

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON WOMEN  
AND GENDER EQUITY

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July 1, 2022  
Start: 2:00 P.M.  
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HELD AT: HYBRID HEARING -  
Council Chambers City Hall

B E F O R E: Tiffany Cabán  
Chairperson

COUNCIL MEMBERS:  
James F. Gennaro  
Jennifer Gutiérrez  
Kristin Richardson Jordan  
Kevin C. Riley  
Althea V. Stevens

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

Laura Louison  
Assistant Commissioner for Bureau of Maternal,  
Infant and Reproductive Health of NYC DOHMH

Tara Stein  
Medical Director at DOHMH

Jessica Gonzalez-Rojas  
Assembly Member 24<sup>th</sup> District

Collen Achong  
One Brooklyn Health Doctor

Anna Roesler  
Pediatric Resident at Jacobi Medical Center

Samantha Hayes  
Psychiatry Resident Physician Maimonides Medical  
Center Brooklyn

Steven Miller  
Physician Brooklyn Hospital Center

Lily Ostrer  
Physician

Jing Ye  
OBGYN Brooklyn Methodist

Ellie Miller  
New York Midwives

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

Erick Agarijo  
Korean American Family Services Center

Isamaris Santiago  
Bronx Defenders

Winnie Ye  
All Above All

Elizabeth Estrada  
Latina Institute for Reproductive Justice

Samantha Skaller  
Alliance Against Sexual Assault

Medha Ghosh  
CACF



2 SERGEANT AT ARMS: Good afternoon

3 everyone. Welcome to the Committee on Women and  
4 Gender Equity. At this time, would everyone please  
5 place their electronic devices on vibrate or silent.

6 If you have testimony, please send it to

7 [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov). That is

8 [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov). Thank you, Chair. We are  
9 ready to begin.

10 CHAIRPERSON CABÁN: Thank you. Good

11 afternoon everyone. First of all, apologies for the  
12 delay in the start. Appreciate y'all's patience. My  
13 name is Tiffany Cabán. My pronouns are she/her, and

14 I am the Chair of the Committee on Women and Gender  
15 Equity, and today the Committee will be holding an  
16 oversight hearing on reproductive rights, and hearing

17 five bills and five resolutions covering a range of  
18 issues pertaining to reproductive health. So we have

19 Intro 458 sponsored by Speaker Adams related to

20 requiring the Department of Health and Mental Hygiene  
21 to maintain language access for service abortion

22 providers. Two bill sponsored by myself that I'll

23 talk about briefly later, Intros 465 and 466. Intro

24 475 sponsored by Council Member Shahana Hanif and co-

25 prime sponsored by myself, the Public Advocate,

1 Council Members Farah Louis, Carlina Rivera, Crystal  
2 Hudson, Amanda Farías, related to creating a private  
3 right of action relating to interference with medical  
4 care. Intro 507, sponsored by members Rivera,  
5 Gutiérrez, Joseph, related to requiring DOHMH to make  
6 mifepristone and misoprostol, commonly referred to as  
7 the abortion pills, available free of charge at its  
8 health centers, health stations, health clinics, and  
9 other health facilities. As well as Reso 195  
10 sponsored by Members Brewer and Menin, a Reso calling  
11 upon New York State Leg [sic] to pass and the  
12 Governor to sign the Reproductive Freedom and Equity  
13 Program which would establish a grant program to  
14 provide funding to New York abortion providers and  
15 nonprofit organizations to increase access to  
16 abortion care. Reso 196 sponsored by Council Member  
17 Brooks-Powers calling upon New York State Legislature  
18 to pass and the Governor to sign Senate Bill 9137,  
19 the Assembly side 10357 which would allow out-of-  
20 state physicians to provide reproductive health  
21 services in the state while awaiting full licensure.  
22 Reso 197, sponsored by myself and Council Member  
23 Velázquez, the Public Advocate, Members Hudson, a  
24 resolution declaring New York City a safe city for  
25

1 all those in need of abortion-related care. Reso 200  
2 sponsored by Council Member Menin, a Reso declaring  
3 January 22<sup>nd</sup>, 2023 as Roe V. Wade Day in the City of  
4 New York to commemorate the 50<sup>th</sup> anniversary of the  
5 landmark United States Supreme Court decision, and  
6 Reso number 245 sponsored by the Public Advocate  
7 calling on the United States Senate to pass and the  
8 President to sign the Women's Health Protection Act  
9 and other topics. Now, I think that we do ourselves  
10 a disservice if we don't place the Dobbs decision  
11 within the larger context of our constitutional  
12 crisis, our current crisis of democracy, as well.  
13 You know, even before the far right wing used a mix  
14 of perjury and dirty tricks, quite frankly, to hijack  
15 and pack its majority with a far-right wing  
16 fundamentalist ideologs [sic], the Supreme Court  
17 already had all the makings of an illegitimate, anti-  
18 democratic institution. It is a body of unelected  
19 Rhodes scholars with lifetime appointments predicated  
20 on their special insights into the intentions of  
21 long-dead, slave-holding patriarchs. It doesn't make  
22 much sense. And in hindsight, it should not be  
23 surprising that it has become a quasi-theocratic  
24 tribunal. And we have been fed this fallacy that the  
25

1  
2 Judiciary is some a-political institution. And not  
3 ironically, very un-ironically it's exactly because I  
4 was a practicing attorney who litigated our  
5 constitutional rights in court every day, but I know  
6 the courts and the judges who preside over them are  
7 just as inherently political as the other two  
8 branches of government. And it's with that knowledge  
9 that we can then say enough. Enough deference to  
10 collection of religious fundamentalists and corporate  
11 extremists. Enough talk about how the court serves  
12 as a check on the legislative and executive branches.  
13 We talk about that a lot. We talk about how the  
14 legislative and executive branches check each other,  
15 and it's time to start talking about how those  
16 branches can, should and must check the court. It is  
17 the one part of the relationship that we actually  
18 aren't engaging with. You know the extremist  
19 majority's indefensible decision to overturn Roe v.  
20 Wade is a searing affront to human rights. It's a  
21 precursor to immense death and suffering, and it's a  
22 call for us to get organized. I'm proud to say that  
23 so many of my colleagues have risen to the occasion  
24 and crafted a wide array of legislation to counteract  
25 this attack on all people who can get pregnant. And



1  
2 I am of course especially proud of the legislation I  
3 introduced as part of this wave. My team calls it  
4 the Safe City Legislative Package, because its focus  
5 is really on ensuring that New York City is a safe  
6 city for all those in need of abortion-related care.  
7 We wanted not just to make a clear declaration of  
8 where the City stands, but also to back it up by  
9 policy, and then we wanted that policy backed up by  
10 data. So that's why it exists in three parts. It's  
11 one, that first Resolution, officially declaring New  
12 York City a Safe City for all those in need of  
13 abortion-related care. Two, a law prohibiting the  
14 City detaining or cooperating with any person or  
15 agency anywhere else trying to detain someone for the  
16 provision of or aid in obtaining a lawful abortion  
17 performed here. And then third, lastly, a law  
18 requiring DOHMH to work with diverse advocates and  
19 experts to produce a yearly report assessing our  
20 city's capacity to accommodate the increase in  
21 reproductive healthcare services and recommending  
22 steps to bridge any gaps that it ends up finding.  
23 And so I want to be clear about a few things. I want  
24 to be clear that this is not just about cis women,  
25 but anyone who can get pregnant. I want to be clear

1 that abortion is not just a way to mitigate the harm  
2 of rape or incest, but is rather a safe healthcare  
3 procedure for a number of medical conditions,  
4 including ectopic pregnancy. And I want to be clear  
5 that in this new era in the fight over reproductive  
6 justice, it is going to take an immense ground swell  
7 of action to get what we really need. Our demand is  
8 the guaranteed right to a safe, legal abortion on-  
9 demand, without apology, and at no dollar cost for  
10 anyone who determines that they need one. We will  
11 enjoy only the rights that we can secure for  
12 ourselves. It is become abundantly clear that it's  
13 going to take more than permitted marches and clever  
14 pithy signs. It's going to take more than just  
15 voting or donating to candidates. It's going to take  
16 courageous action and a determination to confront  
17 power with righteousness, with solidarity, and  
18 luminous hope that pierces through the pervasive  
19 gloom of oppression. And so on the way there, we  
20 must do our part to guarantee New York as a safe city  
21 not just for our own residents, but for our neighbors  
22 elsewhere as well, and I think that, you know, this  
23 package of legislation is a testament to our  
24 commitment to doing just that. And before moving on  
25

1 I'd like to, you know, pause for remarks from some of  
2 my colleagues who are sponsoring legislation and have  
3 joined us today. I also very quickly want to  
4 acknowledge the Committee Members who are present as  
5 well. We have Council Members Hanif, Brewer, Rivera,  
6 Gutiérrez, and I will start by handing it over to  
7 Council Member Rivera for some brief remarks.

9 COUNCIL MEMBER RIVERA: Thank you so  
10 much. Today, I stand in proud relentless and  
11 unforgiving solidarity with my colleagues in the  
12 Women's Caucus, in the City's first women-majority  
13 Council to defend reproductive care access for all  
14 people. Every person has a fundamental human right  
15 to determine their future with privacy, dignity, and  
16 autonomy. Access to a range of healthcare choices  
17 underpins not only reproductive freedom, but  
18 reproductive justice. Research has established  
19 medication abortion as both highly-effective and  
20 exceptionally safe. It has fewer risks than Tylenol.  
21 It is also common. In 2020, more than half of  
22 abortions in the United States were medication  
23 abortions. Despite this, so far this year, some form  
24 of restriction on medication abortion has been  
25 introduced in 22 State Legislatures, and that number

1 will likely rise. My bill, Intro 507, will require  
2 every city-run healthcare clinic to provide access to  
3 the abortion pill free of cost. Intro 507 will not  
4 only strengthen New Yorker's access to medication  
5 abortion care, but would also ensure our city is  
6 ready for the inevitable rise in demand for abortion  
7 care nationwide. New York has always been a safe  
8 haven for all who sought abortion care. As  
9 legislators and as the representatives serving New  
10 Yorkers, we must uphold that legacy. I urge you all  
11 in supporting me in this legislation and the bills  
12 being heard today, and I want to thank Speaker Adams  
13 for her leadership. I want to thank Chair Cabán for  
14 her leadership as well in defense of reproductive  
15 justice for all. Thank you.

17 CHAIRPERSON CABÁN: Thank you. And I  
18 also want to acknowledge the presence of Council  
19 Members Brooks-Powers and Council Member Riley who  
20 has joined us virtually, and pass it over to Council  
21 Member Hanif for remarks.

22 COUNCIL MEMBER HANIF: Thank you, Chair  
23 Cabán. Hi everybody. I'm Council Member Shahana  
24 Hanif and I represent the 39<sup>th</sup> District in Brooklyn.  
25 Thank you to the Committee on Women and Gender Equity

1 for holding this essential hearing and for including  
2 my bill, Intro 475 on today's agenda. I'm going to  
3 express gratitude to the co-prime sponsors who  
4 introduced this bill alongside me, Chair Cabán,  
5 Public Advocate Williams, Council Members Louis,  
6 Rivera, Hudson, and Farías. I also want to thank all  
7 of the other Council Members including Speaker Adams  
8 for bringing us to 22 sponsors on this bill.  
9 Finally, I want to thank the thousands of every-day  
10 New Yorkers who have taken to the streets over the  
11 past week to support abortion rights and respond to  
12 our illegitimate Supreme Court's despicable decision  
13 to overturn Roe v. Wade. Your voices our powerful  
14 and absolutely necessary during this difficult  
15 moment. As we know, this decision will result in  
16 severe restrictions or bans on abortion in state's  
17 governed by conservatives. This will in turn mean  
18 that many people seeking abortions will be traveling  
19 to our city, given our strong protection around  
20 reproductive rights. Even prior to this decision,  
21 the percentage of New York abortion patients who are  
22 out of state has increased from four percent in 2009  
23 to nine percent in 2019, according to the Centers for  
24 Disease Control. This number will inevitably spike  
25

1 in the coming months and years. Thankfully, our  
2 providers are stepping up to meet the demand.  
3  
4 Planned Parenthood of Greater New York has already  
5 increased its capacity for appointments by 20  
6 percent, and we are working closely with our  
7 colleagues to secure council funding to provide  
8 practical support such as travel, lodging, and  
9 childcare for those coming to New York for abortions.  
10 However, despite support from the City, these folks  
11 are vulnerable to being subject to civil suits for  
12 accessing care that is legal in New York City, but  
13 illegal in their home state or municipality. For  
14 example, an abusive partner or the Executive Director  
15 of a "pro-life" group could sue someone from say  
16 Missouri who comes to this city to receive an  
17 abortion. Intro 475 addresses this issue by first  
18 establishing these suits as interference with medical  
19 care and appropriate designation given that these  
20 suits intimidate and dissuade people from obtaining  
21 care that is legal in New York City. Notably this  
22 would also apply to trans-affirming care in addition  
23 to reproductive care. Second, it establishes a right  
24 to private action around interferences with medical  
25 care. Allowing people to counter sue for damages

1 under New York City law. This right to private  
2 action has important legal precedent in Connecticut  
3 and New York State law. If passed, this bill would  
4 cement New York City as a sanctuary for abortion  
5 rights. It would be a statement to people saying our  
6 doors are open. We will provide you with the care  
7 you choose, and we will do everything we can to  
8 protect you from those who try to get in your way to  
9 receive care. Thank you, and I look forward to  
10 hearing from the Administration, my colleagues and  
11 the public.

12  
13 CHAIRPERSON CABÁN: Thank you. And then  
14 finally brief remarks from Council Member Brewer.

15 COUNCIL MEMBER BREWER: Thank you very  
16 much Chair Cabán, and I'm here on behalf of  
17 Resolution 195. It calls upon the State Legislature  
18 to pass and the Governor to sign the Reproductive  
19 Freedom and Equity Program, and I thank Senator  
20 Cordell Cleare and Assembly Member Jessica Gonzalez-  
21 Rojas are the sponsors. It's just unfortunate that  
22 we're here in 2022 having to deal with all of this.  
23 And the other night I was at an event-- I don't even  
24 want to say which provider because I'm afraid of even  
25 mentioning names, and there were volunteers and they

1 were doing great things. And a woman just arrived  
2 from Oklahoma. She was very early in her pregnancy,  
3 and if she had told anybody in Oklahoma that she had  
4 come to New York for an abortion, she would have been  
5 arrested when she returned. So to the credit of  
6 these amazing doctors who are performing abortions,  
7 they said she had a miscarriage, and she went back to  
8 Oklahoma. That is what we have to do in 2022. It's  
9 horrible. Thanks to the Supreme Court. So, this  
10 reproductive freedom and equity program would support  
11 access to abortion for low-income New Yorkers and  
12 provide financial support for them. Many women come  
13 into New York from states that banned abortion. We  
14 know that in 2019, 7,000 abortion procedures in our  
15 state were from women coming from other places in the  
16 United States. I assume that the number will  
17 increase. We don't know how many, maybe 32,000 a  
18 year. That's a guess from the Guttmacher Institute  
19 which has been doing this work for a very long time.  
20 We know that 22 states have laws or constitutional  
21 amendments to ban abortion on the books, and four  
22 states will ban abortion without the existing federal  
23 protection. So we know that this program is  
24 important. It will provide funding for uncompensated  
25



1  
2 abortion care regardless of a patient's health  
3 insurance status or ability to pay for care.  
4 Nonprofit organizations would receive grants that  
5 help people from out of state seeking abortion  
6 services in New York. The legislation prohibits the  
7 state from tracking patient's personal information  
8 through providers that receive funds from the public  
9 program to protect patient provider's privacy, and  
10 many, many organizations support this. I again say  
11 having spent about 40 years going to rallies and  
12 advocating for this right. The fact that we have to  
13 do this today is abhorrent, but I look forward to  
14 working with my colleagues to make the best of what  
15 we have to deal with. Thank you very much.

16 CHAIRPERSON CABÁN: Thank you. And  
17 finally, I just want to thank my staff including  
18 Steph Zilkowsky [sp?] my Chief of Staff, and Audrey  
19 Shuka [sp?], my Legislative Director and committee  
20 staff for their work in preparing this hearing and  
21 working on the legislation including Brenda McKinney  
22 [sp?], Committee Counsel, Anastasia Zamina [sp?],  
23 Legislative Policy Analyst [sp?], and Aisha Wright  
24 [sp?], Finance Unit Head. And now I'm just going to  
25

1  
2 turn it over to the Committee Counsel to administer  
3 the Oath.

4 COMMITTEE COUNSEL: Hi, thank you so much  
5 for joining us today. Can you please raise your  
6 right hand? Do you affirm to tell the truth, the  
7 whole truth and nothing but the truth before this  
8 committee and to respond honestly to Council Member  
9 questions?

10 ASSISTANT COMMISSIONER LOUISON: I do.

11 COMMITTEE COUNSEL: Thank you. Sorry,  
12 can you say yes for the record, for both of you?

13 ASSISTANT COMMISSIONER LOUISON: Yes.

14 DIRECTOR STEIN: Yes.

15 COMMITTEE COUNSEL: Thank you so much.  
16 And you may begin your testimony when ready.

17 ASSISTANT COMMISSIONER LOUISON: Thank  
18 you. Good morning Chair Cabán and members of the  
19 Committee. My name is Laura Louison. I'm the  
20 Assistant Commissioner for the Bureau of Maternal,  
21 Infant, and Reproductive Health at the New York City  
22 Department of Health and Mental Hygiene. I am joined  
23 today by my colleague Doctor Tara Stein, the Medical  
24 Director for our Bureau of Maternal, Infant, and  
25 Reproductive Health. On behalf of the

Administration, we thank you for the opportunity to speak today on the critical, timely, and historic topics of abortion access and reproductive health.

As we are all painfully aware, the Supreme Court overturned Roe v. Wade a week ago today, and with it, the US Constitutional right to a safe abortion, a right that was in place for half a century. Over half of all U.S. states are expected to restrict or fully prohibit abortions now that Roe is overturned.

New York State has become one of the few states where pregnant people can seek safe, legally protected abortions. I want everyone to hear me state this loud and clear. Abortion is still legal in New York State, and this city is, and will remain, a safe haven for people who need an abortion. Abortion is healthcare, and access to abortion is a public health issue.

