

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

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May 26th, 2021  
Start: 1:07 p.m.  
Recess: 1:20 p.m.

HELD AT: Remote Hearing (Virtual Room 1)

B E F O R E: Mark Levine  
CHAIRPERSON

COUNCIL MEMBERS:  
Alicka Ampry-Samuel  
Inez Barron  
Selvena Brooks-Powers  
Darma Diaz  
Matthieu Eugene  
Oswald Feliz  
Robert Holden  
Keith Powers  
Vanessa Gibson

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

2 SERGEANT-AT-ARMS: Computer recording  
3 started.

4 SERGEANT-AT-ARMS: Started the cloud  
5 recording.

6 SERGEANT-AT-ARMS: Back up is rolling.

7 SERGEANT-AT-ARMS: Thank you. And,  
8 Sergeant Bradley, your opening statement, please.

9 SERGEANT-AT-ARMS: Okay. Good afternoon  
10 and welcome to today's New York City Council vote on  
11 Health. At this time, will all members please turn  
12 on your videos for verification purpose. Thank you,  
13 Chair. We may begin.

14 CHAIRPERSON LEVINE: Welcome, everyone.  
15 I'm thrilled that we are joined by our colleagues in  
16 the Health Committee, Council member Diaz, Council  
17 member Ampry-Samuel, Council member Powers, Council  
18 member Barron, and Council member Brooks-Powers, and  
19 also the sponsor of today's legislation, Council  
20 member Gibson, who we will be hearing from in a  
21 moment. Welcome, everyone. Today, we will be  
22 hearing proposed Introduction 2042 A-- so not  
23 hearing. We will be voting on the bill sponsored by  
24 Council member Gibson which would require the  
25 Department of Health and Mental Hygiene to post

2 information about licensed midwives, including the  
3 services they offer and how to find them on the DOHMH  
4 website. More women in the United States die of  
5 pregnancy related complications than in any other  
6 developed country and the number of maternal deaths  
7 have been increasing. According to the Centers for  
8 Disease Control, the rate of maternity mortality in  
9 the US has more than doubled since 1987 and the data  
10 also shows that this trend has worsened in recent  
11 years. Each year, 700 to 900 American women and  
12 approximately 65,000-- excuse me. Seven to 900  
13 American women die and approximately 65,000 suffer  
14 potentially mortal complications from pregnancy or  
15 childbirth related causes. Additionally, data shows  
16 that health inequalities significantly impact  
17 pregnancy outcomes. According to the CDC, black  
18 women in the US are three to four times more likely  
19 to die from complications related to pregnancy than  
20 white women. In particular, New York City and State  
21 have among the highest rates of maternal deaths in  
22 the country. In New York City, black women die at a  
23 rate of 8 to 12 times more frequently than white  
24 women. This should horrify us. We must do more to  
25 address this and equity. Especially over the last

2 year and a half, we have learned the lethal  
3 consequences of health inequities and unequal access  
4 to healthcare. We know that disproportionate impact  
5 that Covid 19 has had on black, Latin X, and Native  
6 American communities. This impact has impacted  
7 pregnant and birthing people in particular. Pregnant  
8 women who are black and Hispanic are more likely to  
9 be disproportionately affected by the virus during  
10 pregnancy and the virus has also impacted the ability  
11 of black, indigenous, and other patients of color to  
12 receive adequate healthcare. With decreases and in  
13 person appointments and reliance on telehealth  
14 services, discrimination in healthcare persists and  
15 decreases in prenatal care and postpartum follow-up  
16 lead to increased risks for maternal mortality and  
17 morbidity. The pandemic has also brought about the  
18 new risk factor for pregnant patients: isolation.  
19 Several studies have shown that do was or other  
20 support persons during birth can improve outcomes for  
21 birthing people and their babies, especially for  
22 black patients and others who experience  
23 discrimination during birth. But the pandemic led to  
24 many hospitals limiting the number of support people  
25 in delivering rooms, sometimes leaving mothers to

