conforming and Non-Binary Community Members do not bear this out. In my internship at AVP I have had the opportunity to research issues related to their healthcare. I have also had the

honor and privilege of meeting with, listening to and sharing the stories of TGNCNB Community Members, especially those who are non-binary and gender non-conforming around their experiences in accessing healthcare. Those experiences fall short of what we would expect and desire in a progressive city, misgendering, feeling violated, feeling like they don't matter, encountering physicians who are not competent, feeling like they need a toolbox of schools because they never know what they will encounter. To put it into context here, some of the experiences in their own words. I've never been in a room with someone like you. Coming from a physician. Even in a supposedly progressive hospital, I had a provider who would not touch me. She was freaked out, the ignorance was shocking and yes it was shocking, shocking and sad, heartbreaking in fact, time and time again I've heard how the community has been ignored, dismissed, denied and disrespected by those whose sworn oath is to first do no harm and the effects of these experiences, all too often a person postpones care or forgoes it completely which means that there is a synergistic adverse impact to physical, emotional and spiritual health. As the

Community sees it and experiences it, stereotypes, prejudices, discriminatory practices have resulted in a huge knowledge gap and what gender diverse care brings particularly for Gender Non-Conforming and Non-Binary folks. And medical personnel are large uniformed about this specific need. Chair Levine, Council Members and Committee Staff these are all indications of why we need the Budget items and are asked. We cannot afford to delay, our Community Members health depends on it, their lives depend on it. Our City must not fail. Thank you.

CHAIRPERSON MARK LEVINE: Thank you for speaking out on. I am so profoundly sorry that you two have endured that kind of humiliation it is utterly unacceptable and we are really committed to being better as a City for all New Yorkers and we thank you for speaking out.

SHAY HUFFMAN: Thank you Chair Levine.

CHAIRPERSON MARK LEVINE: Thank you, please, oh yes. And (SPEAKING SPANISH).

JESSICA GWOMAN: (SPEAKING SPANISH).

INTERPRETER: Good afternoon my name is Jessica Gwoman.

JESSICA GWOMAN: (SPEAKING SPANISH).

INTERPRETER: (SPEAKING SPANISH).

JESSICA GWOMAN: (SPEAKING SPANISH).

INTERPRETER: I began my transition 8 months ago which was very difficult for me.

JESSICA GWOMAN: (SPEAKING SPANISH).

INTERPRETER: In the Trans Community we don't have enough information to educate us in the process, sometimes it takes up to a year or more.

JESSICA GWOMAN: (SPEAKING SPANISH).

INTERPRETER: Often we have to look on the internet as a basis of information and it still doesn't provide enough information for us to be informed.

JESSICA GWOMAN: (SPEAKING SPANISH).

INTERPRETER: So, while a transgender and gender non-conforming community has access to surgeries it is still incredibly expensive, not everything is covered and even though she works as a home attendant it is very expensive and it makes it almost inaccessible.

JESSICA GWOMAN: (SPEAKING SPANISH).

INTERPRETER: So as a transwoman it is incredibly important. It is vital to my health and mental health to have access to these surgeries and

the co-pays are incredibly expensive, in spite my work it is unaffordable.

JESSICA GWOMAN: (SPEAKING SPANISH).

INTERPRETER: That's a lot to remember, I am doing my best here. Uhm, there is also a lot of lack information available in clinics and hospitals and it is incredibly important that I have that information for myself and when I go for regular check ups for PPD or other things uhm related to, to my healthcare it is difficult to, to communicate that to health professionals because of a lack of information and resources.

JESSICA GWOMAN: (SPEAKING SPANISH).

INTERPRETER: Uhm, I urge you Council Member to expand the amount of resources and accessibility regarding languages and TGNC information that is available to the healthcare system.

CHAIRPERSON MARK LEVINE: (SPEAKING SPANISH). I will ask a question. (SPEAKING SPANISH). I will just repeat the question which is why they are in our public hospital system, uhm sliding fee scale does allow people who need gender affirmation surgery to receive those services at a rate in accordance to

their ability to pay uhm or whether the issue is simply lack of capacity in our public hospitals. So, (SPEAKING SPANISH).

JESSICA GWOMAN: (SPEAKING SPANISH).

CHAIRPERSON MARK LEVINE: Okay did you want to jump on that, or anyone else. Sorry you can translate first.

INTERPRETER: I would just say my limited. So, before policy I am a second therapist and I will say that many of my trans-clients have reported that insurance don't cover everything. It is considered cosmetic which is ridiculous considering it is absolutely vital for Trans and GNC Communities to have access uhm to surgeries whether it is facial feminization, top surgeries, bottom surgeries, uhm voice change, uhm etc. there is a host of different surgeries and not all insurances make it accessible. Even the best ones are incredibly expensive and so then it becomes an issue of I think discretion from the hospital and as we know every hospital charge something completely different. So, despite that some of it is covered uhm it is not so very accessible. I will also say that I know of a friend who is an attorney a very

smart woman who's studied for a long, long time and because she is a JD and has a certain income her income does not cover any of her surgeries. So, she worked really, really hard all of her life to become a lawyer, serve trans-communities, low income communities, immigrant communities and she can afford to get the surgery that she needs.

SHAY HUFFMAN: And I guess just quickly I mean one of the things that I have heard talking with community organizers and community members is being able to connect people to knowledge about like what is covered and what you know and also getting connection to after care and like so that's we hope the health, the community health outreach workers can help know grief and take care of is making sure that community members have that knowledge.

CHAIRPERSON MARK LEVINE: Absolutely. Uhm definitely one of the important functions of an outreach worker and uhm while we are fighting to make sure that insurance companies cover this work, this surgery, we need to make sure that the public hospital system is, is not turning people away who either are uninsured or have insurance which is not covering this. That is really one of the prime

missions of the public hospital system, to fill in the gaps, uhm where insurance has failed or whether people, people don't have insurance and we want to make sure that that also applies for trans New Yorkers who need this kind of important intervention surgeries. Thank you and (SPEAKING SPANISH). Jessica.

JESSICA GWOMAN: SPEAKING SPANISH).

CHAIRPERSON MARK LEVINE: (SPEAKING SPANISH). I apologize I have to stop out for one moment but I'm going to, pass the gavel so to speak to the very capable hands of fellow Health Committee Member Council Member Inez Baron and I will be back momentarily.

INEZ BARON: Greetings. There are still presenters on this panel so we will continue with the next person who has testimony.

WILLIAM ROBERTSON: Good afternoon and thank you to the Committee for holding this hearing. My name is William Patrick Robertson, Jr. I am an IT Manager for Startup but the point is I have been on hormone replacement therapy for five years, I am here today to speak with you to my experience with Transpacific Healthcare in New York City. Thank you

to the Anti-Violence Project for the change to testify. Having been on HRC since 2013, I only a few months ago first of APECHA which is another clinic besides CALLEN-LORDE that I personally attend that some of my friends go to. Until that point, I had operated under the assumption that CALLEN-LORDE was the only option in town. Just again recently which CALLEN-LORDE I had initially heard of only through word of mouth. In preparation for this meeting, I have discovered that there are actually many places that one can receive informed consent-based hormone therapy and thinking otherwise is a common misconception that has greatly contributed to the clear and persistent over capacity issues at CALLEN-LORDE. I know it is a bit silly to testify to all of the things that you don't know but hopefully can fix that somewhat. Often through bar shows and even twitter I hear questions about where to go for electrolysis who to see, who is friendly, understanding, etc. I often refer people to this rather large pamphlet that comes from CALLEN-LORDE it has got many addresses, many people to contact and notably right at the top it has got two emails you can reach out to for more information. One at

Callen-Lorde and one at Mount Sinai. Uhm in the converse, I have the New York City Pamphlet which is two pages twice the size and has a line break every other line. That, I'm afraid has no contact information to reach out if you have any questions. So just to that point I think that uhm most uhm help and support that I have received has been through non-City agencies recommended through word of mouth type situations which is why I am just hopeful that with the piece of city funding uhm I think that could improve greatly. Thank you.

INEZ BARON: Thank you so the publication that you said was from the City which, it was from the Department of Health?

WILLIAM ROBERTSON: Uhm. NYC Health and I included one with each of those, just if you are curious. It should be page 2 and 3 in that little group. And, again separated in the manilla folder but I'll bring some by.

INEZ BARON: Okay, great, thank you. Okay great thank you its sad that the City itself is not in the lead or making sure that those agencies that are funded to address these issues, thank you are not being very aggressive in that outreach.

WILLIAM ROBERTSON: It could just improve that's all.

INEZ BARON: Thank you. Thank you.

BRITTANY BRATHWAY (SP?): Uhm good afternoon Council Member, staff of the Committee on Health. My name is Brittany Brathway (SP?) and I am the organizing and innovation manager for Girls for Gender Equity. Thank you for holding this important hearing regarding the City Budget as it relates to health. GGE is an intergenerational youth development and advocacy organization based in New York City based in New York City committed to the physical, psychological, social and economic development of Trans girls and gender non-conforming youth of color. GGE challenges structural forces including racism, sexism, transphobia, homophobia, economic equality which constrict the full freedom and expression and the right to transgender girls of color and gender non-conforming people. We do this through direct service, advocacy and culture change. Today we are going to offer testimony to amplify a budget proposal related to health that would be vital for transgender, gender non-conforming and non-binary people in New York City. Girls for Gender Equity

fully supports the asks that are made by the TGNCNB Solution Coalition to create the initiatives to fund five TGNCNB Community Outreach Workers, create funding for TGNCNB Healthcare Technical Assistance and also fund immediate campaigns to advertise existence of community outreach workers. As an organization supporting the positive development of youth people across New York City we have witnessed first hand the challenges and barriers to navigating the healthcare system as a young person. These challenges are further compounded by experiences of homophobia, transphobia, sexism and racism. These experiences have particularly been noted by transgender nonconforming youth when attempting to access sexual and reproductive healthcare. Early in my tenure at Girls for Gender Equity, I supported a young person who identified as non-binary in our youth organizing program and in accessing urgent reproductive healthcare at a local hospital in Brooklyn. As a young social worker, supporting our youth organizer, I watched this young person deal with misgendering, dismissal and overall less than dignified incompetent treatment. Further this experience resulted in this young person missing

several days of school, feeling depressed and anxious and other impacts that may have been avoided if this young person would have had access to a healthcare system that understood their lived experienced and nonbinary young person. It is experiences like this and many more that we have seen over the years in our work that make this Budget proposal increasingly important and must be funded immediately as healthcare is not only a human right but an essential necessity for ensuring the complete health and well-being and all people. Our young people have identified the gaps and support in our healthcare system, particularly when it comes to TGNC young people of color. It is pivotal that we include these experiences when creating and accessible, equitable, just and dignified healthcare system. For these reasons we fully support the proposals put forth by the TGNCNB Solutions Coalition. Thank you for your time.

