CITY COUNCIL
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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON WOMEN AND GENDER EQUITY
JOINTLY WITH COMMITTEE ON HEALTH

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B E F O R E: Helen K. Rosenthal,
Chairperson for Committee on Women and Gender Equity

Mark Levine,
Chairperson for Committee on Health

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Brad S. Lander
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Robert Holden
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A P P E A R A N C E S

Dr. Demetre Daskalakis
Deputy Commissioner for the Division of Disease Control at the New York City Department of Health and Mental Hygiene

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DR. Marisa Nadas
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Scout Silverstein

Native New Yorker who is both intersex and transgender

Bria Brown-King
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A P P E A R A N C E S (CONT.)

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Legal Director at InterACT

Shivani Parikh
Member of the National Asian Pacific American Women's Forum also known as NAPAWF

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Olivia Pearl
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A P P E A R A N C E S (CONT.)

Da In Choi
Member of the national Asian Pacific American Women's Forum in New York City

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Phoebe Suva
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Jennifer Tsai
Emergency Medicine Physician at Yale University

Shruti Rana
Mother, a lawyer, and a Professor at Indiana University

A P P E A R A N C E S (CONT.)

Abraham Gross

Becca Asaki
Organizer with the National Asian Pacific American Women's Forum NAPAWF in New York City

Ariel Hsu
Member of the National Asian Pacific American Women's Forum New York City

Sharlene Daba-ay
Daughter of Filipino immigrants, Bronx Native and a Member of National Asian Pacific American Women's Forum

Nichelle Gaumont
Member of the National Asian Pacific American Women's Forum in New York City

Jaslin Kaur
Speaking in support of Resolution 920

Linda Morris
Civil Rights Attorney in lower Manhattan

Madelyn McKeague
Speaking in support of Resolution 920

Phoebe De Padua
Member of the National Asian Pacific American Women's Forum New York City Chapter

SERGEANT POLITE: Recording to the clouds all set.

SERGEANT HOPE: Thank you. Good morning and welcome to today's New York City Council Remote Hearing on Women and Gender Equity jointly with the Committee on Health. To minimize disruption, please place all electronic devices to vibrate or silent mode, thank you.

If you wish to submit testimony, you may do so at testimony@council.nyc.gov, I repeat, testimony@council.nyc.gov. Thank you for your kind cooperation. Chair's, we are ready to begin.

CHAIRPERSON ROSENTHAL: Thank you so much Sergeant Hope and good morning everyone. Thank you for joining today's virtual joint Committee on Women and Gender Equity and Committee on Health hearing on Sexual and Reproductive Rights in New York City.

I need to gavel in. [GAVEL], that was mug, my coffee mug. So, we are going to change things around a little bit this morning because we only have the wonderful Dr. D. from the Department of Health or

just 50 minutes. And so, if I could beg everyone's indulgence, we are going to turn things around a little bit. I am going to forego my opening statement until 11 o'clock. At which point, all Council Members will give their opening statements and we will proceed from there.

What I would like to start with is if we could swear in Dr. D. and then I will welcome all the Council Members who are present and then all Council Members, you have — I am making this up, so someone can text me if this a problem. All Council Members have three minutes to ask their questions of Dr. D. and then at 11 o'clock we are going to start this hearing as it would usually proceed. At which point, the Department of Health has three health professionals who will be here to answer questions and they can explain that themselves. So, with that in mind, may I ask our Committee Senior Policy Analyst Chloe Rivera to swear in Dr. D.

COMMITTEE COUNSEL: Thank you Chair Rosenthal. My name is Chloe Rivera and I am the Senior Policy Analyst of the Committee on Women and Gender Equity at the New York City Council. I will be moderating today's hearing and calling on panelists to testify.

First, I will read the oath for Dr. Demetre Daskalakis. Do you affirm to tell the truth, the whole truth and nothing but the truth before these committee's and to respond honestly to Council Member questions?

DR. DEMETRE DASKALAKIS: Yes, I do. Yes, I do, thank you.

COMMITTEE COUNSEL: You may begin when the Sergeant gives you the queue.

SERGEANT PEREZ: Chloe, there is no time for the doctor, he can just go.

DR. DEMETRE DASKALAKIS: Okay, great thank you. So, first of all, I wanted to thank you Chair's Levine and Rosenthal and members of the Committee's for having me. I do apologize for being the cause for some disruption in your schedule. I do appreciate the opportunity to spend more time with you. I also want to in advance say that we have some other colleagues, both from the Department of Health, Commission on Gender Equity as well as the Health & Hospitals system who will help with some of the areas that they are specifically focusing on.

So, I will start by saying, I am Demetre Daskalakis, the Deputy Commissioner for the Division

of Disease Control at the New York City Department of Health and Mental Hygiene. And on behalf of our Commissioner, Commissioner Chokshi, I would like to thank you for the opportunity to testify on the Health Department's work to protect New Yorkers' sexual and reproductive rights and for the City Council's continued partnership in this work.

Even as we work to stop the spread of COVID-19, the Health Department remains committed to ensuring that New Yorkers have access to the sexual and reproductive health services and programming that they need. The Health Department has an expansive portfolio aimed at improving New Yorkers' sexual and reproductive health. Though COVID-19 initially presented challenges to in-person engagement and service delivery for critical work such as HIV services, we quickly adapted to this new normal and have reimagined our approach to reach New Yorkers in brand new ways.

For example, while maintaining limited in-person services at our Chelsea Clinic for urgent needs, we launched the NYC Sexual Health Clinic Hotline for STI and HIV telehealth services so that we could ensure continued services while the City was in a period of

widespread community transmission. We are now currently in the process of re-opening our clinics and, as of today, three of our eight Sexual Health Clinics are open and offering walk-in services.

COVID-19 has not stopped us from enhancing services to better serve New Yorkers. I am excited to share that we recently launched long-acting reversable contraception, or LARC, services at our Fort Greene and Jamaica Sexual Health Clinics. Another exciting development is that, as of September, all of our Sexual Health Clinics are now co-located with COVID-19 Express. These are COVID-19 testing sites with results within 24 hours or less and we are also in the process of rolling out flu vaccinations at some of these sites.

So, we are really proud to have built these community health sites to have the capacity to quickly convert and expand their services during public health emergencies. Our NYC Health Map has long been a source for New Yorkers to find sexual and reproductive health services, including services targeted at LGBTQ+ and youth. To accommodate changes to service offerings and delivery during COVID-19, the Health Department developed online directories of

providers currently offering in-person and telehealth sexual and reproductive health services, as well as our PlaySure Network providers currently offering HIV and STI testing, as well as HIV pre and post exposure prophylaxis and other services.

We also developed some home delivery health services. Launched in April 2020, our Community Home HIV Test Virtual Giveaway offers participants coupon codes from nearly 60 partner organizations to redeem online for a free HIV self-test kit delivered to their address. We promote this program via social media, dating and hook-up apps, text messaging and email, and the majority of participants are among communities most affected by HIV, including Black and Latina women and Black and Latino men who have sex with men.

The program has distributed over 2,000 HIV self-test kits. Our PEP hotline also began distributing 28 days of PEP, rather than just a starter pack, during the first few months of the public health emergency. This was a critical stop gap to provide services while people were staying home and largely refraining from in-person medical services. And in June 2020, our New York City Condom Availability

Program launched Door 2 Door, a service through which New Yorkers could order free condoms and other safe sex products via home delivery.

Door 2 Door distributed over 322,000 safe sex products to New York City residents, greatly exceeding expectations during its pilot phase. The Health Department has also adjusted engagement with New Yorkers related to reproductive health and services, moving to largely virtual formats but also working to address the unique needs presented by COVID-19 for many families. Our Newborn Home Visiting Program and Nurse Family Partnership providers have implemented telehealth services for families and children. Preliminary evaluations suggest that telehealth has increased the capacity of program nurses and community outreach staff to conduct more client engagements each day since they no longer need to travel.

During the spring, the Health Department also supported families and new parents by distributing essential resources, such as diapers, baby wipes, and feminine hygiene products. Additionally, the Health Department has continued its critical efforts to address maternal mortality through coordination of

the Maternal Health Quality Improvement Network or MHQIN and the convening of the Maternal Mortality and Morbidity Review Committee. Spearheaded by the Health Department and in partnership with NYC Health & Hospitals, the MHQIN is a comprehensive strategy with New York City public and private maternity hospitals to address the root causes of persistent racial and ethnic disparities in maternal mortality and severe morbidity, with an emphasis on establishing an in-house quality improvement process.

At the start of the pandemic, there were some challenges. For example, case reviewers were not allowed on site at hospital facilities, hospitals were unable to continue their monthly scheduled calls and in-person trainings had to be changed to virtual meetings. But since May, we have reinstated monthly calls with most of the MHQIN hospitals and case reviewers have resumed at most sites. Both our doula capacity-building and implicit bias trainings have moved from in-person to virtual modalities.

Furthermore, MHQIN, the Birth Justice Defenders continued their engagement efforts in communities impacted by maternal health disparities and worse health outcomes. We have worked tirelessly over the

past eight months to release as much guidance as possible to help New Yorkers navigate the pandemic and stay healthy. In March and June, we released our very popular guidance on safer sex and COVID-19, which other health departments and community-based organizations having subsequently used it as a model for their own guidance.

Our guidance received widespread media coverage and was even featured on Saturday Night Live and the Late Show with Stephen Colbert. We also created COVID-19 pregnancy resources for people who are pregnant, breastfeeding or caring for newborns, or infant feeding during the pandemic, guidance for doulas and a community resources guide for pregnant and postpartum families. We released guidance for providers on COVID-19 and HIV, Pre and post exposure prophylaxis best practices during COVID-19, maintenance of HIV and STI services during COVID-19 and treating STIs during COVID-19.

Recognizing the importance of addressing social determinants of health, which have been deepened by the pandemic, our New York Knows initiative disseminates weekly digests on COVID-19-related topics, including coping with grief, food and

financial assistance, telework and tips on protesting safely, to hundreds of community partners citywide. I will now quickly speak to the bills being heard today.

First is, Intro 2064-2020, Intro. 2064 would require the Health Department to create an advisory board for gender equity in hospitals. As we strive to create a more equitable health system, promoting gender equity is crucial to improving outcomes, particularly for underserved patients and communities. We support the creation of a gender equity advisory board and would like to discuss further with Council the proposed composition of the advisory board, which would be required to represent the racial, ethnic, socioeconomic, age and gender diversity of New York City, with an emphasis on representing groups that disproportionately face barriers to accessing care. We also suggest the board recommend measures to address gender equity in healthcare settings, not just hospitals and among both staff and patients.

Intro. 1662-2020, Intro 1662 would require the Health Department to provide mandatory annual training to staff at locations where lactation rooms

are made available, and to develop protocols for providing access to the rooms and cleaning and maintaining them. The Health Department would also be required to inspect the lactation rooms at least quarterly. Although the Health Department supports the right to a safe and clean lactation space for breastfeeding persons, we do not currently have a program for inspecting lactation spaces at other city agencies and our inspection workforce is already stretched with COVID-19 related enforcement.

Access, cleaning and maintenance of lactation rooms is currently done on a site-by-site and agency basis depending on the security and logistics of each building involved. Given this, and the current fiscal situation, the Department cannot support a new inspection program at this time.

Intro. 1625-2020, Intro. 1625 would require the Health Department to make long-acting reversible contraception, LARC available at its health centers and to offer related cultural competency training to our employees. While we are supportive of increasing access to LARC, given the current fiscal situation, we have concerns about our ability to make it available at all of our Sexual Health Clinics at this

time. LARC is now available at our Fort Greene and Jamaica Sexual Health Clinics and we continue to offer information on how patients can access LARC and offer referrals at our Sexual Health Clinics.

Intro. 1748-2020, Intro. 1748 would require the Health Department to implement a public information and outreach campaign regarding medically unnecessary treatments and interventions in infants born with intersex traits. Although the Health Department supports the intent of this bill, we are currently prioritizing COVID-19 communication campaigns and previously planned budgeted campaigns on other topics given the ongoing pandemic and the City's fiscal crisis. We appreciate Council's interest in this area, as the practice of assigning gender through corrective surgery and the harm it can cause is largely unknown by the public.

Providing parent education about this practice would go a long way to inform parents and prevent nonconsensual intersex surgeries from occurring. We would be interested in discussing this idea further with Council, as well as with our partners at NYC Unity Project and community advocates who are leaders in this space.

Our staff have been quite literally been working around the clock over the last eight months to combat the COVID-19 pandemic and continue the agency's other critical work. We remain fiercely committed to protecting the health and safety of all New Yorkers during this unprecedented time for public health. I want to thank Chairs Rosenthal and Levine for holding this hearing today. We are proud to be partners in this work and I am happy to answer any questions, as well as call upon my colleagues to assist with any questions as well. Thank you very much.

CHAIRPERSON ROSENTHAL: Thank you very much. I am going to forego questions at this time and turn it over to Council Member Levine. Oh, sorry, I am supposed to recognize my colleagues who are here, my apologies. We are joined today by Council Member Barron, Council Member Rivera, Council Member Dromm, Council Member Holden, Council Member Adams, Council Member Ampry-Samuel, Council Member Kallos, Council Member Lander, Council Member Louis. If I have missed anyone, if somebody could please let me know.

CHAIRPERSON LEVINE: Well, thank you so much Chair Rosenthal. I am really pleased to be Co-Chairing this hearing with you and I want to thank

you for all you have done to shepherd this important package of legislation forward to this hearing today. An extremely important topic at a critical time and I want to thank the Bill sponsors here who have contributed to this important package, Council Members Dromm, Rivera, Cornegy, Ayala, Ampry-Samuel and Chin.

Commissioner Dr. Daskalakis, I want to first thank you for what you have done for New York City over the past eight months for working as pretty close to around the clock and seven days a week, as I think anybody I have ever witnessed to fight this pandemic as the person who is in charge of disease control, the Health Department. I am really grateful for your leadership and I think New Yorkers should be as well. Thank you for that.

I do want to ask about first the impact of this pandemic on the city's provision of critical sexual and reproductive health services. Can you clarify the Health Departments eight sexual health clinics. They did indeed seize much if not all in-person operations during the worst of this crisis correct.

DR. DEMETRE DASKALAKIS: I am sorry, I accidently muted myself. So, we — thank you, thank you Chair

Levine again for the great sort of sentiment toward the work that I did at the Health Department. Again, I only represent 6,000 or 7,000 people who have also been working around the clock as well, so thank you.

I will start by saying that like many other healthcare services, there was a pretty significant pause that happened during the height of the pandemic. We were able to maintain the Chelsea Clinic, so that was open by appointment only during even the sort of the lofty heights of cases in New York City.

We shifted very, very quickly into a telehealth posture. Both the STI, sort of Telehealth program where we were able to help people who were experiencing exposures or issues with STI but we also backed that up by reaching out to our provider community and really creating crisis time interventions for how to deal with sexual health. And so, for instance, we released a guidance around dealing with STI's using a syndromic fashion of diagnosing and treatment rather than actually having folks coming in-person for testing.

So, the ability just would maintain one site open for true emergencies as well as using guidance that

made it easier for providers to use their own telehealth services to deal with some sexual health issues, as well as our own sort of virtual ability really allowed us to extend our reach even during the deepest darkest time of the peak of the pandemic.

CHAIRPERSON LEVINE: I am pleased at the rise of telehealth but I have to think that in the case of STI's and many of the other issues that you are addressing in your clinics, there is a need of a physical exam or have drawing of blood. I am just wondering how much is this adaptable to a telehealth environment.

DR. DEMETRE DASKALAKIS: Yeah, I mean, I think there is nothing that replaces in-person provision of service. And so, I think a lot of work has gone into sort of identifying ways to maintain service even in a second or a third wave. So, I think hard lessons learned by all of healthcare including what we did at the Department of Health to try to maintain those service even through surges.

We were able, especially with STI, to really use our sort of syndromic strategy for treatment and then there are certain things that absolutely require evaluation. And so, I think we will see what the

impact was in the future in data in terms of our STI diagnostics and case rates but ultimately, when we identified someone who required in-person service, we did have Chelsea and so, the telehealth was actually then bridged to in-person service.

I will also say that some of the telehealth services really took on a crisis standard of care. So, it is not typical to offer people post exposure prophylaxis without blood draws and without an in-person visit but the ends in the scenario had to justify the means and the ends are to prevent HIV and that infection in that scenario. And so, realizing that we had to make some changes in what we would sort of look at as our standard quality of care, standard sort of level of care to be able to maintain service, I think that it was a hard but important lesson to prove that we could do it and that it was able to at least provide service to New Yorkers who did reach out to us.

CHAIRPERSON LEVINE: And because of these challenges, I know that advocates are worried that it is possible that rates of infection of some of these STI's, whether it be HIV, I think hepatitis C, were concerned those numbers could go up. Do we not yet

have data on that and when will we know hard numbers on these trends?

DR. DEMETRE DASKALAKIS: We will have data in the future, we don't have it yet. In terms of sort of seeing what trends look like. I think ultimately we are at least preliminarily expecting that we would see some decreases in diagnosis because of access and then sort of following what we are seeing in our clinics, I expect that we would have a rebound both in sort of accessing care, as well as those diagnosis. So, I think without having data in front of me, I would expect something that looks like a U-shaped curve in terms of what's happening with HIV and STI and Hep C. Because I think we did experience really significant and I think our healthcare colleagues can refer to this as well, pretty significant decreases in visits and that means decreases in some of the lab-based testing that is part of sexual healthcare including HIV, Hep C and other STI's.

So, I would expect a U-shaped curve to come with that when we actually have the data prospectively to look.

CHAIRPERSON LEVINE: And I apologize for the background noise. I am working from home and so, it is our new world.

Doctor, the City Health Department I think, was the first in the country to put out guidance on safer sex during COVID. Could you update us on that and how you have been able to disseminate that extremely important information?

DR. DEMETRE DASKALAKIS I mean, yeah, thank you. So, we are really proud of all of our guidance around sexual health services, HIV, pregnancy. I mean that was really one of the sort of remarkable bits of this response, is that really as we were revving up with the pandemic, we were also revving up understanding that we would have to come up with really important and good strategies for folks to maintain these important services.

And so, the COVID-19 safer sex guidance is actually one of the sort of more popular. So, we disseminated it through our standard mechanism, putting it online as well as through other social media and as well as the providers through many presentations, webinars, etc. That one took a life of its own because it was the most innovative and

most frank guidance around safer sex. It subsequently was in its entirety cut in pace and adapted by the Canadian CDC. So, literally cut and paste and dropped into their document with a reference to us at the bottom.

That is a pretty high profile piece of guidance that went out that way but I will tell you that many, many jurisdictions have looked at us as a beacon of how to deal with these issues and have really adapted a lot of our guidance at STI, HIV, pregnancy, etc.

So, we are really proud of it and we will — we actually also thank you all because you have gotten the word out about our guidance as well. So, if we could give you a round of applause here as well, that your sharing guidance with your constituents and with your folks has been so critical and so, I thank Chair Levine and Rosenthal that your work helped us get on Saturday Night live.

CHAIRPERSON LEVINE: Okay, that's quite a feather in law makers cap. Finally one question pre-COVID, last year the federal government disgracefully applied a gag order to Title 10 funding. This I think, this forced the state to forego $25 million in funding for critical reproductive health services.

To what extent has this impacted the providing nonprofits and ultimately more importantly the services that people in the city have received?

DR. DEMETRE DASKALAKIS: So, I imagine that there has been impact and I think probably the best is to send over to Jackie Ebanks, who is our Executive Director of the Commission on Gender Equity. So, I think we obviously share concerns about federal actions and I think the Administration has a pretty clear track record of even when we get sort of these attacks from federal funders and federal policies, really working hard to maintain services since we think that they are so critical to service provision in New York City.

CHAIRPERSON LEVINE: Thank you Dr. Daskalakis, thank you to the Health Department and back to you Chair Rosenthal.

CHAIRPERSON ROSENTHAL: Thank you so much Chair Levine. I am going to recognize Council Member Ayala who has joined us and also, Majority Leader Laurie Cumbo. And now, we have questions from some of our colleagues, Council Member Barron.

SERGEANT AT ARMS: Time starts now.

COUNCIL MEMBER BARRON: Yes, good morning.

DR. DEMETRE DASKALAKIS: Good morning.

COUNCIL MEMBER BARRON: Can you hear me? I don't think my lights on. Thank you so much to the Chair's for having this hearing and to the panel for presenting the information. I just have a question about what — can you give me more information about the acronym that you referred to? I think it is MHQI, I am not sure of the other letters but I would like to get more information about what that is and what that does.

DR. DEMETRE DASKALAKIS: Absolutely. So, that's the Maternal Health Quality Improvement Network and if it would be okay, I would like to hand that off to Estelle Raboni who is our DOHMH Acting Assistant Commissioner for Sexual and Reproductive Health Bureau of Maternal Infant and Reproductive Health, who can go into it in much more detail.

Estelle are you available on the call?

CHAIRPERSON ROSENTHAL: So, this is a tiny bit awkward because now she needs to be sworn in. If we could swear her in real quickly, that would be great.

DR. DEMETRE DASKALAKIS: Great, thank you.

COMMITTEE COUNSEL: Yes, I will now administer the oath for the rest of the Administration. Do you

affirm to tell the truth, the whole truth and nothing but the truth before these committee's and respond honestly to Council Member questions? Acting Assistant Commissioner Estelle Raboni?

ESTELLE RABONI: Yes, I do, thank you. Can you hear me? Wonderful.

SERGEANT AT ARMS: Yes and time is resuming.

