

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON WOMEN'S ISSUES

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HELD AT: 250 Broadway - Committee Rm.
14th Fl

B E F O R E: LAURIE A. CUMBO
Chairperson

COUNCIL MEMBERS: Darlene Mealy
Elizabeth S. Crowley
Karen Koslowitz
Ben Kallos

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

Deborah Kaplan, Assistant Commissioner
Bureau of Maternal, Infant and Reproductive Health
NYC Department of Health and Mental Hygiene

Dr. Torian Easterling, Assistant Commissioner
Center for Health Equity
Brooklyn Health Action Center

Ryan Lynch
Appearing for Eric Adams
Brooklyn Borough President

Leigh Anne O'Connor
La Leche League Leader
Private Consultant Lactitian

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Susan Vierczhalek, Pediatrician
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Coordinator and Medical Director, New York Milk Bank

Patricia Burkhardt
New York City Midwives

Theresa Landau,
NYC Breast Feeding Leadership Council

Shar La Porte
Licensed Home Birth Midwife

Melissa Lee, Law Committee
New York City Bar Association

Carol Bues, Licensed Midwife
Board Member of New York States Association of
Licensed Midwives, NYSOLM

2 [sound check, pause]

3 CHAIRPERSON CUMBO: Good morning. I want
4 to welcome you all here today. This is a very
5 important hearing, and I'm excited to see so many
6 women here this morning, and I'm so happy to see all
7 of the men here that recognize what of importance
8 this issue is for the equality of New York City.
9 Good morning. I am Council Member Laurie Cumbo.
10 This hearing of the Committee on Women's Issues is
11 now to called to order. I'd like to thank you all
12 for coming today. I'd also like to thank the members
13 of the Committee on Women's Issues that are present.
14 I'm so pleased that we are joined by Council Member
15 Karen Koslowitz, who has been a strong fighter and
16 champion for women's issues in her time in government
17 and beyond. On this the second to last day of
18 Women's Herstory Month. We are continuing to make
19 Herstory even now. We will be hearing a bill Intro
20 1063 a Local Law to amend the Administrative Code of
21 the city of New York in relation to requiring
22 lactation rooms in certain public spaces. We're
23 going to change that word certain in years to come.
24 The bill sponsored by Council Member Robert Cornegy,
25 and I applaud him for all of his tremendous work, and

2 being so-- Yeah we can go right on ahead, right?
3 [applause] We're not supposed to clap in here, but
4 this certainly calls for clapping. I'd like to thank
5 Robert Corneby--Cornegy for all of his incredible
6 work, and I would like to thank the New York City
7 Department of Health and Mental Hygiene because they
8 will be working with us to ensure that ever job
9 center, SNAP center, Medicaid Officer of the
10 Department of Social Services Human Resources Center
11 as well as every borough office of the Administration
12 for Children's Services and every health center,
13 health clinic, or other health facility operated or
14 maintained by the department or any other agency,
15 which provides on-site services to the members of the
16 public make at least one lactation room available to
17 the public.

18 Breast feeding can be the cornerstone to
19 children's health, development and nutrition. It
20 also benefits maternal health as women who breast
21 feed have decreased risk of breast and ovarian cancer
22 as well as some cardiovascular diseases. Many women
23 don't even know all of the benefits to breast
24 feeding. Despite the various benefits to breast
25 feeding women all over the globe face many barriers

2 to breast feeding. This can also be said of women
3 right here in New York in one of the most progressive
4 cities in the world. Statistics show that while 77%
5 of New York City moms try breast feeding numbers drop
6 off dramatically by six months. Only 38% are breast
7 feeding and just 5% are doing so exclusively.