Abortion is a safe, common health care procedure. One in four women in the United States will have an abortion by the age of 45. The evidence is very clear. People are hurt when they do not have access to abortions. When someone is forced to continue a pregnancy against their wishes, they are also forced to take on the risks of pregnancy and labor. Those risks are more significant for some communities. For

1 example, as the Council is acutely aware, the United  
2 States has the highest maternal mortality rate among  
3 developed countries, with a terrible, preventable  
4 disparity in maternal mortality and morbidity for  
5 Black women. Overturning Roe will have foreseeable  
6 consequences in increasing the risk of death or  
7 significant illness for people across the country.  
8 Limiting access to abortions also has negative  
9 consequences for people's long-term economic  
10 wellbeing and safety. Patients who do not obtain an  
11 abortion when they want one are four times more  
12 likely to live in poverty afterwards and experience  
13 long lasting effects on their educational attainment  
14 and job opportunities. Ensuring safe, legal access to  
15 abortion care is a public health necessity. Without  
16 access to abortions, Americans' health and wellbeing  
17 will be severely harmed. And although most Americans  
18 support safe and legal access to abortion, the  
19 minority opinion has prevailed over evidence,  
20 science, and public opinion. Nearly 50 years of  
21 escalating anti-abortion campaigns and policies set  
22 the stage for the situation we are in today. Thus,  
23 it is on us, the localities and states that continue  
24 to guarantee access to safe and legal abortion  
25

1  
2 services, to take on the operational, emotional, and  
3 fiscal responsibility of providing it for the rest of  
4 the country. We should not have to do that, but we  
5 absolutely will. We will do so because we are  
6 committed, as a city, to ensuring sexual and  
7 reproductive justice for all New Yorkers and for  
8 those who travel to our city seeking refuge. Sexual  
9 and reproductive justice exists when all people have  
10 the power and resources to make healthy decisions  
11 about their bodies, sexuality and reproduction. And  
12 our commitment to maintaining New York City as a safe  
13 haven for abortion access stems from our deeply held  
14 belief that all people have the right to choose to  
15 have or not have children and control their own  
16 bodies. We are prepared and committed to improving  
17 access to abortion for New Yorkers as well as any  
18 people who travel to our city to get a safe abortion.  
19 As the City announced last week, we have updated and  
20 enhanced our public websites and 311 to provide clear  
21 and accurate information about abortion services, and  
22 we are standing up a citywide abortion call line and  
23 navigation hub, so information will be centralized  
24 and easily accessible. We will also be increasing  
25 provider capacity and will add medication abortion at

1  
2 our sexual health clinics. Information about abortion  
3 services in New York City is available on our website  
4 [nyc.gov/abortion](http://nyc.gov/abortion). And while we are committed to  
5 maintaining New York City as a safe haven for  
6 abortion access for all people, we must acknowledge  
7 that this country, including New York City, still has  
8 a long way to go in guaranteeing equitable access to  
9 reproductive health care services for all. Our  
10 nation and city's shameful, longstanding history of  
11 structural racism hangs over our systems of care.  
12 The people most affected by limiting abortion access  
13 are those who have been excluded and marginalized  
14 through individual discrimination and systemic  
15 barriers. This includes Black, indigenous and other  
16 people of color, people with disabilities, LGBTQ+  
17 people, people with low incomes, and young people.  
18 The ongoing work of the City, including at the Health  
19 Department and at NYC Health + Hospitals, in  
20 conjunction with Council's robust package of bills  
21 being heard today, will help facilitate equitable  
22 access for all New Yorkers and for those traveling to  
23 New York for safe abortions and other reproductive  
24 health care services. Our work will prioritize  
25 ensuring that all communities can afford and obtain

1 the high quality sexual and reproductive health care  
2 services they need. Our current work in reproductive  
3 health demonstrates our ability to achieve impact.  
4 The historic decline in adolescent pregnancy rates  
5 over the past decade is just one example of the  
6 Health Department's record of success. We want to  
7 thank Council for this historic package of  
8 reproductive health bills. The Administration  
9 supports the goals of Introductions 458, 465, 466,  
10 475, and 507. It is essential that the City do  
11 everything within its power to protect the rights of  
12 people to get abortions in this City and ensure  
13 access to sexual and reproductive healthcare  
14 services. We look forward to discussing the  
15 specifics of each bill after the hearing and  
16 continuing these conversations with Council to ensure  
17 our mutual goals are met to best serve New Yorkers at  
18 this pivotal moment in history. We know your work  
19 does not end here. In closing, I want to reflect on  
20 this moment of time-- moment in time for those of us  
21 who work in, advocate for and amplify public health.  
22 To work in public health is to dedicate your life to  
23 preventing morbidity, mortality, and disparities in  
24 health outcomes. We go to work every day to save and  
25

1  
2 improve lives, to ensure communities are protected  
3 from deadly diseases now and in the future, and to  
4 build on evidence with which decision-makers can  
5 execute policies and programs to further enhance  
6 health and well-being. The Supreme Court's decision  
7 aims to do precisely the opposite. In this historic  
8 moment, we have a moral imperative to uphold the  
9 rights of all people to have access to safe,  
10 affordable health care, which includes abortions.  
11 The Department of Health is prepared to lead that  
12 work. Why? Because it is our job. We place the  
13 sanctity of the health, dignity, and well-being of  
14 those we serve above all else. We do this standing  
15 on the shoulders of those who came before us, hand-  
16 in-hand with those who are here with us now, and for  
17 the millions that will come after. Thank you for the  
18 opportunity to testify, and we look forward to taking  
19 your questions.

20 CHAIRPERSON CABÁN: Thank you very much.  
21 I just want to, you know, let my colleagues know if  
22 you have questions please flag for myself or Brenda,  
23 and we'll dive right in. Okay. So I want to start  
24 by, again, thanking you for being here. It's  
25 obviously a very important topic that we're here to



1 discuss and explore and start with kind of general  
2 and narrow in scope. In terms of abortion access and  
3 the recent Dobbs decision, you know, the Reproductive  
4 Health Act essentially codified Roe v. Wade into law  
5 making it clear it that abortion is legal in New York  
6 State under three circumstances. One, the abortion  
7 occurs before the end of the 24<sup>th</sup> week of pregnancy.  
8 Two, the abortion is "necessary to protect the  
9 patient's life or health." And three, there is an  
10 absences of "fetal viability," or the ability for the  
11 fetus to survive outside the womb. However, given  
12 that the U.S. Supreme Court overturned Roe v. Wade  
13 with last weeks' Dobbs v. Jackson decision, what  
14 major risks still remain for birthing folks in New  
15 York State, and specifically what do you see is the  
16 immediate effects of the Dobbs decision on New York  
17 City? Will this affect care? And what is the  
18 biggest barrier to ensuring that all people in New  
19 York City have access to safe and affordable sexual  
20 and reproductive healthcare?

22 ASSISTANT COMMISSIONER LOUISON: Thank  
23 you for your question, Chair. I want to emphasize  
24 and reiterate that abortion is still legal in New  
25 York, as you're pointing out, even now that Roe is

1 overturned. Abortion services are protected by law  
2 in our state, and you are correct, we do anticipate  
3 that there may be increased demand for services in  
4 our City and in our state following the decision. We  
5 have been actively preparing for this for the past  
6 two months with national and local partners,  
7 including our colleagues at New York City Health +  
8 Hospitals, private healthcare facilities, as well as  
9 community-based organizations and advocates, and we  
10 are working to protect existing access by ensuring  
11 that New Yorkers and those who travel to our state  
12 can access care by providing accurate information to  
13 the public and providers, and supporting expansion of  
14 services in collaboration with our local and national  
15 partners.  
16

17 CHAIRPERSON CABÁN: Thank you. And how  
18 is the City more specifically preparing for the-- I  
19 mean, not even potential, the anticipated influx of  
20 patients seeking reproductive healthcare?

21 ASSISTANT COMMISSIONER LOUISON: So, we  
22 are very excited to stand with the Mayor in expanding  
23 access to services by offering medication abortion at  
24 our sexual health clinics and by ensuring that the  
25 public and providers have accurate and current

1 information about services both how and where to  
2 obtain services, how to pay for them, and how to  
3 ensure that we are supporting costs associated with  
4 those services like childcare and transportation. We  
5 will be, as I mentioned in my testimony, standing up  
6 a navigation center to ensure that people understand  
7 where and how to get care.

9 CHAIRPERSON CABÁN: How are those  
10 communications being made? Because you said you're,  
11 you know, informing the public of these things?

12 ASSISTANT COMMISSIONER LOUISON: Yeah,  
13 than you for your question. That's really critical,  
14 right? People can't get services if they don't know  
15 where or how to find information about. We have  
16 updated our website to ensure that it has the most  
17 up-to-date and relevant information about where to  
18 get care, and we really appreciate council support in  
19 ensuring that the public knows that is a strong,  
20 accurate, informed resource. And we've also updated  
21 scripts for 311 to make sure that callers have the  
22 same information.

23 CHAIRPERSON CABÁN: And is there are  
24 language accessibility incorporated into those  
25 updates?

2 ASSISTANT COMMISSIONER LOUISON: That's a  
3 great question. Yes, we are committed to ensuring  
4 that all New Yorkers and all people who travel to our  
5 city have access to that information regardless of  
6 what language they prefer to speak, and our website  
7 has a button for translation, and we make our  
8 materials available usually in at least 13 languages.

9 CHAIRPERSON CABÁN: Great. And since you  
10 mentioned the website, I want to ask more  
11 specifically about that. Can you describe any  
12 changes or interesting notes of web traffic to  
13 DOHMH's website since the decision was announced?  
14 And obviously, like while it's very early at this  
15 point to tell have there been any significant changes  
16 in the way New Yorkers are engaging with DOHMH. And  
17 then if so, like, how has the City responded to any  
18 such changes and how the City can-- and how can the  
19 City have a stronger impact on gender identity on  
20 that front?

21 ASSISTANT COMMISSIONER LOUISON: Thank  
22 you, Council Member. That is a great question. We  
23 are excited that our website continues to serve as a  
24 reliable resource, a trusted resource for all New  
25 Yorkers. I'm going to pass this question to my

1  
2 colleague, Doctor Tara Stein, to provide more  
3 specifics about our website traffic.

4 DIRECTOR STEIN: Thank you so much,  
5 chairperson, for the important question, and we are  
6 monitoring the traffic to our website, and we have  
7 noticed spikes n activity both when the original  
8 Dobbs decision was leaked a few months ago and then  
9 when the final decision was made we saw big upticks  
10 in access to our website. So we do know that the  
11 people of New York are coming to our website, and  
12 rely on the Department of Health and Mental Hygiene  
13 as a source of important information, and we have  
14 been diligently working to make sure that all  
15 information on the website is as up-to-date and  
16 accurate medically and in term of access for services  
17 as possible, and we will continue to do so.

18 CHAIRPERSON CABÁN: Great, thank you.  
19 Can you-- in relation to the Health and Reproductive  
20 initiative, can you provide any updates on the  
21 Commission on Gender Equity's Health and Reproductive  
22 initiative, especially regarding any developments  
23 with the decision and since the onset of the COVID-19  
24 pandemic?

2 ASSISTANT COMMISSIONER LOUISON: Thank  
3 you, Chair. We work closely with our sister agency,  
4 the Commission on Gender Equity, but I'm sorry to say  
5 that they're not here today, and we cannot speak to  
6 that.

7 CHAIRPERSON CABÁN: Okay. And what are  
8 the biggest barriers facing, you know, both cisgender  
9 and transgender folks, of color particularly, as well  
10 as people who are non-binary or gender-nonconforming  
11 in accessing sexual and reproductive health resources  
12 in New York City, and in what ways is the City  
13 working to address those specific barriers?

14 ASSISTANT COMMISSIONER LOUISON: Thank  
15 you for your question. So, I want to reiterate first  
16 and foremost that abortion is legal in New York. New  
17 York City will continue to be a safe haven, but that  
18 that does not mean, as you're noting, that all people  
19 in New York City or New York State have equal access  
20 to healthcare that they need. And we use data to  
21 better understand the disparities at the Health  
22 Department across all populations, and we use that  
23 data to inform where and how we provide services.

24 CHAIRPERSON CABÁN: Again, I want to push  
25 a little bit on getting those details, right?

1  
2 Because if we're going to be successful in our  
3 attempts to reaching the folks that have the hardest  
4 time getting access, like what particular-- what  
5 particularly are we doing and in what way-- like, I  
6 think we can't reach them unless we are accurately  
7 identifying exactly what keeps folks from being  
8 reached in the first place. And so again,  
9 particularly, trans-- you know, cis and transgender  
10 folks of color and non-binary and gender non-  
11 conforming, like I've heard overarching sort of  
12 generalities about the outreach that's being done,  
13 but I'd love to hear an articulation of the  
14 understanding of what folks who live that experience  
15 are facing. What's keeping them from being able to  
16 get help, and then what's being done?

17 ASSISTANT COMMISSIONER LOUISON: That's a  
18 great question. So, we know that a significant  
19 barrier to accessing care is the ability to pay for  
20 care, and that is true. The majority of people who  
21 get abortions are low-income and struggle to make--  
22 both pay for care and pay for the costs that we know  
23 are associated with that care like childcare,  
24 transportation, to make up for lost wages, that--  
25 those costs are significant and have a real impact on

1  
2 people's ability to access resources. I'm also going  
3 to turn to my colleague, Doctor Stein, to talk a  
4 little bit more about some of the specifics that we  
5 know are also critical in reaching different  
6 populations.

7 CHAIRPERSON CABÁN: Yeah, and to add to  
8 that question a little bit, I'd also love to hear  
9 about, you know, the efforts that, you know, the  
10 Administration is making to make sure that there's  
11 cultural competency, right? Like, that-- are those  
12 particular communities feel safe in coming for that  
13 help.

14 DIRECTOR STEIN: Thank you so much. And  
15 you know, I want to reiterate what my colleague has  
16 emphasized already is that we know that people of all  
17 genders-- I do seek out care for reproductive health  
18 and abortions, and it's really important to center  
19 everyone who might need an abortion in a  
20 conversation, including people of all genders, allows  
21 us to destigmatize both abortion care and advance  
22 health equity for everyone. and so it is really  
23 important that we are conscious of our language, and  
24 we do work really hard at the Department of Health to  
25 make sure that our language is inclusive of all



1 people who might seek out care, and we recognize  
2 there are times when we might need to use terms like  
3 women when we're referring to data that's publicly  
4 collected, and there are times when we can be more  
5 inclusive in our settlements, and we really are  
6 thoughtful about that. And we work with our  
7 colleagues and our partners who do service care, like  
8 Health + Hospitals and CBOs who provide care to  
9 patients to provide opportunities to increase the  
10 expansion of non-gendered language when it comes to  
11 patient information, materials, talking about  
12 reproductive health and abortion access.  
13

14 CHAIRPERSON CABÁN: And you touched on  
15 the-- I want to go back to the language access piece  
16 for a second. You touched on the availability  
17 online, but can you describe what you're doing to  
18 cross the digital divide and reach folks who don't  
19 have access to Wi-Fi and are also at the intersection  
20 of maybe having limited English-proficiency.

21 ASSISTANT COMMISSIONER LOUISON: I'd be  
22 happy to speak to that. So, we know that 311 is a  
23 trusted resource for all New Yorkers, and that that  
24 can serve as an important tool in reaching  
25 communities that don't have digital access as you're

1 describing. We are also working actively at the  
2 Department to stand up a communications campaign that  
3 will provide accurate information to everyone about  
4 abortion care that will be widely accessible, and not  
5 rely on people's access to computer, Wi-Fi data  
6 plans.  
7

8 CHAIRPERSON CABÁN: I'd love if you could  
9 keep us apprised of what that communications campaign  
10 looks like and how the Council can help facilitate  
11 the execution of a campaign like that.

12 ASSISTANT COMMISSIONER LOUISON: We would  
13 love to stand with Council and share the information  
14 and work with you in order to disseminate that, yes.

15 CHAIRPERSON CABÁN: And what do y'all see  
16 as some of the barriers to people who are traveling  
17 to New York from, you know, other states where now  
18 abortion is illegal and are seeking care here?

19 ASSISTANT COMMISSIONER LOUISON: That's a  
20 great question. So to ensure access to abortion  
21 services for those who travel to our city, we've  
22 identified a number of different very critical  
23 aspects of that access. First, we need to ensure  
24 that everyone has accurate information about how and  
25 where to access care in New York and how to pay for

1  
2 abortion care. We also know that people need to feel  
3 safe when accessing those services. We have seen  
4 increasing protests throughout the City outside of  
5 our healthcare centers that provide abortion, and so  
6 it is critical that we work in collaboration with  
7 NYPD to ensure that patients and providers-- and that  
8 goes for patients who are New Yorkers and patients  
9 who are traveling here who may feel an additional  
10 level of intimidation and fear, very real fear-- that  
11 they feel safe in accessing facilities without  
12 intimidation or harassment.

13 CHAIRPERSON CABÁN: And forgive me,  
14 because I guess I'm not quite sure I understand or am  
15 making the connection. What is the role of the NYPD  
16 and-- yeah, the-- addressing the barriers folks  
17 traveling across state lines seeking care?

18 ASSISTANT COMMISSIONER LOUISON: Yeah,  
19 apologies. Let me clarify. One of our concerns, one  
20 of the things we're paying attention to is people's  
21 physical safety when accessing abortion care at  
22 healthcare providers. We have seen increased protest  
23 activity at healthcare providers that offer abortion  
24 services. We know that that is a significant  
25 deterrent and an incredibly intimidating factor when

1 trying to access abortion care. That's true for New  
2 Yorkers, but it's also very true for people who may  
3 be traveling from out of state where they have  
4 additional fears about the penalties and potential  
5 criminalization of abortion upon returning home. So  
6 we want to make sure that we are ensuring safe access  
7 to clinics.

9 CHAIRPERSON CABÁN: And what's being done  
10 to account for the fact that there's like-- you know,  
11 plenty of the population that actually the sight of  
12 increased police presence would be chilling. You  
13 know, again when we talk about who is most  
14 disproportionately affected by this, this decision,  
15 it is communities of color. It is queer, trans, and  
16 gender non-conforming folks who historically, for  
17 very good reason, do not find safety in police  
18 presence. So like what, what is the other  
19 infrastructure that is available that makes it a safe  
20 environment for folks to go access the care that they  
21 need.

22 ASSISTANT COMMISSIONER LOUISON: Yeah. I  
23 really appreciate that question and understand--  
24 understand your concern. We are actively talking. We  
25 are in very close communication with our colleagues,

1  
2 both at Health + Hospitals and the private healthcare  
3 facilities about this concern, and definitely can  
4 include that element in our conversations. It's  
5 something folks are already talking about and aware  
6 of, and we're happy to circle back with Council with  
7 more information about that after the hearing.

8 CHAIRPERSON CABÁN: Yeah, I would love to  
9 hear follow-up on that. I mean, we are seeing also,  
10 like, in the streets as people are protesting that  
11 the very people who are trying to access this care,  
12 the very people who are putting their bodies on the  
13 line to protect the ability for other folks to access  
14 are experiencing state violence in the processing.  
15 So, you know, having them also be the stewards of  
16 creating a safe environment for folks, I just want to  
17 flag that that is-- that poses a very potential, you  
18 know, a problem that needs to be accounted for.  
19 Okay, alright. I'm going to take a break from asking  
20 some questions to provide some space and time for my  
21 colleagues, and I'm going to hand it over to Council  
22 Member Gutiérrez.

23 COUNCIL MEMBER GUTIÉRREZ: That was so  
24 fast. Thank you so much. Thank you so much for your  
25 testimony and thank you to Chair Cabán for her

1 leadership. So I just want to dig in a little bit  
2 more on the 311 component. We had an extensive  
3 marathon of a hearing yesterday, joint hearing, where  
4 I think we really uncovered a lot of how 311 is a  
5 vital tool, but also a lot of the shortcomings. And  
6 when we're talking about language access and just  
7 accessibility as a whole, it's certainly with a lot  
8 of fault. So, I just-- so primarily is the  
9 interpretation piece. Now, they use Language Line  
10 which I believe so does the Department of Health,  
11 right? Most city agencies use Language Line as an  
12 interpreter service, is that correct? Are you aware  
13 if DOHMH uses Language Line as a state vendor?

14 ASSISTANT COMMISSIONER LOUISON: I don't  
15 have the information about that right here, but I can  
16 certainly get back to you on it.