INEZ BARON: Thank you very much.

SASHA KALADEAN (SP?): Hello my name is Sasha Kaladean, I am Policy Coordinator at the New York Transgender Advocacy Group. What we do I think is pretty self-explanatory. It is a pleasure to

address members of the Community and you personally Council Woman Baron, we are very big fans of your work. You know, my colleagues have spoken better than I possibly could on the importance of funding training for healthcare providers. I could say that one and two trans people have had to educate a doctor on their medical needs or that one and four have been outright refused medical care but I think they have already covered this. So instead what I will say is this, if you take nothing else away about the transgender community here today, take away the fact that this community has doubled in the last five years, New York City is as I'm sure you know home to the largest trans community in the country. I am not speaking hyperbolically when I say that the country is watching. The decision is that the Government, the City of New York decided to make and the bar that we set here today will be the bar by which all other City's are held accountable for the health of their transgender residence. So, thank you for your ongoing support of our community and thank you for advocating on our behalf. And uhm, that's all I have to say. Thank you.

INEZ BARON: I want to thank all of the panelists for coming and presenting your testimony. Okay.

INTERPRETER: I'm sorry and I may I'm just going to just translate for the speaker so.

INEZ BARON: Fine.

INTERPRETER: So, just for essentially.

JOSELINE CASTILLO: (SPEAKING SPANISH).

INTERPRETER: Good afternoon to everyone. To the Council Members and to the Staff and especially to the Chair of the Health Committee Mark Levine for organizing this hearing.

JOSELINE CASTILLO: (SPEAKING SPANISH).

INTERPRETER: My name is Joseline Castillo. I am a leader and activist from the Trans-Immigrant Project of the Mic Lower New York.

JOSELINE CASTILLO: (SPEAKING SPANISH).

INTERPRETER: I was born in Guatemala but I have lived in New York for several years and today I am here to share my testimony about my experiences with the health system in the City.

JOSELINE CASTILLO: (SPEAKING SPANISH).

INTERPRETER: It is sad and disappointing that even hospitals and clinics in New York City

there is a lack of cultural training to refer to communities identified as Transgender and also lacked basic information about our bodies.

JOSELINE CASTILLO: (SPEAKING SPANISH).

INTERPRETER: Personally, I have bad experiences, especially being a transwoman not having access to health insurance. I have been in emergency rooms in different hospitals where they have not given me adequate care.

JOSELINE CASTILLO: (SPEAKING SPANISH).

INTERPRETER: And some of them I have spent more than six hours in the waiting room or more without giving any attention, several times they have laughed at me and they have called me by a different name since I have not been able to formalize my name change and gender marker. Even with my rights to be called my name.

JOSELINE CASTILLO: (SPEAKING SPANISH).

INTERPRETER: Sometimes I do not know if it is based on racism classes or transphobia. Often it is a combination of all forms of discrimination because they have put me in places far away from the other patients and have made me feel excluded.

JOSELINE CASTILLO: (SPEAKING SPANISH).

INTERPRETER: The most disturbing of all is that the treatment that is given to us as transwoman is dehumanizing and too expensive it is disturbing to know that transwomen in New York don't have access to medical services because of the high costs of medical care and there is a very large disparity between what we earn at work and what we can pay for health access. Oh, hold on sorry. This lack of access to health and the poor services provided by hospitals leads to many transwomen having to resort to using hormones and trying surgeries to the black market. Bringing consequences that can lead to death.

JOSELINE CASTILLO: (SPEAKING SPANISH).

INTERPRETER: Sorry, say its for about 10 years for my transition and (SPEAKING SPANISH).

JOSELINE CASTILLO: (SPEAKING SPANISH).

INTERPRETER: And it is still too expensive.

JOSELINE CASTILLO: (SPEAKING SPANISH).

INTERPRETER: My surgeries are fresh.

JOSELINE CASTILLO: (SPEAKING SPANISH).

INTERPRETER: I pay for it all by myself despite being an immigrant and facing all the barriers that I have.

JOSELINE CASTILLO: (SPEAKING SPANISH).

INTERPRETER: My suggestion for New York City is to support the request made by the TGNCNB Solutions Coalition to create an initiative that funds five community workers of TGNCNB which generates funds for TGNCNB medical care technical assistance and also fund the media campaign to announce the existence of community workers. The idea is that our trans-community and nonbinary gender, gender nonbinary community have support while we are navigating the health system. Because it is extremely difficult to have to advocate for our rights when we do not feel well.

JOSELINE CASTILLO: (SPEAKING SPANISH).

INTERPRETER: Thank you Council Woman Baron for your attention. I hope you consider these suggestions to improve access to health or Transgender or nonbinary people like myself.

INEZ BARON: Thank you for your testimony. The panel is completed thank you. Uhm just before call the next panel I just want to as we

are sharing information and stories I just want to say the would ask that people be sensitive to the term black market and the negative connotations that come with that and if you could say underground or unregulated market that would be very much appreciated. Thank you. Okay we are calling the next panel, Okay Info (SP?) and you can pronounce it when you get here give me the correct pronunciation, Winnie Maria (SP?) for the Hepatitis C Mentor and Support Group. Dr. Amy Shentang (SP?) from the hepatitis B patients, Emmanuel Emphasosa, MD (SP?) from Monte Fiore Viral Hepatitis B, Courtney Power (SP?) from the Bronx Care Health System and Christina Boynes (SP?) from the Bronx Care Health System. If I've mispronounced your name, please forgive me and give the correct pronunciation when you give your testimony. I think all the panelists are seated so we can begin and I will start on my far left. Is the microphone on, push the button so that it shows red.

CHRISTINA BOYNES: Okay.

INEZ BARON: And pull it a little closer.

CHRISTINA BOYNES: Okay got it that's good. Thank you.

INEZ BARON: Thank you.

CHRISTINA BOYNES: Uhm good afternoon City Council Members my name is Christina Boynes and I am a patient navigator also known as Community Health Worker for Hepatitis at the Department of Family Medicine at Bronx Care Health System formally known as Bronx Lebanon Hospital Center. First, I would like to thank you funding the Checkup B and C viral hepatitis initiative at our institution for the past three years. Second thank you for the opportunity to testify today on behalf of the Bronx Care Health Systems, Department of Family Medicine to urge the City Council to fully fund the unified Viral Hepatitis year 2020 Budget and to pass a resolution committing to the City, committing the City to the goal of HBV and HCV elimination. A patient navigator is a link between the Community and the Health System between the patient and the provider. Many of our patients enrolled in the Check Program are rightfully distrustful of the health care system particularly those who immigrate from countries with high prevalence rates of HBV or those actively use sorry, who actively use drugs and are at most risk for hepatitis B and C. This program has afforded me the

chance to help to bring trust back to patients, to bridge the cap that can and does exist between patient and the clinic and to provide high quality of care and experiences to patients who need it the most. Many of my hepatitis B patients are on their own and have not had the opportunity after they have been diagnosed to truly understand the disease or how it can affect them. Without patient navigation these patients would not have someone to go through this with them to provide them with additional hepatitis education, continued support and care. That support can mean anything from attending appointments with them before the meeting with the patients before and after the appointment and speaking with the patient's family about what that condition is.

INEZ BARON: I'm sorry.

CHRISTINE BOYNES: The Mission statement of the Bronx Care Family Medicine is simply the quality of life in the Bronx, one patient at a time. The viral hepatitis initiative through the Check Hep B and C programs at our Department achieved this mission. Again, I urge the City Council to fully fund the unified viral hepatitis 2020 budget proposal and to pass a resolution committing the City to the

goal of the Hepatitis B and C elimination. Thank you for your time.

EMMANUEL EMPHASOSA (SP?): Hello, good afternoon Council Members. Uhm my name is Emmanuel Emphasosa (SP?) I'm from Monte Fiore Medical Center, I run the Monte Fiore Einstein program which is also funded by, tremendously funded by the Department of Health Check up B program. More than 75,000 people which has currently live in the African Continent and 10-12% of these people after the infection in the West Africa. The West African Communities background in the Bronx and approximately 120,000 people from West Africa call Bronx home today. The majority of infections in West Africa are come from mother to baby at the time of birth. While transmission and infection can be easily prevented through screening with a simple blood test and vaccination. Effective therapy for patients who after infection is available, treated infection commonly leads to severe liver disease and cancer. Treatment can prevent both the development of severe liver disease as well as cancer. Unfortunately, most West Africans in the Bronx are not being screened for the infection, vaccination and treated for this potentially deadly

infection. Because of the importance of West Africans to Monte Fiore as well as the Bronx community the liver disease at Monte Fiore Medical Center has initiated an outreach program for hepatitis B awareness, screening and transition to ongoing care for those who are in need. The Department of Health Check Hep B program has been vital in the success of this program. At this time, we have conducted over 20 sessions to reach 8,500 people. At the recent outreach session that we held at a local church in the Bronx we addressed an audience of about 400 men and women. Afterwards only a few people raised their hands when asked if they knew about hepatitis B but everyone expressed interest in getting tested. One month from Ghana in six days tested positive the following week at the hospital. Based on this program we have been able to include independent following as well. By preventing infection in the high-risk community and treating infection while in the atraumatic stage we are in a position to a make a tremendous impact. The Monte Fiore Einstein Program as a member of the New York State Department of Health, Viral hepatitis B Programmed called the Check Hep B program, therefore

addressed the City Council to fully fund the unified viral hepatitis B Fiscal Year 2020 Budget Proposal and to pass as resolution committed to the City to the goal of hepatitis B and C elimination. Thank you very much.

CHAIRPERSON MARK LEVINE: Thank you Dr. Emmanuel Emphasosa (SP?) I hope I am pronouncing that right.

EMMANUEL EMPHASOSA: Yes, that's correct.

CHAIRPERSON MARK LEVINE: How do you pronounce your name?

EMMANUEL EMPHASOSA: Emmanuel Emphasosa.

CHAIRPERSON MARK LEVINE: Emphasosa, I got it right.

EMMANUEL EMPHASOSA: Yeah you got it right.

CHAIRPERSON MARK LEVINE: I'm very glad I made it back in time for this panel and uhm forgive me if you already explained this but this is a, a form of hepatitis for which there is a vaccine, is that correct?