8 Further more, according to recent data from the New
9 York City Department of Health, women of color and
10 women from high poverty neighbors--neighborhoods in
11 New York City remain less likely to breast feed
12 exclusively during the first five days after giving
13 birth. I am hopeful that this particular legislation
14 will not only provide lactation stations, but will
15 also break the stigmas associated with such a natural
16 form of life. Why is this the case? There is an
17 undeniable stigma associated with breast feeding in
18 public, a measure of shaming that makes it essential
19 for there to be safe comfortable spaces where mothers
20 can exercise their choice to breast feed their child.
21 Intro 163 would provide such spaces all over New York
22 City for mothers who choose to breast feed and do not
23 feel comfortable doing so in public.

24 I want to thank my colleague Council
25 Member Robert Cornegy as well as Brooklyn Borough

2 President Eric Adams for championing the matter that
3 we will be addressing today. And I also want to say
4 they're not only champions, they are also the
5 creators of lactation stations in their own offices.
6 They have been at the forefront of this issue, and
7 I'm so very proud to work with them. I'd also like
8 to mention that neighborhooding to me Assembly Member
9 Walter Mosley has also joined this critical movement.
10 So you see some really dynamic men stepping up to the
11 plate doing some extraordinary work. I'd also like
12 to thank the staff of the Committee on Women's
13 Issues, our Counsel Amita Kilowan, and our policy
14 analyst Joan Povolny for their work in preparing for
15 today's hearing. We thank all the witnesses who will
16 testify today. I look forward to hearing from each
17 and every one of you. I'd now like to give Council
18 Member Cornegy the opportunity to deliver a statement
19 before we invite members of the Administration to
20 testify on this groundbreaking legislation here in
21 women's Herstory Month. Thank you.

22 COUNCIL MEMBER CORNEGY: Thank you, Chair
23 Cumbo. Before I go on with my prepared statement I
24 just want to say that, you know, I--in thins instance

2 necessity was truly the mother of invention. You
3 heard me say mother of invention.

4 CHAIRPERSON CUMBO: Yeah, we got it.

5 COUNCIL MEMBER CORNEGY: It's truly--it's
6 truly the mother of invention. My--my lovely wife,
7 who is an executive, found it incredibly difficult to
8 breast feed in the environments where she worked, and
9 I promised her that I would--if I had the opportunity
10 I would never let that happen anyone else. So we did
11 our build-out in my office as an actual build-out.
12 It wasn't a converted closet. It wasn't--it was an
13 actual--and it was an actual build-out, and while I
14 was doing that, I had the opportunity to travel to
15 Taiwan last summer. And while some people believe
16 the countries that we visit are behind in some
17 things, when I got there, the first I saw was a
18 lactation station in the airport. And then when we
19 traveled on the subway, at every stop on the subway,
20 there was a lactation station. So, you know, this
21 is--we are a little bit behind the curve as a city,
22 and as one of the most progressive cities it seems--
23 it stands to reason that we would--we would do this
24 and do and get it done quickly. So, thank you Chair
25 Cumbo for welcoming me here today, for hosting this

2 hearing on Intro 1063. I'm proud to have worked with
3 Brooklyn Borough President Eric Adams and his staff
4 to develop this bill, and to have introduced it with
5 your support and the support of Health Committee
6 Chair Corey Johnson. It's obvious that I believe
7 deeply in this idea. For the past two years I've
8 posted a public lactation room in my Brooklyn office,
9 and the feedback I receive from mothers who use that
10 space has expanded the knowledge I gained as a father
11 in a breast feeding household. And I would just like
12 to also say that my--my wife breast fed my very
13 enormous twin boys at the same time, and everything
14 you can imagine about what that looked like and what
15 it took to do, is--is true. And that was--that was
16 incredibly challenging. There are pictures all over
17 the district of her holding like footballs of these
18 boys and--and breast feeding, but I learned a lot
19 from that experience. Here's the key point I've
20 learned: Breast feeding is not easy. It's an
21 enormous benefit for a mother, for baby and for
22 public health, But even though it's a natural and
23 perfect first food, breast feeding is hard and--and
24 nursing mothers need both legal rights and practical
25 supports to make it possible for them to make this