ESTELLE RABONI: I had received a warning that only the host could unmute me, so I wasn't sure if I could unmute myself. Thank you so much Dr. Daskalakis and thank you Chair Rosenthal. The maternal health quality and improvement network is a program of the New York City Department of Health basically working on decreasing the maternal mortality and morbidity predominantly among African American women and Latinx women in New York City.

As you know and I think we have met before in a previous meeting.

COUNCIL MEMBER BARRON: Yes.

ESTELLE RABONI: We are trying to work to address these issues and so, one of the things as Dr. Daskalakis had mentioned, we work directly with maternity hospitals. A majority of the maternity hospitals in New York City that predominantly serve

African American or Latinx pregnant people and we look at cases of maternal mortality. We review those cases. We see you know, where are there leverage points where different decisions could have been made. We also work closely with H+H to provide training on implicit bias. We also provide training on trauma informed systems because we recognize that much of the experiences that Black and Brown pregnant people are having in hospitals is tied to implicit bias and trauma informed systems.

We also work to increase awareness and shift cultural norms around reproductive justice and respectful care at birth. During the pandemic MHQIN developed as Dr. D. had mentioned, COVID-19 and Pregnancy Public Awareness Campaigns, the overall objectives was to mitigate health complications and negative healthcare experiences. As I mentioned, specifically among Black and Latinx individuals who are at higher risk of maternal mortality and morbidity.

Some of the key facing documents were created through our perinatal task force.

SERGEANT AT ARMS: Time.

ESTELLE RABONI: And that was the COVID-19 pregnancy webpage as well as guidance for pregnant breastfeeding and caring for newborns and infant feeding during COVID-19. That's sort of the work in a nutshell but I am happy to answer other questions as well.

COUNCIL MEMBER BARRON: Thank you. Perhaps if time allows, I will come back. Thank you so much. Thank you to the Chair's Levine and Rosenthal for this hearing. Thank you so much.

CHAIRPERSON ROSENTHAL: Thank you Council Member Barron. Council Member Rivera?

SERGEANT AT ARMS: Time starts now.

CHAIRPERSON ROSENTHAL: And Council Member Rivera, you can have the remaining time that we have with Dr. D.

COUNCIL MEMBER RIVERA: Thank you. That's great, thank you so much, thank you. Good morning everyone. Thank you to the Chair's for hosting this important hearing, to all my colleagues and the advocates for making it happen. Thank you doctor for your testimony and to this esteemed panel.

I am here today in full support of these Bills. I have a couple questions particularly around my

legislation, Intro. 1625 to provide long acting reversible contraception at our health centers.

We have been pushing to have this hearing in joint efforts with the establishment of the abortion access fund that we all fought to create as the first in the nation when I was Co-Chair of the Women's Caucus and that's so important that we are hearing them so soon after Amy Coney Barrett's confirmation at the Supreme Court, which puts the productive rights of billions of Americans at risk.

So, I did hear that the Administration is opposed to the bill, citing fiscal implications and your reliance on referral. So, I guess my first question is what are the challenges you feel most patients experience when receiving referrals from health clinic staff to other facilities?

DR. DEMETRE DASKALAKIS: So, thank you. I would like to start by saying that we actually support any movement that we can to increase LARC and I sort of want to just comment that we were extraordinarily enthusiastic about starting LARC services in our venue, since we think it is critical. And so, I want to say that please don't read our comment to mean that we don't support it, I think that we are just

stuck with some operational issues as well as fiscal issues that may make it difficult at this time to launch at all of our venues since again, many of them still do remain shuttered and only focused on COVID-19 testing.

So, I will start by saying that we are huge fans of long acting contraception and it is a really critical piece of what needs to happen. So, I think that you know, many of the challenges that we are seeing and this again is anecdote because we don't really have a lot of data yet, is really around awareness about long active contraception. And so, really the work that we are doing with folks who are coming to our clinics in person I think is super critical in getting the word out and then also trying this pilot to see if these venues are indeed great places to allow for both initiation, as well as referral.

So, I think many of our sites haven't reopened but some of them will be, so I think we have more up to reopening soon. They won't be doing LARC but we hope to have more information for you about what referral is like from that site to others once we have launched.

So, I think there is more to come on this and again, I think the biggest part to stress, at least from the Department of Health perspective is that this a hard to do now but not a hard to do forever sort of statement. That it is really about the operational and fiscal issues now but this has been on our radar for a long time and so our prior Assistant Commissioner for the Bureau of Sexually Transmitted Infections Sue Blank and I had worked pretty tirelessly to get his up and running and I am happy that we were able to get it in a couple of clinics, and I think that this is not something that is sort of not in our future. I think it is just a question of timing, a question of the operational issues and also around the fiscal. But if it is okay, I would like to also ask my colleague from H+H Marisa Nadas to also talk about LARC and the services provided by the Health and Hospitals system.

CHAIRPERSON ROSENTHAL: Council Member Rivera, I am happy to open it up to swear in this new panelist but if have additional questions for Dr. Daskalakis, he only has I think nine more minutes with us and if you would prefer to just ask him questions, that's fine as well. It is in your hands.

COUNCIL MEMBER RIVERA: That would be great and I appreciate you bringing your colleagues. I will just ask a couple more questions and then we will decide if it is necessary to swear another person in, since we are so limited.

So, what training does the staff at health clinics currently receive in order to provide anti-racist and culturally competent care? And the reason I ask this is because a big proponent of reproductive rights clearly and this is my Bill that we are discussing at the moment. But you know there is a history of sterilization abuse and reproductive coercion in communities of color particularly for women of color.

So, if you could talk to me a little bit about the training that they receive and having these conversations, making sure that people understand kind of the benefits and some of the feedback and then, how does DOHMH currently review and implement patient feedback when you have those conversations? And I will just throw in my last question, how many staff members does DOHMH currently employ that are able to either conduct LARC administration and removal or make an appropriate referral?

DR. DEMETRE DASKALAKIS: Great thank you. So, first, the question of our competency training as it pertains to contraception services. So, I think first I will say that we are absolutely committed to ensuring that New Yorkers receive culturally competent care in all areas of sexual health including contraception services. We also work pretty diligently to ensure that all clinical providers that we partner with including not only us but folks that we partner with for referral are adhering to CDC guidelines for adolescent sexual health and that staff receive mandatory and this is agencywide training pertaining to cultural sensitivity.

And so, I think we could always do more and do better but I think that we do have a pretty significant commitment to this. In terms of patient feedback, we actually do have an iterative process for getting patient feedback. We do get them from our frontlines. We have monthly meetings with the staff, we review what feedback is and then have implemented lots of changes, not only in sort of this space but in many spaces, especially I think the best example is as we were buying or ending the epidemic

programs, within the sexual health clinics, you know, I think we were building this as we were going and so getting really good feedback. We demonstrated again, national leadership in terms of what these programs look like and really our feedback from clients has been critical in shaping that.

In terms of the number of folks who are trained to do LARC, we owe you that. I don't have the number off the top of my head but I have the right folks on the call to be able to circle back again. It is a program only in a couple of sites. One of our medical directors at STI is in fact a trained OBGYN and she has been responsible for actually implementing the training to get the LARC program off the ground.

So, I think we have a really good sort of beginning contingent of folks who are able to provide that, so we will owe you that information about how many folks are actually trained to insert and remove long acting contraception.

COUNCIL MEMBER RIVERA: And if I could just follow up, how are methods of contraception currently communicated to the patients who are visiting the clinic for other procedures, like STI testing?

DR. DEMETRE DASKALAKIS: Yeah, so I think that this has been sort of woven into our routine in terms of offering LARC and also other contraception. So, I think just like HIV, when you have someone come in for an STI, it is often a marker of risk for other both sexually transmitted infections, as well as unplanned or unintended pregnancy.

So, it is a huge part of what we do for everyone of every gender identity to actually ask them about their contraceptive and also procreative desires. So, again, it is one of the five keys in our sexual history taking, which is to find out what peoples intent is for pregnancy or to prevent pregnancy. And I think another really critical piece of it is that in our workflow, when we do talk to patients, it is independent of gender or gender identity, so folks who identify as gender nonconforming, folks who identify as male, it doesn't matter. We actually review that information across the board and so, it is one of the sort tenants of what we do at the sexual health clinics, that we take the opportunity with other sexual health services to make sure that contraception is a piece of the discussion.

And now, again, with the launch of our LARC program and our ability to refer, we will owe you more data as we are able to demonstrate it to show what happens with uptake in terms of like really taking that core tenant of sexual health and implementing it in real life in a program.

COUNCIL MEMBER RIVERA: And if you could also send any materials that you might give to some patients who are going to receive LARC. I am just curious as to maybe when they go somewhere that they understand that it is free both insertion and removal be free. I know that given that other services may incur some sort of sliding scale fee, how do staff members currently convey like clarity around pricing?

DR. DEMETRE DASKALAKIS: I think that, you know, I think one of our — that's a great question. So, we will look to see what we have in terms of resources that we can provide for your review and for you to take a look and we would of course, welcome feedback.

So, please, that would be great and the second question is I think that we really work hard in terms of our referral strategy to make sure that people go places where they are actually able to afford the services.

And so, I think one of our — and again, we don't have to sort of refer to our H+H colleagues. We will hear a lot from them later but I think that one of our most important strategies is that when we do refer out, that we do focus on places such as the excellent service provided at H+H that is affordable or at no cost to most people.

So, I think that's a really important piece of the strategy which is that you know, beyond just knowing what you can do is knowing what the landscape is and I think because of our sort of broad referral network that we developed over many years for many areas, I think that we are doing a good job of referring places to people — people to places, so they have that continuity and connection to the sort of primary care or contraceptive services that are right for them.

So, I think I am speaking as the person who oversees these clinics, I am extraordinarily grateful for having H+H as a partner in this to making sort of a better assembly line of getting people from initiation of LARC to places where they can sort of stay to continue on LARC. So, again, huge, huge

gratitude toward New York City having such a hospitable network.

COUNCIL MEMBER RIVERA: Well, thank you, I appreciate that. I know also that continuity of care when a site might close and then a patient will need to know like where to go next. Just communicating with patients, I think that's what DOHMH does best. And so, I will just say thank you so much to the Chairs to you for your time. I realize that you are in favor, so that is good news. There are challenges and barriers but I am hoping that what we saw during COVID is that the Department of Health can provide healthcare services at a level that you had probably never anticipated or envisioned and maybe just needing to have that same imagination when it comes to other health matters, like reproductive health hopefully realizing the long-term investment in communities that I think have been medically underscored of course, always with the right culturally humble message. I think it is going to be important, especially I think considering what is going to be a political climate that I feel could really hurt the future of our healthcare. So, thank you for all that you do and for answering the

questions and to the Chair's for being so gracious with the time.

DR. DEMETRE DASKALAKIS: And Council Member, thank you for your leadership.

CHAIRPERSON ROSENTHAL: Dr. Daskalakis, how did I do Daskalakis.

DR. DEMETRE DASKALAKIS: It is good, Daskalakis, pretty good. So close.

CHAIRPERSON ROSENTHAL: Well, thank you so much for giving us your time this morning. I know you have COVID work to get back to, so we are now going to return to the usual process that we do in these hearings. I want to welcome Council Member and Dr. Eugene and again, if I didn't recognize her already, Majority Leader Cumbo. And now, unless Counsel tells me otherwise, I think I am going to start with my opening statement. Is that right?

Okay, here we go. So, once again, I am Council Member Helen Rosenthal, Chair of the Committee on Women and Gender Equity. My pronouns are she and her. I want to thank Chair Levine of the Committee on Health for holding this hearing with us. I am so grateful to be here today with my colleagues, advocates, the Administration and community members

for this long overdue hearing on sexual and reproductive rights.

World Health Organization has identified 17 reproductive health indicators, which provide a framework for assessing the state of reproductive health in any community. Today, we are addressing policies related to several of the 17 indicators. The prevalence of contraception, access to abortion services and the percentage of women who have experienced genital mutilation and cutting.

Research has shown that deficiencies and gaps in reproductive health can largely be addressed through improvement in economic and social conditions, improvement in access and increase protections for people seeking reproductive healthcare. We can't overstate the extent to which the COVID-19 pandemic has exposed weaknesses in our healthcare system, and sexual and reproductive healthcare is no exception.

To make matters worse, lockdowns and stay at home orders have further reduced access to abortion services for many of those around the country and here in New York City. This weeks confirmation of Amy Barrett as a Supreme Court Justice makes it painfully clear that we cannot rely on federal law to

defend reproductive rights. Now is the time to enact state and municipal laws to ensure that sexual and reproductive healthcare services are inclusive, safe and fully accessible to all New Yorkers.

Today we are proud to review several bills which address a wide range of sexual and reproductive health issues. Thanks to the brave work of doctors, nurses and hospital staff unions, we will consider a Bill establishing an advisory board to monitor gender, equity and healthcare. The board would be guided by those with lived experience of harassment and discrimination. We will hear Bills that address access to contraceptive care, Council Member Rivera's 1625 Title 10 Funding for Abortion. Council Member Ayala's 919 and Racist Bans on Sex Selective Abortion, Council Member Chin's Reso. 920.

We will also hear legislation that further ensures lactation spaces for employees Intro. 1662 by Council Member Cornegy.

Another Bill under review today provides resources for parents of infants with intersex traits. Thank you to Council Member Dromm 1748 for that one and finally, we will hear legislation that seeks to prevent the practice of female genital

mutilation and cutting. A practice that continues in New York City today. With my Bill as well as Council Member Alicka Ampry-Samuel's legislation, she has been a champion on this issue since she joined the City Council in 2018. We are grateful to the Department of Health and Mental Health and the Commission on Gender Equity for joining us today and we thank the many advocacy organizations and individual community members who will be testifying.

Today, we anticipate that just over 40 witnesses will testify. To all of those who have taken the time to participate today, whether you are testifying on behalf of an organization or speaking to your own personal experience in your workplace or personal life, I know how difficult it can be to share personal experiences and we thank you.

Finally, I would like to thank my Chief of Staff Cindy Cardinal, my Legislative Director Madhuri Shukla, as well as Committee Staff for their work in preparing this hearing, Brenda McKinney our Counsel, Chloe Rivera Senior Legislative Policy Analyst, Monica Pepple Financial Analyst and John Vlasco[SP?] in Community Engagement.

And now, I will turn it over to Council Member Levine, Chair of the Committee on Health for his opening statement.

CHAIRPERSON LEVINE: Thank you Chair Rosenthal. I am going to offer a highly truncated version of an opening statement for the sake of time but I do want to say that as we do in all Health Committee hearings, today we will consider issues of sexual and reproductive health through a lens of health equity.

Sexual and reproductive justice exists when all people of all gender identities have the power and resources to make healthy decisions about their bodies, sexuality and reproduction.

As you mentioned Chair, we are holding this hearing at a time when reproductive rights are under assault with the United States Supreme Court that now, as of this week, more than ever threatens reproductive rights and even puts contraception coverage at risk through an expected challenges of the Affordable Care Act.

In the face of these threats, we as a City have a responsibility to act to ensure that we address any gaps and improve access to reproductive healthcare services locally and to push forward towards the goal

of reproductive and sexual justice for all New Yorkers.

I want to thank staff of the Health Committee, Counsel's Harbani Ahuja and Sara Liss, Policy Analyst Emily Balkan, Finance Analyst Lauren Hunt and Data team Rachael ALexandroff, Brooke Frye and Julie Friedenberg for their work in preparing this hearing and of course, my Legislative Director Amy Slattery.

And now, I will pass it back to you Chair Rosenthal.

CHAIRPERSON ROSENTHAL: Thank you Chair Levine, I want to welcome Council Member Venessa Gibson from the Bronx and now, I will turn it over to my colleague, Council Member Rivera, sponsor of Proposed Introduction Number 1625-A. If she is here and available.

COUNCIL MEMBER RIVERA: Hi, I am here. I am actually going to forego an opening statement for time and I want to thank the Chair's for allowing me to ask questions before we lost the doctor earlier today. I really appreciate that.

CHAIRPERSON ROSENTHAL: Absolutely, thank you for your very great questions Council Member Rivera. I am now going to read some remarks prepared by my

colleagues Council Member Cornegy, sponsor of the Intro. Number 1662. He was unable to make it here this morning.

Good morning, thanks to Chair Rosenthal, Levine, my colleagues and everything joining us today for this joint hearing on Sexual and Reproductive Rights in New York City. The challenges facing new moms shaped by some of the first legislation I, Council Member Cornegy proposed here at the Council.

Long before I was an elected official, I saw the challenges my wife encountered in finding safe and sanitary places to breastfeed or express breast milk. As an Executive, my wife would have to use closets. So, one of my first pieces of legislation that was signed into law, Local Law 94 of 2016, requires the broad spectrum of public facing city buildings to provide lactation rooms.

And my district office in 2015 was the first to have a lactation room available to the public. Intro. 1662 builds on that work by requiring the adoption of protocols to ensure city staff are trained and the lactation rooms are regularly inspected for cleanliness, safety and accessibility.

Nursing mothers deserve to have access to a safe, clean and comfortable space to breastfeed or express breast milk. Thank you to my colleagues, Bureau President Adams and to all those who joined in supporting this important legislation and thank you, thank you, thank you.

I am now going to let's see, turn it over to Council Member Dromm, if he is available to read remarks on Intro. 1748.

COUNCIL MEMBER DROMM: I am available and I thank you Madam Chair. First, of course, I want to thank you and Chair Levine for holding this hearing on a topic very near and dear to my heart. One of the cornerstones of sexual and reproductive rights, I believe, is the right we all have to autonomy over our own bodily integrity and control over our destinies as much as we can.

Intro. 1748 focuses on one very much overlooked aspect of full sexual and reproductive rights, the intersex community. Sadly, much of the medical profession has been profiting off of violating the fundamental rights of intersex individuals, namely in the form of medically unnecessary surgeries. I will leave it to the advocates testifying today to put

into their own words the devastating impact of this form of child abuse and I would argue torture. As a gay man who grew up at a time when homosexuality was on the list of mental disorders, I understand the dangers of the medical profession run amuck. Sadly, some of the most horrifying human rights violations over the past century in this country have been carried out in the name of medical science. The conversion of LGBT individuals.

The sterilization of women against their will. The infection of people of color with diseases as part of purported research or the continuing practice of male genital mutilation. We are so fortunate to have leaders of the intersex community here today to help us cut through the lies. I hope my colleagues will use this opportunity to learn more about this issue and to join us in shedding light on it.

Intro. 1748 is about empowering people with knowledge and no one should be afraid of that. Specifically, it would require that DOHMH conduct a public information and outreach campaign designed to address the provisions of medically unnecessary treatments at intervention performed on individuals born with intersex traits.

Thank you very much Chair's. Happy LGBT history month, asexual awareness week and intersex awareness day. Thank you very much.

CHAIRPERSON ROSENTHAL: Thank you Council Member Dromm and thank you for your invaluable leadership on this and so many issues. We really appreciate, everyone really appreciates your work.

Next, I am going to call on Council Member Ampry-Samuel to read remarks about her Introduction 1828.

COUNCIL MEMBER AMPRY-SAMUEL: Thank you so much and I just ask that you all bear with me because I want to be able to just explain the why related to my Bill you know here in New York City.

So, last night I reviewed the State Departments Country reports or human rights practices for 2011 for the country of Gona, we outlived for three years and I was responsible for drafting the country report which was submitted to congress back then and I reported directly about female genital mutilation. During that year, a quoting directly from the report, there were noticeable trends related to new connective technologies that spread news of citizen activism and political change around the world.

People continue to find innovative ways to use technology to break down the walls of fear and isolation. The report went on to state and I am quoting now former Secretary of State Hillary Clinton, "technology can help people exercise their universal human rights, connect with others across borders and transcend time zones and even language barriers, but technology is a platform, not a substitute for political organizing, advocacy or persuasion." The internet does not bring people into the street, grievances do. The internet did not spark the Arab spring, injustice did.

In 2011, I stated in my human right report again for Gona, that although there were laws to prohibit FGM, it remained a serious problem. During that time, approximately 49 percent of girls and women under 50 in the upper region, 20 percent in the upper east region and 5 percent in the northern region, all had experienced some form of FGM. And according to a survey of girls and women, between 15 and 49-years-old in the upper west region, 85 percent stated that the practice should be discontinued, 85 percent.

10 percent were unsure and only 5 percent supported its continuation. The lower prevalence of

FGM among women in the upper east region was highly correlated with increased education. So, that was my report in the human rights report in 2011.

Now, fast forward to 2020 and let's cross the Atlantic Ocean to New York City where some 65,000 women and girls right here in New York City are at risk of experiencing FGM.

From an article published in the Brooklyn reader in New York City, most people that practice FGM are from eastern Africa, Sub Saharan Africa and South Asian immigrant communities where the practice is considered a right of passage for girls entering womanhood and justified as a religious practice.

So, if this is a continued practice here in New York City and survey's have revealed most girls and women believe the practice should end and this is an illegal practice in the country, this Council body is responsible for doing something about a human rights issue that was brought to our attention.

Simple, that as well as the conversations that I had with my law school classmate, human rights attorney and activist Natashia Johnson who we will hear from today of globalizing gender and that is why I introduced Bill number 1828. A law to establish a

committee on female genital mutilation and cutting and any technical amendments in connection with the research study and findings.

The Committee would operate from within the Mayor's Office to end domestic and gender based violence and would be responsible for repairing and implementing a comprehensive strategy aimed at preventing and eliminating the practice in the City.

The Committee would include members from various fields in government, healthcare nonprofits and it just makes sense. That's my Bill, it is necessary and I am thankful that this is a serious topic of discussion in the Council.