EMMANUEL EMPHASOSA: Yes.

CHAIRPERSON MARK LEVINE: And in the United States that has been fairly ubiquitous for some time amongst young children is that right?

EMMANUEL EMPHASOSA: Yes. But. But our program in the Bronx, we have an efflux of West African who migrated to the Bronx. We have approximately 120,000 so we assume, based on the citizen statistics, 10-15% of this population in West Africa as a continent have hepatitis B. When they are coming to the United States, we assume we don't know their status so they have to be screened as well. For this infection.

CHAIRPERSON MARK LEVINE: Exactly. The transmission is through similar routes as hepatitis C as in other words through needle exchange, presume birth, mother to child and through sexual intercourse?

EMMANUEL EMPHASOSA: Yes, that's correct.

CHAIRPERSON MARK LEVINE: Okay and is the course of treatment similar and intense 8 weeks, leading to an actual cure?

EMMANUEL EMPHASOSA: I wouldn't use the word cure but I would use the word suppression of virus.

CHAIRPERSON MARK LEVINE: Uhm is that the same term that you would use for the results of a course of treatment for hepatitis C or do we actually have less of an ability to "cure this" relative to hepatitis C.

EMMANUAL EMPHASOSA: Uhm at this point I wouldn't say you can cure hepatitis C with drugs but for hepatitis B you can actually suppress the virus and then monitor the patient. Sometimes the virus comes up again so that's why patient's have to be monitored over a long period of time, basically lifelong.

CHAIRPERSON MARK LEVINE: And it does seem that its really need to focus our energy on the outreach education. To get people who are at risk tested and in to treatment. But is there also a vaccination push as well for adults or is it too late at that point?

EMMANUAL EMPHASOSA: There is also a vaccination push, first the people have to be able to get it first, especially people in the communities which in the African Communities, they have to be able to get it first and also then we need to get the patients to be aware of the disease first. They

convince the patients to come for testing. When we test the patients and if we see any patient who is already infected then we will try to lead them to care which is where the Check Hep B also comes in a lot because the Check Hep B helps patient navigators actually monitor this patient's care as well as the patients who are supposed to be in care but were out of care due to so many reasons so that the patient can be retaining care. So, when the patients are positive, we lead them to care and when patients are negative then we try to vaccinate them as well to prevent them from having this infection in the future.

CHAIRPERSON MARK LEVINE: Thank you very much for that helpful explanation. More importantly for the work that you and Monte Fiore are doing on this. I really appreciate you testifying today. Thank you. Please.

OKAY INFO (SP?): Good afternoon Council Members, my name is Okay Info and I am a patient navigator at Korean Community Services. Korean Community Services is a non-profit organization that strives to prevent viral hepatitis B infection and provide care coordination for low-income uninsured

Korean patients. Since 2014, with the support of the City Council we have implemented check Hep B patient navigation program to our patients to get screened for liver cancer as well as treatment. For the past four years, we conducted 90 events for free on-site screening in community churches and other organizations. Annually we identified at least 25 new chronic patients. Currently we provide care coordination for more than 50 active patients. Our patients were not aware of the importance of, importance of checkups for DNA viral load and other liver functions due to the lack of adequate knowledge, misconception of healthy carrier, stigma language barrier, lack of insurance, loss of immigration status and loss of jobs. Recently I had a chance to accompany this male patient in his 30s. This patient is a construction worker with no health insurance and he mentioned that his work is too overwhelming to even care about his liver and hepatitis B and it took more than two years for us to get him engaged in medical care. So, we refer him to one of our pro bono doctors, got blood work for DNA viral load and other advanced tests. After two weeks, he was advised that he should take medication

to control his DNA viral load and also, they found something doubtful from his sonogram and he now needs to take MRI for further assessment. The patient has faced financial barrier because of high MRI costs. We do have many similar cases and stories. The majority of our patients had the chances to get examined successful with our support and resources while some of them were found that their liver is already damaged or already in developed stage of liver cirrhosis. Korean Community Services as a member of the NYC Viral Hepatitis Coalition we will continue to identify untreated patients with culturally competent program and services and we hope to expand services to others by training or patient navigator. Moreover, we would like to support sonogram for liver cancer screening. Korean Community Services are just a City Council to fully fund the Unified Viral Hepatitis FY2020 Budget proposal and to pass a resolution committing the City to a goal of HBV and HCV elimination, thank you very much.

CHAIRPERSON MARK LEVINE: Thank you Ms. Info for speaking out and the Korean Community Services shows up strong today in this hearing. I

think you have now spoken on four panels. You have been a great contribution to every one of them. Perhaps there will be a fifth one later in the hearing today. Thank you so much. Hello. Yeah.

WINNIE MARIA (SP?): Hello I want to thank you Chairman Levine and the Council for your support for hepatitis with the community. I'm here today, I'm Winnie Maria (SP?) from the Hepatitis C Mentor and Support Group. I am here today as a patient who is cured of hepatitis C 5 years ago and would like to see others have the same possible outcomes. As someone that has cured, I cannot tell you the difference of what life is about and it makes people really look at their overall health. I facilitated support groups for 18 years at NYU Medical Center and see on the ground, through the work that I am doing through the funding from the Council with some exchange programs and hours where we provide supportive services and education around harm reduction strategies, hepatitis C, co-infection with HIV and make people understand how having this virus can not only change their life but how they can affect other people as well, so it is important that these messages get told. We are seeing liver cancer

rates going up because of people not being allowed to be tested or not having access to insurance and these are all the issues that we deal with the in groups that we form. We also have training for healthcare providers where we ask them to understand how to work with patients from all high-risk populations, especially people with substance use disorder. The disrespect that they are shown with language and even they too when I speak to them, they tell me that they go to a hospital for a wound and they are told well why should we treat you, you are only going to be back here next week. I mean this is unacceptable. It is critical for the City Council to fully support the Unified Viral Hepatitis FY 2020 Budget and to pass a resolution committing the City to the goal of the elimination. I serve on the New York State Hepatitis C Elimination Task for and I hope to see us provide the model for the entire country with New York as the first city and state to eliminate sorry hepatitis C. We need increased services for hepatitis, peer navigators, harm reduction, syringe exchange programs and safe consumption spaces, thank you.

CHAIRPERSON MARK LEVINE: Thank you very much Winnie for your, for your testimony and more importantly for your leadership on this issue, really, really incredible, thank you.

AMY SHENTANG (SP?): Thank you, thank you Chairman Levine for your support and interest in the viral hepatitis initiative and for the opportunity to speak today. And so, my name is Amy Shentang (SP?) I am a primary care physician at Charles E. Wong Community Health Center which is one of the FQHCs that receives funding the from the Check Hep B Program Initiative. I serve a primarily Asian immigrant population and increasingly an African Immigrant population as well through Linkage to Care from the other Check Hep B Programs that we all work together in. So, I work with several members on the panel today including Monte Fiore, Bronx, Lebanon, African Services Committee and KCS. Uhm some of us are community-based organizations and some of us are clinic like FQHCs and so it is actually not just a funding opportunity for us but an opportunity for us to actually connect patients from Community to Care with a physician. So, I actually have, there are 8000 patients identified with chronic hepatitis B at

our health center. We have identified about 13% of our adult population has chronic hepatitis B which is perhaps higher than in other places but we care for a largely Asian immigrant population that gets hepatitis B perinatal from mother to child and this is actually the most common transmission pathway outside of the US and in epidemic cultures uhm throughout Asia and Africa. One of the importance of the Check Hep B program is really identifying the asymptomatic infection. So about 100,000 people in New York City know that they have hepatitis B but there is estimated another 100,000 that don't. The importance of identifying these patients is to prevent liver cancer and other complications like cirrhosis. You had some excellent questions before about the differences between B and C and so I hope to clarify some of those right now. So unlike hepatitis C you actually don't need to develop cirrhosis before you can develop liver cancer for hepatitis B. About half of the patients who have developed liver cancer in our health center did not have any cirrhosis were on viral suppressive medicines but they need to be in to care to get their every six-month ultrasound just like a mammogram or a

colonoscopy for breast or colon cancer screening. So, it is essential that they have life-long care. The other things about the vaccine is that we don't know someone's status unless they get screened first. So, most US born people under the age of 30 have been vaccinated and are protected for life. The many immigrants from other countries like from Africa and Asia who fortunately have not been infected before are very high-risk because of the communities that they live in and do need the vaccine. It is not too late to get vaccinated as an adult and finally in terms of treatment there is no cure for hepatitis B. The virus is maybe more similar to HIV in that it actually integrates into your own DNA so once someone is infected and even though it is resolved in their blood they are infected for life and so they are drug companies that are working on a cure for hepatitis B but that is more than a decade a way. What we have now is a medicine that can at least suppress the virus and decrease the risk for liver cancer. So, we ask the City Council to continue to fund these Check Hep B programs or FQHCs, Charles B. Wong specifically spends the money on our Hep B moms' program which

prevents perinatal infection of hepatitis B to a future generation of New Yorkers.

CHAIRPERSON MARK LEVINE: Thank you Dr. Shentang for, for that helpful context and for the work that Charles B. Wong is doing. Another great organization which has been on multiple panels and we thank you for that. I apologize, I am going to be a little tighter on time now because we still have a lot of people who want to testify and we will actually lose this room eventually because there is a Charter Commission Hearing later today. So, thank you, Dr. Shentang for speaking out and for your great work on hep B thank you.