2 choice. This bill attempts to expand accommodations
3 for nursing in some of the most challenging
4 environments in our city. Spaces like the HRA Job
5 Centers, public health clinics and SNAP offices where
6 mothers of infants wait--must wait for many hours
7 sometimes on multiple days to manage their cases or
8 receive help. These spaces can be crowded. They can
9 be stressful, and these conditions can make it
10 difficult or impossible for a mother and baby to
11 settle down to nursing. And if a mother has left her
12 nursing child at home where is she to pump milk?. I
13 just want to say that one of the unexpected outcomes
14 from my lactation station was we have mothers from
15 all over my district who on a daily basis express
16 milk with the hospital grade pumps that we have, and
17 store that milk to the end of the day, and come and
18 retrieve it for their children. I'd also like to say
19 that I'm able to do this. I'm glad Ben walked in
20 because I co-chair one of the newest caucuses here at
21 the City Council, which is Men Who Get It Caucus with
22 Ben--with Council Member Ben Kallos.

23 So what we're asking for is this--is that
24 the public receives the kind of accommodations that
25 have been provided for women in the workplace. And

2 this progressive city is the perfect place for this
3 expansion to happen. Lactation rooms are appearing
4 in airports and department stores, and have been
5 proposed for federal buildings. New York City should
6 now build on the work that's already done to promote
7 breast feeding across the city by taking this
8 proactive and progressive step to make room for
9 nursing. I look forward to hearing from the
10 Department of Health, and the many witnesses gathered
11 to give their thoughts on this proposal and to
12 working with all to strengthen it in the coming
13 weeks. Again, thank you so much, Chair Cumbo.

14 CHAIRPERSON CUMBO: Thank you. I want to
15 thank Council Member Michelle Cornegy for this
16 legislation--

17 COUNCIL MEMBER CORNEGY: [off mic] No,
18 no.

19 CHAIRPERSON CUMBO: --I'm just teasing
20 Robert Cornegy.

21 COUNCIL MEMBER CORNEGY: No, no. He's
22 not supposed to. (sic)

23 CHAIRPERSON CUMBO: [laughs] Sure. Isn't
24 that so great that we have so many dynamic elected
25 officials that are putting forth this type of

2 legislation. I said when I became Chair of the
3 Women's Issues Committee that by the time I'm
4 finished with this committee, every man in the City
5 Council is going to want to be chair of the Women's
6 Issue Committee. So we're already seeing those
7 movements stepping forward, and I want to acknowledge
8 Ben Kallos, Council Member Ben Kallos from Manhattan
9 who is here. He is also the only man who is a member
10 of the Women's Issues Committee, and he fought very
11 hard to be there. So I'm very happy to acknowledge
12 him and to recognize his work the he for she team.
13 Now, I would like to invite members of the
14 Administration to deliver their testimony. I
15 understand that the New York City Department of
16 Health and Mental Hygiene has worked closely with
17 hospitals as well as faith based and community based
18 organizations to reduce barriers for mothers who
19 choose to breast feed. Through this legislation we
20 want to build on the work that has already been done
21 to ensure that mothers feel fully supported in their
22 decision to breast feed. I look forward to hearing
23 from you today.

24 At this time I'd like to bring forward
25 Marsha Wright from the New York City Administration

2 for Children's Services, and I'd also like to bring
3 forward Deborah Kaplan from DOHMH. Thank you. Just
4 Deborah. Okay. [pause]

5 ASSISTANT COMMISSIONER KAPLAN: This is
6 on? This is on? Good morning. My name is Dr.
7 Deborah Kaplan.

8 CHAIRPERSON CUMBO: Dr. Kaplan, before we
9 begin testimony we're actually going to have Amita
10 Kilowan swear both testimony--testifiers in at this
11 times.

12 LEGAL COUNSEL: Will you both please
13 raise your right hand. Do you affirm to tell the
14 truth, the whole truth and nothing but the truth in
15 your testimony before this committee, and to respond
16 honestly to council member questions?