Let me just add quickly, during this pandemic when domestic violence is on the rise, because people are forced to remain home, every day I am hearing commercials on the radio encouraging cosmetic surgery. During this time people are home, this is a perfect time for girls and women to continue to be silenced but it is up to us to be their voice. Thank you to my Co-sponsors so far on this Bill and I look forward to seeing this passed through the Council and its final implementation of a much needed Committee and I look forward to hearing from the advocates

today. Thanks again Chair Rosenthal for your leadership and your attention to this topic and allowing me to speak on my Bill.

CHAIRPERSON ROSENTHAL: Thank you so much Council Member Ampry-Samuel. Thank you for your leadership. I have just been notified of another little time check hiccup. And so, I am going to ask, I know this is really weird but that we just hit the pause button on this hearing for two minutes while I check in with the Administration to see if there can be some flexibility. Please pardon this interruption.

Okay, so again, asking for everyone's forbearance here and I really wanted to appreciate the Department of Health for understanding that some of our witnesses have serious time constraints. And so, Commissioner, Director Ebanks, if I could ask for your forgiveness and your patience just for a little bit longer.

We are actually going to call up our first witness panel of physicians because their time constraints are also very real and I want to give them a chance to testify about the importance and the why, as Council Member Ampry-Samuel so brilliantly just put it. That for the necessity of our bill to

have the Department of Health have an advisory board on gender equity and hospitals.

So, I am going to ask Ms. Rivera if you could please call their names. I guess they are not sworn in. But if you could call in the first panel and if we could hear their testimony next and that will also of course aid as we move along and hear the testimony from the Administration for them to respond to that as well. Thank you.

COMMITTEE COUNSEL: Thank you Chair Rosenthal. For the first panel, I — sorry, I need to go over a few procedurals. There will be three minutes for — first I would like to remind everyone that individuals will be called in panels. Council Members who have questions for a particular panelist should use the raise hand function in Zoom to be called on in that order after everyone on that panel has completed their testimony.

Panelists, once your name is called, a member of our staff will unmute you and you may begin your testimony once the Sergeant at Arms sets the clock and gives you the queue. All testimony will be limited to three minutes. Note that there is a few second delay when you are unmuted before we can hear

you. Please wait for the Sergeant at Arms to announce that you may begin before starting your testimony. The first panel in order of speaking will be Dr. Joseph Truglio, Dr. Betty Kolod, Dr. Stella Safo and Dr. Natasha Anushri Anandaraja. Dr. Truglio please, you may begin when the Sergeant gives you the queue.

CHAIRPERSON ROSENTHAL: Quick interruption, I want to welcome Council Member Powers for joining us today.

SERGEANT AT ARMS: Time starts now.

JOSEPH TRUGLIO: Thank you for this opportunity to speak. I am testifying in strong support of Intro. 2064-2020 for the creation of an Advisory Board for Gender Equity in hospitals.

My name is Joe Truglio and I am a physician in the departments of Internal Medicine, Pediatrics and Medical Education at the Icahn School of Medicine at Mount Sinai. Over the last ten years I have served as the course director at the medical school, worked with residents throughout our health system and now serve as the Program Director for a Combined Internal Medicine and Pediatrics Residency.

I have also mentored and have been a resource to students and trainees at numerous institutions in the city and around the country. Many of my trainees, students and colleagues from institutions throughout the city aren't able to share their experiences today out of fear of retribution. As a cisgender White man I feel this risk is less for myself.

Today I will describe my experiences and share reflections from those unable to speak for themselves for fear of retribution. I show up to work every day with the intent of promoting gender equity. However in healthcare we know that intent simply isn't good enough and I fail in my efforts far too often. I let my own implicit biases impact my professional decisions, overlook sexist, discriminatory comments made by patients or clinicians and I remain silent and complicit in the face of broader systems of gender-based oppression.

Even when I recognize the issues at hand, often the mechanisms available to address them are woefully inadequate. I have seen students survive sexual assaults only to have to choose between near daily encounters with their assailant and delaying their medical training. I have seen friends, colleagues

and mentors leave our profession rather than continue to face daily gender-based discrimination. Consider the investment made by society in the decade-long training of a physician, only to fail these same clinicians in ensuring equitable training, clinical and work environments.

Theses have been my experiences. I will now share some thoughts and reflections submitted by others who wish to remain anonymous for fear of retribution. As a medical student, I was told by an attending to "watch my tone" so as to not seem too "bossy." Another shared a supervisor told me he was "glad I didn't have kids" because if I did I couldn't take on as much at work. In a recruitment meeting people discussed going out of our way to recruit men because primary care is dominated by women.

Another reflected any attempt to address equity must include both gender and race and witnessed awful treatment directed towards Black women both on behalf of colleagues and the Administration. There are no true systems of accountability as these systems are often run by perpetrators.

Another reflected that the cost of speaking out it too high, especially if you do not have family or

connections within the institution. Intimidation and retaliation are common tactics to force silence. These are just a few reflections that individuals felt comfortable sharing, many were too painful to include. Thank you again for the opportunity to speak in support of this legislation.

SERGEANT AT ARMS: Time.

COMMITTEE COUNSEL: Thank you for your testimony. Now, we will hear from Dr. Kolod.

SERGEANT AT ARMS: Time starts now.

DR. BETTY KOLOD: Good morning and thank you for this opportunity. My name is Dr. Betty Kolod and I use she/her pronouns. I am a primary care physician, board certified in internal medicine and I am currently completing additional training in public health and preventive medicine. I am here to tell you about my personal experiences with gender discrimination during my medical training and the discrimination that I will face as I to transition to a faculty position eight months from now. In medical school I was used to sexist mnemonics and frequent questions about my plans to have children but I did not take these slights personally until my first undeniable experience with gender discrimination.

In my final year of medical school, during my most important hospital rotation, my sub internship, in which I was expected to audition and prove I was prepared to graduate to residency, I worked with a resident who treated me differently. I had rotated at Kings County Hospital many times previously and was familiar with the autonomy and independence that trainees are afforded when caring for marginalized patients in safety net hospitals.

This was my moment to shine and I was ready to take on many patients and work hard to show all I had learned in medical school. However this resident made me stand on the sidelines and watch and would not allow me to take on my own patients. On rounds I was embarrassed to have nothing to contribute because he would not allow me to admit patients, even when our team was quite busy. One night we were on call together and he revealed the reason for his behavior. He asked me point blank: "Are you sure you want to go into medicine? It's so hard for a woman."

I went to my Dean and reported this discrimination. The next month he worked with two female sub-interns and both confirmed this same experience. I was shocked to find out that not only

was he never disciplined but he was promoted to the prestigious position of chief resident the following year. I believed that my experience with gender discrimination in medical school was an isolated incident but during residency interviews I was proven wrong. During one of my interviews a male program director invited me into his office and closed the door. He then rotated his computer screen to show me the photo I had included in my application. He turned to me and said, "Now this this is a good photo. But I like you even better in person. I'm a smile man."

Discrimination and sexual harassment are common experiences among my colleagues and the doctors who came before us. When I bring it up with my female mentors they advise me to keep my head down and my mouth shut. They don't want me to jeopardize my career because they know that the predominantly male leadership may retaliate. I am now applying and interviewing for faculty positions in academic medicine and my colleagues have informed me of what to expect. Two of my colleagues from residency applied for the same position at the same institution in New York City. The man was offered a salary

nearly $20,000 higher than the woman and she has a master's degree that he does not.

Further, my female colleagues warned me that any time I contribute to teaching will be unpaid for the first several years. To me this explains why according to the Association of American Medical Colleges, in 2018 women made up 58 percent of first-year academic medical faculty —

SERGEANT AT ARMS: Time.

DR. BETTY KOLOD: But only 37 percent of tenured associate professors. While hiring of women to faculty positions is increasing, so is departure of women from academic medicine. Can you blame women from leaving this environment of under-recognition, discrimination and uncompensated work training the next generation of physicians? No, but this phenomenon is unacceptable. No trainee should lose her mentor. Worse, women make up the majority of physicians in primary care fields and more than 20 percent of women will leave medicine altogether within six years of finishing their training. Patients suffer from the departure of women for medicine. For these reasons, I am here to support the creation of an advisory board for gender equity

in healthcare. We must create a safe and welcoming environment for women and members of gender minority groups in medicine. If our workplaces are sick, how can we hope to heal our patients?

COMMITTEE COUNSEL: Thank you for your testimony. Dr. Safo.

SERGEANT AT ARM: Time starts now.

Dr. STELLA SAFO: Hi, how are you? My apologies, I am just in the middle of a clinical session. Hi everyone. My name is Stella Safo and I am an HIV Primary Car Provider and I and eight other individuals are in a case against Mount Sinai for gender discrimination.

I obtained my MD and MPH from Harvard Medical School and in my time at Sinai, under the leadership of Prabhjot Singh at the Arnold Institute, I was given a title far below that of my male colleagues. I was given pay that did not match theirs. I was told that Prabhjot taught me how to think. I was demeaned by colleagues who after calling me and excuse the language, a bitch and a cunt, were never disciplined.

When I tried to stand up to the culture that drove tens of women out of our institute, I was

gaslit and told that I was the cause of the problems. I do not believe at any point what they tried to convince me of which was that I wasn't qualified or wasn't able to do the work.

After I left Sinai, I went on to another organization where I was promoted multiple times and was named one of the 20 health leaders to watch in modern healthcare. If I hadn't left and gone somewhere else, I would have definitely been systematically undermined and convinced that I wasn't worth while and shouldn't stay in medicine.

So, I and my colleagues went through everything we went through at Sinai and then sought help. We were again gaslit and we were told that we had not experienced what we had experienced. We were forced then to then go recourse and what is most devastating is both what happened to us and how little the institution did to make it right.

So, we are here to really ask that this external body that Council Member Rosenthal is proposing be created because it will help to hold organizations like Mount Sinai accountable for the conditions under which they place women and women of color in particular. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. Dr. Anandaraja.

SERGEANT AT ARMS: Time starts now.

DR. NATASHA ANUSHRI ANANDARAJA: Thank you. Thank you for inviting us to testify this morning. My name is Dr. Anushri Anandaraja, I am a Pediatrician and a global health practitioner and testifying in support of the Bill to create a gender equity advisory board for hospitals in New York City. I want to especially thank you for the rearrangements you have done to include us and our testimony according to our work schedules.

I have worked at Mount Sinai for the past 18 years, most recently, I was the Director of Wellbeing and Resilience at the Mount Sinai health system. I actually resigned from Mount Sinai last week in large part because I could no longer be part of an institution that was only giving lip service to equity.

I am a colleague of Stella's and as she related, myself and eight other current and former employees of Mount Sinai are currently engaged in a federal case against Mount Sinai for age, race and sex discrimination. The case is on public record, so we

are permitted to speak about it and we talk about it now today to give an example of what happens across our health systems every day. What female healthcare workers are subject to every day.

In 2015, a new director was brought in to lead our global health institute. He was young and experienced. He did not meet any of the criteria for the position but because he was the pick of the Dane of the medical school he was guaranteed a position.

After he came into power, even though I had ten years more experience than him and had indeed built the program, I was quickly demoted, a layer of inexperienced men were placed in layers of leadership above me, my work was dismissed, degraded, I was removed from imported workstreams. I was isolated from my peers, instructed not to meet with leadership that I had worked with for years.

Women in our case as Stella said, as Dr. Safo said, were screamed at by male coworkers, called offensive names, their work was stolen and they were retaliated against when they spoke out.

By the time we asked for an internal investigation into what was happening, more than ten women had resigned from the institute and our

experience with HR and legal teams at Sinai were humiliating and devastating, ending up with us being gaslit with being told that the man would be protected because he had potential and that we could expect nothing from them.

Our federal case against Mount Sinai was our last resort and we find ourselves among the lucky few women who are discriminated against who could actually find good affordable legal representation. After our case became public leaders of support, demanding accountability and concrete actions to for change at Mount Sinai were sent to the Mount Sinai Board of Trustees by students alumni and employees. There were over 1,000 signatures. The Board of Trustees has failed to respond to these demands.

When we filed our case in April 2019, we as plaintiff's were approached by scores of women from across Mount Sinai and across New York City and indeed around the country who were reporting the same experiences of gender discrimination and harassment in their places of work. We realize our experience is just one example of a pervasive problem and we formed our group —

SERGEANT AT ARMS: Time expired.

DR. NATASHA ANUSHRI ANANDARAJA: And then reaching out to us. We want you to know that academic medicine is taken only to the military and its rates of gender harassment up to 50 percent of medical students will experience sexual harassment during medical school.

Up to 70 percent of female doctors experience sexual harassment during their career and when 80 percent of our workforce is women, we cannot afford to be losing women from the pipeline as I was or to have our women not meeting their potential. We need to be valuing, supporting and promoting them. We are fortunate to receive the support of Helen Rosenthal's office and applaud the action she is taking to introduce this Bill for gender equity advisory board. [LOST AUDIO 56:05] to protect us and we need these independent structures to find out what is really happening to women and gender minorities in healthcare and find ways to hold institutions accountable for change. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. We will now turn to Chair Rosenthal for questions.

CHAIRPERSON ROSENTHAL: Thank you and I also want to recognize Council Members Powers and Gibson who

have joined us today. I have two questions and certainly to my colleagues, feel free to join in with questions. One is, Dr. Kolod, if I could just trouble you, the mnemonic that you referred to in your testimony. I am going to leave it up to you either, if you would like to repeat it, that's fine. I just want to confirm that it is in someone's testimony that's been submitted for the record.

DR. BETTY KOLOD: Okay, we will submit it for the record, I prefer not to say it out loud but we will submit it in writing. Thank you.

CHAIRPERSON ROSENTHAL: Great and I appreciate that answer very much and just for the public, who I hope will read the testimony, it is mnemonic, could you just explain what that means.

DR. BETTY KOLOD: Oh, thank you. Yes, so there is a large volume of information that we have to remember in medical school, so we use mnemonic devices, rhymes, other familiar phrases to remember the information and so this mnemonic refers to the nerves that come out of the brain and so it is a very long mnemonic and it refers to raping under aged women, the nerves that come out of the brain.

CHAIRPERSON ROSENTHAL: Right, so just to be clear, in other words, medical students being trained to become doctors, have so many body tissues and nerves and I am not a science major, all of these many thousands of body parts they have to remember. So, the way they do it is with a mnemonic. That means like let's say you wanted to remember, sorry, this is a stupid one but this is the one I am remembering from a movie where [INAUDIBLE 57:42] where you know, the mnemonic was ABC, Always Be Closing. And he would look around to the salesman and say, what does ABC stand for? What does ABC stand for? And they would say, Always Be Closing.

I guess that's not quite right but this mnemonic, the words, oh, sure doctor, if you would like to give a better example, please go ahead.

DR. NATASHA ANUSHRI ANANDARAJA: I can actually let you know exactly what that mnemonic is that is commonly used for students. It has been used for 40 years in medical school and it has been circulated. The mnemonic, the words that I use to remember, the cranial nerves [AUDIO INTERFERENCE 58:17-58:22] and the words we are given to remember those in order is Touch and Feel Virgin Girls Vaginas Heaven.

CHAIRPERSON ROSENTHAL: Thank you. So, generations of medical students, this is how they are taught to remember body parts. Today, not talking about the 1950's. This is today.

The question I have, another question I have for all of you, is you know, it is so important that we put people with close experience on these advisory boards and I am wondering if you have suggestions for how we don't get tripped up by somebody who might have a title that sounds like they would be the right person but in fact, is somebody who you know, works at the bidding of you know, others to undermine women and women of color who are medical students and doctors. Please, go ahead.

DR. STELLA SAFO: I think it is such an important point that you make, what we are seeing at Sinai is actually a lot of that empty kind of fixes, where people are being given these titles of you know, gender equity and all these other things and actually, the title sounds so strong and heavy and the work is not at all being done in a very real way. That's the person who probably would get assigned to you know this advisory board just by the title that that person holds. That person works for the Dean,

who is a defendant in our case. And that reason why that's important I think to note and I just kind of want to reply to that is that, if you put people on this that are figure heads, the abuse continues because part of what I think all of us have suggested to you is that it is so scary to put your name forward and saying, this is happening to me.

If you are saying it to someone who you know works for the person that's in charge of this happening to you, nothing will change. So, I hope that as you guys pull the advisory board together, there is some kind of process where people are really vouched for by their peers as being the real deal versus getting the individuals who will have those titles, who will feel the space, take up the time, have the meetings and nothing will change.

CHAIRPERSON ROSENTHAL: Yeah, thank you. Dr. Anandaraja. Can we unmute Dr. Anandaraja?

DR. NATASHA ANUSHRI ANANDARAJA: Great, thank you for bringing up this point. I think one of the things that is really important is that labor is really represented. So, that we make sure that we construct a board that as you said, contains people

who have the lived experience of and are representatives of their peers.

So, I think about committee's like the Committee of Interns and Residents, the Doctors Council, the New York State Nurses Association as being organizations that could really put representatives forward who have the voice of their peers and have a lived experience of what is happening. And I think also diversifying across the discipline. So, we often think about physicians. We are obviously for physicians who have shown up today. We feel we have a certain amount of protection and privilege from our positions that our colleagues don't. That maybe nurses, respiratory techs and definitely medical students and residents do not feel they have.

So, making sure that those that we have representatives across disciplines and across levels of training will be very important.

CHAIRPERSON ROSENTHAL: Chair Levine or does anyone want to raise anything that hasn't been brought out to light? I mean, I have a quick closing comment but if anyone else has a any questions or comments they would like to make, please go ahead.

Okay, so, oh, Council Member Levine, apologies.

CHAIRPERSON LEVINE: I will just say that this very powerful disturbing testimony just confirms the need to enact this legislation as soon as possible. Thank you Chair for pushing it forward and thanks to everyone who was brave enough to speak out.

CHAIRPERSON ROSENTHAL: Yeah, can you imagine being a patient and the medical student you know, you don't know what is going on, all you know is you are sick, right and it is a teaching hospital, so there is a chief resident and they berate some of the female or women of color who are medical students, then they assign that same medical student to take care of the patient and they all leave the room. And that person who has just been berated, is the person, you as a patient have to trust with your life. I mean, it is nonsensical and does not result in the best healthcare for the patient, which is what these medical students are striving to do. It is absolutely reprehensible and the only comment I would make is if I could just count on the four of you and the others who you work with as we think about who would be on the membership of this advisory board to think hard about how not to get tripped up by titles and make sure that you know, this is one of those

situations where you really want the advisory board to be stacked with people at the lowest level of the totem pole. The people who actually experience these things and we have been able to do that with other task forces and advisory boards. So, I really will count on your artist on this because we want to get it right.

Alright, thank you so much and once again, we are going to try to return to the usual way of doing a hearing. So, again, with gratefulness for everyone's forbearance, if we could now swear in the Administration and ask them to present their testimony.

COMMITTEE COUNSEL: Thank you Chair Rosenthal. We will now have the Commission on Gender Equity provide testimony and members of the Department for Health and Mental Hygiene for questions. For the Administration, followed by Council Member questions and then public testimony.

So, here for — so first, we have Jacqueline Ebanks, Executive Director of the Commission on Gender Equity. And here for questions and answers, we have Chelsea Cipriano Executive Director of Intergovernmental Affairs at the Department of Health

and Mental Hygiene and Dr. Marisa Nadas Director of Women's Operations for the Department of OBGYN at the New York Health + Hospitals/Jacobi and Reproductive Health Clinical Lead.

I will now administer the oath for the rest of the Administration. When you hear your name, please respond once a member of our staff unmutes you. Do you affirm to tell the truth, the whole truth and nothing but the truth before these committee's and respond honestly before Council Member questions? Executive Director Ebanks?

DR. JACQUELINE EBANKS: Yes, I do.

COMMITTEE COUNSEL: Thank you. Acting Assistant Commissioner, I am sorry. Executive Director Cipriano?

CHELSEA CIPRIANO: I do.

COMMITTEE COUNSEL: Thank you. And Director Dr. Dadosh?

DR. MARISA NADAS: I do.

COMMITTEE COUNSEL: Thank you. We will now hear from the Commission on Gender Equity Executive Director Ebanks. Executive Director Ebanks, you may begin.

DR. JACQUELINE EBANKS: Good morning. Thank you Chair's Rosenthal and Levine and members of the Committee of Women and Gender Equity and Health for holding this hearing and for inviting me to speak today.

I am Jacqueline Ebanks, Executive Director of New York City's Commission on Gender Equity and I will refer to the Commission of CGE throughout my testimony. In this role I also serve as an advisor to the Mayor and First Lady on policies and issues impacting gender equity in New York City for all girls, women, transgender, gender non-binary and nonconforming New Yorkers regardless of their ability, age, race, faith, gender expression, immigrant status, sexual orientation and socioeconomic status.

CGE works daily to create a deep and lasting institutional commitment to tearing down equity barriers across New York City and carries out its activities across three areas of focus using a human rights framework and an intersectional lens. These areas of focus are, Economic Mobility and Opportunity, Health and Reproductive Justice and safety.

During the pandemic, working across all three areas of focus, CGE connected New Yorkers to services provided by our city agencies by amplifying available services and programs, by documenting reported service gaps in community and by serving on interagency networks to address these gaps. In the early months of the pandemic, CGE aimed to assure New Yorkers that the city was indeed up and running even as city agencies pivoted to provide service in new ways.

We communicated the concerns of our community partners regarding the several sexual and reproductive rights issues they raised related to access and availability of services. When receiving our responses from agency personnel, we communicated with community partners to close the information loop so that New Yorkers could access much needed services.

CGE staff currently serves on the task force on racial inclusion and equity and the LGBTQ COVID-19 response and planning workgroup. Both were established during the pandemic to focus on communities and populations disproportionately impacted by the pandemic. Sexual health and

reproductive rights of low income communities, persons of color and LGBT communities are addressed in both groups.