COURTNEY DOWER: I will do my best to stick to it. Good afternoon Council Members, my name is Courtney Dower and I am a program manager for Hepatitis at the Department of Family Medicine at Bronx care Health System, formerly known as Bronx Lebanon Hospital Center. I would like to first thank you for funding the Viral Hepatitis Initiative Specifically Check Hepatitis B and C. At our institution and within the city at large and also thank you for the opportunity today uhm to urge the City Council to fully fund the Unified Viral

Hepatitis Fiscal Year 2020 Budget proposal and to pass a resolution committing the City to the goal of hepatitis B and Hepatitis C elimination. I believe you have copies of the budget proposal with you and I know my colleague Reed has also emailed your office Chairman. The check Hep B and C programs play an important role in the fight against the hepatitis epidemic in the South Bronx. As others have said if left untreated, hepatitis can lead to cirrhosis, liver disease, cancer and death. Hepatitis B and C are severely prevalent in the Bronx, especially the south Bronx. 14.9% of newly reported hepatitis B patients in New York City in 2017 and 24.9% the second highest rate out of the five boroughs of newly reported hepatitis C patients in New York City in 2017 were from the Bronx. The neighborhood of Clairmont which Bronx Care serves has one of the highest rates of newly diagnosed hepatitis C out of the entire city. This program helps the patients who need it most in New York City. Those who face the biggest disparities in their care. Out of the Check Hep B program 28% of the patients were uninsured and 95% of patients were born outside of the US. For Check Hep C 69% were on Medicaid and 22% were

homeless or unstably housed and 21% had a diagnosed mental health issue. The implantation of a patient navigated program not only increases the likelihood that patients will complete treatment but also gives patients the comprehensive source of support and access to resources that can help the address the nonmedical aspects of their disease. Specifically, patient navigators can help patients overcome obstacles such as language barriers, difficulty getting to appointments on time and understanding medical regimens. Reduced rates of hepatitis will lead to an overall more healthy and productive community. I appreciate and agree with your comments earlier uhm Chairman in the day about the need for the City to fund viral hepatitis but in the interim I urge the City Council to fully fund the Unified Viral Hepatitis FY2020 Budget Proposal and to pass a resolution committing the City to a goal of hepatitis B and C elimination. Thank you for your time.

CHAIRPERSON MARK LEVINE: I strongly support that goal. It is ambitious but achievable as the best goals are and I actually believe we have a resolution working its way through the process. We

will get you an update on that but I strongly endorse this as a goal for our City.

COURTNEY DOWER: Excellent thank you.

CHAIRPERSON MARK LEVINE: Thank you for speaking out and thank you to this great panel. Thank you. Okay next up we have Hannah Fazio from the Harm Reduction Coalition, Marla Teper from Public Health Solutions, Kelly Sabatino from CHN, if you have already, we may have some repeats, Juan Penson from Community Service Society and Edward Dino from Treatment Action Group. Okay, please kick us off.

MARLA TEPER: Good afternoon I'm Marla Teper, General Counsel and Vice President of Legal Affairs at Public Health Solutions. Thank you for inviting us to testify before the committee this afternoon. Public Health Solutions one of New York City's largest nonprofit supports vulnerable New York City families and the communities that surround them in achieving optimal health and building pathways to reach their full potential. Our work is centered on reproductive and sexual health, maternal and child health, health insurance, food and nutrition, tobacco control, HIV AIDS and more. Through our longstanding government partnerships particularly with the New

York City Department of Health and Mental Hygiene we are a critical link in providing financial support and management assistance to over 200 community-based organizations, many of whom are here today across the City's five boroughs. Today we are focusing on two critical programs. Our title X Federally funded family planning program and our Family Planning capacity building program. Let me talk first about Title X. Title X is the only federal grant program that funds family planning programs to help patients access contraception, breast and cervical cancer screenings, well woman exams, screening and treatment for sexually transmitted infections and other related health services. PHS has been a direct grantee of title X funds for the last 36 years. As a Direct Title X grantee, we subgrant the title X funding to reproductive health providers throughout New York City. Many of those funders, subgrantees are in the room they. They are PHS which has two reproductive health center, Community Healthcare Network, Planned Parenthood New York City, the Door, Charles B. Wong Community Health Center and the William F. Ryan Community Health Center. Who, who do we serve and? Wow that was fast. Uh I just want to say quite

quickly that the federal government's attempt to prohibit the types of services intended by the federal program, really will undermine all of the good efforts of PHS and its subrecipients. We are many, there are many legal challenges to the Title X current rules that the Trump Administration has proposed which will really as a I said undermine this program and gut the reasons for its existence. We are seeking from the Council contingency funding in the event that these rules are implemented so that this valuable and important and critical program that serves over 40,000 New Yorkers today, 67% of whom are below federal poverty level, 23% lack health insurance, and represent a diverse swath of New York City women, children and families can continue to be served in this important program. The Trump Administration's rules really got this program as I said and it is really important to continue them. We are also seeking funding described in the, in the testimony with regard for technical assistance and family planning services. Thank you.

CHAIRPERSON MARK LEVINE: Thank you very much for speaking out and we, we share your alarm at the prospects of Title X being cut. I think for now

our emphasis is on legal action to block it but uhm but rest assured we care about making sure that uhm no person in this city is deprived of needed health services because of a heartless act by the federal government. Thank you.

MARLA TEPER: Thank you.

HANNAH FAZIO: Hello good afternoon.

CHAIRPERSON MARK LEVINE: If you can turn your mic, thank you.

HANNAH FAZIO: Good afternoon my name is Hannah Fazio and I am a social work policy intern at the Harm Reduction Coalition. Today I am here to discuss the important of a viral hepatitis initiative the need to increase funding to scale up hepatitis C prevention navigation services throughout the City. The Harm Reduction Coalition is the national capacity building, advocacy organization that addresses issues impacting people who use drugs across the country. We are members of the Hep Free New York City Advocacy Committee and provide training and organizational capacity to the HCV peer navigation program. The HCV Peer Navigation Program specially supports 15 syringe exchange programs across the City to hire part-time peer navigators to preform prevention and linkage to

care services for people who use drugs at risk of living with hepatitis C. As injection drug use is the number one risk factor for hepatitis C syringe exchange programs offer entry point for people who use drugs are highly stigmatized within the healthcare system to access quality and compassionate care. Peer navigators play and integral role connecting marginalized and at-risk populations with general healthcare and hepatitis C treatment. With special skills and lived experience peer workers are uniquely positioned to help people who use drugs overcome resistance of barriers that they may face, accessing such services. Since the program began I 2014, peer navigators have helped over 3000 people get tested and support an additional 312 people get cured for hepatitis C. Despite the programs positive outcomes there are still thousands of people who use drugs living with hepatitis C that have not been connected to treatment. As rates of injection, drug use and overdose increase, more New Yorkers face risk for acquiring hepatitis C. In order to address this growing need, programs with proven success need the capacity to expand their outreach and navigation services for the people doing this work on the

ground. Currently peers in the navigation program are only employed 10 hours a week and paid a stipend for their work. We request that the City Council provide peer navigation programs with sufficient funding to employ two peer navigators for 40 hours a week at a minimum wage. This would not only ensure that existing programs have the capacity to engage more at-risk New Yorkers but also pay peers a base minimum for the valuable work that they do. Peer workers perform integral and underappreciated work, many people where they are within their own communities and need to be appropriately compensated. We also propose expanding the check Hep C program from 5 stringent exchange programs to all 15 across the City, I won't go into that proposal but in closing I want to thank members of the City Council for the opportunity to testify today on this pressing public health issue. I encourage you to fully fund our Hepatitis C Peer Navigation Proposal as well as our Unified 2020 Budget Proposal for the Viral hepatitis initiative. The cure available and such successful navigation programs at our disposal, New York City must act now to become a champion on this

issue for other Cities across the state to model. Thank you.

CHAIRPERSON MARK LEVINE: Thank you very, very much. Thank you for serving this marginalized community on such an important issue. Thank you.

ANNETTE DOWDINO (SP?): Good afternoon Chair Levine and members of the committee. Thank you very much for the opportunity to testify today. My name is Annette Gowdino (SP?). I am the State and the local policy Director for Treatment Action Group. Treatment Action Group is an independent activist and community-based research and policy think tank working to put research into action to end the HIV, Tuberculosis and hepatitis C epidemics. First I want to say that I uhm tags his hands in solidarity and along our partners Harm Reduction Coalition, COPE, the hepatitis C Mentors and Support Group, Vocal New York and Housing Works in supporting the Unified Viral Hepatitis and in urging you to move forward with the resolution to put, to make New York City commit to elimination. I also want to add in to we look forward to discussion potentially baselining funding for viral hepatitis going forward so we can really get on the path to meeting the WHO 2030 goals

to eliminate viral hepatitis as a public health threat. I also want to, uhm echo strong support for the role of community-based organizations as has been highlighted throughout the day in the delivery of New York, healthcare New York City particularly to immigrant communities. Today I want to speak about tuberculosis. Uhm briefly as we heard this morning, we have seen a slight decrease in cases in New York City however challenges remain. Our city's TB remains twice as high as the national average and to be continued to just disproportional impact the most vulnerable New Yorkers, non-US born New Yorkers, homeless individuals, people living in poverty and the incarcerated and despite the slight overall progress that we are seeing, TB is on the rise in children and the elderly here in New York, in fact people over 65 make up the highest burden of TB in New York City. So, we want to ask that, we want to repeat our ask from last year which is an increasing of $6.3 million in the City's TB response. We appreciated the DOHMH reallocated $2 million last year for the TB response but we would like to up our commitment and we would also like to ask the City Council to use discretionary funds to fund an

$875,000 pilot program which is outlined in the material that I gave you. Thank you.

CHAIRPERSON MARK LEVINE: Is it your understanding that the chest centers are open now closer to full time?

ANNETTE GOWDINO: I wouldn't say they are closer to full time but they are not shut. So, uh so what we were facing last year when we came to you when the chest centers would be eliminated in certain high-burden communities, that did not come to pass but uhm I would say that we still need additional report to really have an adequate response and if we are going to go after latent TB infection, we need an increased response.

CHAIRPERSON MARK LEVINE: And as far as you know, that level of service has been maintained despite the recent progress in lowering infection rates?

ANNETTE GOWDINO: Yeah that's correct.

CHAIRPERSON MARK LEVINE: Okay that's the key that we are not continue repeat this mistake of pulling back on resources.

ANNETTE GOWDINO: Yeah, we are running to standstill basically.

CHAIRPERSON MARK LEVINE: Yeah so, we will fight with you to stay on top of this but we appreciate you alerting us to the ongoing challenging in dealing with TB and the other issues that you raised.

ANNETTE GOWDINO: Thank you very much.

CHAIRPERSON MARK LEVINE: Thank you very much to this great panel and next up. Okay we have I think it is Ilyriana Vermon from New York Lawyers, Scott Daily from New York Junior Tennis League, Jack Perkins for New York Roadrunners, Michael Rogers also from New York Roadrunners, Ken Robertson for Research for a Safer New York and Rosalind Castillo. Okay, uhm okay how about we have the Roadrunners kick us of since you guys are the best dressed in the room here.