17 ASSISTANT COMMISSIONER KAPLAN: I do.

18 LEGAL COUNSEL: Thank you.

19 CHAIRPERSON CUMBO: You may begin.

20 ASSISTANT COMMISSIONER KAPLAN: Good
21 morning, Chair Cumbo, and members of the committee as
22 well as Council Member Cornegy. I'm Deborah Kaplan,
23 Assistant Commissioner of the Bureau of Maternal,
24 Infant and Reproductive Health at the New York City
25 Department of Health and Mental Hygiene. On behalf

2 of Commissioner Bassett I want to thank you for the
3 opportunity to testify on the topic of breast feeding
4 and its many public health benefits. The department
5 works to promote breast feeding as way to improve the
6 health of infants and mothers. The American Academy
7 of Pediatrics recommends exclusive breast feeding for
8 the first six months of life and continued breast
9 feeding with complimentary foods until at least one
10 year of age. Babies who are breast fed are less
11 likely to experience medical problems such as
12 respiratory illness and ear infections as you noted
13 earlier. Additionally, studies suggests that mothers
14 who breast feed are less likely to develop breast and
15 ovarian cancer, and cardiovascular disease. However,
16 many mothers who want to breast feed face barriers to
17 continued and exclusive breast feeding, which can
18 lead to disparities in breast feeding rates for low-
19 income communities and communities of color. The
20 department recently released data showing that in
21 2013 babies born to mothers--to women from a high
22 poverty neighborhoods in New York City were 1.6 times
23 less likely to be exclusively breast fed during the
24 first five days of birth compared with babies born to
25 mothers from low poverty neighborhoods. In addition

2 babies born to Black women were 1.6 times less
3 likely to be exclusively breast fed than babies born
4 to White women. We know that too many New York City
5 mothers stop breast feeding within a few months--
6 within a few weeks--I'm sorry--after child birth.
7 The department had several initiatives to encourage
8 breast feeding. For example, we offer breast feeding
9 and education--breast feeding education and pumps to
10 new mothers through our Newborn Home Visiting Program
11 and our Nurse Family Partnership. We develop and
12 distribute educational materials and information to
13 providers and consumers about breast feeding. We
14 work with community-based organizations to build
15 local capacity to support breast feeding and offer
16 trainings to local healthcare providers, hospital
17 staff and field workers including Certified Lactation
18 Counselor, Train the Trainer and Community Breast
19 Feeding Educator courses. We also offer a lactation
20 program for our own employees including lactation
21 rooms and Loaner Breast Pump Program at the
22 department offices and support services for employees
23 And we offer technical assistance to other community-
24 -city agencies interested in building their own
25 employee lactation program. As part of a multi-

2 faceted strategy to promote breast feeding the
3 department collaborates with maternity hospitals and
4 birthing centers on a variety of initiatives. As
5 part of Latch On New York City, we work with
6 hospitals to support mothers who choose to breast
7 feed, reduce formula supplementation to healthy
8 breast fed infants during the hospital stay, and
9 discontinue distribution of promotional or pre-infant
10 formula that can interfere with a mother's choice to
11 breast feed. Currently, 13 of 39 New York City
12 maternity hospitals participate in this program. The
13 New York City Breast Feeding Hospital Collaborative
14 works to increase the number of maternity facilities
15 that achieve the World Health Organization and UNICEF
16 Baby Friendly designation, which is a special
17 recognition to encouraging distinguished hospitals
18 and birthing centers to offer an optimal level of
19 care for infant care and feeding, and mother-baby
20 bonding. To date, 18 New York City maternity
21 facilities are participating in this collaborative
22 including 17 hospitals and one birthing center. Four
23 of these facilities have achieved and maintained this
24 prestigious baby friendly designation: Harlem
25 Hospital, Queens Hospital Center, Lincoln Medical and