2 deliver alone. Similarly, we know that possible  
3 solutions to address maternal mortality is the use of  
4 midwives. However, information about midwives can be  
5 difficult to find and to navigate and, accordingly,  
6 those who would benefit most from these resources are  
7 often the least likely to utilize them. Introduction  
8 2042 A would help address some of these disparities  
9 and would even the playing field by requiring the  
10 health department to make this information publicly  
11 available for all New Yorkers. I want to thank the  
12 sponsor, Council member Vanessa Gibson, for her  
13 tireless work on this important issue. I also want  
14 to thank the countless advocates and impacted  
15 individuals who have worked so hard on this and who  
16 have shared their painful and personal stories with  
17 us to help us better understand the need to address  
18 this issue immediately. Finally, I want to thank my  
19 colleagues on the Health Committee for being here  
20 today and the staff of the Health Committee: counsel  
21 Sara Liss and Harbani Ahuja, policy analyst Anne  
22 Balken, and finance analyst Lauren Hunt for their  
23 work on this legislation. I want to acknowledge that  
24 we have been joined by Council member Holden. I

2 think we have gotten all the members and so I can ask  
3 for the committee counsel to please call the vote.

4 COMMITTEE COUNSEL: Sure and we're  
5 actually going to turn to the bill sponsor--

6 CHAIRPERSON LEVINE: Oh, forgive me.

7 Forgive me. Yes. Forgive me, Vanessa. Thank you.

8 We definitely want to hear from you, please. Council  
9 member?

10 COUNCIL MEMBER GIBSON: Thank you so much.

11 Good afternoon, colleagues. Thank you, Chair Mark

12 Levine and members of the Health Committee. Thank

13 you so much for this opportunity this afternoon to

14 speak about a very important bill, Introduction 2042

15 that would require the Department of Health and

16 Mental Hygiene to the posted important information

17 about licensed midwives, including all of the

18 services they offer, how to find them, and also post

19 it on its website. Last year, the city council's

20 Women's Caucus joined the Black, Latino, and Asian

21 Caucus in hosting a series of briefings with the New

22 York State Department of Health, the New York City

23 Department of Help about our dual is an midwives, as

24 well as the important topic of black maternal

25 mortality and morbidity in our city. This resulted

2 in a joint hearing-- you remember, Chair-- last  
3 December with the Committees on Health, the Committee  
4 on women and gender equity, and the Committee on  
5 Hospitals in which we brought in the administration  
6 and partition and stakeholders to further discuss  
7 this topic. It is an understatement to say that  
8 black women in our city are in a maternal crisis.  
9 This is a state of emergency. Black women are 8 to  
10 12 times more likely than white women in the city of  
11 New York to die from maternal complications and, in  
12 my borough of the Bronx, nearly all of my community  
13 boards have severe maternal mortality rates much  
14 higher than the city's average. High rates of black  
15 maternal mortality and morbidity is truly a result of  
16 years, but years of systemic racism, discrimination,  
17 and bias in the healthcare industry that,  
18 unfortunately, has contributed to the mistreatment  
19 and mishandling of black birthing individuals and  
20 patients and it is simply unacceptable. Too many  
21 women have died as a result of this public health  
22 crisis. I want to lift up the names of Shyasia  
23 Washington. She was a mother who gave birth and died  
24 during childbirth in Brooklyn and a sister, Amber  
25 Isaac, who also died during childbirth in the Bronx.



2 So many other women whose names we may or may not  
3 know died senselessly because of medical neglect. We  
4 cannot wait for yet another preventable death before  
5 we take action. Black women and black birthing  
6 individuals deserve access to quality healthcare,  
7 patient centered reproductive health care that is  
8 culturally sensitive to their needs and truly  
9 addresses many of their issues. Policy makers,  
10 healthcare professionals, elected officials, we all  
11 have a role to improve black women's maternal health  
12 by expanding access to health coverage information on  
13 midwives and due lives. There is data and research  
14 that proves that there is a substantial increase in  
15 midwife delivered interventions that could prevent  
16 maternal deaths and neonatal deaths. So, Intro 2042  
17 on today's agenda is the first job in ensuring that  
18 birthing individuals have access to the midwife  
19 information and removes all of the barriers that  
20 could prevent potential maternal complications. We  
21 know that there is much more work to be done to  
22 address this critical issue, but I held my colleagues  
23 on the Health Committee will joined me in voting on  
24 Intro 2042. And I certainly want to thank my  
25 cochair, the Women's Caucus, Chair Farah Louis, Chair

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2 Dharma Diaz, Chair Helen Rosenthal, Chair Mark  
3 Levine, and Chair Carlina Rivera and, really, all the  
4 members for your important attention to this. Black  
5 and Latina women deserve better. And this bill is a  
6 step forward in making sure that they have access to  
7 quality reproductive healthcare and healthcare  
8 justice in our city. Thank you so much, Chair  
9 Levine, and I look forward to working with all of  
10 you, my colleagues. Thank you so much.