MICHAEL ROGERS: Thank you Council Member, alright given the time I'm going to cut my testimony short but say first and foremost for having us. New York Roadrunners is devoted to making Physical Education and Health from a proactive perspective a priority for all children. Our free program is designed to help kids age pre-K through grade 12 to build the confidence, motivation and desire to be physically active for life. While we

are engaged in programing in over 800 schools in New York City serving 115,000 students we are here to make a request for initiative funding of $500,000 in support of our student or school-based programming which is called Rising New York Roadrunners. This year, as I said, we are on tract for over 800 schools and 115,000 children who will be served by this program. We are in all 51 Districts of the City Council and that is why we are here. We currently do not have initiative funding that we did in the last administration and we are here to ask to be included in the Physical education initiative. I am going to yield the rest of my time to a young man who is part of our program and benefits from our program and has had extended health class today as well as a civics class in how City Government works so Jack.

CHAIRPERSON MARK LEVINE: That's wonderful and I apologize for the background noise, the Sargent are going to try to contain that but I am happy to get to hear from Jack, take is away.

JACK PERKINS: Hi, I'm Jack Perkins. I attend Hudson School. I am a Rising New York Roadrunner Youth Ambassador and I am going to talk to you today about my experience and why Rising New York

Roadrunners is awesome. I've been running a long time, pretty much from the moment I started to talk. Uhm I just ran the 1-mile race with Rising New York Roadrunners at the New York Roadrunners Washington Heights Salsa, Blues and Shamrocks 5k. I encouraged my dad to run in the adult 5k race and he did. Everyone cheers each other on to finish strong and try their hardest. I like running because it keeps me healthy and it is fun. I like checking my times online and seeing them improve. My school's running coaches, my mom who is right there and we practice before school every week, once a week, yeah. The first thing we do is stretch and then we run hills at Riverside Park which is neat, we stretch at the end too. Our teachers say they can tell who is part of the Rising New York Roadrunner's Program because when school starts, we are the ones who are all wide awake. I love lots of sports and we have some great teams here in the City and but my school and most schools in Hell's Kitchen and all over New York don't have football fields and baseball diamonds and tennis courts and soccer pitches and not many people can pay $1 million for a class at Chelsey Peers every week but if you want to play any sport it involves

running. So, running is a good thing. The best part is the New York Roadrunners Programs in school don't cost anything and anyone can participate. I have enjoyed being part of the Rising New York Roadrunners Youth Ambassador Program as well. Over the summer, we took classes which taught us how to write a good speech, how to speak and how to engage in audience just like you. The Youth Ambassador Program has given me some amazing experiences including participating in the TSC New York City Marathon Opening Ceremony, introducing some of the top US Pro Athletes and even ringing the closing bell on NASDAQ on New Years Eve. That was amazing although I thought it would be an actual bell but it was just a button. Still New York Roadrunners made all of that possible and I am sure that there are loads of kids still out there who would love to run races throughout the City, run with their schools and have the opportunity to become a Youth Ambassador. Thank you for listening and enjoy the rest of your day.

CHAIRPERSON MARK LEVINE: My goodness, that was some incredible testimony. Some of my colleagues in the City Council could learn from your poise and eloquence and I hope that uhm one day one

of the things that you run for is office because you would be a great elected official and I do want to seriously say that the, it is important that the Roadrunners Club has shown up to testify here. A lot of the health challenges that are battling from obesity, to diabetes to heart disease, uhm require us not only to improve our diet but also to improve our exercise and for some reason we talk a lot more as policy makers and the challenges of diet in this City and that is warranted but we really haven't focused enough of ways to help people especially young people exercise more which the science has now proved beyond a doubt is critical to all variety of health outcomes. So, I am glad that Road Runners came up to articulate that important angle and uhm definitely I hope we can support you further that mission. Thank you very much.

MICHAEL ROGERS: Thank you Council Member.

CHAIRPERSON MARK LEVINE: Okay, please.

ILYRIANA VERMON: Good afternoon, my name is Ilyriana Vermon and I am the Health Justice and Immigration Staff Attorney at the New York Lawyers for the Public Interest. Thank you, Chairperson

Levine and Committee Members, for the opportunity to present testimony today. NYOPI is privileged to be part of the City Council's Immigrant Health Initiative and we thank you for that support. NOPI and our partners received $700,000 in funding last year. This support has allowed us to expand our work education immigrant New Yorkers with serious health conditions. Their healthcare providers and legal service providers without healthcare access, about healthcare access. Your support has led to increased enrollment by eligible immigrants to state funded Medicaid. The improved access to Medicaid has had life changing and often life saving effects for our clients. Through this funding, we have been able to train and give informative presentation on Immigrant Access to Healthcare to hundreds of community-based organized, healthcare providers and legal service providers. We also provide comprehensive screenings and legal representation to individuals particular to those who are in health emergencies including holistic support for their intersecting needs. Our individual cases are complex, given that we deal with clients in health emergencies who are stuck between two complicated bureaucratic systems. We have

developed a nuance practice taking the cases no one else can. For example, our client Mr. M is an undocumented father of two US citizen children and the husband to United States citizen wife. He is a resident of New York City and was suffering from heart failure. He urgently needed a heart transplant. We filed a family petition for Mr. M and worked with healthcare navigators to immediately get him enrolled in Medicaid. Once Mr. M had Medicaid, he was able to be placed on a heart transplant list and in the summer of 2018 Mr. M had a successful heart transplant. As a result of our work, Mr. M is living and thriving with his family and continues to receive Medicaid and the appropriate care that he needs. The Immigrant Health initiative funding also supports NOPIs work seeking to improve access to healthcare immigration detention facilities. As Federal Immigration enforcement arrests and removals continue to surge under the Trump Administration the human rights crisis in detention centers worsens. Lastly, just to kind of be aware of the time we are incredibly thankful for the support that we get from the New York City Council. With your support we are able to help those folks that her attained in

deplorable conditions. We thank you again for this tremendous assistance. Without you we would not able to do the work that I mentioned before and we ask that the funding continue in FY2020 for both NOPI and our community partners. Thank you.

CHAIRPERSON MARK LEVINE: And we appreciate that. You know it is very sad that we live in a society where you often need a lawyer to access medical benefits. Hopefully one day soon we will have single payer which would presumably eliminate that unfortunate obstacle. In the meantime, though it is important that attorney is available for low-income New Yorkers who need to fight for their right to access medical care. We know NOPI has been at the front, forefront of providing that and we are grateful for that service and certainly want to ensure your continued support.

ILYRIANA VERMON: Thank you.

CHAIRPERSON MARK LEVINE: Please thank you.

KEN ROBINSON: Good afternoon Chairman Levine. My name is Ken Robinson and I am the Executive Director for Search for a Safer New York Incorporated. Research for a Safer New York is a

consortium of harm reduction providers that has been established to oversee a pilot research study in the for of the operation of overdose prevention centers in New York City and state. Overdose prevention centers are facilities that allow people to consume preobtained drugs under the supervision of trained staff. They are designed to reduce the health and public order issues associated with public drug consumption. OPCs are also called supervised consumption sites, SAVE or supervised injection sites and drug consumption sites. I am here to ask for $2 million in City Council Discretionary Funding. As you all know we are in the throws and opioid induced public health emergency. I've heard that all day today so I know you guys all know it. I won't read the statistics to you that I have written here. I know you know them. I will mention perhaps the New York City numbers. Uhm according to the Department of Health and Mental Hygiene uhm there 1,487 overdose deaths here in New York City in 2017. According to their website during the first quarter of 2018 there were 360 confirmed deaths. If that trend continued New York City is on track for approximately 1,440 deaths in 2018. It should be noted that some parts

of New York City have overdose death rates that are among the highest in the state. Honorable City Council Members I employ you to fund this vital 2-year pilot research project. If for $2 million in discretionary funding. We have worked very hard to have the pilot study authorized in New York State. As a matter of fact, since I started as the Executive Director of Research for a Safer New York less than two months ago I have spent about half of my time in Albany lobbying for the authorization of the pilot research study. We have great support in Albany in both the assembly and the senate and we are confident that we are on the verge of authorization. We will not start any activities that can be considered illegal until we have authorization so there will not be an issue of city funds being used for illegal activities pursuant to Federal Law. It is imperative that we have funds available once authorization is granted to immediately start building the infrastructure for this life-saving work. For every week, every day and every hour that goes by without overdose prevention centers we pay the price in human lives. Ultimately that's what this is about, saving human lives, thank you.

CHAIRPERSON MARK LEVINE: Thank you very much for speaking out and for focusing on the terrible epidemic, thank you.

Chair Levine and staff member, thank you for hearing me today. I am with the New York Junior Tennis League NYJTL. My name is Scott Daily and I am the director of the program that we offer citywide. For the last 47 years the City Council has supported NYJTL. It is with your support that we are the largest provider of scholastic tennis programs throughout the Country. This past year we were all in all 51 Council Districts. Our demographics citywide 85,000 kids that we reached, 25% are black, 25% are Latino, 25% are Asian most of these are from the lowest economic status in the city. 70% of the kids are 10 years of age and younger. We address the issues of economic inequities throughout the City. We teach kids with special needs, District 75 kids, we all know that there are many health challenges facing kids together and population has a whole. We address these issues. With the Council's support we provide tennis all 12 month a year. During the school year, also we provide what we call School Time Tennis Training for Teachers, we train over 250

teachers every year on six full day trainings where they bring this sport into the schools for the kids. Our funding has remained flat for the last 11 years. Nothing more I can say. Back at 2008, I think minimum wage was somewhere around $7 an hour. You know where we are today with the minimum wage. I am here today to ask you for an enhancement of our Budget up to $1.2 million to under the Council's Physical Education and Fitness Initiative. It's with the continued funding by the City Council that we can continue to transform lives of the kids of the City of New York. I want to thank you again for all your support and your advocacy of helping 1000 kids in the City of New York.

CHAIRPERSON MARK LEVINE: Thank you very much. You have a great program in my district. So, I know about the quality of your work and uhm we appreciate that together with the roadrunner club you are also advancing physical fitness for our young people in the City. Thank you very much. Thank you to this great panel. We have uhm, quite an all-star cast coming up on the next panel. Don't let that go to your head anybody. Uhm we have uhm Reed Rellan from Housing Works, Robin Vitale from the American

Heart Association, Michael Devole from the American Cancer Society, Chelsea Golddinger from the LGBT Community Center, Brian Romero from GMHC, Gina Gladfedder from Live on. It's like in the Academy Awards they have to save some of the big awards until later in the evening so the viewers don't leave, so we have some prominent experts here uhm late in the hearing. You want to kick us off Reed, oh you can, either way.