2 Mental Health Center and NYU Langone. And all of the
3 hospitals that have baby-friendly designation
4 accommodate nursing mothers whether employees or
5 visitors. And hospitals pursuing this designation
6 are creating these accommodations--accommodations as
7 well. We've also introduced community-based
8 initiatives to address breast feeding disparities
9 including work through the City Council funded
10 informant mortality reduction initiative, home
11 visiting through the Newborn Home Visiting Program
12 and New York Family Partnership, and the Brooklyn
13 Breast Feeding Empowerment Zone under Dr. Easteling's
14 leadership. The Brooklyn Breast Feeding Empowerment
15 Zone is a place-based initiative in North and Central
16 Brooklyn run by our Center for Health Equities,
17 Brooklyn Health Action Center. This program trains
18 and empowers community members to support breast
19 feeding parents and families, and as faith based
20 leaders small businesses, policymakers and others to
21 ensure that every mother and baby has the opportunity
22 to experience the health benefits of breast feeding,
23 and to reduce the racial and ethnic disparities in
24 breast feeding. Brooklyn Breast Feeding Empowerment
25 Zone Strategies include increasing awareness of the

2 benefits of breast feeding involving male partners
3 and family members in supporting breast feeding,
4 mobilizing the community to support breast feeding
5 and providing economic opportunities by training
6 local residents to become Certified Lactation
7 Counselors in DUOF. (sic) As part of this effort we
8 will--we've worked closely with Council Member
9 Cornegy and Brooklyn Borough President Adams to
10 support their family friend Brooklyn Initiative
11 including the establishment of community lactation
12 room for their constituents. They have been
13 excellent partners. I want to underscore what you
14 said earlier, and--and in this work and we thank them
15 for their commitment to this cause. Additionally, we
16 engaged local groups faith based organizations,
17 employers and employees to adopt practices that
18 protect, promote and support breast feeding through
19 our Breast Feeding Friendly Spaces Initiative, and
20 Know Your Rights Workshops.

21 The Administration supports the intent of
22 Intro 1063 and is already working to created
23 supportive environments where women are comfortable
24 to breast feed or pump wherever and whenever needed.
25 For example, the department currently offers employee

2 lactation rooms at five sites, and six more are
3 planned for 2016 including one in each of the planned
4 neighborhood Health Action Centers. All of the five
5 current sites are open for both staff and visitors to
6 utilize. However, the Administration is concerned
7 with--about limitations through existing agency
8 space, and would like to work with Council to give
9 agencies flexibility in determining which of their
10 sites can accommodate a designated lactation room.
11 Additionally the department is concerned about how it
12 would ensure the compliance of other agencies, non-
13 DOH agencies. In order to evaluate the bill and
14 effect on city agencies, it would be helpful to
15 clarify the extent of the mandate. For example would
16 the bill require lactation rooms only in city-owned
17 buildings that have public-facing programming, or
18 would lactation rooms be required in space leased by
19 the city? And would the agencies be required to
20 retrofit existing spaces to facilitate the
21 availability of lactation rooms? We'd like to stress
22 the need for flexibility and determine which spaces
23 are appropriate for use in--as lactation rooms. To
24 address the broad and diverse health needs of New
25 Yorkers the department balances many initiatives

2 simultaneously each with their own space, staffing
3 and other resource requirements. For example, as
4 part of Mayor de Blasio commitment to ending the
5 epidemic of HIV-AIDS in New York City, we are
6 substantially expanding the services that our STD
7 clinics provide. These clinics will be operating at
8 or near capacity and creating a designated lactation
9 room could just jeopardize the availability of
10 clinical services at those sits. And other examples
11 are tuberculosis clinics where due to the nature of
12 the illness being treated in that space, we still
13 need to discourage infants on site to protect their
14 health. Instead of mandating lactation rooms, we
15 might want to consider requiring agencies to adopt
16 policies outlined in their plans to become more
17 breast feeding friendly. The department currently
18 offers technical assistance to other agencies on
19 breast feeding in the workplace, and is happy to
20 provide additional guidance on how to develop
21 policies around the provision of signage and
22 educational posters, employ training and the
23 availability of multi-purpose bases for breast
24 feeding and pumping on request. Thank you again for
25 the opportunity to testify, and I look forward to

2 continue working with the Council on this important
3 issue. I'm happy to answer any questions.