Regarding the bills before us today, CGE will comment on those addressing female genital mutilation and cutting, FGM/C. Intro. 1828 would establish a committee on female genital mutilation and cutting within the Mayor's Office to End Domestic and Gender Based Violence. While the Administration supports bringing government and community partners together to address FGM/C, we want to consider the existing advocate-led efforts on this issue.

Additionally, we would like to have further conversations about the goals of the committee with Council. Regarding Preconsidered Intro. 2020-6774, this legislation would require multiple agencies to conduct culturally competent training for all staff on recognizing the signs of FGM/C. The Administration supports the intent of this legislation and increasing awareness and supports increasing awareness of FGM/C broadly, but we would like to have further discussions about implementation and Council's goals for this bill.

As the pandemic continues, CGE remains committed to connecting New Yorkers directly to services. We think that is important as we do our work to serve as a connector by amplifying available sexual and reproductive health services, documenting the reported service gaps, and continuing to work with our colleagues across city agencies to ensure that sexual and reproductive health service gaps in communities are addressed from an intersectional gender lens.

Again, thank you for inviting me to speak today and I look forward to working with the City Council to address this issue further.

COMMITTEE COUNSEL: Thank you for your testimony. We will now turn to Chair Rosenthal for questions.

CHAIRPERSON ROSENTHAL: Actually, if I could trouble you to — do we have opening statements from anyone else on the Administration?

COMMITTEE COUNSEL: No, we do not.

CHAIRPERSON ROSENTHAL: Okay. I have already — I have heard Director Ebanks what you just had to say. I understand that you are here to answer questions on FGM/C but if I could ask the Representative from H+H, apologies Dr. Nadas, if I could trouble you to talk

about any experience you have in you know, how H+H has dealt with FGM/C?

MARISA NADAS: Thank you so much Council Member for this question and to everyone for allowing me to participate in this hearing. It is a pleasure to dedicate time to these issues.

In terms of the way that female genital cutting has been addressed in H+H, you know we very much value providing high quality services to all of our patients and this includes survivors of sexual violence. We have staff that are trained throughout our facilities in caring for these patients and particularly staff that have been trained in female genital cutting care, however, I will highlight our empower clinic. Which is a clinic that is based at Gouverneur, one of our DNTC's and this clinic is a clinic that is specialized in providing care to victims of sex trafficking and survivors of sexual violence, including assault and female genital cutting. It is open to people of all genders, sexual orientations and immigration status and it offers both medical and social services and we partner with sanctuaries for families to provide those social services.

CHAIRPERSON ROSENTHAL: Do you feel that there is more that can be done?

MARISA NADAS: I would share the sentiment that there is always more than can be done and we are in active discussions around how to expand those services, not only at Gouverneur but to other bureaus where there is an incredible need and right now, patients are traveling further than we would like in order to access those specialty services.

CHAIRPERSON ROSENTHAL: Where is Gouverneur located, in which bureau?

MARISA NADAS: It is in lower Manhattan.

CHAIRPERSON ROSENTHAL: Lower Manhattan, okay, so, Brooklyn, you know, where I have heard about patients needing this help it is really central Brooklyn, central Queens, south Bronx, people for whom this would be a trip and well, my concern would be somebody who is presenting maybe giving birth or checking in, having an OBGYN check in at Woodhull Hospital you know, do the physicians there or the nurses there know what they are looking at?

MARISA NADAS: Yeah, I absolutely hear your concern. I will say that we provide high quality and competent care to patients who have experienced

female genital cutting throughout many institutions in H+H and although, Empower is our specialty clinic for some of these services, we absolutely are able to provide care to people throughout our institutions.

I will also invite my colleagues at DOH, if they want to add anything further in terms of their services or referral network as well.

CHAIRPERSON ROSENTHAL: Can folks unmute themselves or do our folks have to unmute? If you could —

COMMITTEE COUNSEL: We will have someone unmute them shortly.

CHELSEA CIPRIANO: Thank you so much. I was doing hand signals that I could unmute myself. I don't have much to add, I think that we just want to note you know, we acknowledge that many instances of FGM don't occur in New York City. They happen prior to arrival in New York City. And so, I think we just want to make sure in conversations about this bill that there is not a stigmatization of the girls of women who have already been effected. Individuals who have been effected by these practices, which I am sure is already under consideration by Council. But I don't have anything to add specifically. I think

Dr. Nadas did a great job of capturing from the work on this.

CHAIRPERSON ROSENTHAL: Alright, and just to be clear, we are not talking about and we all know it is illegal in New York City. We all know that the practice still goes on, whether or not in someone's home country or here underground in New York City. So, it is not so much the question as our medical professionals from nurses to doctors to technicians, trained in knowing what they are seeing — and the question of course is asked because we have heard they are not and we wouldn't be raising this if it wasn't you know, a serious problem.

Does anyone see, does the Administration see any barriers to implementation of these two bills or any reservations they have?

Dr. JACQUELINE EBANKS: Council Member, I think the only thing that we want to and I know you would agree with this, that we want to recognize the advocate led effort in doing this work. I think that's the clear caveat regarding these two bills.

CHAIRPERSON ROSENTHAL: Yeah, absolutely. Council Member Ampry-Samuel, would you like to continue with questioning?

COUNCIL MEMBER AMPRY-SAMUEL: Thanks. So, yeah, so, I had — well, you asked a lot of the questions Chair. My questions you know, were basically, you know, what are you doing regarding outreach and access to survivors and what specific steps are you taking just right now in this moment towards any level of expansion that you can. That's what I was asking but then, you know, Chelsea you said what you said and I kind of cringed a bit.

CHELSEA CIPRIANO: Sorry.

COUNCIL MEMBER AMPRY-SAMUEL: Yeah, I think there is a ton of education just on clearly the Administration and you know, folks that we reach out to for support and help and clearly there is a need for the bills Chair, because I don't know how many times we have said so far that it is not just in other countries, it is happening here and even in my remarks when I made the statement about the 65,000 which was a couple of years ago. The numbers are probably higher and changed since then, especially in the middle of a pandemic. I mentioned 65,000 you know, girls and women who are possibly or like could be experiencing FGM and we know that there, we will have some experts and advocates to come on and talk

about that but you have medical folks that are performing these procedures right here in New York City.

And it is a natural thing and you know, when we talk about vacation cutting and that was because it was easier to do things you know, on vacation going back home but it is easy now. You know, I also mentioned the fact that we have — I am hearing commercials, people being encouraged to have cosmetic surgery now because you are home anyway and with young girls, you know with the whole remote learning, you know, girls are home with their families and this can be happening now.

And so, to just have the mindset of it is not happening here, is a bit problematic, right.

CHELSEA CIPRIANO: I am sorry Council Member. I just want to make sure that it is completely clear. I did not mean to dismiss what is happening in New York City or elsewhere in the state with my comment. I am sorry that it came off that way. I agree that this is really important work.

I think — I will let Jackie speak to this further and then perhaps Estelle or Acting Assistant Commissioner for our Division of Family and Child

Health may have something to weigh in as well. We work very closely with community based organizations and I know our NGBV partners also do as well, right here in New York City some really great work. And so, I don't want to undermine what they are doing or belittle this problem. I am sorry if my comments came off that way.

COUNCIL MEMBER AMPRY-SAMUEL: Okay.

DR. JACQUELINE EBANKS: Yeah, I mean, I think we want to you know our colleagues at NGBV are certainly as we have said, supportive of this legislation. We recognize the real difficulty, the challenge of this practice, the nuance.

SERGEANT AT ARMS: Time.

DR. JACQUELINE EBANKS: In it, so we think it is an appropriate step to establish a committee. We also again, cannot stress enough that the advocates need to be centered and the community needs to be centered in this effort.

COUNCIL MEMBER AMPRY-SAMUEL: I thank you so much and Chair I just wanted to emphasize that you know, the advocates, the groups in the community need to be centered but to be responsible legislators, we need to make sure that they have the resources and tools

and support and everything else. So, that while they are centered and this is you know, you know, it is the community story and you know, they lead but they have the necessary support from us to make sure that they can continue to move forward. So, thank you so much Chair.

CHAIRPERSON ROSENTHAL: Thank you Council Member Ampry-Samuel and I just want to double down and give an example of what you are talking about. There is a Cornell physician, I believe to this day, who advertises cosmetic surgery to do what is you now, a sensibly female genital mutilation. So, if it is happening today, how is it that we could structure governments work to interrupt those procedures. You know, again, we all know it is something else. That you know, if parents come in and give their consent, he is happy to do it. So, what process is there now to address this?

DR. JACQUELINE EBANKS: Council Member, I am unaware of any but would like to go back to our colleagues and GBV and return to you with a response.

CHAIRPERSON ROSENTHAL: Yeah, there is an article written about it in the website Gumanesting[SP?] and also an article written in the Nation about this

doctor practicing at the Children's Hospital of New York Presbyterian Weill Medical College of Cornell Chief of Pediatric Urology. Dix Poppas is performing "nerve-sparing — I can't say these words — ventral clitoroplasty."

DR. JACQUELINE EBANKS: Yes, thank you. Council Member, we will definitely follow up and get back to you. It is as you know an unnerving situation and so, we want to be responsive to individuals in our communities who are faced with this. And so, we will get back to you promptly.

CHAIRPERSON ROSENTHAL: Great, thank you. I know you are dedicated to this. I mention it just to get across this point of again, kind of like the issue with my bill on creating an advisory board. You know, it is so easy for these people to cloak what they are doing with titles or names of procedures that seem innocuous and seem like they are doing the right thing when really what is happening is just the opposite.

And actually, if I could — I know Council Member Dromm let's see, sorry, just reading some quick notes. Similarly, Council Member, I am just going to ask this because I think Council Member Dromm is

under the weather and so I am going to ask a question about the intersex — boy, I am sorry, I have too many screens popped up here.

Children born with intersex traits. So, a similar sort of situation and I am wondering you know, what work is being done now to train doctors to not you know, to not encourage parents to do surgeries on these children.

DR. JACQUELINE EBANKS: You need to unmute Dr. Nadas or Chelsea.

CHELSEA CIPRIANO: Thank you I am going to pass this to Dr. Nadas but I will let her take first pass at this about training. Obviously, she can speak to you H+H and then can follow up with additional comments if needed.

MARISA NADAS: Okay, thank you so much Council Member for this question and raising this important and often overlooked issue. You know, what I would offer in terms of our care for regarding intersex babies at H+H, is that right now, we use professional society guidelines to inform our care and we really take a multidisciplinary approach in creating management plans for these patients. We involve you know, endocrinology we involve genetics, we involve

radiology, we involve neonatology. There are social and behavioral specialists as well and often times religious support if that is needed in terms of the families assessment of the situation. We certainly use shared decision making with the families in making the management plan. And that is really what guides our services at this point and time.

CHAIRPERSON ROSENTHAL: Yeah, thank you very much and I appreciate your work on this and also want to note that DOHMH, if they want to join in as well and I am hoping you will stay for at least our next panel where we will have public witnesses talk about their experience in this area. Does anyone else from the Administration want to talk about this? And let me just be a little bit more specific with the questions, just to make sure we get this nailed down.

You know, first of all, do you support Intro. 1748 and do you just again, do you condemn the practice of unnecessary medical procedures on intersex children and infants?

CHELSEA CIPRIANO: Sure, I can speak to that, thank you Council Member and I want to thank the Chair and Council Member Dromm for leadership in this space, it is an important area. Particularly

emerging research that we definitely at the Health Department and I think in the Administration at large are interested in developing additional expertise in alongside obviously our very strong community partners in this space.

I think as Dr. D. said in his testimony, providing this education would go a long way to inform parents and prevent the nonconsensual intersex surgeries from accruing. We do obviously have some fiscal and operational issues right now with launching a new campaign but this is important work and I think we really look forward to additional continued conversation here with Council and with partners in the Unity Project. They are doing great work here within our Administration and they are really, really critical voices of community advocates and yes, we will be staying to listen to that panel. We will have staff on listening as well. So, thank you again for the opportunity to talk about this important topic.

CHAIRPERSON ROSENTHAL: I really appreciate that feedback.

DR. JACQUELINE EBANKS: Yes, and I just wanted to lift up the work of our colleagues at the Unity

Project who are leading and providing strong guidance on this issue and the Commission on Gender Equity stands in partnership with them as well to move forward and I think an area that doesn't sufficient visibility and we wanted to ensure that New York City continues to lead on gender issues and this is an area that we shared, take leadership on.

CHAIRPERSON ROSENTHAL: Terrific, does anyone on the Administration have a sense of for how many people who are intersex are born in New York City every year?

DR. JACQUELINE EBANKS: You need to unmute Chelsea and keep them unmuted for this section.

CHELSEA CIPRIANO: I am sorry, I had some background noise and some coughing, so I put myself on mute, I apologize. Not to subject everyone to that.

Council Member, we don't have that data with us today but we are happy to follow up if we do have it available and if we don't to talk with Council about how to better address those data issues.

CHAIRPERSON ROSENTHAL: Yeah, I mean, I just you know, the obvious question is, do you collect that data?

CHELSEA CIPRIANO: I will have to get back to you with that answer. I am sorry for not having it today.

CHAIRPERSON ROSENTHAL: Is there any reason that you can see medical reason maybe Dr. Nadas for not collecting that data?

MARISA NADAS: I can't identify a medical reason to not collect it other than the fact that our data collection is really dependent on the structure and limitations of our electronic medical record system and so, in order to collect the data, there needs to be sort of an active way for that to be easily extracted from the medical record system. And so, as Chelsea said, I think we can get back to you about the way that that data is and turn it into our EMR and whether it is — how it is extractable.

CHAIRPERSON ROSENTHAL: Okay, that's great and I really look forward to hearing from our witnesses with their thoughts about that. And lastly, does anyone from the Administration have any information that is distributed or any information you might have to share with the Committee pertaining to intersex traits or surgeries?

DR. JACQUELINE EBANKS: CGE doesn't at this time but we are happy to work with our colleagues to see whether such information exists and then we will pass them on to Council.

CHAIRPERSON ROSENTHAL: Yeah, it strikes me that this would be a basic thing that maybe the Unity Project would already have. I would urge the Administration to work with the organization called, Interact. They have done a lot of work around this at Cornell in particular but if the Commission on Gender Equity and the other advocates that we are going to hear from on the next panel.

DR. JACQUELINE EBANKS: Yes, thank you, we will. Thank you Council Member.

CHAIRPERSON ROSENTHAL: We really appreciate that. Really appreciate everyone's time. We are going to move on now unless there are any other Council Member questions, which I don't see any. We are going to move onto the next panel and you know, really a lot of gratitude to the Administration for your — unless I heard anything wrong, your willingness to move forward with tweaks but to sort of think hard about this legislation and think about how we can move them forward.

DR. JACQUELINE EBANKS: Absolutely, thank you.

CHAIRPERSON ROSENTHAL: Thank you very much. With that, I will turn it back to you Ms. Rivera.

COMMITTEE COUNSEL: Thank you Chair Rosenthal. Before we continue, please remember that everyone will be on mute until I call on you to testify. After you are called on, you will be unmuted by the host. Note that there will be a few second delay before you are unmuted and we can hear you.

Please listen for your name, I will periodically announce the next few panelists. Council Member questions will be limited to three minutes. Council Members note that this includes both your questions and witnesses response.

For public testimony, I will call up individuals of panels. Council Members, if you have questions for a particular panelist, use the raise hand function in Zoom, you will be called on in order after everyone on that panel has completed their testimony. For public panelists, once I call your name, a member of our staff will unmute you and a Sergeant at Arms will set a clock and give you a go ahead to begin your testimony. All public testimony will be limited to three minutes. After I call your

name, please wait a couple of seconds for the Sergeant at Arms to announce that you may begin before starting your testimony.

So, for the first panel, we have Scout Silverstein, Bria Brown-King, Cecilia Gentilli and Alesdair Ittelson. Scout Silverstein, you may start once the Sergeant gives you the go ahead.

SERGEANT AT ARMS: Time starts now.

SCOUT SILVERSTEIN: Hi, my name is Scout. I use they/them pronouns and I am a native New Yorker who is both intersex and transgender. I was first seen for intersex traits at eight-years-old and throughout my life have asked healthcare providers for conformation about whether or not I am intersex.

I have only met with inaccurate answers even at renowned LGBT health centers in New York City, such as many trans people want to hear their intersex to validate their journey and if you had a uterus prior to surgery, then you aren't intersex.

I have since learned this isn't true and having inaccurate information for 30 years has further fractured by relationship with the medical establishment. Additionally, I went to nursing

school, where I received no education about intersex bodies.

My lived experience has also counter to Dr. Nadas, forgive me for the pronunciation, testimony in that I can't even get H+H to put the proper gender marker on my ID band via EMR when treated there. This bill would not only ensure that other intersex people are provided with comprehensive information to live in their full truth but also ensure that doctors and parents of intersex newborns are provided information about bodily autonomy.

My friend Tana was born as perfectly health intersex child per their medical records and yet the medical establishment used fear tactics to convince their parents that they needed to be altered. This led to unimaginably tremendous surgeries and experiences as well as irreversible complications that have broken their trust with the medical establishment. These surgeries are still taking place in New York by Urologists like Dr. Dix Poppas at Weill Cornell Medicine.

The trust that was lost due to the treatment makes it very hard for them to seek further help with the ongoing complications these surgeries have given

the previously healthy intersex body. Intersex people need to be able to make their own decisions over their bodily autonomy. That's why this legislation would be a great first step, not only in the protection of future intersex generations, but it also could help survivors like Hana by new trust in the medical establishment. Additionally, it is interesting and important to hear the proposal about female genital mutilation and how while it is illegal, intersex mutilation is not illegal and routinely happens in New York City.

Dr. D. stated that the DOH is prioritizing COVID-19 efforts at this time. I reject the notion that this bill needs to take a back seat. Intersex newborns are routinely operated on without consent, proper education and the vast majority of the time, these surgeries are medically unnecessary.

Using the publicly available data about birthrates, at least 2,000 intersex babies are born in New York City each year and there are at least 140,000 intersex people living in New York City for a largely receiving an adequate, uninformed and harmful healthcare. Delaying this extremely necessary and uncomplicated bill, perpetuates irreparable harm.

Additionally, we with lived experience support this bill with an amendment to include a community expert working group comprised of intersex people and our chosen allies.

SERGEANT AT ARMS: Time.

SCOUT SILVERSTEIN: For medical and legal. Thank you, I have like one more sentence. To draft these educational materials. Passing this legislation within our community expert working groups and begin working on these materials while the DOH continues to fight COVID-19 on the front lines.

I will end there. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. Next, we will have Bria Brown-King.

SERGEANT AT ARMS: Time starts now.

BRIA BROWN-KING: Thank you. My name is Bria Brown-King. My pronouns are they and she. I am the Director of Engagement at InterACT Advocates for Intersex Youth. We are the nations oldest and largest policy organization dedicated to advancing the rights of intersex people. I am here to urge you to go in support of Intro. 1748 which would be a very crucial step forward in protecting the rights of me

and many others like me. I was born with congenital adrenal hyperplasia or CH for short.

This means that my body naturally produces higher levels of testosterone and testosterone produces what we typically refer to as secondary male characteristics but I also have XX chromosomes, I have ovaries and I have a uterus. Parents and doctors make decisions about intersex childrens bodies because they deem it medically necessary. Based on their own fears that intersex bodies aren't healthy. When the standards for what typically makes somebodies body considered to be healthy is deeply flawed. Often times we are compared to people who are thin, people who are white, people who are cisgender and people who are able bodied.

The idea that clitorises are supposed to come in one size is deeply problematic and it is just another form of patriarchal policing of women's bodies. Penises come in different shapes and sizes but no one is rushing to perform surgery on them. Intersex bodies are not the problem, being forced to undergo these harmful and life altering surgeries are the problem. Doctors tell parents that surgery is the cure for all of our problems but that is not true.

And we are not the problem, we are perfect as we are. Doctors don't want to talk about the cases like mine and so many others like me where surgery doesn't go as planned.

They don't talk about what happens years later, when their daughters don't realize that the can't experience full sexual pleasure because that right was stolen from them without their consent. They don't want to talk about the fact that these procedures have been deemed a form of torture by the United Nations. Intersex people are always being prepared to have sex with their husbands, instead of being told we are able to deserve the experience of sexual pleasure.

These high risks and irreversible surgeries are performed to conform our bodies to these gender expectations and often times, we have little or no say in the decision to determine what, if any treatment or surgery is appropriate for us. While doctors may be well intentioned, these surgeries are often times carried out with the assumption that this is what we would want as dogs. Good intentions are not enough. Doctors need to be held accountable and

parents need to be properly educated and made aware of the risks associated with these surgeries.

Our bodies often develop the way that they are supposed to. So, there are many intersex people living healthy and fulfilling lives without surgery and this is what we need to highlight. Doctors should be offering intersex affirmative resources to intersex patients and their families about how to get connected —

SERGEANT AT ARMS: Time expired.

BRIA BROWN-KING: To the intersex community for support instead of rushing them into surgery. This is why this bill is so important. It really empowers adults to safeguard the autonomy of intersex children and it will enable the New York City Department of Health to Spread the word about intersex people and when it comes to these nonemergent surgeries because delay is okay. Children born in New York City deserve the right to be protected against this injustice and it is time that our care centers the needs of intersex people themselves. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. Next, we will hear from Cecilia Gentilli.

SERGEANT AT ARMS: Time starts now.

COMMITTEE COUNSEL: Seeing Cecilia Gentilli is not present, we will be moving to Alesdair Ittelson.

SERGEANT AT ARMS: Time starts now.

ALESDAIR ITTELSON: Hi, everyone. My name is Alesdair Ittelson and I am the Legal Director at InterACT at Kids for Intersex Youth and I lecture on sex and gender at medical law schools across the country. I am testifying in strong support of Intro. 1748 on behalf of InterACT and all the major intersex led groups in the country.