GINA GLADFEDDER: Sorry and I'm here representing Live On New York. Uhm thank you very much Chair Levine and uhm you know for having us, giving us the opportunity to testify. Uhm Live On New York's Member Organizations provide core services that allow older adults to thrive in their communities such as Senior Centers, home delivered meals, affordable senior housing and case management. While most DFTA funded services are non-medical by definition their impact has a uniquely positive effect on the overall health of a senior and a reduction in cost that would otherwise be imposed on our healthcare system. In effect, these services are a network of cost-effective programs in every community that worked to holistically improve a

senior's quality of life and overall health. Uhm today I would like to highlight two key health impacts if I have time for two. I might only have time for one. One of the most important ways to help older adults remain in their homes and maintain their independence is by providing nutritious meals in the form of congregate and home delivered meals. For the majority of these meal recipients, these meals make up half or more of the nutrients and food intake for the day. Unfortunately, New York City pays nonprofits for senior center and home delivered meals at a rate 20% below the national average. This means that the City is paying for only 4 out of every 5 meals. Consequently, our Community based providers are struggling to keep pace with rising food and service cost. Adding salt to the wound, during DFTAs model senior center budget process, food costs, raises for kitchen staff and other kitchen related expenses were specifically excluded from the model budget uhm funds that were added. For these reasons, Live On New York recommends $20 million of new baseline funding to DFTA for congregate meals and $15 million for home delivered meals. Both investments will increase meal reimbursement rates closer to the

national average as well as increase funds for providers to pay their kitchen staff a living wage. I would also like to just uhm I'm running out of time here so I would like to highlight. Uhm you will find another one of our asks in our written testimonies around service coordinators and affordable senior housing buildings and the benefits they provide in terms of the overall health of older adults and the healthcare cost savings a large so thank you so much for your, for the opportunity to testify and for the support of Live On New York. We look forward to work together to make New York a Fair City for all ages.

CHAIRPERSON MARK LEVINE: Love Live On New York. Thank you for and thank you for focusing on the health angle.

GINA GLADFEDDER: Sure.

CHAIRPERSON MARK LEVINE: Uh we appreciate you being here, thank you. Reed?

REED RELLAN: Thank you so much Chair Levine for this epic hearing today. Uhm my name is Reed Rellan I am from Housing Works. We are the largest community-based service organization in the United states and I emphasize community-based. We providing housing services, medical, behavioral

healthcare services, harm reduction and job training services as well. Uh I am here today to speak on a number of issues and I have submitted the written comment so I will just express myself. Uhm with a few uhm highlights and emphasis. Uhm New York City really must continue to build on the success of it ending the HIV AIDS epidemic plan which you spoke about and with Dr. Daskakalas earlier today. Over the past uhm between 2013 and 2017, New York City has been able to decrease new HIV diagnosis by 32% due to this plan and I think that is a real example of uhm successful public health response that is put it is both community-based and also put in place by Legislators like yourself. Uhm we need to continue this in effect one of the components that needs to really be emphasized this year is ending AIDS deaths. I am someone who is living with HIV myself and saw my other die in 1996 of AIDS, a young colleague of mine is around my age of 30, he just lost a young person who is a very close of his to AIDS and I remember being in the LGBT Center about two years ago and saw somebody come in who was also in his 30s with lesions and uh he died later that year. So, we are still seeing these deaths and they really can be prevented.

Uhm I will refer you to the, the written comment here. Two things, one Housing Works strongly supports the unified viral hepatitis budget request and what you were, you referred to earlier as a resolution on eliminating viral hepatitis which we know, the consensus is globally and nationally that this is feasible but we really need to lead here in New York City. I was very glad to hear Commissioner Barbot say that the science is clear on the value of overdose prevention centers and that was really good to hear that from her. I heard you inquire whether it is in the administration budget but they did not really provide a response to that so we really need to followup and make sure that is funded this year. So, thank you for the time and I appreciate your chairship.

CHAIRPERSON MARK LEVINE: All excellent points Reed and Housing Works has been just incredible, incredible leader on these and some of the other issues and we will be fighting with you as long as it takes to get the City to do the right thing for New Yorkers living with HIV AIDS and those who are in the grips of substance abuse and the other challenges that you identified, thank you. Michael.

MICHAEL DEVOLE: Good afternoon Chair, good afternoon to the Council I thank you all for the opportunity to testify this afternoon. My name is Michael Devole I am the Director of Government Relations for the American Cancer Society Cancer Action Network. I just want to thank you and for all of the elder health advocates for testifying today. What an incredible hearing uhm in thinking about all of the advocates working on all of the different issues. It really is something for the City to be proud of. I just want to very quickly highlight four issue areas where ASC Can is recommending that the City Council and the Mayors office tackle in its budget. The City as we know has incredible financial resources and has tremendous budgetary authority. We are encouraging the City to look at four specific things, one increasing Access to Cancer screening, two reducing human papilloma virus related cancers, three helping all New Yorkers live at healthy weights and tackling the obesity crisis in the City and four reducing sun related skin cancer, something that is often forgotten but has a significant impact to the City. So specifically, recommendations wise currently New York City is funding the Department of

Health has a $1.35 million program for cancer screening for the uninsured. That program has been incredibly successful in the past three years and we think it should continue on. In fact, we are recommending that the problem be doubled in size to $2.7 million annually. Secondly, we are requesting that the City invest an initial down payment of $500,000 for the Department of Health to directly launch and HPV related cancer campaign. HPV vaccinations are cancer prevention vaccinations. We have very high vaccination rates in the City but we also have huge disparities in those vaccination rates across the City. We can change that by investing in the programs. Third, is and this is a much larger topic that I have had a lot of conversations with the Council on so I am not going to go into details but we do as we have said before need to invest in obesity prevention programs by focusing on those corner stores, focusing on those bodegas, focusing on insuring that every single neighborhood has access to healthy and affordable foods. And finally, as I said earlier, sun uhm skin cancer prevention. For the past two years, New York City has operated a pilot project at no cost to the city to provide free

sunscreen at every single park and beach in the City. The program has been widely successful. Unfortunately, the city just doesn't have the money to operate the program currently in its budget. So, we are asking for an allocation of $125,000 for to continue this program for two more years and at the same time to work with us and others to advocate to secure corporate sponsorship dollars to get this. But we don't want to go into 2019 sun season without having the program in place. Thank you so much. I appreciate all of your support and all of your efforts.

CHAIRPERSON MARK LEVINE: Thank you and uhm you said it very powerfully but what an incredible hearing this has been with testimony from so many wonderful voices. Very, very helpful that we have such strong leadership on public health. And from what I understand your advocacy for the additional cancer screenings, that would be, that funding would go to nonprofits who are in the community?

MICHAEL DEVOLE: No, so, so sorry I was trying to rush through it. So in the currently the Department of Health it is part of its baseline

budget receives there is $1.35 million that the Department of Health has RFPed out to actually, NYU receives the $1.35 million and what they have currently been using that money is for the past three years is a colon cancer screening program that identifies uninsured and underinsured New Yorkers who are in need for colonoscopies and then through a whole navigation program connect them to the city Hospitals in order for them to get their colonoscopies. There is also a breast cancer component to it as well so it is operated by the Department of Health or run by the Department of Health but then operated by NYU through that RFP. That 3-year RFP is up now and so the money needs to, we need to ensure that that continues on in the budget uhm and we believe that the money should actually be increased, not just continued.

CHAIRPERSON MARK LEVINE: Okay, thank you for that clarification. Every one of the suggestions that you made is going to have a huge return on investment uhm really it is wise for the city to spend money if we can front $125,000 uhm dramatically reduce the rate of skin cancer in New York City I mean my goodness, what better investment. That's

pretty affordable and got to be really impactful, so thank you for highlighting that. Thank you please

BRIAN ROMERO: Hello, uhm thank you Committee Chair Mark Levine and for the opportunity to testify today. My name is Brian Romero and I am a policy fellow at the Gay Men's Health Crisis or GMHC. GMHC is the worlds first AIDS first service organization. We are not for profit volunteer supported and community-based organization that has been a leader since 1982 in the national fight to end HIV and AIDS. As a member of the organization of the ending the epidemic task for it, GMHC is invested in utilizing comprehensive and evidence-based approaches in our contribution to fight and end AIDS. GMHC urges that investment be made to having education peers and syringe exchange program sites to provide post exposure prophylaxis, pre exposure prophylaxis and hepatitis C virus testing and treatment. Evidence based studies have pointed to success of pre exposure prophylaxis or PREP as a prevention mechanism for people who are at risk for contracting HIV. We believe that providing PREP education peers at harm reduction sites can increase New Yorkers Actions to PREP and what an addition to offset the

cost of co-locating uhm services by PREP. We also urge investments be made to increase actions to opportunities for employment, vocational services and peer work force placement for people living with HIV. As a social determinate of health, employment opportunities that are key strategy in helping our clients move out of poverty and better access other resources and gain financial stability. Employment has been found to have obvious good health and mental benefits for the clients we serve at GMHC. GMHC urges that the Council invest in conducting closely monitor a 2-year pilot of forced supervised consumption site of New York City. This would allow New York City to impact of supervising injection facilities. These sites have been found to reduce HIV and hepatitis C transmission and prevent overdose deaths in more than 90 countries all over the world. The City would benefit from compiling data on this efficacy right here. Finally, because we know that the epidemic does not impact everyone the same, GMHC urges that investment be made to expand outreach to women at risk for HIV. GMHC is intentional about ensuring our programming is geared toward populations that are most impacted. Women make up 1/5 of new HIV

diagnosis. When we did this by race, we know that almost 93% of new diagnosis of among women of color. With black women making up 61% of new diagnoses. Therefore, we need to expand outreach to women at risk for HIV by Community-health centers and community-based organizations. Thank you for your time.

CHAIRPERSON MARK LEVINE: Thank you Brian. Do you have an update on where the State Health Department is at on approval of safe injection sites?

BRIAN ROMERO: I believe that the Commissioner did not provide approval at this point. Maybe my colleagues know more.

MICHAEL DEVOLE: We were trying to get the State senate and assembly to put it in their one house budget and they did not do that but we are going to circle back with both after the budget session.

CHAIRPERSON MARK LEVINE: This could be done budgetarily without?

MICHAEL DEVOLE: It could be done budgetarily, it could be done legislatively and it could be done just by the Governor's pen without

either of those things which is what he promised that he would do. It really is a major problem that one year after. I think its been.

CHAIRPERSON MARK LEVINE: How long has it been since the City came to an agreement on this?

BRIAN ROMERO: It was I believe May 3 of last year.

CHAIRPERSON MARK LEVINE: Okay we are.

BRIAN ROMERO: Or 4th.