17 COUNCIL MEMBER GUTIÉRREZ: Okay, I think,  
18 yes, certainly let us know, but I think that's what  
19 they shared yesterday. So some of the issues that,  
20 you know, New Yorkers have when they're seeking  
21 interpretation services is that they will be put on  
22 hold in English. They'll be told that there's an  
23 interpreter coming, and so we were trying to hone in  
24 on what that lag time is, and interpretation back.  
25

1 So, I think that is a key piece that I would love to  
2 help along with my colleagues in ensuring that-- the  
3 feedback that we got from 311, excuse me, is like we  
4 could be better. I think with something as vital as  
5 abortion services and access to healthcare is  
6 something that I think collaboratively we really need  
7 to push on. And so happy to brainstorm there. The  
8 other piece that I wanted to also say is that 311,  
9 their tech services currently is only in English.  
10 And something that we've been seeing for a lot of  
11 folks, especially in our immigrant communities is  
12 like texting is a viable option, right? They're  
13 piloting a WhatsApp program to try to get  
14 communications. So I think hearing from you on how  
15 important you think this would be as outreach and  
16 engaging with people I think would be super helpful.  
17 That way we can carry that, and working  
18 collaboratively to push 311 to expedite that, because  
19 I think that that's going to be really important. I  
20 have two questions. One is-- sorry. Oh, you were  
21 going to confirm the Language Line, sorry. The other  
22 question that I wanted to ask was are you working  
23 with other agencies or thinking about working with  
24 other agencies for folks coming in out of state and  
25

1 providing legal services or temporary shelter  
2 services, is that something that you think is going  
3 to come up, and like what does that-- what do those  
4 conversations look like?

5  
6 ASSISTANT COMMISSIONER LOUISON: Thank  
7 you, Council Member. And yes, we agree with you that  
8 people traveling to New York City from out of state  
9 will need additional support, right? Nobody comes to  
10 New York City free of cost. And we have been  
11 planning with our local partners as well as national  
12 partners who work on exactly the issue you're  
13 describing, how to ensure the people get somewhere  
14 safely, that they have support when they get there,  
15 somewhere to stay. We've been planning with them  
16 since the Leech [sic] decision, and we are in very  
17 close communication with them still to ensure that we  
18 are developing a strategy and really aware of the  
19 full landscape of what is possible in supporting  
20 people who travel here for care.

21 COUNCIL MEMBER GUTIÉRREZ: Sorry. To  
22 your knowledge, for anybody who is calling 311 or is  
23 calling to get information about Crisis Pregnancy  
24 Center, a fake abortion clinic, is the best pathway  
25 for them to file a complaint, 311.



2 ASSISTANT COMMISSIONER LOUISON: Thank  
3 you for your question, and we share your concern that  
4 people have accurate information about healthcare,  
5 including abortion. We know that Crisis Pregnancy  
6 Centers are really better called fake clinics,  
7 because they disseminate misinformation and  
8 intentionally mislead pregnant people with fear-based  
9 messaging to stop them from getting abortions. We  
10 have information on our website and have updated the  
11 311 script about how to report a Crisis Pregnancy  
12 Center who may be violating that, and I can turn to  
13 my colleague, Doctor Tara Stein, if you have any more  
14 information about that.

15 DIRECTOR STEIN: Thank you so much.  
16 Yeah, we are very conscious and concerned about the  
17 potential for misdirection and misinformation that  
18 these Crisis Pregnancy Centers are creating and the  
19 delays in diversions that prevent people from  
20 accessing the care that they want. And we are  
21 working closely to make sure that people have the  
22 most accurate information on how to report a Crisis  
23 Pregnancy Center through our website and through the  
24 311 if they believe someone is misrepresenting. We  
25

1 encourage people to call 311 to report a Crisis  
2 Pregnancy Center.  
3

4 COUNCIL MEMBER GUTIÉRREZ: Thank you.  
5 I'm not going to ask any more questions. I would love  
6 to follow up with you to make sure that 311 is  
7 streamlining that as efficiently and it's going to  
8 where it needs to go to. Thank you so much.

9 CHAIRPERSON CABÁN: Thank you. If you  
10 got a couple more, I can come back to you. Yeah?  
11 Council Member Hanif?

12 COUNCIL MEMBER HANIF: Thank you for  
13 testifying. Could you share any concerns that you  
14 all are thinking about in regards to my bill, Intro  
15 475? Thanks for sharing just broad support of the  
16 suite of legislation introduced, but would love to  
17 hear a little bit more about your thoughts.

18 ASSISTANT COMMISSIONER LOUISON: Thank  
19 you, Council Member. We fully support this bill and  
20 are looking forward to the implementation process.  
21 We support it as written. We believe that providers  
22 should be protected from interference with their  
23 healthcare duties. I also want to note that the  
24 Governor has signed into law some legislation that  
25 establishes an unlawful interference with protected

1 rights for individuals who exercise or attempted to  
2 exercise or facilitated or attempted to facilitate  
3 the exercise of a right protected under New York  
4 State Law to obtain or provide lawfully provided  
5 medical care. So we recommend making sure that we're  
6 aligning around that.  
7

8 COUNCIL MEMBER HANIF: Great. That's  
9 very, very encouraging. Glad to have the admin  
10 support. Does the admin have any updated data  
11 regarding people coming from out of state to New York  
12 City to receive abortions?

13 ASSISTANT COMMISSIONER LOUISON: We do  
14 collect data on abortion in our city. I'm going to  
15 turn to my colleague, Doctor Stein, to talk a little  
16 bit more about that.

17 DIRECTOR STEIN: Thank you. We are-- at  
18 the agency, we do continue to believe that data is  
19 one of the most important things we can do to  
20 advocate for health equity and to ensure we have the  
21 best information available to all of you to be able  
22 to advocate for change. The most recent data we have  
23 available is the 2019 data. We are currently looking  
24 at the 2020 data.  
25

2 COUNCIL MEMBER HANIF: And is this data  
3 broken by race, age, where the influx of patients are  
4 coming from? How is this data broken up?

5 DIRECTOR STEIN: Thank you for that  
6 follow-up question. Yes, the data that we report on  
7 induced terminations of pregnancy are broken down by  
8 residence of the person who's receiving the abortion,  
9 either in-state, in the city, or out-of-state, and  
10 it's also broken down by race and ethnicity.

11 COUNCIL MEMBER HANIF: Great. And is  
12 there an evaluation process to broaden the sort of  
13 disaggregated data so that we are fully equipped as a  
14 city to be our best in this moment?

15 ASSISTANT COMMISSIONER LOUISON: The data  
16 we have available is designed to try to provide as  
17 much information as possible to ensure that we have  
18 the best tools to support our residents. We're also  
19 very mindful of the sensitive nature of the data, and  
20 how carefully we want to protect the privacy of both  
21 the patients who are seeking abortion care and the  
22 providers who are offering it. And so we do have--  
23 the data that we have on the website has been  
24 considered for those criteria.

2 COUNCIL MEMBER HANIF: And how else is the  
3 data used? What does it inform? Would love to know  
4 a little bit more.

5 ASSISTANT COMMISSIONER LOUISON: Thank  
6 you. We do believe, Council Member, that the data is  
7 used by a number of resources around the City to help  
8 plan and program informed program development for  
9 reproductive health services. We ourselves look at  
10 the data to try to help inform our own programmatic  
11 efforts, and make sure that we can advocate for  
12 resources being put into the areas that are the most  
13 at need, and look at the root causes for how we get  
14 to our outcomes to make sure that we're supporting  
15 people's best health outcomes.

16 COUNCIL MEMBER HANIF: That's really great  
17 to know. And then, is it possible to get the data on  
18 what the top needs are of people who are coming in  
19 from out of state?

20 ASSISTANT COMMISSIONER LOUISON: That's  
21 something I don't have, but I can certainly circle  
22 back after testimony.

23 COUNCIL MEMBER HANIF: Yeah, I ask this  
24 because in addition to this piece of legislation,  
25 I've been advocating for increases the city's

1  
2 abortion access fund to 500,000 and then adding  
3 500,000 for practical support. so, it would be great  
4 to know what the Administration is doing to provide  
5 practical support such as travel, lodging and  
6 childcare, and if those are the top issues that might  
7 be prohibitive for people who are coming in from out  
8 of state and other issues that the municipality could  
9 cover.

10 ASSISTANT COMMISSIONER LOUISON: Thank  
11 you, Council Member. It's a great question. We, the  
12 Department, does not currently directly provide any  
13 abortion services or the kind of wrap-around support  
14 that you are describing, but we are keenly aware that  
15 those wrap-around service needs are often what  
16 determines whether somebody is able to access  
17 abortion or not. And just as you're describing  
18 transportation, lodging, childcare, lost wage  
19 compensation, those really are pivotal, you know,  
20 basic needs for people who need access care. We are  
21 talking actively with our partners to better  
22 understand that landscape of need and plan for what  
23 might be possible in order to need it.

2 COUNCIL MEMBER HANIF: Great. Thank you.  
3 I'm looking forward to continued discussion about the  
4 pieces of legislation. Thank you.

5 CHAIRPERSON CABÁN: Thank you. And I'm  
6 going to pass it over to Council Member Brewer.

7 COUNCIL MEMBER BREWER: I want to know  
8 who's going to get that extra bedroom in Gloria  
9 Stiner's [sic] apartment, that's what I want to know.  
10 She said she has it available. So, I guess I want to  
11 understand-- first, there's the folks who are coming  
12 from out of town who we want to be supportive of, and  
13 then there's folks from New York. So, I believe the  
14 Attorney General has a fund. I believe there's a  
15 state fund and there's a city fund, and I assume  
16 there's private funds, also. Who's-- how does one--  
17 I mean, does Planned Parenthood apply? Does the  
18 woman apply? Do you-- how does this all get  
19 coordinated?

20 ASSISTANT COMMISSIONER LOUISON: Council  
21 Member, that's a great question. And we know that  
22 our system of healthcare is fragmented, as you are  
23 describing. I can speak first to what we know about  
24 the legislation, the state level legislation. So,  
25 Governor Hochul in early May directed the Department

1  
2 of Health to create a 25 million dollar fund to  
3 expand both provider capacity and access for patients  
4 seeking care. About the first 10 million in awards  
5 were released last month, and we know that four H+H  
6 sites in our city and Planned Parenthood of Greater  
7 New York received those awards. And so right now the  
8 kind of navigation that you're describing, ensuring  
9 where to obtain care, how to pay for that care. That  
10 often is facilitated by the individual provider or  
11 the provider agency.

12 COUNCIL MEMBER BREWER: Okay, and is that  
13 the same as the AG fund or is that a different fund,  
14 or you don't know? I understood that the AG had a  
15 fund, maybe I'm wrong.

16 ASSISTANT COMMISSIONER LOUISON: I do not  
17 have that answer right now, but we can certainly get  
18 back to you after this hearing.

19 COUNCIL MEMBER BREWER: Okay, we can find  
20 out also. My understanding is that she does have a  
21 fund, and then you have fund, so what happens with  
22 the small New York City fund? How does that get  
23 allocated?

24

25



2 ASSISTANT COMMISSIONER LOUISON: I think  
3 you might be referring to the New York Abortion  
4 Access Fund.

5 COUNCIL MEMBER BREWER: Yes, I am.

6 ASSISTANT COMMISSIONER LOUISON: Which  
7 you're--

8 COUNCIL MEMBER BREWER: [interposing] Yes.

9 ASSISTANT COMMISSIONER LOUISON: which is  
10 a small volunteer-run fund here in our state. The  
11 Health Department dos not directly fund NYAAF. City  
12 Council funds NYAAF.

13 COUNCIL MEMBER BREWER: No, I know. I  
14 just want to know where does-- how does one access  
15 those funds? You don't know.

16 ASSISTANT COMMISSIONER LOUISON: Oh, no  
17 that's a great question. We do know the answer to  
18 that. They call. There is a hotline number and they  
19 can work directly with someone at NYAAF to access  
20 that money.

21 COUNCIL MEMBER BREWER: And is that tied  
22 into 311. If somebody calls 311 and needed, would  
23 311 know to go there?

24 ASSISTANT COMMISSIONER LOUISON: 311 does  
25 have information, both about how to direct people to

1 an abortion provider and to the funds that we're  
2 talking about.

3  
4 COUNCIL MEMBER BREWER: Okay. So-- and  
5 then also, I know this sounds-- I can't believe again  
6 I'm saying this, but at the airport, is there some  
7 information there so that people don't end up at the  
8 fake clinics or etcetera, etcetera. Are you thinking  
9 about airports or train stations, etcetera?

10 ASSISTANT COMMISSIONER LOUISON: That is  
11 a great suggestion, and we will take that back to the  
12 Department.

13 COUNCIL MEMBER BREWER: Okay, Port  
14 Authority should help. Also, okay, now-- I mean,  
15 it's beyond-- hopefully you're coordinating. I think  
16 you are with folks around the country, very  
17 challenging. In terms of New York, the abortion pill  
18 issue, what's your position on the bills that exist  
19 here on that topic? Those bills were not on your  
20 list of support.

21 ASSISTANT COMMISSIONER LOUISON: Council  
22 Member, I think you're referring to Introduction 507?  
23 Yeah, so we support the intent of this bill, and we  
24 are really looking forward to working with Council to  
25 align our goals to provide safe and equitable access

1 to birthing people. We know-- the Health Department  
2 believe that access to the medications, mifepristone  
3 and misoprostol should be expanded for all people who  
4 need them, and we fully support making these  
5 medications available free of charge at the  
6 Department's sexual health clinics. Those are the  
7 centers that would make the most sense financially  
8 and clinically. We're looking forward to discussing  
9 further with Council after the hearing.  
10

11 COUNCIL MEMBER BREWER: And then my other  
12 question would be a lot of-- I mean, what are you  
13 doing about outreach? Because people are going to  
14 get misinformation. Schools, CUNY and pharmacies,  
15 how are you working? Unfortunately, it's a different  
16 world, and so how-- we have very bad health  
17 information in the schools. CUNY may be a little bit  
18 better, and the pharmacy is everybody's doctor.

19 ASSISTANT COMMISSIONER LOUISON: Council  
20 Member, those are great questions. I can say that we  
21 are actively working with our partners to ensure that  
22 we are disseminating accurate information in those  
23 venues that you're describing. And I want to take a  
24 moment to talk about a program in our Bureau, the New  
25 York City Teens Connection which is a program, an

1  
2 adolescent sexual health program that partners very  
3 closely with DOE to ensure that adolescents are  
4 receiving high-quality, accurate sexual health  
5 education in places where youth already are. So,  
6 schools and youth-serving organizations.

7 COUNCIL MEMBER BREWER: Okay. I mean, I  
8 don't mean to be rude, but there's very little  
9 school-based healthcare for a whole series of reasons  
10 in the schools. So where does this program exist  
11 that you just mentioned.

12 ASSISTANT COMMISSIONER LOUISON: So, New  
13 York City Teens Connection exists with our Bureau.  
14 We partner with the Department of Education--

15 COUNCIL MEMBER BREWER: [interposing]  
16 That's always a problem right there, just FYI.

17 ASSISTANT COMMISSIONER LOUISON: We  
18 partner with the DOE to make sure that there is  
19 evidence-based health education curriculum and we  
20 also partner with a very wide network of health  
21 clinics throughout the City that we have assessed as  
22 teen friendly and make links between youth in schools  
23 or in youth-serving organizations, and those clinics  
24 to make sure they're getting appropriate care.

2 COUNCIL MEMBER BREWER: Okay. I mean, I  
3 don't need to contradict you, of course, but I'm just  
4 saying during the summer you've got Summer Rising,  
5 and then you've got SYEP. That might be a better  
6 system than trying to work with DOE, which I think is  
7 a non-starter, personally. So, I'm just suggesting  
8 I'm worried about people getting bad information.  
9 Because say-- it's time to do that. How do work with  
10 the pharmacies? And then I'll stop.

11 ASSISTANT COMMISSIONER LOUISON:

12 Pharmacies are identified as one of our critical  
13 stakeholders. We don't have-- we are working on a  
14 plan to engage them as partners, and we would welcome  
15 any input you might have about how best to do that.

16 COUNCIL MEMBER BREWER: Alright. I mean,  
17 the pharmacies are where people go, particularly post  
18 or currently with COVID. They go there for  
19 information more than any other place. That's what  
20 I'm trying to-- alright, thank you very much.

21 CHAIRPERSON CABÁN: Thank you, and I  
22 actually have some direct follow-up to Council Member  
23 Brewer's questions. first that-- I mean, I just  
24 certainly appreciate you naming explicitly some  
25 barriers to access for folks traveling form out of

1 state, including childcare, lost wages, lodging  
2 costs, etcetera. Has the Administration thought  
3 specifically about programs and funding to help  
4 address those barriers, because as Council Member  
5 Brewer noted, there's state funding to support  
6 providers, and the City has the wonderful Abortion  
7 Access Fund, but many of us have been advocating for  
8 increasing resources to put money directly in folk's  
9 hands to seek care. And so would the Administration  
10 support this?  
11

12 ASSISTANT COMMISSIONER LOUISON: Thank  
13 you for your question, Chair. We agree that that is  
14 a critical need. We'll need to get back to you on an  
15 answer about the Administration's support.

16 CHAIRPERSON CABÁN: Yeah, I think-- you  
17 know, and this is something that sort of comes up a  
18 lot. I think it's like really important that the  
19 Administration and our Council comes out and says  
20 like we're going to be the safe haven. We're going  
21 to make sure that this can happen for you, but if  
22 they are unfunded mandates without the ability to  
23 meet with the people and actually do the thing that  
24 it's, you know, nothing more than rhetoric, and so I  
25 just would, you know, would like to see just real

1  
2 hustle on saying like, hey, this is a priority and  
3 we're going to put our money where our mouth is. And  
4 then the other thing, actually, it might be a  
5 question for you, Council Member. I'm just trying to  
6 get a little bit of clarity, because I think I might  
7 be misunderstanding some in terms of the AG fund you  
8 mentioned. I wasn't aware of the AG having a fund.  
9 If my understanding was that the Attorney General had  
10 come out and supported the fund that would be created  
11 by the legislation that's carried by Assembly Member  
12 Gonzalez-Rojas, which is what the-- Okay. Yeah, got  
13 it. Okay. Great. Thank you. I just wanted to make  
14 sure I was understanding that. Okay, so I want to  
15 sort of shift gears a little bit. We've heard in  
16 previous hearings with the Commission on Gender  
17 Equity about the important work the City did in  
18 convening the New York City Health Education  
19 Taskforce. That was something that was just touched  
20 on by the Council Member as well, and while the  
21 taskforce no longer exists, is that something that  
22 the City is focused on or would the City consider  
23 reconvening such a taskforce in light of the Dobbs  
24 decision? Like, in 2018, one of the recommendations  
25 of the final report of the Sexual Health Education

1 Taskforce was to assess the content of Sexual Health  
2 Education curricula in New York City, and  
3 specifically page 15 of that report recommended that  
4 students be more engaged in education equity efforts  
5 and engage in the process. So are there updates on  
6 that process ad well?  
7

8 ASSISTANT COMMISSIONER LOUISON: Thank  
9 you. I'm happy to answer that question. So, as you  
10 mentioned, the Taskforce was convened by the  
11 Commission on Gender Equity, our sister agency, and  
12 we were active participants in that. I can't speak  
13 to the CGE's plans for reconvening the taskforce. I  
14 would need to defer to them, but I can say that one  
15 of the things that we have been actively working on  
16 through New York City Teens Connection is engaging  
17 our youth as leaders in all aspects of the sexual  
18 health program that we offer through that, and so we  
19 convene multiple, local community action teams and  
20 youth leadership teams to inform the work, to guide  
21 the work, to help scope and shape even the materials  
22 that we offer through New York City Teen Connection.