Intersex children who make up approximately 1.7 percent of the population, 1 in 2,000, a direct risk of intersex genital mutilation are being mutilated in New York City and no one is doing enough to stop it. This is absolutely FGM but it is not being prosecuted because it is performed by White, straight, cisgender doctors in fancy medical clinics like Cornell.

Dr. Poppas has been called out, not only for performing clitoral reductions but also sensitivity testing, involving applying a medical — it is a vibrator, to the surgically reduced clitorises of intersex children as young as six years old. Despite the shocking practice, he continues to operate on

intersex patients and this group has been completely forgotten by those in power in this city.

The largest childrens hospitals in Boston and Chicago have already done the right thing here and we need all of you to ensure protection for this population in New York City. So, intersex kids are still frequently subjected to surgical interventions to make their bodies appear normal without their consent with no pressing medical need, commonly occurring before the age of 2. These operations include clitoral reductions, vaginoplasties, penial surgeries, gonadectomies, that can be sterilizing. Consequences include chronic pain, urinary incontinence, sexual disfunctions, psychological trauma and the chance that surgery will enforce a sex assignment that the child will not identify with later. This bill would create crucial educational resources to increase public awareness about intersex variations and raise up the voices of this often misunderstood community. This issue cannot wait. Intersex people especially New York are facing what has been condemned by every single intersex led org in the country, leading human rights based orgs like the world health organization. Every single major

LGBTQ rights orgs in the U.S. and government organizations like the European Parliament and the prior DOHMH Commissioner and the current CHR Commissioner of New York City.

There is no proven medical benefit associated with performing these surgeries before the intersex individual can participate in these waiting decisions. When parents do approve the surgeries, they usually are not provided sufficient information and even medical providers are not adequately educated about the intersex patients who they care for as evidenced by the comments earlier in this very meeting.

This bill would educate the public, families of intersex children and doctors that health intersex variations can be celebrated rather than surgically erased. Assuming we can add an amendment to create an advisory board composed of intersex identified individuals and advocates to oversee the development and implementation of this educational campaign, this community will be finally given a voice.

SERGEANT AT ARMS: Time expired.

ALESDAIR ITTELSON: That comes from their lived experience will be honored. We respectfully ask you

to join us in supporting this bill today and in supporting intersex empowerment through session amendment. Thank you so much for your time.

CHAIRPERSON ROSENTHAL: Chloe, is there anyone else on this panel?

COMMITTEE COUNSEL: No.

CHAIRPERSON ROSENTHAL: Oh, may I just ask a couple of quick questions. First of all, obviously thank you, thank you for coming to testify today and opening everyone's eyes. Thank you for that.

Alesdair, you mentioned and was it Chicago, what is it that they do?

ALESDAIR ITTELSON: Absolutely, so both Boston Children's Hospital, a Harvard teaching hospital and Lurie Children's a northwestern teaching hospital have committed to ending the practice of intersex surgeries. We have been doing a lot of advocacy on behalf of those — to those facilities but Cornell and other facilities in New York will not stop, which is part of the reason why we so desperately need to educate the public about this issue.

CHAIRPERSON ROSENTHAL: So, you have met with Cornell?

ALESDAIR ITTELSON: Yes, we have and have for years, we have been trying to get particularly Dr. Poppas to do the right thing and that hasn't occurred. And part because there is a financial incentive to continue these surgeries. They make hundreds of thousands of dollars off of these nonconsensual interventions and so, they don't have a reason to stop and we are a small misunderstood community in the advocacy world, which is why we are so grateful to be able to be here today speaking for you all.

CHAIRPERSON ROSENTHAL: Well, I look forward to continuing to work with you. Have a champion in Council Member Dromm obviously but you know, I am pretty sure this bill falls in my Committee or Council Member Levine's. We will do everything we can to make sure it is the sharpest bill possible and look forward to continuing to work with you and do whatever it is that we can do. I really appreciate all of you testifying today. Thank you for taking the time and we are going to move on but my goodness, thank you. Thank you very much.

PANEL: Thank you.

COMMITTEE COUNSEL: Seeing no Council Member questions, we will move on to our next panel. First, we have Shivani Parikh, Audrey Pan and Danying Gjan. Shivani Parikh, you may begin once the Sergeant gives you the queue. Thank you.

SERGEANT AT ARMS: Time starts now.

SHIVANI PARIKH: Good morning. Hello, my name is Shivani Parikh and I am a Member of the National Asian Pacific American Women's Forum also known as NAPAWF in the New York City chapter. I am here today speaking in support of the anti-PRENDA Resolution 920 introduced by Councilwoman Margaret Chin which denounces the sex selective abortion ban which has currently been introduced in the state assembly because Councilwoman Margaret Resolution would dispel harmful stereotypes about our community.

Under these bans Asian American Pacific Islander Community Members would be questioned when trying to engage in or access abortion care services as to whether they are engaging in those service due to a preference of the child's gender due to the wide standing stereotype that our community has a male preference. Asian American folks would be unnecessarily subjected to medically problematic

questions, increase scrutiny and could even be denied reproductive healthcare based upon the racial biases and presumptions of the healthcare provider. Patients must be able to trust their doctors and get the abortion care that they need.

And lastly, so this bill is important to me personally because as the only daughter of India immigrants, it is simply untrue that we have an unnatural predisposition when it comes to our culture which endorses gender inequity and that view is dangerous and being projected onto us without out consent and this is why we at NAPAWF are asking you all to vote yes on this Resolution and to support our self-determination on bodily autonomy. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. Next, we will have Audrey Pan, you may begin when the Sergeant gives you the queue.

SERGEANT AT ARMS: Time starts now.

AUDREY PAN: Hi everyone. My name is Audrey Pan and I also am a member of National Asian Pacific American Women's Forum at New York City and I am here today to speak in support of the Anti-PRENDA Resolution 920 introduced by Councilwoman Margaret Chin. Growing up in a traditional immigrant

household, no one had ever talked to me about safe sex growing up and all I knew was that sex was a tabu topic. I distinctly remember the conflicting messages that came to me from all sides. My mother would say, don't have sex before marriage but if you do, make sure you use birth control, except you can't use birth control without saying you are having sex and that would be wrong. So, don't have sex before marriage and that was the end of it. The full extent of my sexual education, abstinence.

Fast forward to when I was in high school, I began dating and had lost my virginity to my first boyfriend. Out of recklessness and also wanting to avoid the humility we felt at the time for buying birth control, we had unprotected sex and I became pregnant. I was terrified but knew I was not yet ready to have a family and to take on the responsibilities of becoming a parent. I was not yet ready to pause my dreams of being the first to graduate in my family from college to care for a child. That was the sole reason why I sought to get an abortion, not because of a child sex.

Ultimately though, in the time leading up to the abortion, I had a miscarriage and although I had

never made it to the clinic, I am thankful that clinics exist to walk women through the reproductive options and rights. If a bill like PRENDA had passed when I was a teenager, my OBGYN and abortioners could have interrogated the real reason to why I was seeking abortion, solely based on a harmful and untrue stereotype about our Asian and Pacific Islander community. And if there was any doubt, call the police on me just for seeking healthcare. I can't imagine the fear that I would have faced as a young teenager had that happened and that is why I am fighting to support the anti-PRENDA Resolution 920.

This bill is important to me because as someone who once sought out an abortion because that was the best choice for myself at the time, it angers me to know that a bill like PRENDA could endanger my community members because of a racist stereotype and narrative surrounding east Asian women, that they preferred to have sons over daughters. This is simply untrue. New York City is home to 1.2 million AAPI New Yorkers and our city has an opportunity to stand with our AAPI community and be a leader on abortion success. We ask you to move Resolution 920 forward out of the committee to be voted on by the

next full City Council meeting. Thank you so much for all of your time.

COMMITTEE COUNSEL: Thank you for your testimony. Next, we will hear from Danying Gjan. You may begin when the Sergeant gives you the queue.

SERGEANT AT ARMS: Time starts now.

DANYING GJAN: Hello, my name is Danying Gjan and I am a member — I am also a member of National Asian Pacific American Women's Forum NAPAWF at New York City.

I am here today speaking in support of the anti-PRENDA Resolution 920 introduced by Councilwoman Margaret Chin. As a Chinese American immigrant, as a Chinese American woman, I carry multiple responsibilities as a daughter and older sister in my household. Growing up poor, we completely relied on my mother's income to sustain the entire family when our father was away. Having two girls in the house, my mother tried her hardest to put food on the table for us and taught us how to protect ourselves. She was pregnant with a third child but she was tired and could afford having another child.

So, she made her own decision, her own choice to perform an abortion and early on this year Trump

called COVID-19 a Chinese virus. This has posed a lot of mental stress in the community, as we are more prone to public harassment and discrimination, especially Asian American women.

This bill, PRENDA will place women, specifically Asian American women in danger, such that we don't know when we will be physically harmed or abused. Right now in 2020, my mother, my sister, my community and myself, we need Resolution 920 more than ever as this PRENDA bill may lead to — may potentially lead to profiling the Asian American women as targets of sex selective abortion ban stripping away our reproductive rights.

So, I am asking all of you to support our Resolution 920 introduced by Councilwoman Margaret Chin. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. We will now turn it back to Chair Rosenthal for questions.

CHAIRPERSON ROSENTHAL: Thank you. I really want to thank you, everyone here for testifying today. These are sometimes painful stories and it means so much to all of us that you have come and taken the time to share your thoughts with the committee, so we

really appreciate that. Council Member Levine, did you want to jump in?

CHAIRPERSON LEVINE: Yes Chair Rosenthal. First, on this panel, I do want to thank all of the witnesses who testified. The API community has been subjected to an absolutely reprehensible level of discrimination and frankly hate crimes throughout this pandemic. Most disgustingly often originating from the White House itself and I want you all to know that you have our support as you push back against that horrible hatred and that you also have our support and my support of Council Member Chin's Resolution 920 in support of federal legislation the PRENDA legislation. We support you in this fight. It is another front in pushing back against anti-API prejudice in the context of reproductive rights and we certainly will move it as quickly as possible through the committee. And if it is okay, Chair Rosenthal, I do want to say just one word on the prior panel and I want all those who testified to know that they have my gratitude for their bravery in speaking out and that I too strongly support the bill whose lead sponsor is Council Member Dromm Intro. 1948, so that we do have adequate education and

outreach led by the Health Department so that people understand the medical unnecessity of these medical procedures that are acting without the consent of the individuals effected.

So, again, thank you Chair Rosenthal for allowing me to express my support to both of these panels and both of the relevant pieces of legislation.

CHAIRPERSON ROSENTHAL: Thank you Chair Levine and we can continue. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. Council Members, if you have any questions, please use the raise hand function in Zoom right now. Seeing none, we will move onto the next panel. Before I continue, please remember that everyone will be on mute until I call you to testify. After you are called on, you will be unmuted by the host. Note, there will be a few second delay before you are unmuted and we can hear you. For the next panel, we will hear from Silvan Fraser, Maryam Mohammed-Miller, Katharine Bodde, Danielle Castaldi-Micca. Silvan Fraser, you may begin once the Sergeant gives you the queue.

SERGEANT AT ARMS: Time starts now.

COMMITTEE COUNSEL: I am not sure is Silvan Fraser is present. For now, we will move onto Maryam Mohammed-Miller please when the Sergeant gives you the queue.

SERGEANT AT ARMS: Time starts now.

MARYAM MOHAMMED-MILLER: Thank you. Good afternoon everyone. My name is Maryam Mohammed-Miller and I am the Government Relations Manager at Planned Parenthood of Greater New York. I would like to first thank the Chair's of the Health and the Women and Gender Equity Committee's for holding this important hearing and the Chairs of the Women's Caucus for championing this package of legislation as well as the advocates and partners for working on again, advancing this legislation we are hearing today.

Planned Parenthood of Greater New York has been a trusted provider of sexual and reproductive healthcare services for over 100 years and we aim to provide care to all New Yorkers no matter their background. During this pandemic, we have highlighted the devastating impact inequities in our healthcare system has had on marginalized people. In New York City alone, 25,000 individuals lost their

lives needlessly to the virus and Black and Brown people in low income communities were hardest hit.

As the pandemic continues, the federal government has dismissed this reality and has even taken steps to dismantle this country's public health system. We have also seen renewed attacks on central and reproductive freedom. At the height of the pandemic, we witnessed the federal government and conservative state government use the pandemic as a tool to restrict abortion access. It was also revealed that immigrants in ICE detention centers experienced forced sterilizations adding to this country's long history of this unjust practice on marginalized people. Additionally, the federal governments efforts to stack the Supreme Court with anti-reproductive rights judges, further presents a threat to reproductive freedom. The city has made much progress safe guarding reproductive healthcare in recent years, however, there is more work to be done and the legislation that is a part of today's hearing makes us closer to that goal.

PPGNY supports Resolution 919 that opposes changes by the Trump Administration to the Title 10 program that implemented the domestic gag rule.

Title 10 dollars are used to provide basic preventative healthcare services and community education. Changes to Title 10 force PPGNY and other healthcare providers to ultimately withdrawal from the program.

While this Resolution is a great first step, we ask the Council adjust the language in the Resolution and instead, urge congress to pass an appropriations bill that removes the domestic gag rule, increases funding and restores integrity to the program. We look forward to working with the Resolution sponsor, Council Member Ayala and the entire Council to amend the language in the Resolution.

We also strongly support Resolution 920 that opposes a ban on sex selected abortion. Sex selective abortion bans claim to address gender and racial inequity but in reality, they limit abortion care for many Asian American and Pacific Islander women. These bans condone the racial profiling of AAPI women while seeking abortion care, reducing their agency and undermining their dignity. This Resolution helps —

SERGEANT AT ARMS: Time expired.

MARYAM MOHAMMED-MILLER: This Resolution helps protect the AAPI community and other communities of color. We also support Intro. 1625 that would require the Department of Health to make nonsurgical contraceptive and long acting reversible contraception available at the departments health centers and provide cultural competency training. We understand that reproductive health is continuously under attack and this bill helps ensure folks who want to make informed decisions about their body have that protection.

We also support Intro. 1662, the bill that would require the Department of Health to provide mandatory training to staff at locations where lactation rooms are available. We believe that all individuals while nursing should be able to do so in a place that is safe and clean and research shows us how important body feeding and breastfeeding is to the development of parent and child. Protecting these accommodations for breastfeeding people is important and we strongly support the passage of this bill.

PPGNY supports all the issue areas being heard today and we look forward to working with the Council to bring awareness in important forums. And we thank

the Council again for holding this important hearing on reproductive health in our city. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. Next, we are going to try and return to Silvan Fraser. Please wait until the host unmutes you, it will be a few seconds before we can hear you. You may begin when the Sergeant gives you the queue.

SERGEANT AT ARMS: Time starts now.

COMMITTEE COUNSEL: There maybe some technical difficulties. I would like to remind everyone on the call that we accept written testimony. You can send it to testimony@council.nyc.gov up to 72 hours following the hearing. All testimony will be reviewed by Committee members in full.

Next, we will hear from Katharine Bodde. Please wait for the Sergeant to give you the queue to begin. Thank you.

SERGEANT AT ARMS: Time starts now.

KATHARINE BODDE: Good morning. My name is Katharine Bodde, she/her pronouns. I am a Senior Policy Council with the New York Civil Liberties Union; the ACLU of New York and I want to of course thank the Committee's for this opportunity to be heard today.

As so many have stated, for grounding these issues is really critical in a moment where we stand to lose constitutional protections on the federal level. So, we are supportive of many bills on the docket today. I am going to mention those and in the testimony that we presented but I want to raise specifically to some recommendations that we do have.

So first, the NYCLU strongly supports improving access to the full spectrum of quality reproductive sexual pregnancy related healthcare that empowers people to make decisions about their lives, their bodies and the health. Intro. 1625 advances this objective by improving access to contraceptive health and we support that.

Second, the NYCLU also strongly supports Intro. 1662 beyond the need to really inspect these lactation rooms. There is certainly more that the city can do to support breastfeeding, chest feeding, body feeding such as clarifying that lactation rooms are required for students in school settings and in public buildings. The exclusion of these rights is certainly concerning when looking at it through a gender discrimination lens.

In addition the NYCLU supports Intro. 1748, establishing and public education campaign around medically unnecessary surgeries for intersex children. But as the advocates have previously eloquently laid out, the bill needs to be amended to ensure that there is community input into those public education materials.

And the NYCLU also supports the animating force behind Intro. 2064 which creates the advisory board for gender equity in hospitals. This is a critical measure to supporting accountability in real change in our work places when it comes to sexual harassment and gender discrimination.

We further also encourage the City Council to pursue opportunities to really investigate racial and gender biases pervade our healthcare system that are related to this initiative as many of the providers spoke to initially.

And I will provide a few examples. I am thinking specifically of racially discriminatory practices of targeting pregnant people in hospital settings for drug testing, which leads to separation of newborns from nursing parents and ultimately deters pregnant women from seeking healthcare.

SERGEANT AT ARMS: Time expired.

KATHERINE BODDE: I also want to raise up corrosive medical care on pregnant individuals that lead to negative health outcomes. And then very shortly, I just want to also say that the NYCLU strongly supports Resolution 919 and 920. These Resolutions clarify that New York City will not be silent as discriminatory measures are passed and promulgated to stigmatize abortion care and the people who need abortion care and attempts to eliminate access all together.

Thank you for this opportunity to be heard and for prioritizing reproductive rights and reproductive health.

COMMITTEE COUNSEL: Thank you for your testimony. Next, we will hear from Danielle Castaldi-Micca. You may begin when the Sergeant gives you the queue.

SERGEANT AT ARMS: Time starts now.

DANIELLE CASTALDI-MICCA: Thank you so much. Thank you Chair's Rosenthal and Levine and to all the Council Members who are here today. My name is Danielle Castaldi-Micca, I am the Vice President of Political and Government Affairs at the National Institute for Reproductive Health. I apologize if

there is any background noise. My building is taking out the trash at this very moment.

At NRH we work to secure access to reproductive healthcare, protect reproductive freedom and ensure reproductive justice at the state and local level across the country. There is perhaps [AUDIO INTERFERENCE 1:45:44] right now in October of 2020 on the precipice of this election.

I am so thankful to see tht the Council is taking this moment to hear legislation on these issues. The package of bills and Resolutions before you encourages the expansion of crucial, sexual and reproductive healthcare for New Yorkers and the protection of communities that are targeted by racist and sexist attacks from the federal government and I urge your support on all of these bills with the amendments that I think several experts have already recommended.

However, I want to be clear about something in particular and I think that our Council Members know this but it needs to — I need to say it out loud. These bills alone don't mean that we are done here in New York City. We have done so much work to protect

reproductive rights here but there is about to be so much more to do.

The City Council and its members will need to be consistently vigilant and loud and proactive. We need to make more meaningful changes to address our maternal mortality rates, especially for Black women. We need to make sure that abortion care is available throughout pregnancy in New York City. We need to make sure that hospitals are respecting the bodily autonomy of all patients, including those who are pregnant and that every person being educated by the City of New York has comprehensive sex education.

Some of these are Resolutions that were originally part of this package and I hope that this body will reconsider those Resolutions and other actions and take this as a moment to really recommit as the legislature of the largest city in the nation to not just protecting reproductive rights but to expanding genuine access to care that respects bodily autonomy.

With that said, I am going to speak to the pieces that I feel like we are more expert in and to that end, I want to strongly state my support for Intro. 1625 to require DOHMH facilities to make LARC and EC

available at all of their sexual and reproductive healthcare facilities.

I was so pleased to hear Council Member Rivera in particular emphasize that the bill not only requires making access available but also access to removal available. I think several people have mentioned the dark history of reproductive coercion, especially using LARC in this country isn't really history —

SERGEANT AT ARMS: Time expired.

DANIELLE CASTALDI-MICCA: Current. Thank you and we know that allowing people to chose the contraception method that works best for them, not only reduces the rate of unintended pregnancy but also ensures people who can get pregnant are able to fully participate in society. Improving access to contraception is just fundamental to gender equality.

I just want to once again state our support for several other pieces today including Reso. 920 and Reso. 919 and urge you to take into consideration all of the amendments that have been proposed today and then move forward with these quickly. Thank you so much.

COMMITTEE COUNSEL: Thank you for your testimony. We are now going to turn back to Chair Rosenthal for questions.

CHAIRPERSON ROSENTHAL: I don't have any questions but again, I just really want to thank this panel for their expertise for making sure the Council is getting it right. I really appreciate your you know, pointing out the areas where things need to be tweaked and improved and we look forward to continuing to work with you all. So, thank you so very much for your time.

COMMITTEE COUNSEL: Seeing no Council Member questions, we will move onto the next panel. We will hear from Gina Baldwin, Natasha Johnson and Mary Luke. I am sorry, Gina Baldwin is no longer present. We will hear from Natasha Johnson. You may begin when the Sergeant gives you the queue. Thank you.

SERGEANT AT ARMS: Time starts now.

NATASHA JOHNSON: Thank you. Good afternoon everyone. I want to thank both Committee's for holding these very important conversations and my comments will be in direct support of both Intro. 1828 and Intro. 6774 simultaneously.

You know, based on some of the comments that have already been said, I just wanted to offer that the United Nations already deemed the issue of female genital mutilation and cutting, a crime against humanity and our federal government as of 2018, theoretically argued that the issue of female genital mutilation and cutting is not unconstitutional in the United States.

Female genital mutilation and cutting and vacation cutting are both illegal in New York and while the New York Penal Code, Subsection 130.85 exists, there is still no coordinated citywide responses in place to work with families experiencing these issues.

Criminality alone creates a vulnerability to these communities experiencing female genital mutilation and cutting exposing families to the risk of separation, foster care, incarceration and/or deportation. And more importantly, it doesn't provide the space for women and particularly minor girls to have any space with respect to body autonomy.