CHAIRPERSON MARK LEVINE: So, we're, approaching one year since we could have actuated this plan and it, we've learned today or I learned today that the rate of overdose death has gone up again. Again, in the past year and, and tragically in the interim one of the four sites planned for this pilot has lost its lease. It's really, uhm it just unacceptable that we are delaying and so we, we joined you in advocacy at the State Level. This just has to be done as soon as possible and yes, the City has to fund it. Uhm this can't happen without funding and so we, we, join you and GMHC and all of the other great partners in this effort to get this done. Thank you. We will followup with you. Okay. Robin.

ROBIN VITALE: Thank you Chair. I'm going to be as brief as possible because I think we have spoken to you and your team about several of these proposals. My name is Robin Vitale. I serve the American Heart Association. We are here to ask for the City to invest in vital programs that help to not only promote health and prevent heart disease and stroke but also take care for those that have already been diagnosed. Specific to the healthy food access campaign which my colleague Michael Devole eluded to, we are asking for an investment of $50 million to expand snap incentives known as health bucks in the City. Making sure also that we have the built environment to actually purpose fresh fruit and vegetables by investing $10 million for a City specific healthy food finance initiative and $3 million to help those existing corner stores or bodegas to invest in the vital infrastructure that provides refrigeration and other items to make sure that fruits and vegetables are more readily available in all of our neighborhoods across the City. Before I Segway off of that topic you brought up a very important point around physical fitness and we are providing testimony to the Department of Education

and not a committee hearing on those issues. You will be hearing a lot about that important priority as well from the Heart Association. I also wanted to make sure that in the light of the current physical environment that this committee is keeping an eye on the potential cuts that the health department might be considering. Looking at specifically the very well performed, performing tobacco control program here in the City making sure that as we are pursuing other policies and we anticipate more New Yorkers will be seeking cessation services that that Bureau of Tobacco Control is going to be a continued priority for this Council to keep an eye on. We want to make sure that as we talked to you last year about the HUD will go into effect. The continued focus in the City to further advancements against tobacco addiction that we are supporting all New Yorkers in that effort. Additionally, the Health Department has prioritized a wonderful focus around management of hypertension, the new Take the Pressure off NYC initiative is a wonderful collaborative. We want to make sure that that work continues and we are asking for a $1 million investment for the City Health Department to really elevate and amplify that work.

Lastly, we are fully supportive of the NYC Care initiative in making sure that New Yorkers have access to vital preventative care as well. And also, we are talking to other Council Members relative to access for these life saving devices and automated external defibrillators. We would love to have the chairs focus on that issue, particularly the Beating Hearts Initiative that has been funded by Council for the last several years and making sure that we are really truly achieving universal access to those devices.

CHAIRPERSON MARK LEVINE: Thank you very much and boy it would be a huge mistake if we cut smoking cessation programs at a time when the rate is increasing again for adults. So. We are going to be really vigilant. I wish we know more about where these cuts are going to fall. It is unfortunate today that we didn't have that detail but we are going to be extremely, extremely mindful of avoiding impact on programs that matter to New Yorkers Health and I know you will to and we look forward to partnering and thank you for always speaking out on so many matters of importance to public health in New York City Robin. Thank you. Chelsea.

CHELSEA GOLDDINGE: Hello I'm Chelsea Golddinger Government Relations Manager at the LGBT Center. We are the largest LGBT Center in the East Coast and the second largest nationally. A lot of my colleagues have already covered the issues of importance, specifically around the transgender community. I just want to echo the sentiments especially on forums we hear time and time again that well it sounds simple to us that is one of the most cumbersome processes for doctors and hospitals to change. I'm going to focus on two other items that we hear pretty constantly. The center has the only state specific LGBT outpatient substance use program. We had initially founded this over 10 years ago for adults and recently expanded it to youth which is also similarly the only substance use license program for LGBT specific youth outpatient. LGBTs as you may be aware are actually 190% more likely to have used substance use in their lifetime compared to their heterosexual counterparts. Living with data like that, which is like to call attention to ensuring to continue to fund and expand fundings for those programs specifically focused on the community. The second thing that I did want to point out which I

know Reed had spoke to a little bit as well, on the end of the epidemic funding. We had recently expanded our HIV AIDS testing to five days a week due to overwhelming wait lists that we receive consistently and inability to serve all the folks coming in our doors and we have also recently launched our PREP and PEP awareness campaign to the Spanish speaking communities which I think often in these conversations we don't always think specifically about those intersectional identities of HIV AIDS and immigrant community and the segment that they are ensuring that they are actually getting tested and more importantly getting that treatment. So, I would definitely like to encourage folks to continue supporting on those two initiatives. And otherwise I will end it there. Thank you

CHAIRPERSON MARK LEVINE: That's great, so you have a waiting list for HIV testing at the center?

CHELSEA GOLDDINGER: Yes.

CHAIRPERSON MARK LEVINE: Does that reflect rising awareness in the community about that?

CHELSEA GOLDDINGER: Yeah, I think it is a mix of both which is really great. Why we have

done a texting campaign for the past a big campaign a couple of years ago and currently doing it in the Spanish Speaking campaign to parallel that. You think it is in part that? I think that that's why we continue to fund it because the goal would be of course to end, end the epidemic.

CHAIRPERSON MARK LEVINE: Let me add that that is an optimistic piece of news that people are seeking out testing but then it would be terrible if they have to, if they are either denied the test or the test is unnecessarily delayed so we got to expand capacity to center it elsewhere but.

CHELSEA GOLDDINGER: And I think the only thing I would add in that is also ensuring the people understand what PREP and PEP area, I think we have a ways to go on that piece of the puzzle.

CHAIRPERSON MARK LEVINE: There are Spanish language ads I believe now on subways. Is that is that your campaign?

CHELSEA GOLDDINGER: No.

CHAIRPERSON MARK LEVINE: Is that the health department?

CHELSEA GOLDDINGER: I think so, Reed might know?

CHAIRPERSON MARK LEVINE: Yeah that's leased New York City DOHMH Campaign.

CHAIRPERSON MARK LEVINE: Okay. And how do we feel it has been effective and anyone?

REED RELLAN: I've heard from Latino Commission on AIDS that it has been very effective.

CHAIRPERSON MARK LEVINE: Okay, that's, that's great. Well hopefully that will drive more people coming in for testing. Thank you very much, great panel, thank you for all of your leadership. We have one final panel and we are continuing to have it stocked with really important leaders and I am so glad that you have stayed until the end so we have representing planned parenthood, Pascal Bernard, representing New York State Nurses Association Judith Ledshed as well as Ann Bolle also from the nurses. From the visiting nurse service of New York, we have Sharon Whittington and from the African Services Committee we have Amanda Kagg, sorry if I'm mispronouncing that and from the Story of Queens, Sharing and Caring we have Anna Corelle. Okay uhm you know this has just been. I'm, well we are happy to start with you, please kick it off.

PASCAL BERNARD: Uhm good afternoon my name is Pascal Bernard I am the Vice President for Public Affairs or Planned Parenthood. Chair Levine thank you so much for convening this hearing. Planned Parenthood of New York City as many of you know provides essential sexual and reproductive healthcare, innovative education programs throughout the five boroughs, this year we face additional federal threats to funding and we again turn to the City Council for your continued generous support. For many New Yorkers Planned Parenthood is the primary link to healthcare where they turned for their annual checkups, breast screening, reproductive of sexual health initiatives helps us to meet ongoing funding needs for our education and health including our low income patients who often do not have health insurance because of their immigration status or safety concerns and at planned parenthood we would like to take care no matter what. Additionally we are very excited to apply for the Trans-Equity program and access health initiatives for the first time PPNYC offers a variety of services to the LGBT Community including hormone therapy, STI testing and treatment PREP PEP, we currently offer transgender

hormone therapy at our Brooklyn Center but we are very excited that we are going to expand to our other four centers including Staten Island by the end of the year. We are requesting funding through the Trans equity Initiatives Program uhm to support our Commitment to ensuring that all services including gender affirming care and medication are provided in a culturally and gender inclusive manner at our health centers and I was here for the previous testimony we would love to work with you as you work with the City to figure out how to do the intake forms because people come into our health centers and we work with them and we know what their, whether they are sis gender or trans gender and we do it again in a culturally confident way. The rest of my testimony is, has been submitted and so it is written I won't take up any more time.

CHAIRPERSON MARK LEVINE: I know you are in a hurry we thank you for speaking and waiting. Did you customize the forms? Are you mandated to use a certain form by?

PASCAL BERNARD: So, what happens is when they come in our providers through regular doctor patient conversation cover that.

CHAIRPERSON MARK LEVINE: Okay.

PASCAL BERNARD: And our staff is trained, we have uhm we have staff that are especially trained to work with transgender patients and so we would love to provide whatever you know learned knowledge that we have and share it with you and the other people.

CHAIRPERSON MARK LEVINE: It sounds like our public hospitals could benefit from that. Thank you for speaking out and we know that you have to leave so please don't delay, thank you for waiting. Okay. Please go.

ANN BOLLE: My name is Ann Bolle I am board of directors' member CPHS as well as New York City Nurse's Association and my colleague is actually going to talk about how New York City Health and Hospitals has dealt with the issue in terms of what was just being discussed.

CHAIRPERSON MARK LEVINE: Great.

ANN BOLLE: Uhm I just wanted to duck tail Anthony Feliciano in terms of the fact that looking at behavioral health issues. A number of hospitals have closed in New York City area, subsequently increasing the census and the need for

people with behavioral health issues with safety net hospitals as well as public hospitals have to pick up. Safety is always an issue but I retired from Bellevue Hospital last year after 40 years of service and one of the issues that I left that is still there is the fact that there were 16 employees in our psych emergency who were out on disability and the issue there really lent itself the geography of those emergency rooms. Not just Bellevue but the emergency rooms in general. Patients were on top of patients and subsequently there needs to be not only consideration in terms of staffing with regards to those resources necessary but also the geography and the space needed to receive those patients accordingly. So, in terms of looking at City Budget and looking at Capital Budgets that may be put out there by New York City Health and Hospitals in terms of expanding those resources are vitally important. Also training in terms of crisis management to support that as well. I know at Bellevue if you were at what we used to call the general hospital meaning you didn't work in psych it is required that you take a full day in terms of training with regards to crisis management and then those individuals working

in psychiatry had to take a five day course accordingly. And if that could be expanded to make sure that it is consistent in all of the New York City Health and Hospital Services with regard to psychiatry as well. So just to look at behavioral health in terms of making sure that we have adequate staffing, geographic resources as well as training and a City Council could be there to help support New York City Health and Hospitals and their framework. Thank you

CHAIRPERSON MARK LEVINE: Thank you so much.