23 CHAIRPERSON CABÁN: Thank you. And  
24 moving to contraception. In what ways is the City  
25



1  
2 working to make contraception more affordable and  
3 accessible?

4 ASSISTANT COMMISSIONER LOUISON: Thank  
5 you for that question. That's a priority. We share  
6 that commitment and value with you, Chair. I'm going  
7 to hand this to my colleague, Doctor Stein, to talk a  
8 little bit more about it from her position as a  
9 provider.

10 DIRECTOR STEIN: Thank you so much for  
11 that question. We are really pleased to work so  
12 collaboratively and closely with our colleagues in  
13 the Department of Health and Mental Hygiene. We have  
14 a sexual and reproductive health clinic. Those  
15 clinics are available to folks in New York City who  
16 need access STI/HIV testing and treatment. HIV pre-  
17 exposure prophylaxis and post-exposure prophylaxis,  
18 immediate initiation of anti-retroviral treatments,  
19 cancer screenings, reproductive health services such  
20 as contraception like you're mentioning, emergency  
21 contraception and long-acting reversible  
22 contraception.

23 CHAIRPERSON CABÁN: Yeah, and a follow up  
24 question to that is it like-- you know, are those  
25

1 things mainly-- are they being funneled through the  
2 Gotham [sic] clinics? Is that the main source of--

3  
4 DIRECTOR STEIN: Chairperson, I believe  
5 you-- the Gotham clinics you're referring to are  
6 connected to our sister agency at Health + Hospitals.  
7 They also run a number of services. I would defer to  
8 them to speak to the extent of the services they  
9 provide there. The services I was talking about were  
10 the services at the Sexual and Reproductive Health  
11 clinics through the New York City Department of  
12 Health.

13 CHAIRPERSON CABÁN: Okay. Yeah, and the  
14 reason why I ask about the Gotham clinics is because,  
15 you know, when we talk about accessibility to any of  
16 these things, you know, the presence of, you know,  
17 New York City Health + Hospitals sites is really  
18 important. There's obviously still some districts,  
19 mine being one of them, that actually within the  
20 bounds of my district does not have a Gotham clinic.  
21 There is no H+H site in our district, and so there's  
22 still some gaps. I mean, those are overall, you know,  
23 access to healthcare gaps, but obviously will have an  
24 impact on whether or not we're reaching folks for  
25 reproductive healthcare. Can you describe how DOHMH

1  
2 partners with CGE, DOE? And I note the concerns the  
3 Council Member Brewer with DOE holding some of these  
4 things and other agencies, too, to educate New  
5 Yorkers more specifically.

6 ASSISTANT COMMISSIONER LOUISON: Thank  
7 you. Our partnership with CGE and DOE is  
8 longstanding and we collaborate around the program I  
9 was describing earlier, New York City Teens  
10 Connection, which is an adolescent sexual health  
11 program within our Bureau, Maternal, Infant and  
12 Reproductive Health. It's an expansion of Bronx Teens  
13 Connection and we are scaling up with our part-- with  
14 the support of our partners throughout the five  
15 boroughs where we see the greatest need.

16 CHAIRPERSON CABÁN: What does scaling up  
17 mean? Like, are there-- can you give me like  
18 numbers, scope, something that would help me  
19 visualize like what that actually means?

20 ASSISTANT COMMISSIONER LOUISON: Yeah,  
21 that's a great question. I don't have exact numbers  
22 in terms of participants served at-hand. I can get  
23 that to you after the hearing. What I can say is  
24 that we are very closely using data to look at  
25

1  
2 adolescent pregnancy rates and locate our programs  
3 where we see the greatest need.

4 CHAIRPERSON CABÁN: Okay. And then I  
5 guess my follow-up with that would be to make the  
6 very direct request for data around how many people  
7 in New York City are visiting DOHMH health centers  
8 and other facilities every year, how many visits for  
9 sexual health counseling and services, how many are  
10 seeking are information or services pertaining to  
11 contraception. And then the last question maybe you  
12 can answer is are services at the clinics free for  
13 people who can't afford it?

14 ASSISTANT COMMISSIONER LOUISON: Yes.  
15 I'm going to answer the first part, and then I'm  
16 going to pass to Doctor Stein. Yes, we would be  
17 happy to share information with you, and appreciate  
18 your interest in looking at the data with us, and I'm  
19 going to hand it to Doctor Stein.

20 DIRECTOR STEIN: Thank you so much for  
21 your interest in that specific data. I don't have  
22 those numbers in front of me right now, but we can  
23 circle back with you afterwards to try to answer some  
24 of those questions.  
25

2 CHAIRPERSON CABÁN: Great, would really  
3 appreciate that. Thank you. And then I'm going to  
4 go ahead and pass it over to Council Member Gutiérrez  
5 for another line of questioning.

6 COUNCIL MEMBER GUTIÉRREZ: Gracias, Chair  
7 Cabán. My first question is what is the process for  
8 a pregnant person seeking medical attention in  
9 potentially a high-needs situation or a late-stage  
10 patient seeking an abortion? What is that-- what is  
11 that treatment as far as like prioritizing them, and  
12 does that differ between a New York resident and an  
13 out-of-state resident? Like, what does that dynamic  
14 look like?

15 ASSISTANT COMMISSIONER LOUISON: That is  
16 a great question, Council person. I'm going to ask  
17 Doctor Stein to respond.

18 DIRECTOR STEIN: Thank you so much. It  
19 is important to all of us that we make sure that  
20 people who need services have access to them in a  
21 timely fashion. The process that we're trying to  
22 provide from the Department of Health and Mental  
23 Hygiene is accurate information and making sure  
24 people know where to access services. We are trying  
25 to keep our website up to date with the sites that

1  
2 people can get safe and affordable abortion and  
3 reproductive health services, and when patients reach  
4 out to those places, it would depend on where they go  
5 as to what the process might look like.

6 COUNCIL MEMBER GUTIÉRREZ: Thank you. So  
7 there's no-- there's no clarity you can share on  
8 whether or not a patient coming from out of state  
9 that is categorized as high-risk, is that a different  
10 level of treatment or priority versus like folks who  
11 are there on the roster in-state? I just want to get  
12 a-- and I think, you know, you're a medical  
13 professional. I just want to make sure it's on  
14 record. I trust the priority order. I just want to  
15 get that clear.

16 DIRECTOR STEIN: Thank you for that  
17 follow-up question. You know, we've been working  
18 very closely with our partners who do provide direct  
19 service to patients to make sure everyone comes  
20 together and are sharing their best practices. We  
21 recognize that there's going to be probably be a big  
22 influx of people coming from out of state, and  
23 everyone is committed to making sure that people who  
24 need services have access to services and are aligned  
25

1  
2 in the ability to triage and identify people who need  
3 services faster.

4 COUNCIL MEMBER GUTIÉRREZ: Okay, thank  
5 you. And my last question is a little-- just back to  
6 language access. So this is an experience that I  
7 personally am having with medical providers and  
8 language competency and what is deemed as yes, I do  
9 speak this language, and whether or not that's like  
10 culturally relevant, whether or not you're  
11 translating in a way that makes sense to me. And so  
12 the reason I brought up language line is because  
13 naturally I'm concerned about what that quality  
14 assurance looks like. So what have you all thought  
15 about as far as language access-- quality control in  
16 these instances, right? I can only speak to Spanish,  
17 that's the only other language I speak. We have  
18 different words, different countries, different  
19 nationalities have different words for different  
20 meanings. So what does that quality control look  
21 like for the Department of Health in these instances  
22 when folks are seeking assistance in another  
23 language?

24 ASSISTANT COMMISSIONER LOUISON: That's a  
25 really important question because I think you're

1 speaking to the differences between literal  
2 translation and interpretation, and we know that  
3 people are most likely to truly understand and be  
4 able to communicate clearly with someone who, you  
5 know, is a native speaker, who really has some  
6 cultural congruency with a patient. I cannot-- we  
7 cannot speak personally to the quality assurance on a  
8 Language Line, because that is not in our bureau, but  
9 we're happy to circle back with you after the  
10 hearing.

11  
12 COUNCIL MEMBER GUTIÉRREZ: Yeah, I'm also  
13 interested-- and that's something that I'm also  
14 digging into just through my committee, but I'm  
15 interested in what the depart-- the agency's position  
16 is on quality control. Just within your provider  
17 network of-- you know, different providers that say  
18 they speak the following languages, like what is that  
19 quality control insuring that like-- is there  
20 feedback on opportunity, but what does that process  
21 look like?

22 ASSISTANT COMMISSIONER LOUISON: That's a  
23 great question. We'll take note of it, and happy to  
24 circle back with you.



1 COUNCIL MEMBER GUTIÉRREZ: Thank you.  
2  
3 That's all, Chair.

4 CHAIRPERSON CABÁN: Thank you. I just  
5 have a couple-- a few more questions before moving  
6 into questions directly related about the pieces of  
7 legislation. I want to talk more about the  
8 intersection of COVID, you know, the COVID-19  
9 pandemic and reproductive health. How has the  
10 pandemic impacted access to sexual and reproductive  
11 health resources in New York City, and how is the  
12 City, you know, specifically addressing those issues.  
13 you touched on the acknowledgement that there has  
14 been impact, and again specifically in low-income  
15 communities among, you know, young folks-- and again,  
16 going back to where we find the biggest gaps in  
17 disparities for cisgender and transgender folks, and  
18 for folks are, you know, non-binary or gender non-  
19 conforming.

20 ASSISTANT COMMISSIONER LOUISON: Thank  
21 you. I want to acknowledge that the pandemic had an  
22 unprecedented impact on people's utilization of  
23 healthcare and access to healthcare, and many people  
24 deferred or put off or did not engage in what we know  
25 to be critical, routine preventive health services as

1  
2 you're describing. And so, you know, really want to  
3 use this opportunity to encourage New Yorkers with  
4 your support, Council, to now is the time to get that  
5 preventive care. I also want to turn to Doctor Stein  
6 to see if you have anything to add from your  
7 perspective as a physician in this space.

8 CHAIRPERSON CABÁN: And I would add to  
9 that, you know, to your point saying that like now is  
10 the time to get that preventative care, you know, how  
11 is the city meaningfully working to bridge that gap  
12 and help not only incentivize but facilitate people  
13 getting that preventive care?

14 DIRECTOR STEIN: Thank you so much. We  
15 are always trying to make sure patients have access  
16 to information on where to get services, where to  
17 enroll in insurance, where to get aid when they need  
18 it. And so we're-- have done and will continue to do  
19 that to message for our patients to seek all care,  
20 primary care, preventive care, in addition to the  
21 specific reproductive healthcare that they may have  
22 delayed during the pandemic.

23 ASSISTANT COMMISSIONER LOUISON: Council  
24 Member, I also want to note that the Department is  
25 working with NYC Care, and we have worked on some

1  
2 PSA's around this topic and we're really open to  
3 council suggestions in this area as well.

4 CHAIRPERSON CABÁN: Okay. Wait, I'm  
5 sorry, I didn't hear-- I didn't catch that last part  
6 you said.

7 ASSISTANT COMMISSIONER LOUISON: Oh,  
8 we're open to any suggestions Council might have  
9 about how to really promote and bridge those gaps--

10 CHAIRPERSON CABÁN: [interposing] Great,  
11 yeah, yeah. We'd love to be in conversation about  
12 those things. Okay, so when the Federal Government  
13 implemented the gag rule that would have undermined  
14 the Integrity of Family Planning Programs in August  
15 of 2019, then Governor Cuomo and the New York State  
16 Department of Health decided to decline the 25  
17 million per year and Title 10 grants that the state  
18 had been receiving. And so while New York State  
19 included 14.2 million in funding for such services in  
20 the Fiscal 2021 state budget to help ensure that New  
21 Yorkers received continued, you know, to have access  
22 to sexual and reproductive health services, funding  
23 gaps obviously were made, right? And so in what ways  
24 have these funding gaps effected organizations and  
25 healthcare providers in New York City, and has DOHMH

1  
2 been asked to help support the effort to fill those  
3 gaps or made efforts to do so either financially or  
4 in other ways. And then the last piece of that  
5 question is just do you also then believe that the  
6 Dobbs decision will further effect those particular  
7 clinics?

8 ASSISTANT COMMISSIONER LOUISON: That is  
9 a great question because Title 10 is really a  
10 cornerstone of family planning and reproductive  
11 health. We have been able to maintain access to  
12 sexual and reproductive health services in our city.  
13 Doctor Stein previously spoke about the sexual health  
14 clinics which serve all regardless of ability to pay,  
15 and we also work really closely with our New York  
16 State colleagues at the Department of Health in an  
17 ongoing conversation about topics like this.

18 CHAIRPERSON CABÁN: Thank you. in the  
19 outreach that y'all have testified that is being  
20 done, is part of that outreach include direct  
21 information about, you know, people being able to  
22 access even if they have an inability to pay, like is  
23 that a core pillar of the communications plan that's  
24 being implemented?

2 ASSISTANT COMMISSIONER LOUISON:

3 Absolutely, yes. Our Sexual Health Clinics serve  
4 everyone regardless of ability to pay and we strive  
5 to communicate that as clearly as possible in all  
6 languages.

7 CHAIRPERSON CABÁN: Thank you. So,  
8 moving into Intro 458, the Local Law requiring the  
9 Department of-- requiring DOHMH to maintain that  
10 language access service for abortion providers. On  
11 June 24<sup>th</sup> in response to the court's ruling, New York  
12 State Governor Kathy Hochul announced that the state  
13 would be engaging in an advertising campaign and  
14 launched this revamped website to inform folks both  
15 in New York and around the country about their rights  
16 to an abortion in New York, as well as highlight  
17 potential resources available to them. Have y'all  
18 been working with the state on developing that  
19 website or collaborating on efforts to support access  
20 to healthcare across the state?

21 ASSISTANT COMMISSIONER LOUISON: Yeah.

22 I'm really-- yes, I'm really pleased to say that we  
23 have been in close communication to ensure that their  
24 website and our website align and that the overall  
25 top line message, if you looked at either ours or

1  
2 their web pages, is that abortion is safe and legal  
3 in New York City for all, and that is our overarching  
4 unified message.

5 CHAIRPERSON CABÁN: And then do you think  
6 that DOHMH is the best agency to implement this bill  
7 if it were to pass?

8 ASSISTANT COMMISSIONER LOUISON: Thank  
9 you, Council Member, and we'd be happy to discuss  
10 that further after the hearing.

11 CHAIRPERSON CABÁN: Okay. So moving into  
12 Intro 465. I know that some questions were asked  
13 about data collection. I don't believe this was  
14 covered, though. Can you provide more information on  
15 how abortion would be defined with regard to such  
16 reports and or like really who abortion refers to in  
17 general, like does this apply to individuals  
18 experience an ectopic pregnancy, for example. What  
19 about those individuals who are forced to give birth  
20 before the 20-week mark of a pregnancy because of  
21 complications? Would, you know, the birth be  
22 considered an abortion? Things like that.

23 ASSISTANT COMMISSIONER LOUISON: Those  
24 are great questions, because those nuances in the  
25

1 data are really critical. I'm going to ask Doctor  
2 Stein to speak to that as a medical provider.  
3

4 DIRECTOR STEIN: Thank you so much for  
5 that question, Chairperson. We, at the Department,  
6 do review all the data for live births and pre-term  
7 births and induced and spontaneous abortions, and we  
8 are providing all of that information on a yearly  
9 basis on our website. And so were able to offer that  
10 as a resource to people who are looking into the  
11 specifics of those types of data.

12 CHAIRPERSON CABÁN: Thank you. And then  
13 just for clarity, correct me if I'm wrong. I think I  
14 heard this in your opening testimony that for Intros  
15 466 and 475 that the Administration is generally  
16 supportive of the intention of the legislation and  
17 wants to continue discussions as we move on them. Is  
18 that correct?

19 ASSISTANT COMMISSIONER LOUISON: I'm  
20 sorry, Chair, would you just repeat the numbers one  
21 more time?

22 CHAIRPERSON CABÁN: Sure, 466 and 475.

23 ASSISTANT COMMISSIONER LOUISON: That is  
24 correct.

2 CHAIRPERSON CABÁN: Thank you. Do my  
3 colleagues have anything else? I think we're all  
4 set.

5 COMMITTEE COUNSEL: Okay, so that  
6 concludes the Administration portion of this hearing.  
7 Thank you so much for your time. We'll now move to  
8 the public testimony portion of the hearing. We'll  
9 just take a one-minute break before beginning. The  
10 first panel will be a remote panel with an Assembly  
11 Member. We'll then go to a second remote panel, and  
12 then we'll do an in-person panel. So again, one  
13 moment, and then we'll move to public testimony.  
14 Thank you. Also, apologies just a housekeeping  
15 manner. My name is Brenda McKinney and I'm Counsel  
16 to Committee on Women and Gender Equity at the New  
17 York City Council. Also a reminder, that we will  
18 accept written testimony up to 72 hours after the  
19 hearing. There's no limit to written testimony, and  
20 it can be sent to [testimony@councilnyc.gov](mailto:testimony@councilnyc.gov). Thank  
21 you.

22 CHAIRPERSON CABÁN: Alright.

23 COMMITTEE COUNSEL: Okay, we'll now  
24 resume testimony. So we will go to the first public  
25 panel, which will be Assembly Member Gonzalez-Rojas.



1  
2 Assembly Member Rojas-- Gonzalez-Rojas, you may begin  
3 your testimony when the Sergeant calls the clock.

4 SERGEANT AT ARMS: Time starts now.

5 ASSEMBLY MEMBER GONZALEZ-ROJAS: Thank  
6 you. Good afternoon, Chair Cabán and members of the  
7 Council's Committee on Women and Gender Equity. I'm  
8 Assembly Member Jessica Gonzalez-Rojas. My pronouns  
9 are she/her/ella, and I proudly represent the 34<sup>th</sup>  
10 Assembly District in Queens. I testified today not  
11 only as an Assembly Member and the prime sponsor of  
12 the bill, but as the longtime reproductive justice  
13 advocate. I spent the last 13 years running the  
14 National Latina Institute for Reproductive Justice.  
15 So right now, in this country, corporations and guns  
16 have more rights than women and people with the  
17 capacity to get pregnant. The Supreme Court's  
18 decision to overturn Roe requires bold and urgent  
19 action, and that's why I introduced the Reproductive  
20 Freedom and Equity Fund in the Assembly, and why I  
21 encourage you to pass Resolution 195 and all the  
22 important bills that you're talking about in this  
23 hearing today. The Reproductive Freedom and Equity  
24 Fund Act would codify into law a reoccurring fund  
25 managed by the New York State Department of Health

1 that would accomplish three things: One, provide  
2 ongoing funding to address capacity needs for  
3 abortion providers and clinics to cover costs such as  
4 expansion of staff, infrastructure, and security.  
5 Two, cover the gaps for patients who are uninsured,  
6 underinsured or whose insurance is not accepted. And  
7 three, provide funding towards organizations that  
8 facilitate access to abortion to address the  
9 practical needs of those seeking care. So, samples  
10 of that include transportation, lodging, translation  
11 services, doula care, and childcare, because most  
12 people who seek abortions are already parents.  
13 According to multiple statistics and sources, in  
14 2019, 7,000 of the annual abortion procedures  
15 performed here in New York were from people from out  
16 of state. With Roe overturned, it is estimated that  
17 that number could jump to over 32,000 procedures a  
18 year, just from people traveling from Ohio and  
19 Pennsylvania alone.

20  
21 SERGEANT AT ARMS: Time expired.