11 CHAIRPERSON LEVINE: Thank you, Council  
12 member Gibson. And now I can ask our clerk to please  
13 call the vote.

14 COMMITTEE CLERK: Thank you, Mr. Chair.  
15 This is the May 26th, 2021 Committee on Health vote  
16 on proposed Intro 2042 A. We will start with Chair  
17 Levine.

18 CHAIRPERSON LEVINE: I vote aye.

19 COMMITTEE CLERK: And Council member  
20 Barron?

21 COUNCIL MEMBER BARRON: I vote aye.

22 COMMITTEE CLERK: Ampry-Samuel?

23 COUNCIL MEMBER AMPRY-SAMUEL: I vote  
24 aye.

25 COMMITTEE CLERK: Holden?

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2 COUNCIL MEMBER HOLDEN: I vote aye.

3 COMMITTEE CLERK: Powers?

4 COUNCIL MEMBER POWERS: I vote aye.

5 COMMITTEE CLERK: Diaz?

6 COUNCIL MEMBER DIAZ: I vote aye.

7 COMMITTEE CLERK: Brooks-Powers?

8 COUNCIL MEMBER BROOKS-POWERS: I vote

9 aye.

10 COMMITTEE CLERK: Thank you. Chair

11 Levine, by a vote of seven in the affirmative, zero  
12 in the negative, and zero abstentions, Intro 2042 A  
13 is adopted.

14 CHAIRPERSON LEVINE: That is wonderful.  
15 Congratulations, Council member Gibson and everyone  
16 on this important legislation in this concludes our  
17 hearing. Thank you, everybody.

18 COMMITTEE COUNSEL: I think we are  
19 going to hold the vote open for just a minute.

20 CHAIRPERSON LEVINE: Forgive me. Yes,  
21 we are.

22 COMMITTEE COUNSEL: One second.

23 CHAIRPERSON LEVINE: And we are waiting  
24 on two more members, is that correct or is it just  
25 one?

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2 UNIDENTIFIED: Council member Gibson  
3 and Council member Diaz, will you please stay on for  
4 the General Welfare vote?

5 COUNCIL MEMBER GIBSON: Absolutely.

6 UNIDENTIFIED: Thank you.

7 SERGEANT-AT-ARMS: Mr. Clerk, we have  
8 Council member Eugene.

9 CHAIRPERSON LEVINE: Welcome, Dr.  
10 Council member Eugene.

11 COMMITTEE CLERK: Thank you, Mr. Chair.  
12 Council member Eugene, may we please have your vote  
13 on proposed Intro 2042 A?

14 CHAIRPERSON LEVINE: You're on mute,  
15 Council member. We can't hear you. Shoot.

16 COUNCIL MEMBER EUGENE: On mute--

17 CHAIRPERSON LEVINE: There we go.

18 COUNCIL MEMBER EUGENE: I vote aye.

19 CHAIRPERSON LEVINE: Wonderful.

20 COUNCIL MEMBER EUGENE: I want to thank  
21 you, Mr. Chair, for your leadership on this issue.  
22 You have been in the forefront of [inaudible  
23 00:13:13] especially during Covid. You did a  
24 wonderful job. And to all the staff here, thank you

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2 for helping me get in because I had some issues with  
3 the connection. Thank you so much and I vote aye.

4 CHAIRPERSON LEVINE: Thank you so much,  
5 Council member.

6 COUNCIL MEMBER EUGENE: You're very  
7 welcome.

8 COMMITTEE CLERK: Chair Levine. Chair  
9 Levine, the revised vote is eight in the affirmative,  
10 zero in the negative, and zero abstentions on Intro  
11 2042 A.

12 CHAIRPERSON LEVINE: Great. Okay. So,  
13 now we can conclude the hearing. Thank you,  
14 everyone, and congrats, again, to Council member  
15 Gibson on the unanimous passage of her bill out of  
16 Health Committee. Thanks, everybody.

17 SERGEANT-AT-ARMS: Okay. We've ended the  
18 live. Thank you. We will do General Welfare next.

19 SERGEANT-AT-ARMS: Once again, for members,  
20 next up is General Welfare. If you are on the  
21 committee, please stick around. Thank you.

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C E R T I F I C A T E

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



Date June 30, 2021