At the children's rights, women's rights, human rights, immigrant rights, maternal health, public

health and metal health issue, a more nuance and sophisticated approach akin to the structures that currently exist for survivors of domestic violence and human trafficking is required here.

In an era where honoring COVID-19 shelter in place guidelines has been a catalyst in the surge of all forms of gender based violence, including female genital mutilation and cutting and the future of women's rights lay in power by our federal judiciary, the status of New York City as a sanctuary city is ever more relevant today.

Therefore, I urge the Council to support the passage of both Intro. 1828 and Intro. 6774 to create a committee on female genital mutilation and cutting and moreover, providing holistic culturally aware services for service providers. The establishment of this committee would enable the collection and accurate and prevalent data in New York City on women and girls who have undergone female genital mutilation and cutting and on girls who may be at risk of cutting. Even in today's conversation it is clear that this kind of information is critical to us being able to be a better service to the individuals, the 65,000 women that we at least know of who are

experiencing this issue. And the status should be aggregated by bureau and reflect ethnic and community practices.

The education of medical and mental health, youth based educators and other direct service family based providers on the identification and proper care of women and girls, who have undergone female genital mutilation and cutting is critical. The female genital mutilation and cutting committee would be charged with developing a cohort of better practices that the aforementioned professionals can employ for enhanced service delivery. And while we appreciate the work of Gouverneur and I know my colleague there very, very well. It is not enough. We need greater expansion of those resources citywide because it is not relevant to folks who live in Staten Island or in the south Bronx or even where I live here in Bed Stuy in Brooklyn. And so, it is going to be imperative that we have the passage of Intro. 6774 to be able to better establish —

SERGEANT AT ARMS: Time expired.

NATASHA JOHNSON: Those types of resources and infrastructure. The establishment of a holistic specialty clinic focus exclusively on the care of

women and girls who have undergone female genital mutilation and cutting is imperative and we would need that as a more cohesive model that could stand for a model with respect to the national guides that we could have in the city and they provide ongoing gynecological and medical health support.

This policy and advocacy bay citywide committee should be composed of leading members from a multitude of disciplines including but not limited to community based local government, health, education, medical and mental health and law enforcement. The Committee should meet regularly to develop industrywide practices, resources and initiatives based on guidance from its governing body.

It is required that while we want to work in coordination with government, it needs to be bolstered. We need to have assistance bolstering the resources that we have already created and infrastructure and this would evidence the political will of the city.

Passage of Intro. 1828 and Intro. 6774 will establish an exclusive community dedicated to the physical and mental and social wellbeing of some of New York's most vulnerable women and girls impacted

by female genital mutilation and cutting and provide critical professional development resources. Establishment of these protocols will be the first of its kind in our country. I thank the Committee for your time and attention.

COMMITTEE COUNSEL: Thank you for your testimony. Next, we will hear from Mary Luke, you may begin once the Sergeant gives you the queue.

SERGEANT AT ARMS: Time starts now.

MARY LUKE: Good morning everybody. Thank you very much Chairpersons Rosenthal and Levine. Today, I am representing the New York for YC4CEDAW Act, PowHer NY, UN Women USA and the National Asian Pacific American Women's Forum. I am here to speak first on behalf of 1625 in favor of. I thank Councilwoman Rivera for her comments on the importance of Health to Health systems ability to provide anti-racist culturally competent care. This is especially important in providing sensitive services such as sexual and reproductive healthcare. 1625 would support two very important groups of women, adolescents and young women and low income immigrant women because these are groups that need to

have access to community care and in culturally competent ways.

In addition, I also want to support Resolution 919 speaking on behalf of Title 10 funding for community health centers. Title 10 is the lifeline for healthcare for low income and uninsured women with a high percentage of Black, Latinx, Hispanic and Black and African women. Title 10 already does not allow clinics to use funds for abortion counseling or provide abortion care and it really must be reinstated because these funds are so necessary to support reproductive choice as a fundamental human right. We are in a pivotal moment where our hard fought up to rights and abortion access are threatened now more than ever.

Let me turn to PRENDA and I am here to support the anti-PRENDA Resolution 920. As a reproductive health specialist, I have encountered many women and heard their personal stories about why they chose to terminate a pregnancy. Some would be risking their health, others their livelihoods and even gear relationships. We are really at a critical moment and cannot afford any further restrictions on women's right to choose.

We believe that all people must have the right and ability to determine when and whether and how to become a parent or not. We must listen to women to honor their needs and decisions regarding their own bodies and their own lives. So, please vote yes on Resolution 920.

Now, I turn to the Resolution to establish a gender advisory board. I want to thank Executive Director Jackie Ebanks for really bringing attention of the Commission's view points on human rights and intersectionality. We believe that a gender advisory board must take an intersectional approach looking at the linkages between gender and racial justice especially. In order to do this, the advisory board must be able to have data that will help to inform their decisions. We need to have systematically tracked data on systemic racism, misogyny, sexism and the provision of healthcare and it needs to be analyzed by gender, race, disability, gender identity and sexual orientation.

For healthcare personnel, we also must have data on hiring pay equity promotions, access to benefits and resignations and analyzed at all levels. It was really distressing to hear the testimonies of the

doctors who really face such harassment and pain in their employment.

So, a special attention also must be paid to areas such as maternal mortality. We have heard a lot about this this morning and it is wonderful to hear that there is already an MHQIN board and so, this gender advisory board must coordinate with that board and any other groups that are really looking at the impact of racism and sexism in the delivery of healthcare. I also want to thank the Commission on Women and Gender Equity and say, that they must have the financial resources and gender expertise in order to oversee studies, analysis or data and to provide guidance to the hospitals and health systems.

So, again, I want to thank everybody and support the creation of a gender advisory board to oversee the quality of services and the really wellbeing of providers who are offering those services in the healthcare and hospital system.

COMMITTEE COUNSEL: Thank you for your testimony. Council Members, if you have any questions, please use the raise hand function in Zoom now.

CHAIRPERSON ROSENTHAL: If I could just jump in and thank both of our panelists today on this

particular panel really appreciate your insights and might come back with some questions but I also want to thank the Administration, Director Ebanks for staying on to hear this testimony. It is incredibly powerful that you are taking the time to do that and as I hear the comments directed at you and seeing you here, it is somewhat unusual for that to happen and there you are Mary. So, thank you, thank you all for that.

I see Council Member Alicka Ampry-Samuel has her hand raised.

COUNCIL MEMBER AMPRY-SAMUEL: Thank you Chair. I have a question for Natasha Johnson. It is just a quick follow up. You mentioned that you know, even though it is FGM and the procedure itself is illegal, however, there were recent statements. In particular I know about the 2018 federal court decision that made the act. Well, can you just explain what you said but I just want to be able pull out again the why, like why we are as a legislative body, so focused on this. Because when you hear about human rights abuses, you know, you immediately think someone will go to jail, you know, they can be criminal liability, so everything.

So, as an attorney, can you just speak to the why part of it and what happened in 2018, here in the United States of America and you know, why we need to do something.

NATASHA JOHNSON: Thank you for that question and thank you and also Chair Rosenthal for being champions on this issue. You know, stepping back a little bit, it is a human rights issue that often gets promulgated to just across the ocean. And so, when we think about it and often we don't think about it here but we have loads of people who live here and millions of people who live here who come from countries and environments where this practice is very active and thriving and hence it is also an issue here. And in 2018, there were three medical doctors who are licensed and who were committing acts of female genital mutilation, mostly clitorectomies on minors and they were charged with — the case was charged with them cutting up to 100 girls. The outcome of that case essentially after several appeals was essentially that they were not charged. They were acquitted but essentially, the outcome of that case essentially means that the federal government essentially deemed that the issue of

female genital mutilation and cutting was no longer unconstitutional and therefore, it was a states matter to regulate individually state by state whether or not they would develop promulgations against the act of female genital mutilation and cutting.

Which in many ways gives it a very much a green light to individuals who are promoting this issue, who very much want this issue to continue in the communities where the practice was thriving. And so, it is imperative now, particularly when you have global communities that have made coordinated and long term responses who have anywhere up to decades worth of research that shows that they can actually be communitywide changes around this issue of female genital mutilation and cutting. And particularly, when you have "the western world" who have made long term responses and the U.S. has been historically silent on this issue.

Which makes the issues of Intro. 1828 and Intro. 6774 ever more groundbreaking because not only would we be the first in the country, but really the first in the United States to make a long term promulgated coordinated response to these issues of female

genital mutilation and cutting that are happening right now, right here in New York City.

COUNCIL MEMBER AMPRY-SAMUEL: Thank you so much. I mean, Chair I just wanted Natasha to highlight that, so again people can understand you know, just how critical it is and why we are doing this in New York City. And I know in my testimony, well, in my statement earlier, I made reference to drafting the Human Rights Report. I think it is you know, clearly hypocritical of the United States utilizing these country reports to determine how we should fund in particular development countries but right here in the United States, what we are holding other countries to do in order to have diplomatic ties with us. So, I just wanted to highlight that and again, thank you so much.

CHAIRPERSON ROSENTHAL: Thank you Council Member. Natasha, thank you for your tireless advocacy. You are a champion and of course, Mary Luke, thank you for your tireless advocacy as well. Natasha, I had one quick question about your point about the boroughs you know, that don't have access to Gouverneur and I am wondering if you could sort of remember to bring that to the table when we talk

about advisory boards to make sure that it is geographically broad as well. And it also gets to the point, of what is it like something like 50 different communities. There are over 50 different communities I think in New York.

NATASHA JOHNSON: At least and I think it sounds like the geographic response is based on convenience and it is absolutely not. It is not just about convenience and availability. You know, Gouverneur is doing great work. I know the doctor there, I worked with her for years. I think she is great. I know what is happening there but it is a very small population of people and honestly, you know, the outreach isn't expansive enough. But when you think about an issue like female genital mutilation and cutting which is often times also impacting very young girls who are minors who don't have the ease to be able to navigate their wear with all to get to a place like Gouverneur, particularly if they live in Staten Island and they have concerns about their body autonomy. The reality is that this isn't about convenience, but it is about really being able to put access and the resources within the communities that really need them the most, which is why it is

imperative in why we really need the support of government entities to create this committee, so that we can actually really expand these services so that they are long term, structurally based and provided with not only fiscal but also professional resources that are going to speak directly to these issues immediately when they happen. Because the likelihood of a young woman being able to come back to ask a question again or get support again is ever more less likely, given if she is 14 or 15, right. Because she is always going to have to be really much more under the hospices of her parents. Which is why the piece around community education, family education and providing resources to youth based services is also going to be ever more critical, so that we can not only hopefully stop some of these issues of female genital mutilation and cutting in New York City but at minimum, provide the individuals who may be impacted with it, appropriate community based resources and education and gynecological education, so that they can make really informed decisions if they ever have access to be able to do so.

CHAIRPERSON ROSENTHAL: Right, but if we are talking about so many different languages as well.

So, when you talk about education campaign, you know, it can't just be a citywide English only or English and Spanish messaging campaign, it really has to be laser focused in community and with the appropriate languages.

NATASHA JOHNSON: I agree and we have done that with other campaigns, right. The issue of domestic violence isn't unique to one particular community, nor is it an issue of human trafficking or rape or sexual assault. Even our voting signs right, we have them in multiple languages right. So, there are ways, I mean, New York City, we have a language bank which has what, 180 languages attached to it.

So, you know and NYPD has worked really, really well with — I am a domestic violence attorney as well. They work really well with domestic violence advocates around being able to provide those resources for communities when they need them and I think we can be really smart about thinking about how we can create those resources similarly without really extending a lot of our resources outside of what our already preexisting will houses but really just thinking about how we create bridges and attachments to some of the resources that already are

available to these communities, so that we can be able to provide them with holistic services that are also culturally competent and also linguistically appropriate.

CHAIRPERSON ROSENTHAL: Great, great, is there anything else you would like to raise?

NATASHA JOHNSON: There are so many things but we have been here for a while, so unless you have a particular question for me, you guys know I can go on.

CHAIRPERSON ROSENTHAL: We look forward to continuing to work with you in development of these bills and really want to appreciate you and the panel for the work that you do.

NATASHA JOHNSON: Thank you and I also want acknowledge Commissioner Ebanks as well. I thank you for your committed support of this work as well and I am sure that we can figure out some way where we can all get this going together.

CHAIRPERSON ROSENTHAL: Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. If any Council Members have questions, please use the raise hand function in Zoom now. Okay, seeing no hands raised, I just want to remind everyone that you

will be on mute until I call on you to testify. After you are called on, you will unmuted by the host. Note that there will be a few second delay before you are unmuted and we can hear you. You may begin once the Sergeant gives you the go ahead.

The next panel will consist of Olivia Pearl, Da In Choi and Vishu Chandrasekhar. Olivia Pearl, you may begin when the Sergeant gives you the go ahead.

SERGEANT AT ARMS: Time starts now.

OLIVIA PEARL: Hello, my name is Olivia Pearl and I am an Organizer at the National Asian Pacific American Women's Forum New York City. I am here today speaking in support of Resolution 920 introduced by Councilwoman Margaret Chin. Resolution 920 denounces the prenatal nondiscrimination act of 2019, a sex selective abortion ban that targets the Asian American Pacific Islander community in New York State and undermines their access to reproductive care. Sex selective abortion bans perpetuate false or harmful racial stereotypes by women of color especially Asian American women including xenophobic claims that Asian American and Pacific Islander communities prefer some. Sex selective abortion bans encourage racial profiling of patients by medical

providers from the doctor/patient relationship and potentially lead to the arbitrary delay or denial of reproductive health services and further the stigmatization of women.

The prenatal nondiscrimination act if passed, could open the door to additional bans subject to a physician scrutiny of a patients personal decisions. With 70 percent of API immigrants in the United States having limited English proficiency and facing a higher insurance and public benefits enrollment gap. API people should not have to face even more barriers to reproductive healthcare. Sex selective abortion bans have been introduced in 26 states and have been passed in 10. City Council Members, I urge you to be the leaders we elected you to be and disparage racism and reproductive care in New York. Do not allow the state to fall victim of this bigoted and presumptuous policy. Just over a year ago, my OBGYN told me that she didn't feel comfortable giving me an IUD because I wasn't in a committed relationship at the time. Because of my relationship status, she assumed that I was going to be engaging in risky behaviors and make poor decisions that could lead to sexually transmitted infections. I remember

wondering why her questions felt so pointed and so presumptuous. Regardless of my relationship status or reasons for seeking care, I do not deserve to be profiled stereotyped and therefore denied care.

Similarly to my OBGYN, I didn't feel comfortable. I didn't feel comfortable not being able to access my preferred method of birth control. I didn't feel comfortable when other people, especially my physician made assumptions about me leading to limitation and care. I didn't feel comfortable when my bodily autonomy and agency were prohibited. An IUD would allow me to spend the next few years worry free and I was denied this because my physician made a limiting decision based on assumptions. I am here today as an immigrant, a daughter, an Asian American woman and an organizer of the National Asian Pacific American's Women Forum, as someone who condemns stereotyping as a form of policy making, I ask you to move Resolution 920 out of Committee to be voted on by the next stated City Council meeting. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. Next, we will hear from Da In Choi.

SERGEANT AT ARMS: Time starts now.

DA IN CHOI: Hello, my name is Da In and I am also a member of the national Asian Pacific American Women's Forum in New York City. I am speaking in support of the anti-PRENDA Resolution 920 introduced by Councilwoman Margaret Chin. My partners mother share her experience of considering abortion. She really wanted a second child. However, as a Chinese immigrant who has fled from cultural revolution in a house when we were already struggling financially. She was [INAUDIBLE 2:04:46] at NYU, this was a time when there was no financial support for PHD students.

[AUDIO INTERFERENCE 2:04:51] as a faculty at a state college was not enough, her financial situations were becoming more and more precarious. People have a right to chose when and how to have a family. That is a reproductive right that should be granted to everyone. The respect OBGYN and operation nurses have patients no matter their ethnicity and race is vital to ensure women and their families that make decisions that would allow them to feel safe and secure.

As an Asian woman, immigrant and non-native English speaker, my partners mother may have been in danger under sex selected abortion bans like the

PRENDA act because of the racist stereotypes that east Asian women prefer sons over daughters. However, 2014 research from the university of Chicago has found that Asian American and Pacific Islander have more girls on average than White Americans do. The stereotypes are deeply embedded in American medical community, however, mainly to racial profiling of AAPI people by OBGYN and abortion nurses.

I am also a daughter of an Asian woman, immigrant and non-Native English speaker who has nurtured me with love and waited until she and my dad could provide for me. For both my partners mother and my own mother, they want a family only when they feel financially secure and emotionally safe. Being denied with productive care you need is traumatic and may force numerous Asian American Pacific Islanders to have families when they are not ready. My partners and my own mother exemplify how Asian pregnant people want what is universally applicable to all families. Safety, security and a capacity to provide.

Our community needs Resolution 920 now more than ever. The PRENDA Act follows the same anti-immigrant

and anti-Asian sentiments as trans-Visa restrictions on pregnant people and family separation and ICE detention centers continue. And with the confirmation of Amy Barrett as Supreme Court Justice, Asian pregnant people may be in even more danger. New York City is a home to 1.2 million Asian American Pacific Islander New Yorkers and our city has an opportunity to become a leader on abortion access. We ask you to move Resolution 920 forward out of committee to be voted on by the next full City Council meeting. Thank you so much for your time.

COMMITTEE COUNSEL: Thank you for your testimony. When the Sergeant gives you the queue, Vishu Chandrasekhar, you may start.

SERGEANT AT ARMS: Time starts now.

VISHU CHANDRASEKHAR: Hello, my name is Vishu Chandrasekhar and I am also a member of the National Asian Pacific American Women's Forum. I am here today speaking in support of the anti-PRENDA Resolution 920 introduced by Councilwoman Margaret Chin.

Because I believe that people have the right to chose when and how to have a family. It is a basic right that should be granted to everybody but in

order for that right to be realized, they must be able to trust that the medical professionals they deal with will respect their ability to choose if they want to have a child or not.

They don't need to justify the choice that they make but sex selective abortion bans take away autonomy, especially when they profile AAPI people while trying to control why or why not we may seek an abortion. Under PRENDA, AAPI community members would be questioned when trying to access abortion care services as to whether they are engaging in the services due to a preference of the sex and due to the stereotype that the AAPI committee has a male preference.

As an Indian American woman, the thought that someone might weaponize my ethnicity in order to prevent me from accessing essential reproductive healthcare, goes against everything I believe in. I am proud to be an Asian American woman. It is incredibly dismaying that the same anti-Asian racism that results in violent attacks on our community, has fueled racist laws like sex selective abortion bans, even here in New York City.

I am the daughter of an Asian woman and the sister of an Asian woman and our autonomy matters. As I watch reproductive rights being treated as nonessential procedures instead of essential healthcare on the national stage and as I see how reproductive rights are constantly under attack, it is frightening to think that being Asian American could be the only reason a doctor needs to decline providing me with care that I need.

But that's the reality that bills like PRENDA create. That's the reality that PRENDA creates for the 1.2 million Asian American and Pacific Islanders who live in New York City. Our city has the opportunity to stand with the AAPI community and be a leader on abortion access. And that's why we ask you to move Resolution 920 forward out of community to be voted on by the next full City Council meeting and we thank the Council for holding this hearing. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. Before turning back to Chair Rosenthal, I would like to remind Council Members to please use the raise hand function in Zoom if you have any questions for this panel. Chair Rosenthal?

CHAIRPERSON ROSENTHAL: No questions just lots of gratitude for the testimony. Thank you so much for waiting and testifying. All of this is incredibly important, so thank you.

COMMITTEE COUNSEL: Seeing no hands raised, I just want to remind everyone on the next panel that you will be on mute until a member of our staff unmutes you. Note, there will be a few second delay before you are unmuted and we can hear you. You may begin when the Sergeant gives you the go ahead. The next panel will consist of Phoebe Suva, Allison Park, Ashley Fang and Jeanne Hou. Phoebe Suva, you may begin when the Sergeant gives you the queue.

SERGEANT AT ARMS: Time starts now.

PHOEBE SUVA: Thank you Chair Rosenthal and Chair Levine and the rest of the Council Members for holding this hearing. My name is Phoebe Suva and I am the Policy Associate representing the National Asian Pacific American Women's Forum or NAPAWF.

We are the only progressive multi-issue community organizing and policy advocacy organization for Asian American and Pacific Islander AAPI, women and girls in the country.

I am here today to express strong support for Resolution Number 920 urging congress and the New York State legislature to support a women's right to abortion and to oppose bans on sex selective abortions that perpetuate racial stereotypes and underline access to care.

Sex selective abortion bans are based on deeply false stereotypes that Asian American women prefer sons. In reality, for Asian American's the ratio of males to females at birth is standard when compared to the ratio of all births in the U.S. In foreign borne Chinese, Indian and Korean Americans actually have more girls overall than White Americans. Despite this, sex selective abortion bans have gained sweeping popularity among anti-abortion legislators in years.

In 2013, sex selective abortion bans were the second most proposed abortion restriction across the U.S. and continue to gain momentum. Currently, there are 14 states that have passed sex selective abortion bans with the law effective and forceable in ten of these states. Just this past legislative session, ten states have introduced sex selective abortion bans. These racist and xenophobic stereotypes have

been used in women abortion access across the country for many years. These are also the states with the fastest growing AAPI populations. 10 of the 15 states with the largest AAPI populations and 10 of the 15 states with the highest AAPI growth rates have proposed this ban.