22 ASSEMBLY MEMBER GONZALEZ-ROJAS: New York  
23 will be the nearest provider of safe, legal abortion  
24 care for up to 280,000 more people of reproductive  
25 age. I will wrap up in a second. We will do more--

1 we must do more to ensure our healthcare system can  
2 meet this need. My bill has the support of our  
3 Attorney General, the Senate Majority Leader,  
4 reproductive justice organizations, labor unions. I  
5 am proud that we have stepped up to be a safe haven  
6 for abortion care, but a right to an abortion without  
7 access to that right is not a right at all. So  
8 without this fund, our state can perpetuate the same  
9 barriers that have disproportionately impacted black,  
10 Latinx, AAPI, indigenous people, transgender folks,  
11 immigrants, people in poverty, and people with  
12 disabilities for decades. Passing the Reproductive  
13 Freedom Act Fund isn't radical. It is responsible.  
14 Thank you all so much for your support.

16 CHAIRPERSON CABÁN: Thank you. And I  
17 just want to extend my gratitude to you, Assembly  
18 Member, because you have been a leader and an expert  
19 on repro [sic] justice issues, far before you entered  
20 our state legislature. So we're very lucky to have  
21 your leadership in state government. So thank you.

22 ASSEMBLY MEMBER GONZALEZ-ROJAS: Thank  
23 you, Council Member.

24 COMMITTEE COUNSEL: Okay, thank you so  
25 much. We'll now move to public panel two. We will

1 name everyone on the panel. If you are not present--  
2 or we might have two people sign in as the same.  
3 We're working on technical difficulties behind the  
4 scenes, but we'll name every panelist on this next  
5 panel, and it will be Doctor Colleen Achong, and  
6 apologies for any mispronunciation, Doctor Anna--  
7 Doctor Colleen Achong, Doctor Anna Roesler, Doctor  
8 Samantha Hayes, Doctor Sara Fitel [sp?], Doctor  
9 Steven Miller, Doctor Lily Ostrer, and Doctor Jing  
10 Ye.  
11

12 CHAIRPERSON CABÁN: And if I may add, I'm  
13 just going to make a request of the staff here, can  
14 we please turn off the timer clock for Doctor  
15 Colleen's testimony. Can we make sure that that  
16 doesn't go off? And I want to start off-- I'll do it  
17 again after the panel, but start off by really  
18 thanking all of the doctors for being here, because  
19 your testimony is incredibly, incredibly important.

20 COMMITTEE COUNSEL: And just from a--  
21 just from a logistical standpoint, if you are logged  
22 in under a different name or having issues, if you  
23 can use the raise-- are planning to provide testimony  
24 or on this panel, if you can please use the raise  
25 hand function in Zoom to let us know who you are and

1 that you're ready. We do not see the first panelist,  
2 but I will call names just in case, and again please  
3 use the raise hand function in Zoom. Doctor Colleen  
4 Achong?  
5

6 COLLEEN ACHONG: I'm here.

7 COMMITTEE COUNSEL: Okay. And you may  
8 being your testimony when ready. We will not be  
9 using a clock.

10 COLLEEN ACHONG: Okay, good day. My name  
11 is Doctor Colleen Achong. I'm an Internal Medicine  
12 Resident at One Brooklyn Health, and a Regional Vice  
13 President for my union, the Committee of Interns and  
14 Residents. Thank you for this opportunity to testify  
15 in support of the Resolution 195 calling upon the New  
16 York State Legislature to pass and for the Governor  
17 sign the Reproductive Freedom and Equity Program. I  
18 was born in Trinidad and raised here in Brooklyn.  
19 I'm proud to serve the community and I am proud that  
20 in the face of abortion rights being rolled back  
21 across the country, New York is taking action to  
22 ensure the right to body autonomy and abortion care  
23 for all. Today, I want to talk to you as a doctor  
24 who has assisted in abortions, counseled patients  
25 considering abortion, and seen patients in crisis

1 after trying to unsafely terminate a pregnancy. I'm  
2 sorry for the noise in the backgrounds, because I'm  
3 currently still at work. I'm also-- I also like to  
4 talk to you as a woman who has had an abortion  
5 myself. Like far too many women, this is emotional  
6 for me, but I'd like to share that I was raped. I  
7 was in shock. Processing what I had-- what had  
8 happened, and did not take the Plan B. Weeks later, I  
9 was very sick and didn't understand what was wrong  
10 with my body because I was young, immature, and was  
11 not a doctor yet. I found out that I was pregnant. I  
12 sought out care through Planned Parenthood and  
13 received counseling and safe termination. I was not  
14 just-- it was not just the safe termination that was  
15 important, but also the counseling that these amazing  
16 healthcare providers gave to me. I grew up in a very  
17 strict Christian home when I discovered that I was  
18 pregnant. I was scared and confused. The counseling  
19 that I received was so important and the life-- and  
20 life-affirming to me. They talked to me about how my  
21 life shouldn't be determined by what my mother or my  
22 family thinks, and that it's up to me, and that I had  
23 the choices available at the time to make that  
24 decision. I don't know how I would have been okay  
25

1 without the counseling. Because of their care and  
2 expertise, I was confident by my decision and didn't  
3 feel ashamed, judged, or rejected, despite my strong  
4 religious background and beliefs. I don't have to  
5 ima-- I didn't have to imagine what situation would  
6 have been if I didn't receive the safe termination  
7 and the expert counseling and care that I received.  
8 We have all heard horror stories, but as the medical  
9 student in Maryland I saw it firsthand when young  
10 girls came into the hospital in shock and  
11 hemorrhaging, because they didn't have the same  
12 access to care I had and felt like they had to resort  
13 to unsafe measures to end their pregnancy. My life  
14 could have been so different. And if I didn't have  
15 the care that I received, I should be-- it should be  
16 every person's choice whether to continue a pregnancy  
17 or not. For me, I didn't want to carry that life and  
18 relive the trauma of the rape. If New York is to  
19 truly be a sanctuary state for pregnant people  
20 seeking abortion care, we must ensure our abortion  
21 providers have all the funds and resources they need  
22 to provide every woman the level of care I received.  
23 The lives of women like me depend on it. As a doctor  
24 serving a diverse community in Brooklyn, I see every  
25

1 day how our immigrant patients face language barriers  
2 when trying to receive healthcare. I cannot imagine  
3 how much more traumatic my situation would have been  
4 if I couldn't communicate in my native language with  
5 my abortion providers. I testified a few months-- I  
6 testified a few months ago at another Council hearing  
7 on the improvements needed to ensure real language  
8 access at our hospitals. The City must take action  
9 to ensure language access for patients seeking  
10 abortion. Healthcare is not-- healthcare is not truly  
11 accessible without language access. For this reason,  
12 I ask you to support the Intro 458 requiring DOH to  
13 maintain language access for abortion providers. The  
14 state legislature must immediately pass and the  
15 Governor must sign the Reproductive Freedom and  
16 Equity Act. Thank you for the opportunity to testify  
17 today for taking real action to protect my patients  
18 and all pregnant people seeking abortion care.

20 CHAIRPERSON CABÁN: Thank you so much for  
21 your testimony.

22 COMMITTEE COUNSEL: Thank you so much.  
23 And then we will read all the names on the panel, and  
24 then if Council Members have questions, we'll save  
25 them to the end of the panel. So the next witness on



1 this panel is Doctor Roseler. If you are signed in  
2 under a different name for anyone on this panel,  
3 please use the Raise Hand function in Zoom so we know  
4 who to unmute. And you may begin your testimony when  
5 the Sergeant calls the clock. Thank you.  
6

7 SERGEANT AT ARMS: time starts now.

8 ANNA ROESLER: Good afternoon. I'm Anna  
9 Roesler. I am a Pediatric Resident Physician at  
10 Jacobi Medical Center in the Bronx, and a member of  
11 my union, the Committee of Interns and Residents.  
12 Thank you for the opportunity to testify today in  
13 support of Resolution 0195 calling on New York State  
14 Legislature to pass and the Governor to sign the  
15 Reproductive Freedom and Equity Program. As a  
16 Pediatrician, I counsel on patients on their decision  
17 to seek reproductive care and see patients struggling  
18 with the stigma of choosing to undergo an abortion  
19 far too often. With the Supreme Court's decision to  
20 overturn Roe v. Wade and the many abortion bans being  
21 passed across the country, the stigma will only  
22 worsen. Abortion is healthcare, and there should be  
23 no stigma. Pregnant people should not feel ashamed  
24 for seeking the care that they need and making the  
25 decision that is right for them. That is one of many

1 reasons that we must ensure all people can access  
2 abortion care in our state and that abortion  
3 providers in New York have the resources they need to  
4 care for them. We need the Reproductive Freedom and  
5 Equity Program to achieve that. I'm asking for your  
6 support of Resolution 0195, not just for my current  
7 and future patients here in the Bronx, but also for  
8 my family, my friends, and the patients in my home  
9 state of Indiana. Indiana already has highly  
10 restrictive abortion laws, and as a medical student  
11 there I advocated with all I had to change this, but  
12 now with the overturning of Roe, abortion is likely  
13 to be banned in Indiana in a few weeks. Indiana  
14 already has one of the worse maternal mortality  
15 rates, and I truly fear for the health and wellbeing  
16 of the pregnant people in my home state. We need to  
17 ensure that New York is truly a sanctuary state for  
18 women like those in my home state of Indiana who  
19 cannot receive the care they need where they are.  
20 And our abortion providers must have the critical  
21 resources they need like the appropriate translation  
22 and interpretation services. This is crucial in  
23 making patients comfortable in combatting the  
24 increasing stigmatization of abortion care. I just  
25

1 [inaudible] I treat a diverse population and we rely  
2 on the telephone translation services. I regularly  
3 have to wait long periods of time to get the  
4 interpreter for the many languages and often simply  
5 get a hold of the language for services that I need.  
6 This is a barrier to care in all realms of healthcare  
7 but especially for an abortion care--

9 SERGEANT AT ARMS: [interposing] Time  
10 expired.

11 COLLEN ACHONG: And when a patient has  
12 had to take time off to work or travel they do not  
13 have time to wait nor [inaudible] the additional  
14 stressors of being unable to communicate. I urge you  
15 all to support wider investment in translation and  
16 interpretation services across all health care  
17 fields, an ask you today to support Intro 0458  
18 requiring the DOHMH to maintain language access for  
19 abortion providers. The state legislator must  
20 immediately pass and the governor must sign the  
21 Reproductive Freedom Equity Act. Thank you all for  
22 the opportunity to offer this testimony today. I urge  
23 our leaders to act and support Reproductive Rights  
24 and healthcare access. Thank you.

25 CHAIRPERSON CABÁN: Thank you.

2 COMMITTEE COUNSEL: Thank you so much.

3 The next witness will be Doctor Samantha Hayes. You  
4 may bring your testimony when the Sergeant calls the  
5 clock.

6 SAMANTHA HAYES: I'm sorry, has the  
7 clock been called.

8 COMMITTEE COUNSEL: We can hear you,  
9 Doctor Hayes.

10 SAMANTHA HAYES: Okay, thank you. Good  
11 afternoon. I am Doctor Samantha Hayes. I'm a  
12 Psychiatry Resident Physician at Maimonides Medical  
13 Center in Brooklyn and a member of my union, the  
14 Committee of Interns and Residents. Since last  
15 Friday, I have felt so much rage and I still feel  
16 that for myself, my patients, my family, my friends,  
17 and all people with uteruses. I'm truly grateful for  
18 the opportunity to testify today and channel that  
19 rage calling to support Resolution 195, calling on  
20 the New York State Legislature to pass and the  
21 Governor to sign the Reproductive Freedom and Equity  
22 Program. This legislation is critical to ensuring  
23 abortion providers in New York have the resources  
24 they need to provide abortion care to all seeking it,  
25 so New York can truly be a sanctuary state in action,

1 not just in rhetoric. I'm a very proud New Yorker. I  
2 was born in Queens, and I am proud to be a  
3 psychiatrist in Brooklyn. Since Friday, I've been  
4 thinking a lot about why I chose to be a  
5 psychiatrist, and really fell on one case that made  
6 me choose psychiatry, this woman in her 50s who  
7 opened up about her life story. Everything was very  
8 clear until she got to the point where she had an  
9 abortion, and as soon as that abortion came, so did  
10 the changes in her dialogue. She began saying  
11 television was talking to her, people were following  
12 her, and coworkers wanted to hurt her. It became  
13 clear that from this dialogue that the stigma and  
14 guilt of having an abortion so traumatized this  
15 patient it had triggered her first psychotic break of  
16 her longstanding impairing diagnosis of  
17 schizophrenia. I don't know what other underlying  
18 issues she had, but it was clear as she spoke of the  
19 stigma and shame from her abortion was the tipping  
20 point in this mental illness. Seeing that patient, I  
21 decided I wanted to be a psychiatrist. I wanted to  
22 help people and provide care to patients like her.  
23 [inaudible] of the city and the state to ensure  
24 access to abortion care for all seeking it, we must  
25

1 not forget the mental health needs of patients and  
2 providers. We must take an intersectional approach  
3 that meets the unique needs of those living with  
4 mental health disorders. We also know that those  
5 living with chronic diseases, whether it's  
6 psychiatric, rheumatologic, cardiologic--

7  
8 SERGEANT AT ARMS: [interposing] Time  
9 expired.

10 SAMANTHA HAYES: or others are more  
11 likely to be living in poverty and unable to afford  
12 necessary medication. To ensure true access for our  
13 most vulnerable, including many of my patients, I  
14 urge you to support Intro 507, requiring the  
15 Department of Health and Mental Hygiene to make  
16 mifepristone and misoprostol available free of charge  
17 at its health centers, health stations, health  
18 clinics, and other health facilities. I also see  
19 patients who struggle to process their psychiatric  
20 diagnosis and the need for medication. As a  
21 psychiatrist we spend a lot of time doing paperwork  
22 and dealing with insurance companies to remove the  
23 barriers our patients face taking their medication.  
24 Removing the barrier of cost will not only help  
25 patients, but abortion providers as well as those who

1 will not have to fight with insurance companies or  
2 spend time doing the traditional paperwork. And with  
3 the many burdens that healthcare workers must carry,  
4 we must take action to properly support and protect  
5 them. Since the Supreme Court decision was leaked,  
6 our union has heard from our members and residents  
7 across the country who provide abortion care.  
8 They're justifiably confused and scared that they  
9 will be prosecuted or sued for caring for their  
10 patients. This is incredibly detrimental to the  
11 mental health of our members who are already dealing  
12 with the stressors of long hours, low wages, high  
13 student debt, and the trauma of being a healthcare  
14 worker in a global pandemic. We dedicate our lives  
15 and sacrifice so much to become doctors for our  
16 communities. We cannot properly do our jobs in such  
17 conditions. This is why the city must protect  
18 abortion providers, so I also urge you all to support  
19 Intro 466, prohibiting use of city resources to  
20 enforce abortion restrictions and create a private  
21 right of action related to detention. Thank you  
22 again, Chair Cabán and Council Members, for the  
23 opportunity to testify today. For the sake of us,  
24  
25

our patients, and communities everywhere, I urge you to support Resolution 195, Intro 466, and Intro 507.

CHAIRPERSON CABÁN: Thank you.

COMMITTEE COUNSEL: The next witness will be Doctor Sarah Fitel [sp?]. Again, apologies for any mispronunciations. Doctor Fitel, you may begin your testimony when the Sergeant calls the clock.

SERGEANT AT ARMS: Time starts now.

COMMITTEE COUNSEL: Just one moment. We're just checking if Doctor Sarah Fitel-- okay, we're going to move to the next witness, and if Doctor Fitel comes back on, we're happy to check at the end or come back to her in this panel. The next witness will be Doctor Stephen Miller. Doctor Miller, you may begin your testimony when the Sergeant calls the clock.

SERGEANT AT ARMS: Time starts now.

STEVEN MILLER: Greetings to the Committee and thank you for allowing me to speak today on behalf of myself and members of CIR. My name is Steven Miller. I'm a physician at the Brooklyn Hospital Center. I'm a Pulmonary and Critical Care Fellow and also the Regional Vice President for CIR, the Committee on Interns and



1 Residents. I'm speaking today in support of the  
2 resolutions that have been brought forward,  
3 especially 0195, the Reproductive Freedom and Equity  
4 Program, among the others. I think these are  
5 important resolutions, and it's important for us to  
6 pass these laws, especially in the face of the  
7 current political climate and the overturning of Roe  
8 v. Wade and the assertion that bodily autonomy does  
9 not belong to all the members of our state and  
10 nation. The healthcare inequities that we witness on  
11 a daily basis in the City of New York are already  
12 alarming, and having further erosion of people's  
13 personal choices with regard to their health and  
14 their interactions with their physicians is extremely  
15 alarming. You know, I'm not only a physician, but  
16 also a father and a husband, and I feel that it's a  
17 responsibility as physicians and a community member,  
18 to my wife, to my daughter to make sure that these  
19 freedoms are not further eroded. We need to  
20 establish this money in this resolution to make sure  
21 that there's access to healthcare for all women, and  
22 as a state and as the City of New York, the greatest  
23 city in the world, we should be leaders and we should  
24 set an example for the whole world for how things  
25

1 could be done and should be done. And if people are  
2 going to be coming here from outside the state, then  
3 we need to make access to healthcare for them  
4 available, equitable, and affordable, and that's why  
5 we need to make abortion pills like mifepristone and  
6 misoprostol free and easily accessible to all women  
7 who need them. We should go further. I don't think  
8 that these bills actually go far enough, and  
9 healthcare should be pretty general.

11 SERGEANT AT ARMS: Time expired.

12 STEVEN MILLER: But especially  
13 reproductive healthcare should be somehow made  
14 accessible and free, because these issues are going  
15 to affect the poorest women the hardest, and these  
16 are the people who are going to suffer the most. So,  
17 [inaudible] hope that you will support these laws  
18 being written into a state legislation and  
19 [inaudible]. Thank you.

20 CHAIRPERSON CABÁN: Thank you.

21 COMMITTEE COUNSEL: Thank you for your  
22 testimony. We'll now move to the next witness which  
23 is Doctor Lily Ostrer.