JUDITH LEDSHED: Hi thank you for affording me the opportunity Councilman and assembly. I introduce myself as Judith Ledshed. I am the executive council president of the New York State Nurse Association. I also sit on the board of directors. I have prepared the written testimony that my colleague already submitted. First, regarding the budget, we are concerned that many important programs are being cut with federal and state threats of funding for healthcare New York we are concerned that the city is proposing to cut $12 million in disease prevention and treatment programs

including HIV AIDS funding. More than $8 million environmental health programs are most likely in preventative and primary care programs. I urge the council to reject these cuts and to maintain or increase the funding for these basic programs. Regarding the Mayor's New York City Care proposal to provide health coverage for all 600,000 uninsured New Yorkers strongly support of this proposal. The plan relies on the New York City Health and Hospital to provide healthcare for those uninsured patients. We already provide the vast majority of care for Medicaid to uninsured patients and we have a better system to expand and include more patient and communities that provide however hospitals are not interested in it. These cuts will hurt New York City Health and Hospitals and other New York City area Safety Net Hospitals much harder than other hospitals. It is critical that the City Council does all that it can to fight these cuts which will devastate the hospitals in the city. The rest of these can be obtained out of the what we have already submitted and in reference to H and H and the uh transgender population we do have an assessment of Nursing and Medical Core it asks sexual and gender

identity, sexuality, gender identity, patient gender identity at birth, pronouns. It asks for organ inventory and it also asks what you prefer to be called. Thank you.

CHAIRPERSON MARK LEVINE: That is extremely helpful to hear and does, does NYSNA train its members of how to sensitively serve transgender community?

JUDITH LEDSHED: Actually New York City Health and Hospitals has multiple training programs and there is an initial introduction and then there is one very specific to understanding the physiologic behind caring for somebody with transgender.

CHAIRPERSON MARK LEVINE: And all of your members received that training at this point?

JUDITH LEDSHED: No.

CHAIRPERSON MARK LEVINE: Or is it so the numbers are so large that it is taking some time?

JUDITH LEDSHED: Its something that New York City Health and Hospitals has put forward and it is a very large undertaking.

ANN BOLLE: It is mandatory.

JUDITH LEDSHED: Yes.

CHAIRPERSON MARK LEVINE: Its mandatory but it may take several years to reach everybody? What is the timeline?

JUDITH LEDSHED: There is like 17, in Bellevue there is 1700 nursing personnel so not just RNs but the entire staff needs to have those introductory and just a we do crisis management, also that type of class needs to be given as well and the personnel resources in regards to somebody giving the classes as well as being able to released to take the classes are the things that have to be orchestrated. But they are available. And there's a great effort to get that accomplished.

CHAIRPERSON MARK LEVINE: Thank you for adding that perspective, it is always important to hear the perspective of nurses on this and every issue and we appreciate you speaking out today. Thank you both for being here today. Go ahead.

SHANNON WHITTING: Hello Chair Levine and City Council Health Committee, my name is Shannon Whittington and I am the gender affirmation program director at the Visiting Nurse Service of New York. Today we are requesting $350,000 in funding for our Gap program and I will explain why. We are the

largest not for profit home care agency in the nation. We've been in business for 126 years serving needy New Yorkers and based on the testimony that you heard earlier I'm sure that it comes as no surprise how much transgender individuals needs proper healthcare and that is what we are doing at the Visiting Nurse Service of New York. For three years, we have been servicing patients who have undergone gender affirmation surgery. We have provided care to over 350 patients who have undergone this life changing surgery. I personally have trained 200 clinicians, nurses, therapists, social workers and taken are of these patients. It is gone really, really well but in the 3 years that I have been doing this program I have identified quite a few gaps and one of the gaps is that even though the insurance pays for the surgery there is incidentals that aren't covered so some patients don't have enough money for their medications or supplies or transportation to the doctor. That is a big issue. Another thing that we would like to do is follow these patients after we have discharged them into the community to see how well they are assimilating and adjusting so we would need a full-time social worker or that. And the

other thing that we would like to do there is such a paucity of research in home care in general we would like to do a qualitative longitudinal study on this population to see what it was like to have a clinician that was trans-educated and understood how to care for this population. Those are our asks today. Thank you for listening. Thank you and thanks for being way ahead of the curve on serving New Yorkers of trans-experience and we understand there is a critical gap that needs to be filled there.

SHANNON WHITTINGTON: Absolutely.

CHAIRPERSON MARK LEVINE: Uhm and we will certainly be advocating for you in the Budget Process.

SHANNON WHITTINGTON: Much appreciated.

CHAIRPERSON MARK LEVINE: Got it, thank you. Please.

AMANDA ZAGG: Good afternoon Chair Levine and Health Committee Members and thank you for the opportunity to speak to you today. My name is Amanda Zagg with African Services Committee in District 7. African Services Committee is a 37-year-old social service organization based in Harlem where we provide

a range of social services and health services to the African Immigrant Community of New York. We urged the City Council to fully fund the Unified Viral Hepatitis 2020 Budget Proposal and to pass the resolution committing the City to the goal of HBV and HCV elimination. This goal of HBV and HCV elimination in New York City is fully consistent with the world health organizations adopted goal of global viral hepatitis elimination. African services serve over 3500 immigrant New Yorkers from across Africa and the Caribbean each year with hepatitis B and hepatitis C, HIV, tuberculosis, sexually transmitted infection screening and navigation to medical evaluation care and treatment. Chronic hepatitis B infection affects more than 11% of African services, African immigrants' clients screened and another 10-15% of clients screened on non-immune and vulnerable to hepatitis B infection not having received the hepatitis B vaccination series. These sobering statistics include children, adolescents, adults and the elderly while the best opportunity to prevent infection still is to intervene at birth with a hepatitis B vaccination birth dose. Low cost affordable hepatitis B vaccination sites for adults;

however, are few and far between. There is one site to be exact of the fort green health center. That is for the low-cost affordable vaccinations. Separate from the hospitals. Of 514 clients who were screened for hepatitis B by African services in 2018 none were identified as known household contacts of a hepatitis B chronically infected person although we know that hepatitis B is readily transmitted within families from older infected people to infants and children. We simply fail to investigate and find those infected contacts for lack of resources to do so. Case finding and screening of household contacts is an important strategy for eliminating hepatitis B transmission but this takes concerted community effort on part of the dedicated and funded community health workers who undertake case finding to identify and screen chronically infected contacts who are unaware of the risks of viral logical status. With City Council support, we can make a huge impact on hepatitis B and interrupt the progression of hepatitis B chronic infection to liver disease or liver cancer. In countries where hepatitis B vaccination is not retained the cycle of transmission continues. City Council support of Community

Hepatitis B screening, contract tracing, linkage to care and treatment and vaccination of the non-immune makes all the difference in the numbers of people who are protected from or treated from hepatitis B which is indeed the silent killer. Thank you for your time.

CHAIRPERSON MARK LEVINE: Thank you and and the statistic that you have cited. So, you've had over 500 cases of diago… where you have diagnosed someone hepatitis B.

AMANDA ZAGG: We've screened 514 clients just in last year in 2018 but none of them, let me say none of them were identified as household contacts, like they, they, no one else in their family, in their living situation had hepatitis B so we were unable to tell where they, where it was contracted from.

CHAIRPERSON MARK LEVINE: So, does this imply that there is a huge number of undiagnosed cases?

AMANDA ZAGG: I would assume so, correct.

CHAIRPERSON MARK LEVINE: Uhm.

AMANDA ZAGG: A lot of yea, a lot of our community uhm I believe as the Doctor from Monte

Fiore on the panel a few panels back uhm spoke a large number of our community is unaware of, of hepatitis B uhm their vulnerability to hepatitis B and of course because they are immigrants in the political climate that we find ourselves in today. There is a lot of reticence about going forward for any kind of preventative or wellness care of the fear of just giving their name to anyone who may appear governmental or such.

CHAIRPERSON MARK LEVINE: Well you cannot tackle and epidemic unless you start by diagnosing.

AMANDA ZAGG: True.

CHAIRPERSON MARK LEVINE: And therefore, then moving to treatment and we are failing at the diagnosis stage here that's, that's very scary and we definitely need to allocate additional resources to tackle this. Uhm I know that African Services Committee has done amazing work on this and proud to represent you in the City Council.

AMANDA ZAGG: Thank you very much sir.

CHAIRPERSON MARK LEVINE: And finally.

ANNA CORELLE: Good afternoon my name is Anna Corelle I am founder and president of Astoria

Queens Sharing and Caring. Thank you, Chair Levine and members of the Committee for the Council's longstanding support of commitment, to women's health issues. This year we are seeking $250,000 in Council citywide funding under the Cancer Services Initiative. Funding at this level will enable us to expand our community health outreach events including our partnership with the Queens Public Library System and our Be a Friend to your Mother High School Outreach Program to communities we are currently unable to serve due to limited resources. Currently, we are serving 9 out of the 14 Queens Council Districts as well as 2 Districts in Brooklyn and one District in Manhattan. We are also assisting several cancer survivors in Staten Island. Increased funding would enable us to provide 25 additional high school outreach and/or community health forum workshops throughout Queens. Council funding has allowed sharing and caring to assist those coping with cancer with an emphasis on medically underserved, uninsured and linguistically isolated populations throughout Queens. We assist approximately 6 to 10,000 individuals a year providing cancer awareness education, linkage to free or low-cost cancer

screening and treatment, patient navigation, case management, family support services, community wellness programs, individual and group counseling facilitated by our licensed clinical social worker. Additionally, we provide assistance with insurance matters, transportation to and from treatment, chemotherapeutic drug coverage, surgical camisoles, mastectomy bras, prosthesis and wigs. In this, Sharing and Caring's 25th Anniversary year my board and I are extremely grateful for the Council's continued support. On behalf of those we serve I think you.

CHAIRPERSON MARK LEVINE: Thank you Anna and thank you to this panel and a phenomenal, phenomenal hearing this has been. I can't remember a hearing where we had more powerful voices from the public who spoke out on so many different topics. Thanks to all of you who stayed, who spoke. I am thrilled that his will now be entered into the record. It will be scribed, the video will be available on the website and I have no doubt that this will shape the public health budget for this city this year, I am going to make sure of it. Thank you all very, very much this concludes our hearing.

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 May 13, 2019