This large overlap illustrates how anti-immigrant sentiment and fear, not the intent of saving Asian babies are the driving force behind these bans. Proponents of the bill know this. In 2011, a state senator from Arizona, when passing a sex selective abortion ban said, "we know that female is pervasive in some areas like China and India. We know that people of whom these countries and from those cultures are moving and immigrating in some reasonable numbers to the United States and Arizona."

Just the year before this in 2010, the Census showed that Asians were the fastest growing population in Arizona and nearly doubled in ten years. Sex selective abortion bans claim to address gender inequity when in reality they inadvertently discourage AAPI women from seeking appropriate reproductive healthcare what is already out of reach for so many people and women of color. While

exploiting our communities and stripping us of our agency.

If New York City has a second largest AAPI population in the country, passing this Resolution would be a huge step to ensuring everyone has access to abortion care without fear or discrimination. We urge the Committee's and the full City Council to pass this Resolution, so that Congress and the New York City legislature do not introduce these bans that are so harmful to our communities. Thank you.

COMMITTTE COUNSEL: Thank you for your testimony. Next, we will hear from Allison Park.

SERGEANT AT ARMS: Time starts now.

ALLISON PARK: Hi, my name is Allison Park and I am also here with the National Asian Pacific American Women's Forum today in support of the anti-PRENDA Resolution 920 introduced by Councilwoman Margaret Chin.

Under these sex selective abortion bans, Asian and Pacific Islanders like me would be unduly scrutinized when trying to access abortion care services due to the presumption that we hold the same son preferences that are still seen in a small number of Asian countries. And might I just add, as I know

that others have, that a number of studies have shown that AAPI women actually give birth to more girls on average than their White American counterparts.

Despite what advocates for sex selective abortion bans may say, these policies aren't about gender equity. In practice, this ends up being about way more than abortion. This is about the time earlier this year, a stranger threatened to shoot me because I was brining Swine Flu into his country. This is about all the times complete strangers have screamed at me to go back to China, to go back to Asia just for daring to get on the subway or walk past them down the sidewalk.

And these incidents are not isolated to this year or since the start of COVID. These have always been around. This perpetual foreigner met the Asian Americans will never be a part of this country and never should. So, this is yet another excuse to keep telling Asian Pacific Islanders in this country that we don't and never will belong in this country. These policies simply layer the centuries old perpetual foreigner ideology on top of obvious attempts to keep chipping away at abortion rights, all under the same guys of gender equity.

I ask you to move resolution 924 out of committee to be voted on by the next full City Council meeting. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. Next, we will hear from Ashley Fang.

SERGEANT AT ARMS: Time starts now.

ASHLEY FANG: Hi, my name is Ashley Fang and I am also a member of NAPAWF New York City speaking in support of anti-PRENDA Resolution 920. Thank you for your attention after a lengthy meeting.

So, I wanted to share my own experience of racial bias in healthcare. I have bipolar disorder which took me ten years of psychiatrists appointments to get diagnosed. My delusions, suicidal thoughts and the manic episodes destroy my career and relationships were repeatedly dismissed on tiger parenting and I was told that if I would just cut off my loving parents and acted kind of more American, more outgoing, more confident, my symptoms would go away.

So, I was basically bared for a decade from the therapy and medication that now allows me to have a normal life because of these racial stereotypes. So, my heart is really going out to other women who would

be facing discrimination and denial of care by providers and it would even be state sanctioned under selective abortion bans.

As a side note, I wanted to add some statistics I have as a student of psychology at City College, my professor is conducting a study on anti-Asian bias nationally and our first pilot sample of 400 are on that. More than 20 percent of respondents told us that they supported confinement of Chinese Americans to their homes and avoidance of any business or medical practice with Chinese employees as public health measures, 17 percent of our sample endorsed forcing Chinese Americans to separate quarantined areas of the United States apart from other citizens.

I think a sex selective abortion ban doesn't serve women's rights anymore than these kind of punitive measures are serving public health and it is because they don't come from evidence or medical best practices but just from fear and attention to strip decision making power away from minority groups. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. We will now hear from Jeanne Hou.

SERGEANT AT ARMS: Time starts now.

JEANNE HOU: Hello, my name is Jeanne Hou and I am a member of the National Asian Pacific American Women's Forum otherwise known as NAPAWF in New York City. I am here today speaking in support of the anti-PRENDA Resolution 920 introduced by Councilwoman Margaret Chin.

When my family first immigrated to the United States from Hong Kong, the came with very little. My mother had to make the difficult choice of choosing between starting a family she so desperately wanted or ensuring that they would be financially stable enough to raise one. A, if not the primary motivator for uprooting their lives and moving to the United States.

Having access to abortion care, when they decided to ultimately delay having children to work and save for a few years shaped the trajectory of my entire life. My parents will later have two daughters, while also being small business owners. This bill is important to me and to my family because reproductive health and the right to chose how and when to start a family should never be based on racist stereotypes that are simply untrue and I am living proof of that and so is my sister.

AAPI women already face many barriers to accessing healthcare including immigration status, lack of health insurance, limited English proficiency and financial constraints. They do not need another obstacle and especially not in times like this.

For women like my mother with limited knowledge of English medical and racial terminology or the U.S. Healthcare system, a sex selective abortion ban would have been devastating for her and she might not have even known why while at the doctors office.

Under PRENDA, AAPI women would be subjected to medically unnecessary questions, increase scrutiny and could even be denied reproductive healthcare at risk of being subjected to criminal or civil penalties. As an APPI woman myself, who has not had to yet make the difficult choice of considering an abortion, I do still need to know that I can trust my doctors as their patient and to get the abortion care that I could need without fear of being racially profiled.

Resolution 920 denounces the sex selective abortion ban currently introduced in the state assembly and would dispel harmful stereotypes about our community. In the face of rampant anti-immigrant

and anti-Asian rhetoric being exposed by government officials, there is no place for further stigmatization of AAPI women in the patient room. As we heard earlier, the medical field is not free of its biases either and I would urge us to not add further legality that would encourage undue biases towards AAPI women.

When support for sex selective abortion bans is guided by misinformation surrounding sex ratios of birth in the U.S. and the projection of xenophobic assumptions under the guides of gender equity becomes wholly inappropriate.

New York City is home to 1.2 million AAPI New Yorkers and our city has an opportunity to stand with our AAPI community and be a leader on abortion access. Other cities will look to New York to set a precedent, so we ask you to move Resolution 920 out of committee and to be voted on by the next City Council meeting. Thank you for your time.

COMMITTEE COUNSEL: Thank you for your testimony. Before turning back to Chair Rosenthal, I would like to remind Council Members to use the raise hand function in Zoom, if you have any questions for this panel. Chair Rosenthal?

CHAIRPERSON ROSENTHAL: I don't, I just want to go out of my way especially for this panel, to thank you for your honesty, your truth telling. Very powerful testimony and I also appreciate very much the cohesive message presenting today and but also, with each of you giving your own personal story as well. Thank you.

COMMITTEE COUNSEL: Seeing no hands raised, we will move onto the next panel. Just a reminder that everyone will be on mute until I call on you to testify. After you are called on you will unmuted by the host. There will be a few second delay before you are unmuted and we can hear you. You may begin once the Sergeant at Arms gives you the go ahead.

Next panel includes Serena Yang, Negar Esfandiari, Jennifer Tsai and Shruti Rana. Serena Yang, you may begin.

SERGEANT AT ARMS: Time starts now.

SERENA YANG: Hello, my name is Serena Yang and I am a member as well of the National Asian Pacific American Women's Forum NAPAWF New York City Chapter.

I am here today speaking in support of the anti-PRENDA Resolution 920 introduced by Councilwoman Margaret Chin. Resolution 920 dispels harmful

stereotypes about the AAPI community and denounces the sex selective abortion ban currently introduced in the state assembly. These bans are being introduced both here in New York and across the country and they open the door for politicians to further intrude in the right of AAPI people to make their own decisions about their personal health.

As a Chinese American immigrant woman, it is important for me to stand against PRENDA. Others have already noted studies that show no evidence that sex selective practices are widespread among AAPI's in the U.S., so I will share some of my own experience instead.

I come from a Chinese family made up of mostly women and daughters and it is simply untrue that we have a culture that endorses gender inequity. My mother is from a big family of sisters and all of my aunts who started families under China as one child policy happened to have daughters.

My parents would later have two daughters as well. Gender was never a concern in any of our family planning. My cousins, my sister and myself, are all living proof the Asian people don't seek to end pregnancies because they prefer sons over

daughters. This view that Asian Pacific Islander Americans have some preferences is based a racial stereotype and it is being projected onto us without our consent.

My sister and I who grew up in the United States, will have our access to healthcare directly impacted by PRENDA if it is passed. PRENDA weaponized harmful stereotypes about the AAPI community and could lead to doctors to racially profiling their patients. Our community members would be questioned when trying to access abortion care services as to whether they are engaging in the services due to a male preference for the fetuses sex. We could be subjected to medically unnecessary questions, increased scrutiny and could even be denied reproductive healthcare based on assumptions made about our culture.

Not only would PRENDA perpetuate these anti-Asian and anti-immigrant barriers about out backwards cultures it would codify it in law. All patients must be able to trust their doctor’s and get the abortion care they need. This is especially essential at a time of rising anti-Asian sentiment and a national threat to our abortion rights.

New York City is home to 1.2 million AAPI New Yorkers and our city has an opportunity to stand with our community and be a leader on abortion access. We ask you to move Resolution 920 forward out of committee to be voted on by the next full City Council meeting. Thank you for your time.

COMMITTEE COUNSEL: Thank you for your testimony. Next, we will hear from Negar Esfandiari.

SERGEANT AT ARMS: Time starts now.

NEGAR ESFANDIARI: Hi, my name is Negar Esfandiari and I am also a member of the National Asian Pacific American Women's Forum New York Chapter and I am here today speaking in support of the anti-PRENDA Resolution 920 introduced by Councilwoman Margaret Chin.

I am my families first born and I am alive today because of my moms right to choose. Without abortion, I don't know if my mom would have survived her circumstances while pregnant. Without abortion, I don't know if starting a family would have been possible later on. Everyone deserves unfettered access to these services. They deserve the trust of those around them, especially doctors and their ability to choose when and where they have a family.

Sex selective abortion bans like PRENDA severely limit this autonomy. No one should have to justify to anyone else their reasons for wanting an abortion.

To profile us and ask that of us is a strike on our dignity. My mom would not have been able to make these crucial choices about hers and her families health with a PRENDA act in place. The challenges he already faces as an immigrant Iranian American woman of color and non-Native English speaker, would only increase as the legislation relies on the racist notion that Asian families only value sons. We need our healthcare providers to create a safe, accessible space for people, especially marginalized women to decide what is best for us and our bodies. Doctors should empower our freedom to choose and the city should take a stand by passing legislation to denounce restrictions on our reproductive autonomy under false racist pretenses.

Council Members, this is your opportunity to listen to your Asian American and Pacific Islander constituents and show us that you value our experiences. I urge you to move Resolution 920 forward as a validation of our rights and a

breakthrough in preserving abortion access. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. Next, we will hear from Jennifer Tsai.

SERGEANT AT ARMS: Time starts now.

JENNIFER TSAI: Hi, my name is Jenny Tsai, I am an Emergency Medicine Physician at Yale University with degrees in Education and Ethnic Studies from Harvard University. These views do not reflect that of my employers.

My mother was the first to teach me about abortion. When I was young, she told me that her first pregnancy came at a time when she was fighting a serious Rubella infection. She was sick and there was a significant chance that her first child if born would have congenital Rubella, a condition with no cure.

With her physician, she made the decision to undergo a DNC. Since I as a child, I understood abortions as a personal choice, medical choice, sometimes a difficult choice but always a healthy choice if done with autonomy. Sex selective abortion bans demand that physicians train their gays and use race to generate suspicion of wrong doing. This

amounts to clinical and government impeded racial profiling and ties racial identity with disease and criminal parenthood.

The PRENDA bill offers the confusing logic that it will protect patients from targeted eugenic practices but simultaneously endites women of color as dangerous to their unborn children and communities. Though branded with the guys of equity, in actuality, this law proposes a full fledge system of state sanction, bigotry and violence.

The racialization of abortion limitations renders patients of color an exception to normal standards of medical care. Pregnant people of color are presented as unusual patients that require discriminatory surveillance from their medical providers, as if people who look like me are inherently different and automatically untrustworthy.

In practice, the proposal to outlaw race and sex selective abortions would force medical practitioners to read the races of their patients from physical queues, which is atavistic and unscientific to adjudicate criminal activity as agents of the state. This burden urges physicians to police and racially

stereotype pregnant patients of color as perpetual potential criminals.

Indeed because action is mandated under threat of prison time, doctors would be compelled to view women of color as liabilities that could threaten a physicians livelihood, license and freedom. This animosity would compound the fact that doctors already give worse medical care to people of color due to personal and systemic [INAUDIBLE 2:21:05].

The laws-Ning sake is a mask that touts non-discrimination but PRENDA legislation employs a racist etiologies and criminal endangerment to promote prejudice, increase how dangerous it is for people of color to seek needed reproductive healthcare services and inject increased hostility between marginalized patients and medical providers.

I need you to hear me when I say that as a doctor, this legislation sets a precedent that would horrible disfigure my ability to be a kind and competent physician. It would hinder me from fulfilling the vow I took to do no harm. This law transforms doctors into an arm of the criminal justice system, a hawk against patients who trust them with their health and bodies. It turns

hospitals from safe havens of healing to sites of surveillance and punishment. It would erode patient/physician relationships —

SERGEANT AT ARMS: Time is expired.

CHAIRPERSON ROSENTHAL: Feel free to finish your testimony. Thank you.

JENNIFER TSAI: I have just a few seconds, I apologize. It would erode patient/physician relationships, encourage race based medicine, which was recently denounced by the U.S. Ways and Means Committee and deepen racialized biases and health inequities.

As a Taiwanese American woman and physician of color, I am for the Committee to support Resolution 920 for the safety of my fellow citizens and patients. Thank you so much.

COMMITTEE COUNSEL: Thank you for your testimony. Next, we will hear from Shruti Rana.

SERGEANT AT ARMS: Time starts now.

SHRUTI RANA: Hello, my name is Shruti Rana. I am a mother, a lawyer, and a Professor at Indiana University and I am also the Co-Chair of the Indiana chapter of the National Asian Pacific Women's Forum. I am the oldest of three daughters proudly raised by

feminist parents who came to the United States from India in 1968 and 1970. My two sisters and I now ourselves have four daughters among us and coincidentally no sons, between the ages of 1 and 7.

In these respects, as you have heard, our family actually fits the norm. Data shows that Asian American families in the United States have more daughters than sons, contrary to the false stereotypes that pro-PRENDA groups are trying to promote. I'm speaking here today in support of the Anti-PRENDA Resolution 920. Specifically, I'm here to share more about Indiana's history with similar abortion bans and urge you to act before it is too late, so that you can avoid repeating Indiana's failures.

First, I urge you not to be fooled by groups who attempt to co-opt the language of civil rights to promote abortion bans. These groups travel the nation claiming that they are fighting eugenics or discrimination but they are doing exactly the opposite, making discrimination and eugenics actually more likely. So, why is that? Roe and related cases protect reproductive liberty and decision-making autonomy. That means they protect both the right to

choose, but also the right not to be forced to have an abortion or endure forced sterilization.

Taking away a person's right to make these personal and individual decisions will do nothing to protect anyone from discrimination, nor will it do anything to ensure that that individuals who are discriminated against will be treated with dignity and equality. In fact, bills like the PRENDA bills would allow the government or politicians, not women, to decide when and who is allowed to have a child. That is actually the textbook example of eugenics.

Lawmakers who actually want to support equality and civil rights would not be trafficking in ugly, discredited stereotypes or attempting to divide Americans. But that is exactly what happened in Indiana. Indiana passed a PRENDA bill in 2016 which was rejected by both the US Court of Appeals for the 7th Circuit, and also just last year, was rejected by a conservative majority in the United States Supreme Court.

The Indiana Bill was the culmination of years of discrimination against Asian American women in Indiana. The only two women who have been prosecuted under Indiana's abortion and feticide laws are two

Asian American women, Purvi Patel and Bei Bei Shuai. The state of Indiana recently prosecuted these women for murder in cases that were marked by ugly racist stereotyping and a rejection of actual evidence and data. These charges were later overturned on appeal or dismissed but only after contributing to rising levels of xenophobia, hate and discrimination against Asian Americans women in Indiana.

The PRENDA bills in Indiana were just the latest in a long history of using women's bodies to promote discrimination. In fact, Indiana was the first state in the nation to pass a forced sterilization law, in 1907. That law targeted poor white women but if bills like the PRENDA bill pass —

SERGEANT AT ARMS: Time is expired.

SHRUTI RANA: Any group of women could be targeted next. This is one of the powerful arguments for why we must protect the fundamental rights of individual liberty guaranteed to individuals by the US Constitution. Resolution 920 will protect us from those who would usurp the right to choose when or if to have a child from individuals and would place that decision in the hands of the state. I urge you not

to repeat Indiana's history of hate and discrimination in New York. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. Before turning back to Chair Rosenthal, I would like to remind Council Members to use the raise hand function in Zoom if you have any questions for this panel. Chair Rosenthal.

CHAIRPERSON ROSENTHAL: Well, I just want to thank everyone of course for their incredibly thoughtful testimony. May I actually ask the last panelist, if you could repeat the Indiana Law. What year as that, where it was forced sterilization of poor White women? Could you just say that part of your testimony again and it is a reminder for all witnesses to make sure you have submitted your testimony to make sure it gets on the record. You are all sharing such important information but I happen to be particularly interested in the Indiana laws.

SHRUTI RANA: Sure, I mentioned that Indiana was the first state in the United States to pass a forced sterilization law and that was in 1907 in an early wave of eugenics laws in the United States.

CHAIRPERSON ROSENTHAL: Insane and are they the only state to pass the PRENDA law?

SHRUTI RANA: No, I believe to date, it is approximately 10 states that have passed these laws and then there is more upcoming this coming year and I also wanted to note some of these forced sterilization laws, some of them we on the books around the United States so if Roe were to fall some of these laws would be back on the books and able to be enforced.

CHAIRPERSON ROSENTHAL: So much is at stake and thank you for reminding us of that. And really to everyone, thank you for taking the time, it sounds like even time away from your patients. So, I really appreciate your taking the time to be with us and testifying today. This is incredibly important and I am grateful, really just grateful for you. Thank you.

COMMITTEE COUNSEL: Seeing no hands raised we will turn to the next panel, which will consist of Abraham Gross, Becca Asaki, Ariel Hsu and Sharlene Daba-ay. Please remember that you will be on mute until I call on you to testify. After you are called on, you will unmuted by the host. Note that there

will be a few second delay before we can hear you and you may begin once the Sergeant gives you the go ahead. First, we have Abraham Gross.

SERGEANT AT ARMS: Time starts now.

ABRAHAM GROSS: Thank you Chair Rosenthal for your compassion and attention to these important issues. My name is Abraham Gross and I would like to start by commending the courageous group of Mount Sinai doctors who testified today about the appalling sexual harassment, racial discrimination, intimidation and abuse of power they endured.

The worst part of their testimony was hearing not only about these crimes but about the institutional corruption and indifference to these practices that followed. Dr. Joseph Truglio, Dr. Betty Kolod, Dr. Safo and others, your courageous protest of this despicable abuse of power extends well beyond the medical community.

The problem respectfully is not just with the individual perpetrators who are engaged in these practices. The deeper problem is rooted in the institutional breach of integrity. From those in positions of power to redress these crimes, instead of protecting the victims, their indifference and in

some cases active endorsement is precisely what motivates and weaponizes the perpetrators to continue.

Chair Rosenthal, respectfully, can you take a moment to imagine what it is like for in a brief person, to endure abuse over and over again, suffer in silence for years and when they finally get the courage to speak up, when they go to that designated public official who is there in a position of power to hear and to redress whether it is an HR department or Council Member or a judge. When they finally go to that person, instead of conducting the serious inquiry, that designated official does everything to dust the problem under the rug. Hide the controversy. We don't want to deal with that.

Chair Rosenthal, respectfully, it is traumatic enough for a human being to endure prolonged abuse from someone in a position of power but it is far more traumatic to after enduring abuse and stepping forward in a justified protest to watch how powerful institutions, cooperation's and even oversight agencies and law enforcement spring into action to conceal, water down and minimize this shameful conduct. This has to stop.

And Chair Rosenthal, respectfully, can you imagine please, the pain and suffering, the helplessness that such an abused victim endures —

SERGEANT AT ARMS: Time expired.

ABRAHAM GROSS: I would just like to complete this point, if I may. When after they had gone through everything, they also learned that there is an improper financial relationship between the public official in position of power and the abuser.

My last point Chair Rosenthal respectfully, can you imagine what it would be like for Dr. Safo and Dr. Kolod and the others to learn that the judge assigned to adjudicate their federal case, also happened to receive weeks after the case was assigned, a property that belonged to Mount Sinai and is worth $2.2 million. That would rip their soul and completely destroy their faith in the integrity of the system. I thank you for your compassion. I thank you for your dedication to fight social injustice and I thank you for giving me the extra time.

COMMITTEE COUNSEL: Thank you for your testimony. Next, we will hear from Becca Asaki.

SERGEANT AT ARMS: Time starts now.

BECCA ASAKI: Hi, my name is Becca Asaki and I am an Organizer with the National Asian Pacific American Women's Forum NAPAWF in New York City. And I am here today alongside the numerous members and supporters of the NAPAWF New York City chapter to speak in support of Resolution 920 introduced by Council Member Margaret Chin.

Resolution 920 means that New York City would denounce PRENDA, the sex selective abortion ban currently introduced in the state assembly. Resolution 920 would help dispel harmful stereotypes about our community and it is something that we have been working for years to fight against.