24 SERGEANT AT ARMS: Time starts now.

2 LILY OSTRER: Hi, thank you so much for  
3 inviting our testimony today. My name is Lily  
4 Ostrer. I am an Internal Medicine and Pediatric  
5 Physician. I just graduated from my residency in-- at  
6 Jackson Memorial Hospital in Miami, Florida  
7 yesterday. I'm a proud New Yorker. I was born and  
8 raised in New York City. went to medical school here  
9 and then moved down to Florida for my residency, and  
10 I'm here today calling on New York City and State to  
11 take real action to provide care to my patients who  
12 can't receive the care they need in Florida anymore.  
13 As a pediatrician I've cared for babies with lethal  
14 anomalies and have experienced with their parents the  
15 extreme pain of a child dying at or shortly after  
16 birth. I've also cared for young patients who due to  
17 varying circumstances have become pregnant far before  
18 they feel ready or equipped to care for a child. And  
19 unfortunately in Florida we are seeing further  
20 restrictions on abortion going into place. This last  
21 legislative session in Florida we had a 15-week  
22 abortion ban that passed before the Dobbs case  
23 decision, and this ban was supposed to go into place  
24 today. It was actually held up in the courts  
25 yesterday, and as of now, my colleagues are dealing

1 with extreme uncertainty and where to send our  
2 patients. Just yesterday I spoke with one of my  
3 obstetrics colleagues who has a patient after 15  
4 weeks of pregnancy who found out that her baby has--  
5 her fetus has anomalies incompatible with life and is  
6 un-- there's so much uncertainty over where she can  
7 receive the life-saving medical care that she needs.  
8 So I'm here. I'm calling on you to support  
9 Resolution 0195 calling on the New York State  
10 Legislature to pass and for the Governor to sign the  
11 Reproductive Freedom and Equity program. We need to  
12 ensure that abortion-- that my patients in Florida  
13 will have the resources that they need to seek  
14 abortion care outside of Florida and that abortion  
15 providers here have--

17 SERGEANT AT ARMS: [interposing] Time's  
18 expired.

19 LILY OSTRER: the resources they need for  
20 the increased demand. As some of you may know,  
21 there's a strong south Florida/New York connection and  
22 I know that New York will be a lifeline for many of  
23 my patient if and when Florida further erodes  
24 abortion access. I'm also asking you to support  
25 Intro 0466 prohibiting the use of city resources to

1  
2 enforce abortion restrictions. Abortion providers  
3 need to know they're safe from prosecution while  
4 they're doing their jobs and providing healthcare.  
5 This is something that unfortunately has been eroding  
6 very quickly in Florida in recent months, and it's  
7 honestly terrifying for me and my colleagues to feel  
8 intimidated as physicians as we're doing our jobs.  
9 And then also supporting Intro 0507 requiring the  
10 Department of Health and Mental Hygiene to make  
11 mifepristone and misoprostol available free of  
12 charge. This is truly life-saving medical care, and  
13 patients should not feel financial strain in seeking  
14 out necessary medical care. Again, thank you so much  
15 for hearing our testimony today.

16 CHAIRPERSON CABÁN: Thank you.

17 COMMITTEE COUNSEL: Thank you so much.

18 We'll now move to the final witness on this panel.  
19 Again, Council Members, we'll hold questions until  
20 the end of the panel. If Doctor Jing Ye is here,  
21 apologies for any mispronunciation. You may begin  
22 your testimony when the Sergeant calls the clock.  
23 Doctor Ye?

24 SERGEANT AT ARMS: Your time will begin.  
25

1  
2 JING YE: Thank you. Thank you so much.  
3 Good afternoon. My name is Doctor Jing Ye, I'm an  
4 OBGYN resident in my final year of training at  
5 Brooklyn Methodist Hospital, and I am a member and  
6 delegate of union and the Committees of Interns and  
7 Residents. thank you for this opportunity to testify  
8 in support of Resolution 195 calling on the New York  
9 State Legislature to pass and for the Governor to  
10 sign the Reproductive Freedom and Equity Program, and  
11 Intro 507 requiring the Department of Health and  
12 Mental Hygiene to make mifepristone and misoprostol  
13 available free of charge, and Intro 466 prohibiting  
14 the use of City resources to enforce abortion  
15 restrictions. As an OBGYN resident in New York State,  
16 I am trained in providing abortion care, which is an  
17 essential part of healthcare. The City and the state  
18 must take action to make New York a sanctuary for  
19 abortion care and to do that, we must find and  
20 resource our abortion clinics. At my hospital we can  
21 and do perform terminations. However, it does take a  
22 lot of coordination, setting up the operating room,  
23 which can take a significant amount of time. If  
24 anyone here has had or had to schedule surgery, you  
25 know that it can take a lot of time. So for patients

1 seeking terminations, a lot of times it's more  
2 efficient for them to seek care at an abortion  
3 clinic, which is why the Reproductive Freedom and  
4 Equity Program is so crucial. These providers must  
5 have the funds they need to meet the impending influx  
6 of patients coming in from out of state to seek care.  
7 It's also critical that the Department of Health and  
8 Mental Hygiene provide mifepristone and misoprostol  
9 for free at their facilities. The pharmacy at my  
10 hospital does not stock mifepristone. So knowing  
11 that I can refer my patients to these clinics know  
12 that they will not have to worry about insurance  
13 coverage or cost, what is essential for them to  
14 continue to receive care. I have to personal stories  
15 of patients that I have performed abortions for. The  
16 first is during my residency--

18 SERGEANT AT ARMS: [interposing] Time  
19 expired.

20 CHAIRPERSON CABÁN: You can continue.

21 JING YE: where a patient had been  
22 diagnosed with an anomaly incompatible with life at  
23 16 weeks. It was obviously a very distressing  
24 situation for the patient, the family, and everyone  
25 involved, but ultimately, that was the best thing

1 that we could do for the patient. As a medical  
2 student, I was also involved in providing abortion  
3 care to a patient who was struggling with long-term  
4 mental health issues, as well as other social issues,  
5 and that patient was not someone who could manage  
6 having another child. I was very grateful for the  
7 opportunity to participate in her care as well. In  
8 performing abortions for these patients, I was  
9 providing necessary healthcare. I was caring for my  
10 patients and it is terrifying to think that if I was  
11 to do this now, I could be legally vulnerable for  
12 these out of state places. We worked so hard to be  
13 doctors-- to be able to provide care for our patients  
14 and we cannot care for them if the City doesn't  
15 protect us in our practice of medicine. So I ask you  
16 all to support Intro 0466 to protect us and enable us  
17 to practice without stress of losing our licenses or  
18 being prosecuted for providing healthcare. Thank you  
19 again for the opportunity to testify here today, and  
20 I sure you to support resolution 0195, Intro 0507,  
21 and Intro 0466. Thank you.

22 CHAIRPERSON CABÁN: Thank you so much.  
23 We have a few questions for the panel, and I'm going  
24 to pass it over to Council Member Gutiérrez.  
25



2 COUNCIL MEMBER GUTIÉRREZ: Thank you so  
3 much, Chair, and thank you to all the residents who  
4 testified. We obviously want to be able to work  
5 together because you are on the front lines, so I  
6 thoroughly appreciate your advocacy today. My  
7 question is for Doctor Achong. You mentioned in your  
8 testimony that you have testified previously  
9 regarding how to improve language access, and I'm  
10 really -- I'm sorry, I didn't hear that original  
11 testimony, so I'd love to hear what are some of those  
12 experiences, and what are those best practices that  
13 we at the Council should be fighting for and pushing  
14 that the City implement to improve language access in  
15 our facilities?

16 COLLEEN ACHONG: Okay. So, what I  
17 testified regarding is that at time there are lis--  
18 what we utilize is a language line frequently. We  
19 don't have as many in-person translators in-- at  
20 least in the OBA [sic] system, we don't have in-  
21 person translators, per say. So we've been using  
22 technology like phone calls or an iPad that  
23 translates to the patient, and that results sometimes  
24 in computers failing because of the Wi-Fi, or poor  
25 communication between the patient. So we've been

1 trying to work on enhancing that, or if we do have  
2 one, we have one that is being shared. So having that  
3 regularly available for patients, especially in the  
4 black and brown community it's really important,  
5 especially Latino-Americans because of the fact that  
6 they deserve care, and they're the ones that-- in  
7 regard to the abortion rights, if you cannot  
8 communicate with your provider, how can you  
9 understand what they're telling you and understand  
10 what the-- because as a provider, you have to  
11 emotionally be able to share with them and also  
12 communicate back to them that this is-- if this is  
13 the decision they want to make, that they should feel  
14 comfortable, and encourage them because care is not  
15 just the medicine we provide, but the emotional  
16 support, and the discussion and steps that we take  
17 towards that medical intervention.

19 COUNCIL MEMBER GUTIÉRREZ: Thank you.

20 Thank you so much. That was very, very helpful. I'm  
21 happy to elevate it. Thank you so much.

22 CHAIRPERSON CABÁN: And I also have some  
23 additional questions, but I want to start by again  
24 extending my deep gratitude and echoing the  
25 sentiments of my colleague. Y'all are on the front

1 lines and your experiences and the information you're  
2 providing should be directly informing all of the  
3 work that we do here. Y'all know best. And I want to  
4 particularly thank Doctor Achong for sharing your  
5 personal story. I know how-- can only imagine how  
6 difficult that is. And I wanted to-- this is to all  
7 of y'all. Please feel free to jump in to answer.  
8 Each of you, I think, to some degree touched on some  
9 of these things, but you know, can you talk in a  
10 little bit more detail about your concerns around the  
11 ability for folks to get the training that they need,  
12 the practical field, you know, medical experience to  
13 provide the kind of care that folks need in terms of  
14 reproductive healthcare, and especially, you know, I  
15 know somebody talked about their experiences in other  
16 states and, you know, taking residencies and  
17 internships in other states and going for maybe a  
18 state that has a ban into one that doesn't and things  
19 like that.

21 LILY OSTRER: I can talk about that  
22 briefly from the perspective of a physician in  
23 Florida. So, I'm an Internist and Pediatrician. I'm  
24 not an OBGYN or a Family Physician [inaudible], which  
25 are the specialties that normal receive training in

1  
2 abortion care. I know that at the hospital that I  
3 currently work at which is kind of the equivalent to  
4 the H+H system in Miami. Our hospital system only  
5 provides abortions up until 13 weeks, which means  
6 that our family physicians and OBGYN residents cannot  
7 receive training past 13 weeks at our current  
8 institution and we need to seek that training outside  
9 of the institution. If and when the 15 week abortion  
10 ban goes into place in Florida, they will not be able  
11 to receive training past 15 weeks anywhere in the  
12 state of Florida. And so I know that training  
13 programs in other states are gearing up to receive an  
14 influx of visiting residents from states with  
15 restrictions, and I know that, I mean, I'm making it  
16 very proud to be a New Yorker, because I know New  
17 York can and will be one of the states that  
18 physicians will come to, to receive this necessary  
19 medical training, and I know it's going to become  
20 only more necessary and urgent as time goes on. But  
21 as of now in Florida, it's pretty uncertain when this  
22 15-week ban will go into effect, and when it does,  
23 all of our family physicians and obstetrics residents  
24 will need to travel out of state for their training.

2 CHAIRPERSON CABÁN: Thank you. and is  
3 there-- you know, is there a gap that needs to be met  
4 or filled in terms of-- I mean, folks testified about  
5 the toll it is taking on physicians to try to take  
6 care of their patients under these circumstances,  
7 under these restraints, under the threat of all kinds  
8 of different consequences. Like, is there an  
9 adequate infrastructure to support doctors, you know,  
10 mental and emotional health as y'all are continuing  
11 to navigate the current environment?

12 SAMANTHA HAYES: I'll speak on that a  
13 little bit. Unfortunately, I mean, even in the best  
14 of circumstances, mental health is stigmatized beyond  
15 belief. It's an extremely stigmatized world and even  
16 more so for the physicians who are expected to be  
17 perfect. There's this vision of the perfect  
18 physician, the perfect resident, everything is  
19 perfect. They're able to take care of everything,  
20 but in reality, again, this all takes a toll on  
21 everybody. You know, there isn't enough done to  
22 support us. It's just so-- it's so difficult because  
23 everyone has so many needs, but when are they going  
24 to find the time to be able take it [inaudible] 80-  
25 hour work week and everything they restricted. So,

1 access to it is difficult, let alone access to meet  
2 people who are now in about half of the states in the  
3 United States unable to practice and be scared for  
4 their patient. So we definitely could use a boost in  
5 mental health provided-- being provided to residents  
6 and physicians.  
7

8 CHAIRPERSON CABÁN: I'd love to stay in  
9 conversation about what the City Council can do to  
10 help, you know, support that kind of infrastructure.

11 STEVEN MILLER: Well, you know, it has to  
12 be said that people have to feel safe, you know? If  
13 they're going to come here and they're going to  
14 practice, you know, medicine or if they're already  
15 here and they're practicing medicine, they can't feel  
16 like there's a possibility that their future  
17 licensing or their careers are on the line. I mean,  
18 there's nothing more devastating than dedicating, you  
19 know, a decade or two of your life to practice  
20 medicine only to have it all undone because, you  
21 know, somebody in Indiana would say says now that  
22 you've provided an abortion for a state resident, you  
23 know, we're going to come after you even though you  
24 did it in New York, and that could affect the  
25 prospect of you getting a job later on down the line.

1 I mean, that would be incredibly-- that would be  
2 terrifying.

3  
4 CHAIRPERSON CABÁN: Right.

5 STEVEN MILLER: And it's also a cost.  
6 You know, if people are traveling, residents  
7 traveling, I mean I don't know if you realize it,  
8 but we're pretty poorly paid. We make like minimum  
9 wage if you break it down by hour. So I don't know  
10 where people are going to come up with the money.  
11 You know, how are they going to travel to New York  
12 City and live here. People how work here can't live  
13 here. It's expensive, so I don't know how they're  
14 going to afford that. And then you got to add in the  
15 cost of insurance. Everybody who comes here who  
16 wants to practice abortions form out of the state,  
17 they're going to have to get med-mal, medical  
18 malpractice insurance. Someone's going to have to  
19 pay for that. You know, is ACGME [sic] going to put  
20 up the funds for that. It's-- you know, Medicaid,  
21 you know, CMS, is CMS going to provide the money for  
22 that or we're going to have national-- I mean, CMS is  
23 national. So, who's going to pay for that? I don't  
24 understand where that-- I don't know if it's been  
25 tested yet. I don't think anybody's really thought

1 through what the repercu-- the actual repercussions  
2 are of this Supreme Court decision. It's long-  
3 reaching.  
4

5 CHAIRPERSON CABÁN: Yeah. Thank you for  
6 uplifting those.

7 LILY OSTRER: Yeah, just to kind of piggy  
8 back on that as well in terms of-- I mean, every--  
9 like for-- I know that I mentioned and my colleagues  
10 in Florida traveling out of state, it's not something  
11 that can be done easily. I mean, it is a huge  
12 expense, especially on the salaries that we make, and  
13 there are a lot of logistical issues that Doctor  
14 Miller brought up about mal practice insurance and  
15 lodging and the cost of travel. And I know that our  
16 union has informed us that-- and I think this has  
17 been in the news as well-- that half of OBGYN  
18 residents will now be training in states that have  
19 abortion bans in place. And so it's going to  
20 severely limit the physician workforce that it's  
21 capable of providing abortion care. So really  
22 finding ways to expand training for out of state  
23 equal and support them with the infrastructure that's  
24 needed to make traveling per out of state training  
25 possible is going to become incredibly important.



2 CHAIRPERSON CABÁN: And I think one of my  
3 final questions for y'all is-- there was testimony  
4 about there being just general uncertainty on where  
5 to send their patients and it-- like difficulties  
6 with getting the information that you need in real  
7 time to be able to make those calls. How can we  
8 support-- well, I'd love to know more about that  
9 uncertainty. What are the things that are being  
10 considered, the questions y'all are having to ask  
11 yourselves, and then the follow-up to that is like  
12 how can we support? Is it funding? Is it additional  
13 things-- I'm hearing and we're taking note of some of  
14 the things that have already been suggested in terms  
15 of, you know, deeper investment to access to  
16 different kinds of training.

17 STEVEN MILLER: Well, one of the  
18 resolutions was about transparency, right, and  
19 providers providing these services. Which one was  
20 it? It was that 466. Yeah, to report on the  
21 individuals who sought and received medical service  
22 related to reproductive healthcare. I mean, I take  
23 the idea behind that is that, you know, we need to  
24 have some sort of resource that tells us where these  
25 providers are that are providing this reproductive

1 healthcare and how many patients they're seeing so  
2 that we can help, you know, distribute those patients  
3 amongst the people who need the training, because you  
4 might run into an issue where, you know, I don't know  
5 how many residents there are [inaudible] right now.  
6 You know, it's going to be hundreds, thousands,  
7 probably, and then you've got to divide them into the  
8 number of patients that are available, and then they  
9 have a certain number of procedures that they have to  
10 log in their four-year residency before they  
11 graduate. So, you know, in order to make that  
12 possible, we need to make the information available  
13 to them about where they should be looking to go and  
14 who they should be contacting regarding getting that  
15 training. It's a numbers game, and if they don't  
16 know where they are, where those people are that are  
17 providing that service, especially like let's say  
18 you're in Florida for instance. Are you going to  
19 send a patient from Jackson Health to Alabama,  
20 Georgia? Where are you going to send them? You  
21 going to send them to the Carolinas? How far away do  
22 they have to go before they're going to find a place  
23 where there's going to be somebody's who's going to  
24 be able to provide the services that they need? Are  
25

1 they going to have to get on an airplane or a bus?  
2 You know, how are they going to get what they need  
3 done? And in real-time it can be difficult,  
4 especially like when you have federal judges blocking  
5 resolutions like in Florida right now. Thankfully,  
6 somebody stopped that 15-week ban from going into  
7 effect. And then they did the same thing in  
8 Louisiana, but who knows how long that lasts. You  
9 have to have like a push alert from the New York  
10 Times on your phone while you're at work seeing  
11 patients.  
12

13 LILY OSTRER: Yeah, I mean, it seems like  
14 in Florida, at least in south Florida in Miami it  
15 seems like that. You know, in the near future there  
16 won't be anywhere within one day's driving days  
17 distance, like where you can drive, you know, in one  
18 day and back where our patients can receive abortion  
19 care. So it may be necessary to get on an airplane,  
20 and luckily New York is probably the most accessible  
21 by airplane from Miami, just because there's a strong  
22 connection between south Florida and New York. So, I  
23 think for us really knowing what services are  
24 available for our patients, where those services are  
25 available, and some assurance that when our patients

1 arrive they will be able to receive the services that  
2 they need, especially in the lang-- and they'll have  
3 competent care in the languages that they speak. And  
4 so I think really ensuring that that care is well-  
5 publicized and is very accessible. And I think that,  
6 you know, right now as it stands I have colleagues  
7 who drive patients themselves to receive abortion  
8 care when it's not something that our health system  
9 can do because we don't want to be in a situation  
10 where we tell our patients to go somewhere and then  
11 it turns out that where they go to receive care isn't  
12 actually able to provide them the care that they  
13 need. And so some of my colleagues go to really long  
14 lengths to ensure that their patients are getting the  
15 care that they need, and so I think if New York can  
16 really provide that information up front where the  
17 services are available and an assurance that any who  
18 come to seek those services will be able to receive  
19 the care they need. I think it's extremely important.  
20

21 CHAIRPERSON CABÁN: Thank you all.

22 COLLEEN ACHONG: I believe-- I'm  
23 piggybacking off of what my colleagues shared. I  
24 think it's very important that we need to know as  
25 Doctors in New York that it would be helpful to know

1 like what services are available and where to refer  
2 patients, especially those coming out of New York to  
3 receive care, where's the best to direct them.  
4

5 CHAIRPERSON CABÁN: Right. Thank you.

6 STEVEN MILLER: Yeah, and how are they  
7 going to pay for it.

8 CHAIRPERSON CABÁN: Yeah.

9 STEVEN MILLER: I mean, because a lot of  
10 insurance I found just dealing with social work stuff  
11 in the hospital is state-based. So, you know, who's  
12 going to be an in-network provider for somebody, or  
13 is CMS going to start picking up these costs? How  
14 is that going to work? I don't know. I don't think  
15 anybody's talked about that yet or if they are, I  
16 don't think anybody has publicized it.

17 CHAIRPERSON CABÁN: Thank you. This is  
18 all really, really helpful. You know, we definitely  
19 would like to follow up with all of you as we move  
20 forward.

21 COMMITTEE COUNSEL: Okay, thank you so  
22 much, Doctors. This concludes this panel, so we'll  
23 now be moving to the next panel, and again, we will  
24 be following up and have followed up with-- offline  
25 as well. The next panel will be our in-person panel.

1 So we'll be calling Ms. Ellie Miller from New York  
2 Midwives. We'll just take a one-minute break because  
3 this will be in-person and it only be one witness.  
4 So just one moment and we will move to the next  
5 panel. Thank you. And just due to limitations with  
6 Zoom and our present situation, there are several  
7 Council Members that the Chair noted were present  
8 online, Council Members Riley and Brooks-Powers, but  
9 who are not able to participate due to quorum  
10 requirements. So, the Chair will be reading a  
11 statement from Council Member Brooks-Powers.

13 CHAIRPERSON CABÁN: On behalf of Council  
14 Member Brooks-Powers, she says good afternoon  
15 everyone. Thank you. I'd like to speak briefly in  
16 support of my bill being heard today, Resolution 196  
17 calling on the state to pass legislation that will  
18 allow out-of-state physicians to provide reproductive  
19 health services in New York while they await full  
20 licensure. By officially moving to take the right to  
21 a safe abortion away from millions, the Supreme Court  
22 has callously criminalized healthcare for millions of  
23 women and torn at the fabric of our democracy. Dobbs  
24 will endanger the lives and health of countless  
25 people. New York has long been a sanctuary for women

1 seeking abortion and other reproductive care services  
2 even before Roe was the law of the land, and we will  
3 continue to be, and that's why we must fight to  
4 protect abortion access for people across this  
5 country. As demand for reproductive healthcare  
6 services is poised to shift significantly, we will  
7 need to act quickly, enable as many medical providers  
8 as possible to begin serving people seeking abortion  
9 in New York State. We cannot delay. I'm honored to  
10 adjoin my colleagues on the suite of bills being  
11 heard today and look forward to discussing further.  
12 And again, that's a statement provided by Council  
13 Member Selvena Brooks-Powers.  
14

15 COMMITTEE COUNSEL: thank you. And we'll  
16 now move to our next panel. So again, this is an in-  
17 person panel. The next witness will be Ellie Miller  
18 from New York Midwives. There is an in-person clock  
19 on the wall, and you may begin when you're ready.

20 ELLIE MILLER: Good afternoon. Thank you  
21 for this opportunity to testify today. My name I  
22 Ellie Miller. I'm a Registered Nurse who worked in  
23 Obstetrics for nine years in New York City hospitals.  
24 I'm a newly licensed certified mid-wife in the state  
25 of New York. I'm providing testimony on behalf of and

1 represent New York Midwives. New York Midwives is  
2 the professional organizations that represents New  
3 York State's Certified Nurse Midwives and Certified  
4 Midwives, and is the state affiliate of the American  
5 College of Nurse Midwives. The ability to choose  
6 whether or not to be pregnant is a basic human right.  
7 The recent reversal of Roe versus Wade by the Supreme  
8 Court created a crisis for all Americans, especially  
9 those capable of pregnancy. Abortion care is an  
10 indispensable component of comprehensive reproductive  
11 healthcare. New York Midwives, a pro-abortion  
12 organization, will collaborate with allied  
13 organizations and city and state Health Departments  
14 to provide abortion care within the Midwifery scope  
15 of practice. New York City's elected representatives  
16 have submitted several introductions and resolutions.  
17 I would like to offer the support of New York  
18 Midwives to these introductions and resolutions.  
19 Providing healthcare in a patient's preferred  
20 language is the bedrock of holistic healthcare and is  
21 critical for effective abortion care. New York  
22 Midwives supports Intro 458. New York Midwives  
23 supports Introduction 465, report on provision of  
24 medical services related to reproductive healthcare.  
25



1  
2 However, resources currently exist that can be  
3 accessed to eliminate redundancy in this area.  
4 Accurate, timely data collection and dissemination of  
5 information on reproductive healthcare includes  
6 services, access, and outcomes. The Bureau of  
7 Infant, Maternal and Reproductive Health collects  
8 such data. Extrapolating this existing data  
9 eliminates redundancy and allows for more efficient  
10 data distribution. Information regarding types of  
11 abortion care, how to find a provider, support  
12 services, payment options, and on identifying fake  
13 clinics is available on the NYC Department of  
14 Health's website. Professional organizations,  
15 individual providers, group providers, and hospital  
16 systems must be made aware of how to access information  
17 and be added as a provider resource listed on this  
18 page. The NYC Department of Health links to  
19 [www.bookofchoices.org](http://www.bookofchoices.org), a state directory of abortion  
20 providers, but only clinics and hospital-based  
21 programs are listed here. There is an opportunity to  
22 make this directory more accurate and robust by  
23 expanding the list of providers legally authorized to  
24 perform abortions such as midwives. Expanding the  
25 abortion provider capacity should be prioritized

1 ahead in anticipation of the influx of out-of-persons  
2 seeking care. NYC Health abortion website must be  
3 made accessible and user-friendly to consumers in and  
4 out of state by featuring it on the NYC Health  
5 homepage, press releases, advertising, social media,  
6 and community-based organizations. Coordination by  
7 City and State Department of Health and City and  
8 State-funded hospital systems is needed to make this  
9 comprehensive abortion care provider directory  
10 possible. New York Midwives supports the prudent use  
11 of the City's constrained fiscal resources, reducing  
12 redundancy, and bolstering existing programs as part  
13 of introduction 465. In order to have accessible,  
14 safe abortion care in New York City it is imperative  
15 that individuals performing, aiding or having  
16 abortions have legal protections. New York Midwives  
17 supports Introductions 466 and 475. New York  
18 Midwives supports Introduction 507 which address  
19 [inaudible] medication abortion such as cost and  
20 accessible locations. Additionally, New York  
21 Midwives supports Resolutions 195, 196, 197, 200, and  
22 245 which aim to increase the abortion workforce,  
23 solidify the City's pro-choice stance, and urge state  
24 and federal legislatures to protect abortion. In  
25

1  
2 addition to expediting out-of-state midwives, New  
3 York Midwives suggest appealing to retired midwives  
4 to return to the workforce to provide telehealth  
5 medication abortion care. New York Midwives looks  
6 forward to collaborating with city and state to  
7 ensure accessible abortion care for all. Thank you  
8 for your time.

9 CHAIRPERSON CABÁN: I-- one, I want to  
10 thank you for hanging in here with us today. Really  
11 appreciate you and thank you for all of the offering  
12 of insight. Just really powerful flag, you know,  
13 making sure that we are including, you know, midwives  
14 and the information that we're putting out. And you  
15 might not have this information on-hand, but just to  
16 sort of emphasize your point about there being, you  
17 know, a whole 'nother part of the medical community  
18 that are meeting these needs in this moment. Do you  
19 have any numbers on sort of how many clients, you  
20 know, midwives are serving throughout the state or--  
21 and then on top of that like, you know, how many  
22 cases, you know, abortion care midwives are providing  
23 around the state?

24 ELLIE MILLER: I don't have those exact  
25 numbers with me. I can try and provide them after

1 the hearing. Midwives do make up a very small  
2 segment of obstetric care in the state. I do know the  
3 H+H hospitals that provide abortion care, there are  
4 midwives doing that abortion care, both medication  
5 abortions and procedural abortions. It, you know--  
6 providing medication abortion is a lot more  
7 accessible for lots of reasons including the training  
8 and that you can do it telehealth. Obviously,  
9 procedural abortion you have to do in-person and  
10 requires training as determined by the institution  
11 that you're performing it in.

12  
13 CHAIRPERSON CABÁN: Alright. Thank you.  
14 And then lastly, just thank you for the work that you  
15 do.

16 ELLIE MILLER: Of course. We're here and  
17 we're happy to help. It's, you know,-- midwives and  
18 other advanced practiced providers can-- are legally  
19 allowed to provide abortion services in New York  
20 State. You know, I'm speaking about midwives because  
21 I am a midwife and that's who I'm representing. But  
22 PA's and Nurse Practitioners can also provide care.  
23 So, speaking to what the physicians were saying, you  
24 know, there could be a reduction in training  
25 opportunities for providers, but there is also--

1  
2 there are resources to bolster the numbers of  
3 providers that can provide abortion care.

4 CHAIRPERSON CABÁN: Alright, thank you.  
5 And you know, similar to the-- what I said to the  
6 physicians is we would love to continue to be in  
7 conversations to make sure that we are leaving no  
8 stone unturned and filling the gaps.

9 ELLIE MILLER: Absolutely. We would love  
10 that.

11 CHAIRPERSON CABÁN: Thank you.

12 ELLIE MILLER: Thank you.

13 COMMITTEE COUNSEL: Thank you so much for  
14 your testimony. We'll now move back to remote  
15 testimony on Zoom. As we call names, if there's  
16 anyone we inadvertently missed, as with remote  
17 testimony and remote hearings, hybrid hearings are  
18 the same. We will be checking at the end for anyone  
19 that we inadvertently missed or somebody had to step  
20 away. Also, another reminder that you can submit  
21 written testimony and amend written testimony up to  
22 72 hours after the hearing. There's no limit to  
23 written testimony. So I will call the members of  
24 panel four. There will be two members, and then we  
25 will move to the fifth and final panel, but again,

1 we'll be checking for anyone we missed. Panel four  
2 will be Samantha Skaller, for the New York City  
3 Alliance Against Sexual Assault, and Elizabeth Estra  
4 [sp?] from the Latina Institute. So, Samantha  
5 Skaller if you are present, you may begin your  
6 testimony when the Sergeant calls the clock.  
7

8 SERGEANT AT ARMS: Your time will begin.

9 SAMANTHA SKALLER: Thank you. Good  
10 afternoon, Chair Cabán and the members of the  
11 Committee for Women and Gender Equity. I want to  
12 thank you for convening this critical hearing to  
13 expand reproductive rights access to New York City  
14 and for allowing me to testify before you today. My  
15 name is Sam Skaller. I use she/they pronouns, and I  
16 am the Senior Campus Coordinator at the New York City  
17 Alliance Against Sexual Assault. The mission of the  
18 New York City Alliance Against Sexual Assault is to  
19 prevent sexual violence and reduce the harm it causes  
20 through public education, prevention programming,  
21 advocacy for survivors, and the pursuit of legal and  
22 policy changes. Over the last seven years working in  
23 the field of sexual violence prevention I've spoken  
24 with thousands of people who have had their bodily  
25 autonomy violated by a spouse, a partner, a stranger,

1 a family member, an employer, a professor, or even a  
2 politician. The commonality amongst perpetrators of  
3 sexual violence is abusing power. Without informed  
4 consent, those perpetrating sexual violence combine  
5 their own power and the power they've taken to  
6 violate someone else's bodily autonomy. On June  
7 24<sup>th</sup>, 2022, without the informed consent of the vast  
8 majority of Americans, the Supreme Court of the  
9 United States overturned Roe versus Wade, thus using  
10 their power to violate our bodily autonomy.  
11 Government institutions spanning from the Supreme  
12 Court to this elected body and everything in between  
13 should never replicate the actions of abusers.  
14 Eliminating protections for people seeking bodily  
15 autonomy after becoming pregnant for whatever reason  
16 is an example of an institution abusing its power to  
17 violate our bodies. While here in New York State and  
18 New York City abortion access remains legal. We  
19 should not breathe easy. No matter where,  
20 reproductive violence is sexual violence. We at the  
21 New York City Alliance Against Sexual Assault know  
22 that sexual violence disproportionately impacts  
23 people holding historically marginalized identities  
24 and intersecting identities. Gender diverse

1 communities, ability diverse communities, black and  
2 brown communities, AAPI communities, indigenous  
3 communities, and every intersection in between have  
4 not only historically been purposely excluded from  
5 the states body autonomy rule-making, but have and  
6 will continue to experience sexual violence and  
7 reproductive violence at rates higher than that of  
8 their cisgender, able-bodied, white counterparts.

9 While there are no specific data points for New York  
10 City to quantify people's experiences with  
11 reproductive and sexual violations, we at the New  
12 York City Alliance Against Sexual Assault can  
13 qualitatively, anecdotally, and humanly--

14  
15 SERGEANT AT ARMS: [interposing] Time has  
16 expired.

17 SAMANTHA SKALLER: argue that one  
18 instance of reproductive and sexual violation is too  
19 many. We urge the elected official sitting here  
20 today to use the power and platform they have to take  
21 any measures necessary to ensure that despite the  
22 overturning of Roe versus Wade that New York City  
23 will be a place for bodily autonomy, choice, and  
24 freedom. With that said, we'd like to share our  
25 immense support for this legislative package. As



1 this committee continues to take action in  
2 strengthening access to abortion and reproductive  
3 healthcare, we ask that you consider expanding  
4 Introduction 0465 to very explicitly require all of  
5 DOHMH annual reporting be anonymous as to not breach  
6 the confidentiality or identity of any patient  
7 seeking medical care. Thank you so much for your  
8 time today.

10 CHAIRPERSON CABÁN: Thank you.

11 COMMITTEE COUNSEL: Thank you so much.

12 And we have a slight change. So we actually just  
13 because we have been losing people on Zoom and that  
14 are logging in and out, we will be checking for  
15 anybody that we missed or inadvertently missed, but  
16 we'll be adding three panelists to this panel, and  
17 then it will be the final panel for today. So, the  
18 next three panelists on this panel are--again,  
19 apologies for any mispronunciations-- is Isamaris  
20 Santiago from the Bronx Defenders, Erick Agarijo from  
21 the Korean American Family Service Center, KAFSC, and  
22 Winnie Yee, All Above All. The next panelist is  
23 Isamaris Santiago from Bronx Defenders. You may  
24 begin your testimony when the Sergeant calls the  
25 clock.

SERGEANT AT ARMS: Your time will begin.

ISAMARIS SANTIAGO: Good afternoon and thank you for the opportunity to testify today. My name is Isamaris Santiago. My pronouns are she/her. I am the Parent Advocate Supervisor and the Healthy Mothers Healthy Baby from the Bronx Defenders. Healthy Mothers Healthy Baby is a program which provides targeted support to pregnant people at risk of losing their newborns to foster system. The Supreme Court's decision taking away our right to abortion is the most recent highly-public strike against people's reproductive rights. The decision felt deeply personal to me because it affects decisions women like me can make for themselves. People like me who recently was so excited and wanted nothing more than to have a child with my partner was hit with the most terrifying news and difficult decision of my life, to terminate my pregnancy at 17 weeks because of a chromosome disorder of Trisomy 18 which causes various abnormalities and a low-risk of survival during pregnancy. The Supreme Court's decision was a huge hit to reproductive justice, but reproductive justice is not just about abortion, and for too long abortion and contraception have been the

1 focus without enough of a focus on the right to bear  
2 and raise the children-- raise children free from  
3 government's terror. As part of the Healthy Mothers  
4 Healthy Babies Project, I see firsthand how pregnant  
5 and parenting people's rights are violated by the  
6 Administration for Children's Services through the  
7 Family Regulation System. The Family regulation  
8 system also known as the Child Welfare System causes  
9 more harm than good, creates a stressful environment  
10 for birthing people during their pregnancy, violates  
11 their right to privacy and threatens them with  
12 separation. This system mostly affects low-income  
13 black and Latin parents. Birthing parents are often  
14 met with an aggressive and invasive investigation  
15 throughout their pregnancy, and only moments after  
16 their birth, the parent is asked to participate in a  
17 two-hour or more meeting. That is called a Child  
18 Safety Conference, where ACS decides whether to  
19 separate the family and whether to bring a case to  
20 court. These conferences strip people of their  
21 reproductive right to parent and to parent freely.

22  
23 SERGEANT AT ARMS: Time is expired.

24 ISAMARIS SANTIAGO: Parents in these  
25 communities-- thank you, I'm wrapping up. Parents in

1 these communities are over-policed and surveilled in  
2 our right to bear children in large part because of  
3 ACS. Reproductive justice requires people to have  
4 the freedom and dignity to choose to not have  
5 children, to have children, and to parent freely. I  
6 urge the City Council to take steps to address how  
7 ACS threatens the reproductive rights of all New  
8 Yorkers. Thank you.

9  
10 CHAIRPERSON CABÁN: Thank you.

11  
12 COMMITTEE COUNSEL: Thank you so much for  
13 your testimony. The next witness will be Erick  
14 Agarijo from the Korean American Family Service  
15 Center, KAFSC. You may begin your testimony when the  
16 Sergeant calls the clock.

17 SERGEANT AT ARMS: Your time will begin.

18 ERICK AGARIJO: Thank you. Good  
19 afternoon. I would like to thank-- I'd like to begin  
20 by thanking the Committee and Chair Cabán for the  
21 opportunity to testify today about the barriers  
22 survivors face in accessing services in New York  
23 City. My name is Erick Agarijo and I am the  
24 Development and Communications Manager at the Korean  
25 American Family Service Center. KAFSC is a leading

1 nonprofit organization primarily serving Korean Asian  
2 [sic] immigrant individuals and families affected by  
3 gender, race-based violence including domestic  
4 violence, sexual assault and [inaudible]. KAFSC  
5 provides culturally and linguistically comprehensive  
6 services in support of our clients including  
7 counseling services, case management, transitional  
8 housing, economic and apartment [sic] programs, after  
9 school programs and other wrap around services. For  
10 over 33 years, KAFSC has supported survivors who have  
11 experienced a history of violence, exploitation, and  
12 abuse that has directly or indirectly led to their  
13 involvement in our programs and services. We have a  
14 24-hour bilingual hotline and an emergency shelter  
15 which operates 24 hours a day, seven days a week.  
16 Ninety-eight percent of our clients are immigrants,  
17 98 percent of women, and 100 percent of our staff  
18 members are immigrants themselves or children of  
19 immigrant parents. Over 95 percent of our client's  
20 first language is not English and come from low-  
21 income backgrounds. KAFSC represents approximately  
22 3,000 clients annually. In the work that we do, we  
23 provide directly services. We understand the  
24 following barriers our most vulnerable survivors face  
25

2 in accessing services: fear of retaliation by their  
3 partner, fear of deportation, incarceration,  
4 community isolation, discrimination, trauma, the lack  
5 of financial resources, language access, and digital  
6 literacy, limited availability of linguistic and  
7 cultural accessible programs, and approaches for  
8 those who wish for non-system [sic] approach to  
9 healing, housing costs, limited availability of  
10 affordable safe housing programs. This ties in with  
11 choices, the essence of freedom, the right to vote--

12 SERGEANT AT ARMS: [interposing] Time's  
13 expired.

14 ERICK AGARIJO: the right for each of us  
15 to select our own paths to dream-- for our dreams,  
16 the right to choose how we would or would not live  
17 our lives. This is a direct assault on Asian  
18 American-- our AAPI community, people of color,  
19 especially individual [inaudible] immigrants where  
20 the path to abortion care is overwhelmed with  
21 language barriers and culture stigmas along our most  
22 vulnerable community members. And I'll just wrap up  
23 with this. AFSC recognizes the importance of  
24 exercising this very important right, this very  
25 choice that ensures not only that women enjoy

2 reproductive autonomy, but the educational economic  
3 benefits flowing from those rights. Once again,  
4 KAFSC looks forward to working with the Council, this  
5 committee, and our committee partners to address  
6 these gaps. Thank you very much, again.

7 CHAIRPERSON CABÁN: Thank you.

8 COMMITTEE COUNSEL: Thank you for your  
9 testimony. We also have a small change to this  
10 panel. So we'll go to Winne Ye next, and then the  
11 last and final panelist-- final witness on this panel  
12 will be Elizabeth Estra [sp?]. This is the panel and  
13 our final panel, but we will be checking again for  
14 anyone we inadvertently missed after our next  
15 panelist. So the next witness will be Winnie Ye.  
16 You may begin when the Sergeant calls the clock.