In this political environment, immigrant communities in particular have been the targets of restrictive policies aimed at curtailing our reproductive freedoms. When the ban on pregnant people applying for VISA's to policies like public charge, there is growing number of discriminatory policies that seek to deprive immigrant communities of freedom, dignity, respect and reproductive healthcare.

PRENDA is one of them. PRENDA claims that we, the AAPI community bring backwards values and present

a false choice between gender, equity and abortion rights. This stereotype is not only ugly, it is dangerous and inaccurate. These bans open the door for politicians to further intrude on personal decision making as they weaponize harmful stereotypes about our Asian American and Pacific Islander communities and could lead to racial profiling.

Under these bans, we could be questioned when trying to access abortion care services to whether we are engaging in those services due to a preference with the fetuses sex due to stereotypes that the Asian American Pacific Islander communities has a male preference.

Even before immigrating to the United States, my great grandparents were being told that they were backwards. My grandfather's mother was a picture bride, meaning that families sent her photo to my great grandfather, so that they could be married, even before she met him because that was the only way that she could immigrate to the U.S. due to our U.S. racist immigration laws. And yet, she expressed what would have been considered a very feminist values for the time, by choosing to name her son, my grandfather, in a way that affirmed her daughters

value. This is something my family is incredibly proud of and she did this in 1923, on a small family farm that she couldn't actually own because of the racist and sexist laws of this country. And this was all in the midst of being told that she was a backwards person and comes from a backwards culture.

Less than 20 years later, she and her entire family and the entirety of our community were incarcerated in U.S. concentration camps, due to racist stereotypes about her culture.

PRENDA forces me to have to prove to all of you and to my doctor that my ancestors and my family and people that look like me are not sexist, just in order for me to access an abortion, which is healthcare.

SERGEANT AT ARMS: Time expired.

BECCA ASAKI: Now, in another time of increased anti-immigrant, anti-AAPI rhetoric, harassment and policy, it is high time that the New York City Council stand up against those who make brazenly racist claims about our communities. My family has fought to be treated with dignity and respect for over 100 years in this country and I refuse to stand idly by while the same racist rhetoric that targeted

them over a century ago is used to target me and my immigrant brothers and sisters today.

Over the past year and a half, dozens of NAPAWF New York City members have worked tirelessly to get this Resolution in front of this committee today. We have met with Council Members, we have gathered over 500 petitions from AAPI New Yorkers in support of this Resolution, galvanized support from other AAPI, immigrant rights and reproductive rights and justice organizations across this city and demonstrated outside of City Hall to express why this bill is important to us and to our community.

As you have heard today, New York City is home to over 1 million Asian American Pacific Islander New Yorkers and our city now has an opportunity to stand with our community and to be a leader on abortion access. And so, we ask you today to move Resolution 920 forward out of Committee and to be voted on at the next Stated New York City Council meeting. Thank you so much.

COMMITTEE COUNSEL: Thank you for your testimony. Next, we will hear from Ariel Hsu.

SERGEANT AT ARMS: Time starts now.

ARIEL HSU: Hello, my name is Ariel and I am a Member of the National Asian Pacific American Women's Forum New York City. I am here today to speak in support of the anti-PRENDA Resolution 920 introduced by Councilwoman Margaret Chin.

In 1998, my mother sought an abortion after already having two children. At the time, she was working full time and taking care of two small children. My parents did not plan to have a third child and they wanted to ensure that they were prepared and financially stable enough to raise one. My parents ultimately chose to have my younger brother but it was not because the fetuses sex happened to be male.

People have a right to choose when and how to have a family. That is a reproductive right that should be guaranteed and granted to everyone. Their OBGYN and abortion nurse respected their decisions regardless of what they were and provided the care my mother needed while she was pregnant.

As an Asian woman, immigrant and non-Native English speaker, my mother may have been endangered under sex selective abortion bans like the PRENDA Act because of the racist and false stereotypes and

narratives surrounding East Asian women that they prefer having sons over daughters. If the PRENDA Act were to be passed, my mother's OBGYN and abortion nurse would be required by law to racially profile my mother and other Asian Pacific Islander people like her. Interrogate the real reason why she was seeking an abortion and if there was any doubt, call the police on her for seeking healthcare. She would be subjected to unnecessary questions, increased scrutiny and could even be denied reproductive healthcare or face law enforcement.

As with any other medical setting or circumstance, patients must be able to trust their doctors and get the abortion care they need. This bill is important to me as a daughter of a woman who once sought out an abortion to ensure that she could raise and parent her children the way she wanted.

My mother and I are proof that it is untrue that Asian pregnant people seek to end pregnancies because they prefer having sons over daughters. If they did, I would not have been born.

Our community needs Resolution 920 now more than ever. The PRENDA Act follows the same anti-immigrant, anti-Asian sentiments as Trump's Visa

restrictions on pregnant people. Family separation in ICE detention centers and anti-Asian violence due to COVID-19. And with the confirmation of Amy Coney Barrett, to speak as a Supreme Court Justice, Asian pregnant people may be in even more real danger.

In 2018, Barrett supported Indiana Sex Selective Abortion ban and has made clear in her confirmation hearings that she plans to overturn Roe V. Wade. I and 1.2 million Asian American and Pacific Islander New Yorkers and the hundreds of NAPAWF members nationally standing behind me on my Zoom background urge you to move Resolution 920 forward out of Committee to be voted on by the next full City Council meeting. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. Next, we will hear from Sharlene Daba-ay.

SERGEANT AT ARMS: Time starts now.

SHARLENE DABA-AY: Hello. I am Sharlene Daba-ay, a daughter of Filipino immigrants, Bronx Native and a Member of National Asian Pacific American Women's Forum. I am here in support of anti-PRENDA Resolution 920 introduced by Councilwoman Margaret Chin and asking for the City Council to denounce sex selective abortion bans.

Since I was a child, I have had the fortune of being cared for by Asian doctors. Having a doctor who is also Asian has always put me in a safe and comfortable mindset. A culturally competent doctor is essential for having a strong doctor/patient relationship. I deserve to continue having culturally competent healthcare and other women should to.

If PRENDA were to pass in New York, I might not be able to have the same trust with my doctor. If I were to require an abortion in the future, my doctor might have to ask me medically unrelated questions that would racially profile me. They would question as to whether I am seeking these services due to a preference of the fetuses sex due to the stereotype that the AAPI community has a male preference. Patients must be able to trust their doctors in order to get the abortion care they need. PRENDA would allow for politicians to further intrude health decisions of a woman with other pre-viability bans such as the Heartbeat Abortion Ban.

With the confirmation of Amy Coney Barrett and Supreme Court Justice, an Asian woman may be in danger. In 2018, she has supported India sex

selection abortion bans and has made it clear she has plans to overturn Roe V Wade. New York City is home to 1.2 million AAPI New Yorkers and our city has an opportunity to stand with our AAPI community and be a leader on abortion access.

We ask you to move Resolution 920 forward out of Committee to be voted by the next full City Council meeting. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. Before turning to Chair Rosenthal, I would like to remind Council Members to please use the raise hand function in Zoom, if you have questions for this panel. Chair Rosenthal?

CHAIRPERSON ROSENTHAL: Well, I just want to thank everyone and Ariel, you mentioned it in your testimony and I was going to point it out, that your background was just terrific today and Becca, I also noticed your signs behind you and all of that is — it is meaningful and it shows the power that you bring and so, thank you so much for taking the time. For bearing with us and staying for this long hearing and I want to thank you for that.

COMMITTEE COUNSEL: Seeing no hands raised, I will call the next panel. Please remember you will

be on mute until we unmute you and you may begin once the Sergeant gives you the go ahead. The next panel will include Nichelle Gaumont, Jaslin Kaur and Linda Morris. Nichelle Gaumont, you may begin when the Sergeant gives you the go ahead.

SERGEANT AT ARMS: Time starts now.

NICHELLE GAUMONT: Hello, my name is Nichelle Gaumont and I am a member of the National Asian Pacific American Women's Forum in New York City. Thank you to everyone who has testified so far. I am really grateful to be able to listen and speak alongside you today. I am here speaking in support of anti-PRENDA Resolution 920 introduced by Councilwoman Margaret Chin.

PRENDA, this sex selective abortion ban is just one of countless attacks in our country against women's right who have autonomy over our bodies. Abortions are a normal procedure that many women must make the choice to undergo for many different reasons. And while there is no evidence of sex selective abortions taking place in the U.S., the reason women are making this choice is frankly not the business of our government. PRENDA is an insidious piece of legislation that has the potential

to open the doors to further restrictions of healthcare for women.

Just this year during a world by pandemic, disproportionately affecting BIPOC women, Texas tried to ban abortions, an extremely time sensitive procedure, deeming them nonessential. We also recently heard of how ICE detention centers in Georgia have covered up the illegal and disgustingly inappropriate gynecological procedures performed on immigrant women. Who without their knowledge or consent underwent hysterectomies and other invasive surgeries.

These cases along with PRENDA, disproportionately target women, poor women and women of color and are having real life impacts now. As a Japanese American woman, who uses birth control and requires access to reproductive healthcare services, whether to have an abortion is a choice that I may have to make in my lifetime.

Imagine the Asian women in your lives. Consider how you would want them to feel when they step into a doctors office, seeking a medical procedure that has been grossly stigmatized in our country. Would you want them to feel intimidated, scrutinized and

mislead? Or treated with respect, dignity and compassion? Think of a time when you were in a doctors office and felt intimidated or nervous, simply because you were seeking care for a deeply personal healthcare issue. Stereotypes allow for people to be devalued. Stereotypes of Asian women and women of color allow our bodies to be devalued and it allows our right to safe healthcare to be devalued.

We are here today to tell you that our bodies and the choices we make about them are not nonessential. We have the right to autonomy, dignity and safety and we deserve legislature that protects that right, not takes it away. We deserve Resolution 920 and are asking you to please move it forward. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. Next we will hear from Jaslin Kaur.

SERGEANT AT ARMS: Time starts now.

JASLIN KAUR: Thank you everyone, thanks for bearing with the time. My name is Jaslin Kaur and I am here to urge our City Council to pass Resolution 920 in effort to oppose sex selective abortion bans and in solidarity with NAPAWF as a former staffer.

I am thrilled to see sexual and reproductive health and rights entered here today and a number of legislative packages, especially under the sweeping change as possible, under Amy Coney Barrett's recent confirmation. Now, as an Asian American woman, particularly an Indian woman, I have seen just how my community has constantly been used as a wedge to purport the model minority myth. That AAPI's are successful by way of work ethic and a version of conflict but I have also watched our community be used and exploited to support archaic abortion bans that weaponize racism and xenophobia against us.

PRENDA legislatures say they want to protect civil rights but use a racist broad brush to pedal stereotypes of people who look like me to ban abortions. They say that we are more likely to seek abortions based on sex or race preference of the fetus but that means that without protective legislation, we can be denied reproductive health services based solely on a suspicion of why we are seeking an abortion. And that can lead to reports to local law enforcement, like we saw with Purvi Patel, who was sentenced to prison and later released in Indiana for an induced abortion that was deemed a

feticide. Reproductive justice particularly for Black and Brown women is intrinsically enmeshed in the battle against incarceration and against medical racism. And as a lifelong Queens resident, home to one of the largest Asian American immigrant populations, I know that PRENDA will disproportionately impact us right here in New York City unless we pass Resolution 920 knowing that New York Stat PRENDA legislation has been introduced multiple times since 2011.

I have already struggled since I was 18 to get birth control and keep it because of insurance complications and live more than a half an hour away from the nearest family planning center by car and almost over an hour by public transit.

I don't want to know what that looks like in an emergency. I don't want sly questions from doctors asking me why or when I will get married and if I will pray for a son. And if I seek an abortion I am not bringing backward values with me from my family in India.

Racial profiling has no place in New York City and it certainly doesn't have a place in doctors offices. So, to me, reproductive justice is about

the right to family planning on your own terms and with dignity and with respect. And I want to thank the organizers like those from the National Asian Pacific American Women's Forum New York City Chapter, who has led this policy advocacy work to bring Res. 920 to the table today. And it has been an honor of mine to be alongside their fight with NAPAWF National.

I can't wait to have protection against sex selective abortion bans and I am excited to push our current City Council to be proactive in that fight and lead us in a municipal battle to save reproductive justice. Thank you so much.

COMMITTEE COUNSEL: Thank you for your testimony. Last on this panel, we have Linda Morris.

SERGEANT AT ARMS: Time starts now.

LINDA MORRIS: Good afternoon, my name is Linda Morris, my pronouns are she/her and I live in Brooklyn and work as a Civil Rights Attorney in lower Manhattan. Where I fight for the advancement of racial and gender justice.

I am here today testifying in my individual capacity as a Japanese American woman and as a member of the National Asian Pacific American Women's Forum

and I urge the Council to pass anti-PRENDA Resolution 920.

My message today is quite simple, all people, no matter the race, ethnicity or background, have the constitutional and human right to maintain agency and autonomy over their bodies and their reproductive choices. That includes the decision of whether to seek an abortion.

Sex selective abortion bans like PRENDA, directly violate those rights and perpetuate and in fact, encourage racial discrimination and bias. PRENDA would enable medical providers to police patients reproductive choices on the basis of racist stereotypes and unjustly deprive patients of their basic constitutional and human rights, their agency and their dignity.

As an Asian American woman, I have experienced first hand a racial stereotyping and bias in all aspects of my life, including in my efforts to seek medical care. And as this hearing has made clear, I am not alone. It is no secret that racial bias and inequities pervade our healthcare system and have resulted in significant disparities and health outcomes for Black women and other women of color.

In a moment where anti-Asian sentiment is rampant and where we face the eminent threat that our reproductive rights will be curtailed, it has never been more critical for this Council to pass anti-PRENDA Resolution 920. Thank you so much for your time and for the opportunity to share my experience.

COMMITTEE COUNSEL: Thank you for your testimony. Before turning back to Chair Rosenthal, I would like to remind Council Members to use the raise hand function in Zoom if you have any questions for this panel. Chair Rosenthal?

CHAIRPERSON ROSENTHAL: I don't. I again, just want to thank everyone for bringing both their lived experiences and their professional experiences and I do just want to note that Jaslin, your advocacy on behalf of Queens residents is unsurpassed and I really appreciate your taking the time to come and testify today. But the great you know, variety, everyone is very impressive. Thank you very much.

CHAIRPERSON LEVINE: Chair Rosenthal, could I just add briefly again, such an impactful panel and I think you said it best Chair Rosenthal, you are brining together the power of personal experience with really smart policy. It is having a big impact.

I feel like the momentum for this Resolution is greater than it was significantly before we started this hearing. So, thank you for all being here and putting your voices on the record.

I am committed to work with the lead sponsor, Council Member Chin and of course Chair Rosenthal to push this as soon as we can. Thank you everybody.

COMMITTEE COUNSEL: I will call the panelist for the last panel. If we have inadvertently missed anyone that would like to testify, please use the raise hand function in Zoom and we will call you in the order of hands raised after this panel, which will consist of Madelyn McKeague and Phoebe De Padua. Madelyn McKeague, you may begin once the Sergeant gives you the go ahead.

SERGEANT AT ARMS: Time starts now.

MADELYN MCKEAGUE: Great, thank you. Hello everybody, my name is Madelyn McKeague and I am here speaking in support of Resolution 920 introduced by Councilwoman Margaret Chin.

I am a Law Student at [INAUDIBLE 2:43:23] University, a master's student at Johns Hopkins School of Public Health and as you might have guessed it, yet another extremely proud Member of the

National Asian Pacific American Women's Forum in New York City. Who you can see has really turned out today to share our stories and display our passion for this issue.

A sex selective abortion ban is really a wolf in sheep's clothing. It pretends to advance gender equity when really, it is only about restricting abortion by taping into racist stereotypes and discriminatory behaviors.

It is based on the false idea that Asian women are more likely to abort their daughters solely due to their sex, something that you have heard debunked from our members and that multiple studies have shown does not happen here.

A ban like this only opens the door for discrimination and further abortion restrictions. Sex selective abortion bans, PRENDA's are routinely supported by anti-abortion groups. In 2008, the head of a population research institute which is a leading anti-abortion group, proposed that "the prolife movement adopt as our next goal, the banning of sex and race selective abortion." The point of sex selective abortions which is grouped alongside race selective abortions is to move towards a full

abortion ban. It is not for the benefit of the people; it is to their detriment.

Sex selective abortion bans make it more difficult to obtain necessary healthcare particularly for women of color and immigrant women. Who both notably already have a difficult time accessing healthcare. Think about how often women aren't believed or how often they aren't trusted with their own health. Think about how that is so much worse for women of color and even worse when there is a language barrier. Now, imagine those issues are continually compounded by physicians questioning those people's motives based on nothing more than stereotypes.

Not only are sex selective abortion bans offensive, they are discriminatory and they discourage honest conversations between patients and their providers and would likely worsen health outcomes.

As the oldest daughter, my Japanese name is Su Kian[SP?], which means first branch because I am the one to carry on with my family's legacy because my family and my society and my culture value me for who

I am and passing Resolution 920 would show me that New York values me too. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. Next, we will have Phoebe De Padua.

SERGEANT AT ARMS: Time starts now.

PHOEBE DE PADUA: Hi, my name is Phoebe De Padua and I am a Member of the National Asian Pacific American Women's Forum New York City Chapter. Whoo, there are many of us here and I am really proud to be part of this powerful group.

Like many others who have shared their wonderful testimonies before me, I am testifying in strong support of Resolution 920. Passing this Resolution is important to me because it is already so hard for many of us to go and see a healthcare provider. It can be hard for us to leave our job to go to a doctor's appointment, especially for many of us who are working class and low wage workers in the AAPI community. Many of whom are also frontline workers and working paycheck to paycheck. It can be hard for us to communicate our needs and navigate a bureaucratic system, especially for those of us who are not English proficient or who have family with varying language and disability access needs. It can

also be really hard for us who are nonbinary, transgender, intersex and queer when healthcare providers operate on cisgender and heteronormative norms and are not comfortable talking to us about our lived experiences.

And then, for all of us who are undocumented, it can be hard to find a healthcare provider that we feel safe to be around and does not take advantage of our situation.

As many of us in the AAPI community know so well, there can be a lot of barriers an emotional labor involved with going to see a healthcare provider, but we also know that the AAPI community is resilient and we take care of one another. The AAPI community is not a monolith, I am proud to be a Filipino immigrant who comes from a family and a community that celebrates women. I am proud to be my family's eldest daughter and I am proud to have a younger sister.

The stereotype that all AAPI people and only the AAPI community has a preference for male sons, is simply not true and a sex selective abortion ban paints the AAPI community with a broad brush as

having this preference, which is a racist generalization and a false said.

It is an old trick in the patriarchy and playbook to take away the autonomy and decision making power of women and nonbinary people. While we see through the false narrative propagated by the PRENDA bill and the sex selective abortion ban, we know that we are best equipped to make decisions about our own healthcare. We know that AAPI women, nonbinary, intersex and transgender people should have full access to quality healthcare.

So, I ask the New York City Council to join us in our fight for the full dignity and healthcare rights of AAPI women and LGBTQI people in New York pass Resolution 920 and put an end to the racist and sexist PRENDA bill and you know, it feels good to be on the right side of history. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. Once again, if we have inadvertently missed anyone that would like to testify, please use the raise hand function in Zoom and I will call on you in the order of hands raised. Now, we will turn back to Council Member Rosenthal, Chair Rosenthal for any questions from the Chairs.

CHAIRPERSON ROSENTHAL: No, again, no questions but these last two panelists just continue to hit the nail on the head and gave just beautiful testimony. So, I really want to thank you again for your time and testimony.

COMMITTEE COUNSEL: Chair Levine?

CHAIRPERSON LEVINE: No, but I guess we are wrapping up the hearing, is that correct Chair Rosenthal?

CHAIRPERSON ROSENTHAL: Yes, and I think we are at the point of closing statements. I was just about to give mine, if Chloe —

CHAIRPERSON LEVINE: Please do.

CHAIRPERSON ROSENTHAL: Okay, great. Well, thank you so much. This just has been an incredible hearing. I want to again thank everyone for sharing their experiences. We are so lucky to have heard from people who are intersex, advocating for protections. Nurses describing workplace discrimination. Students, professionals and individuals supporting the anti-PRENDA Resolution and so many more. We thank you for sharing your story with us. Representation like this is essential in the legislative process. This is exactly what we

need to keep in mind when we make the laws, for example, as we establish the Advisory Board for Gender Equity in Hospitals, we need to be vigilant in ensuring representation of the people who experience discrimination and harassment and not just the people with the right titles in human resources or equity work. As we know that too often that means gate keeping for maintaining the Administrative status quo and with that, I will turn it over to you Chair Levine.

CHAIRPERSON LEVINE: My goodness, thank you Chair Rosenthal for that very powerful closing statement. Thank you for everything you have done to help usher this important package of legislation forward today. This is not the end of our fight on behalf of these bills and Reso's. This was an important milestone. A critical step in the legislative process that was advanced by the voices that we have heard from over the last few hours and you so eloquently summarized the reasons why it is important you have spoken up. To be on the record bravely in some cases. We needed to hear from you. The public needed to hear from you. Our colleagues needed to hear from you and by going on the record today, you have moved this

package of legislation forward. In my role as Chair of the Health Committee, I am continued to push as expeditiously as possible to take this to the next step and I will partner with you Chair Rosenthal in that effort as we have until now. Thank you again everybody and I look forward to more work ahead.

CHAIRPERSON ROSENTHAL: Great, well, it has been a pleasure partnering with you Chair Levine and I appreciate all your work on this and the expertise that you bring. And with that, I am closing the hearing. [GAVEL]

C E R T I F I C A T E

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

Date November 20, 2020