17 SERGEANT AT ARMS: Your time will begin.

18 WINNIE YE: Thank you to the Chair and  
19 the Committee for the opportunity to testify today.  
20 My name is Winnie Ye and I'm with All Above All. As  
21 a campaign that unites individuals in over 140  
22 organizations across the country to build a future  
23 where abortion is affordable, available and supported  
24 for anyone who needs it, All Above All strongly  
25 supports Resolution 195 and Introduction 507, as well

1 as the full package being considered today. In its  
2 decision last Friday, the Supreme Court destroyed the  
3 last shreds of our national right to abortions  
4 without concerns for our dignity and basic human  
5 rights. The decision was the result of a decade's  
6 long scheme to dismantle access to abortion care and  
7 will have a disproportionate impact on people of  
8 color working to make ends meet who are already  
9 bearing the brunt of systemic racism, bans on  
10 abortion coverage with the Hyde [sp?] Amendment, and  
11 the ongoing pandemic. The ripple effects of the  
12 ruling will be felt far and wide in every state  
13 including here in New York, and that's why it's  
14 important that the New York City Council push for  
15 bold solutions and approve Resolution 195 and  
16 Introduction 507. Resolution 195 calls on the New  
17 York State Legislature to pass the Governor to sign  
18 the Reproductive Freedom and Equity Program sponsored  
19 by Assembly Member Jessica Gonzalez-Rojas. Each of us  
20 should be able to make decisions about whether and  
21 when to become a parent, but abortion coverage bans  
22 and low wages can make it impossible for New Yorkers  
23 to pay for care. Thankfully, New York organizations  
24 like the New York Abortion Access [inaudible] and  
25



1 [inaudible] help people overcome financial and  
2 logistical barriers. The Reproductive Freedom and  
3 Equity Program would provide them much-needed funding  
4 so they can continue to support people in making  
5 decisions about their health and future with dignity  
6 and economic security. The second measure,  
7 Introduction 507 would make medication abortion  
8 available free of charge at city health centers,  
9 clinics, and other facilities. Medication abortion  
10 is a safe and effective option for ending an early  
11 pregnancy, and as mentioned earlier, the growing  
12 number of people who end their pregnancy are choosing  
13 medication abortion care. A report by the Guttmacher  
14 Institute found that it not accounts for more than  
15 half of all US abortions. In the aftermath of the  
16 Supreme Court decision that will force people to  
17 delay their abortion care or carry an unwanted  
18 pregnancy against their will. We need both solutions  
19 for abortion justice or to address the reality of  
20 getting an abortion in our country and break down the  
21 barriers--  
22

23 SERGEANT AT ARMS: [interposing] Time  
24 expired.  
25

2 WINNIE YE: of people working to make  
3 ends meet. Resolution 195 and Intro 507 are  
4 important [inaudible] bills that [inaudible] abortion  
5 is there for everyone who needs it without barriers  
6 based on who they are, where they're from, or how  
7 much they earn. I respectfully urge you to approve  
8 these measures, and thank you again for the  
9 opportunity to testify.

10 CHAIRPERSON CABÁN: Thank you.

11 COMMITTEE COUNSEL: Thank you. Our final  
12 panelist our final witness on this panel will be  
13 Elizabeth Estra from the Latina Institute. You may  
14 begin your testimony when the Sergeant calls the  
15 clock.

16 SERGEANT AT ARMS: Your time will begin.

17 ELIZABETH ESTRADA: Thank you so much.  
18 My name's Elizabeth Estrada. I think I might have  
19 cut my name off in the registration for the hearing.  
20 I'm the New York Field and Advocacy Manager at the  
21 Latina Institute for Reproductive Justice. I reside  
22 in the northwest Bronx, and at the Latina Institute,  
23 we work with activists and leaders throughout New  
24 York City to inform, organize, and mobilize our  
25 communities on reproductive justice issues. I want

1 to thank the City Council Member Tiffany Cabán for  
2 calling this important hearing and the Committee of  
3 Women and Gender Equity and all legislators who have  
4 introduced bills to support New Yorkers and anyone  
5 seeing care in our state in the light of the fall of  
6 Roe. As an immigrant women who has had two abortions  
7 in my lifetime, I' proud to live in a city that is  
8 taking bold action for reproductive freedom and  
9 abortion access at such a critical time. Thank you  
10 for hearing my testimony today. I want to remind us  
11 that even in a progressive state like New York, many  
12 Latinos and Black indigenous people of color face the  
13 same hurdles to access healthcare that we see across  
14 the country. Although Medicaid does cover abortion  
15 in New York State, every day we see how many fellow  
16 New Yorkers are excluded and left behind. Some are  
17 struggling economically and are still not eligible  
18 for Medicaid. Some people need to keep their  
19 abortion private from, of course, their partner or  
20 parent who is ensuring the coverage they share. At  
21 the Latina Institute we often hear form undocumented  
22 immigrants who are scared to provide the personal  
23 information required on Medicaid applications for  
24 fear of exposing their immigration status. It remains  
25

1 clear that all families need access to essential  
2 healthcare including abortion, not more economic  
3 barriers or obstacles due to their immigration  
4 status, race, gender, native language, or how much  
5 money. Abortion restrictions do not change the fact  
6 that everyone deserves access to quality care without  
7 stigma and barriers. In addition to the many  
8 barriers I just mentioned folks often face when  
9 accessing much-needed abortion care, living in the  
10 Bronx I often see protesters lining the sidewalks--

11  
12 SERGEANT AT ARMS: [interposing] Time  
13 expired.

14 ELIZABETH ESTRADA: in droves protesting  
15 outside reproductive healthcare clinics. I've worked  
16 in service to reproductive justice for over a decade  
17 and have seen firsthand how much violence,  
18 harassment, intimidation providers, advocates, clinic  
19 escorts, clinic staff and patients face when entering  
20 reproductive health clinics. In my many years  
21 volunteering as a clinic escort, I can say firsthand  
22 that the presence of police at clinics does not-- is  
23 not helpful to stop the harassment by anti-abortion  
24 activists. Police only increase confusion and end up  
25 creating more fear in communities that are already

1 facing over-surveillance and harassment by police.  
2 Officers mostly spend their time scrolling on their  
3 phone during their shifts and rarely step in to  
4 support patients when harassed or even blocked from  
5 entering the clinics. The same people protesting  
6 these reproductive healthcare clinics are also the  
7 ones volunteering at Crisis Pregnancy Centers to  
8 deceive and misinform those people seeking abortion  
9 care. This deeply impacts Latinx's and black  
10 indigenous people of color disproportionately,  
11 specifically in the Bronx since anti-abortion  
12 activists target our communities due to an assumed  
13 lack of understanding on the issue. That is why we  
14 call for the legislature to pass the Reproductive  
15 Freedom and Equity Fund-- forgive me, the Resolution  
16 195 calling for the passage of the Reproductive  
17 Freedom and Equity Fund that Jessica Gonzalez-Rojas  
18 introduced this year during the legislative session.  
19 This would create a program managed by the Department  
20 of Health which would provide capacity building to  
21 providers, fund uncompensated care due to an  
22 individual's lack of coverage or inability to use  
23 healthcare, and address practical needs of patients.  
24 The practical needs that someone might have include  
25

1  
2 air, ground transportation, gas money, lodging,  
3 meals, childcare, translation, and doula support.  
4 The right to an abortion on paper without access is  
5 not one that translates into access of care. We  
6 believe that codifying this fund will help New York  
7 to truly position itself as the leader in accessing  
8 for reproductive rights and justice that it's  
9 committed to being. Let's allow the nation to see  
10 New York as leading in the path for full reproductive  
11 justice and self-determination by passing the  
12 Resolution 195 for the passage of the Reproductive  
13 Freedom and Equity Fund. In addition, I also want to  
14 support the passage of Intro 458 requiring the  
15 Department of Health and Mental Hygiene to maintain  
16 language access services for abortion providers, as  
17 well as the passage of Intro 507 requiring the  
18 Department of Health and Mental Hygiene to make  
19 mifepristone and misoprostol available free of charge  
20 at its healthcare centers and health stations, health  
21 clinics and other healthcare facilities. At the  
22 Latina Institute we will continue to empower  
23 communities and lead the charge to ensure New Yorkers  
24 have full access to the range of reproductive care  
25 they need with dignity and respect, but we need the

1 support of New York City and State legislators.

2 Thank you for your time. I look forward to answering  
3 any of your questions.  
4

5 CHAIRPERSON CABÁN: Thank you so much,  
6 and I do have a question, but before I do that, I  
7 just-- some brief comments. I want to, you know,  
8 thank you all for your testimony. Ms. Skaller, I,  
9 you know, want to make sure that you know that we are  
10 taking note of, you know, the suggestion that you  
11 gave around expanding all the info being anonymous  
12 that's collected for Intro 465. Ms. Santiago, thank  
13 you for the work that you do at Bronx Defenders and  
14 for sharing your personal story. I just want to  
15 highlight and uplift, you know, the point that you  
16 made about, you know, this also being an issue around  
17 the right to bear and raise your children in an  
18 environment free from state violence. And certainly  
19 within an environment where the government is  
20 offering, you know, adequate material supports for  
21 folks. And I wanted to thank Mr. Erick for uplifting  
22 the barriers that AAPI folks are experiencing. And  
23 Ms. Estrada, to that end, uplifting the barriers that  
24 Latinx and immigrant folks, other immigrants are  
25 experiencing but I do have a question for you that I

1 also want to follow up with because it's something  
2 that I was deeply concerned about when I heard it in  
3 the Admin's testimony about, you know, what does it  
4 mean to create a safe-- like what infrastructure,  
5 what pieces are in place to allow people to feel  
6 safe, and they mentioned partnership with the NYPD,  
7 which I found deeply concerning. And I-- you know,  
8 you stated as I did that the presence of police at  
9 clinics is often not helpful for a lot of different  
10 reasons but I'm hoping that you can elaborate with a  
11 little bit of detail why that is. Can we unmute her?

12  
13 COMMITTEE COUNSEL: If you can please use  
14 the raise hand function in Zoom we can unmute you,  
15 and then you just have to accept the mute.  
16 Apologies.

17 ELIZABETH ESTRADA: Okay, great. Thanks  
18 for your question, and while I've done clinic  
19 escorting in several states, in Florida, Georgia, and  
20 New York, I can only speak to my experience in that  
21 the ineffectiveness of police presence at clinics  
22 looks like, in my experience, just a non-action.  
23 They are there to present a perception of safety, but  
24 don't actually intervene when patients are being  
25 harassed. And so I don't have any particular



1  
2 examples to share with you, but in the past when I  
3 have done clinic escorting like I stated in my  
4 testimony, often their presence is just them  
5 scrolling on their cell phones and not getting out of  
6 their vehicles.

7 CHAIRPERSON CABÁN: And do you find at  
8 all that there are particular folks who simply don't  
9 find safety in their presence, not because of  
10 inaction, but because of who they are and how they  
11 have related to police in community?

12 ELIZABETH ESTRADA: Yeah, what I can say  
13 is that our community sees over-surveillance,  
14 especially during the summer months, you know, of  
15 NYPD officers in our own neighborhoods. And so often  
16 what will sometimes happen is we'll get questions  
17 from folks being driven to the clinic about what the  
18 police presence means, and sometimes folks feel  
19 intimidated just by their presence because there's  
20 already people-- there's anti-abortion activists  
21 approaching people's vehicles. There's the clinic  
22 escorts approaching the other side of the vehicles,  
23 so that causes confusion, and then the presence of  
24 police just makes people feel uneasy and furthers the  
25 confusion.

2 CHAIRPERSON CABÁN: Thank you.

3 COMMITTEE COUNSEL: Thank you so much.

4 That concludes the public testimony portion. We will  
5 do one check for anyone we inadvertently missed, and  
6 we'll also be reading the names of those who  
7 registered for hearing for the record, also just to  
8 check that they're not here. There might be some  
9 individuals who registered mistakenly for this  
10 hearing instead of another hearing happening at the  
11 same tem, but we will read all the names. So, if we  
12 did inadvertently miss you, if you can please use the  
13 raise hand function in Zoom. We'll check for any  
14 witnesses and while we're waiting and checking for  
15 those hands, I will read the names of those that  
16 registered. Cassandra Gonzalez [sp?], Miriam  
17 Mohammad Miller from Planned Parenthood, Kavita Nariv  
18 [sp?] from Sake [sic] for South Asian Women, Diedra  
19 Sully [sp?] from Public Health Solutions, Anthony  
20 Paris Dicky [sp?] or Paris Dicky, Doctor Sara Fitel  
21 [sp?], Salma Mohammad [sp?] from Arab American Family  
22 Support Center, Nirmala Petmatzu [sp?] from the  
23 National Asian Pacific Women's Forum, Letticia  
24 McNeill [sp?], Chris Bennett [sp?], Diana Kashad  
25 [sp?]. And again, we know that some people have

1 submitted written testimony, but we are just doing a  
2 check to make sure we didn't miss anyone. We can  
3 also accept written testimony up to 72 hours after  
4 the hearing, and it can be sent to  
5 [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov). Just doing one check for  
6 any hands. One moment please. Okay, there is one  
7 more witness, Medha Ghosh, apologies for missing you.  
8 And we-- you will be the final panelist. And you may  
9 begin your testimony when the Sergeant calls the  
10 clock.

12 SERGEANT AT ARMS: Time starts now.

13 MEDHA GHOSH: Hi, thank you. My name is  
14 Medha Ghosh and I'm the Health Policy Coordinator at  
15 CACF, the Coalition for Asian American Children and  
16 Families. Thank you very much, Chair Cabán, for  
17 holding this hearing and providing this opportunity  
18 to testify. Founded in 1986, the CACF is the  
19 nation's only pan-Asian children and families  
20 advocacy organizations and leads the fight for  
21 improved and equitable policies, systems, funding,  
22 and services for those in need. Our country is  
23 currently facing an abortion access crisis which will  
24 especially impact our most marginalized communities,  
25 including low-income people of color and immigrant

1 folks. Cis women, non-binary and trans folks from  
2 these communities deserve equal access to safe,  
3 affordable, comprehensive and compassionate  
4 reproductive healthcare which includes abortions. For  
5 abortion care to be truly compassionate, it must be  
6 linguistically accessible. This is why CACF is in  
7 full support of Speaker Adams' Intro bill 0458 that  
8 would require DOHMH to maintain language access  
9 services for abortion providers. Language barriers  
10 are a huge obstacle to care faced by many folks in  
11 immigrant communities, especially in the AAPI  
12 community. in New York City, AAPI's have the highest  
13 rate of linguistic isolation of any group, as 46  
14 percent have limited English proficiency, LEP,  
15 meaning that they speak English less than very well  
16 according to a recent report from the New York City  
17 Department of Health and Mental Hygiene. Moreover,  
18 more than two in three Asian seniors in New York City  
19 are LEP, and approximately 49 percent of all  
20 immigrants are LEP. Language barriers can prevent  
21 folks from accessing vital reproductive health  
22 services, including abortion, an important component  
23 of public health. Despite there being 76 language  
24 access policies targeting healthcare settings in New  
25

1 York, many LEP patients still report facing  
2 difficulties like being unable to find an interpreter  
3 that speaks their dialect or being unable to fill out  
4 paperwork because the translator version in their  
5 language does not exist. A lack of linguistically  
6 accessible services in all forms of healthcare  
7 settings can have grave consequences. Fifty percent  
8 of adverse events that occur to LEP patients in US  
9 hospitals were likely the result of communication  
10 errors, and nearly than half of these events involve  
11 some physical harm. A recent Guttmacher Institute  
12 study found that AAPI women make up a significant  
13 portion of people who want and need abortion care in  
14 New York City. The city also highlighted that  
15 within AAPI community, Indian American women have the  
16 highest rates of abortion in New York City.  
17 Considering that many AAPI seek abortion services and  
18 constitute for a significant portion of LEP persons  
19 in New York, it is critical that proper language  
20 access--  
21

22 SERGEANT AT ARMS: [interposing] Time  
23 expired.

24 MEDHA GHOSH: [inaudible] abortion  
25 providers. In addition to Speaker Adams' Intro Bill,

1 we are also in support of the bills being introduced  
2 by Council Member Cabán, Hanif, and Rivera. CACF  
3 strongly believes in reproductive justice for the  
4 AAPI community alongside all marginalized  
5 communities. Thank you very much.

6  
7 CHAIRPERSON CABÁN: Thank you so much for  
8 your testimony.

9 COMMITTEE COUNSEL: Thank you so much.  
10 So we'll do one final check again for anybody that we  
11 inadvertently missed. If you can use the raise hand  
12 function in Zoom. And we are not seeing any hands in  
13 Zoom. We'll just give it one moment.

14 CHAIRPERSON CABÁN: I have a short  
15 closing.

16 COMMITTEE COUNSEL: Okay, this concludes  
17 the-- we did not see any hands, so this concludes the  
18 public testimony portion of the hearing. One moment,  
19 please. Please hold. Apologies. We do not see any  
20 hands, so we will now move to a closing statement  
21 from the Chair. Thank you.

22 CHAIRPERSON CABÁN: Thank you. We  
23 received a ton of just really critical information,  
24 you know, throughout this hearing, and just broadly  
25 speaking I think that one thing that is abundantly

1 clear is that in order to meet in the moment that we  
2 are in and take care of the folks that are affected  
3 by this decision, it is going to take a vast, deep,  
4 broad infrastructure to fill the gaps, and so you  
5 know, I'm proud that our council is taking this up  
6 and trying to do just that. We've certainly heard  
7 some things that we're going to need to consider and  
8 incorporate and thin about other ways that we can  
9 fill any additional gaps that we may find as we  
10 continue to review the testimony that we received in  
11 writing and the testimony that we heard today, and  
12 you know, I want to close by just saying that it--  
13 abortion bans are tools. They are tools to advance--  
14 again, it's important to place this in a broader  
15 context in terms of what's being attacked and what's  
16 at stake, and they're tools to advance white  
17 supremacy and patriarchy and serves to concentrate  
18 power and resources among a select few by oppressing  
19 a manufactured underclass of BIPOC folks, of  
20 immigrants, of queers, trans and non-binary folks,  
21 people with disabilities, and poor and working class  
22 folks to name a few. And I think about Justice  
23 Thomas' concurring opinion and how all the rights  
24 that he threatened in that opinion that they are also  
25

1 tools to advance white supremacy and patriarchy and  
2 further solidify that manufactured underclass of  
3 people mentioned above, and how it's the through-line  
4 for all of what we're seeing this current court do.  
5 And I'd like to close with just some really  
6 insightful words and framing from Rabbi Dania  
7 Ruttenberg [sp?] who I think framed the battle over  
8 abortion rights so clearly, that it is about who gets  
9 autonomy over their body, who is granted access to  
10 healthcare they need, which citizens and denizens get  
11 rights, whose safety matters, who gets agency, who  
12 has power, who is in control, who decides what  
13 freedom is, who gets dignity, who gets wholeness, who  
14 decides, period, who is decided for? And her  
15 concluding truth is just as clear, that we do not  
16 have to accept those terms. This legislative package  
17 is a refusal to accept those terms, and this council  
18 will aggressively pursue protecting access to bodily  
19 autonomy and healthcare, and the information elicited  
20 here today is going to be critical in determining our  
21 success in doing just that. So, thank you.

22 [gavel]

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COMMITTEE ON WOMEN AND GENDER EQUITY

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COMMITTEE ON WOMEN AND GENDER EQUITY

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 August 15, 2022