4 CHAIRPERSON CUMBO: Thank you. So we are
5 going to head right into questions. I'll begin and
6 I'll turn my time over to Council Member Robert
7 Cornegy as he has introed this particular bill.
8 Wanted to just right in because a lot of people may
9 not know. Actually we heard a lot about the benefits
10 to breast feeding for women. Can we just begin by
11 giving everyone that's here, those that are watching,
12 what are the benefits of breast feeding to a child?
13 What are those benefits that--that happen? I know
14 I've spoken with Dr. Eastwood a lot about that, and
15 if you could also identify yourself when you jump in,
16 that would be great. Thank you.

17 ASSISTANT COMMISSIONER KAPLAN: Sure. So
18 there are many benefits for mothers and children, and
19 I think the--the pieces we wanted to stress is around
20 reduced risk of infection, respiratory illnesses. I-
21 -I mentioned the hospital for respiratory illnesses
22 and ear infections. There's also the--the benefits
23 in terms of the bonding and the relationships with
24 the mother and the infant, and that relationship
25 through breast feeding

2 CHAIRPERSON CUMBO: Does it also have
3 anything to do with how their--their developmental
4 growth?

5 ASSISTANT COMMISSIONER KAPLAN: In terms
6 of like the research and evidence on proven
7 reductions in risks, most of those proven reductions
8 are related to infections and--and not so much the
9 others though there's certainly great evidence that
10 breast milk overall has major improvements on the
11 overall infant test.

12 CHAIRPERSON CUMBO: Uh-huh and wanted to
13 talk about currently right now what actions does the
14 city currently take to reduce barriers to breast
15 feeding?

16 ASSISTANT COMMISSIONER KAPLAN: So a
17 number our initiatives we--both at the hospital and
18 the community level. I'll speak to the--the citywide
19 efforts, and I will send it over to Dr. Easterling to
20 talk about some of the community-based efforts and
21 we--we know that this work is multi-faceted. We have
22 to work at the city level and the policy level as
23 well as within our hospital institutions as well as
24 work--work in our own agency with our employees as
25 well as in the community. One of our major

2 initiatives has been working with our hospitals, and
3 that has been those around the work to help hospitals
4 become baby friendly, which is a designation that
5 assures that hospitals provide support during
6 pregnancy as well as at the time of delivery and
7 connecting women to the community to help remove
8 barriers to breast feeding, and provide support on
9 site and assure that moms, first of all at the time
10 they're pregnant are already getting the support to
11 think about whether or not--how they want to feed
12 their baby, and know about the benefits. Because we
13 know that we don't want a mom coming into the
14 hospital in labor and not having even thought about
15 her decision about how to feed her baby. So the
16 hospitals are, as part of becoming baby friendly and
17 I noted, 18 hospitals out of 39 are participating in
18 our initiative, are working to implement ten steps--
19 the critical ten steps to baby friendly. And it
20 includes many factors that are beneficial to the--to
21 the mom and the new baby in addition to breast
22 feeding such as rooming in. So this--hospitals have
23 become baby friendly. They must have the mother--
24 must be able to have the baby rooming in with her
25 from the time the baby is born. And this encourages

2 the kind of bonding, but also learning the cues of
3 the baby around beginning to learning how to breast
4 feed, because as Council Member Cornegy noted it's
5 not easy to breast feed. This nothing--

6 CHAIRPERSON CUMBO: [interposing] Uh-huh.

7 ASSISTANT COMMISSIONER KAPLAN: -that
8 isn't automatic. It really requires support and it
9 requires that there's staff at the hospital that are
10 trained and able to provide literally hands-on
11 support. So we work with our hospitals to change
12 their practices and to date we have four hospitals
13 that meet these criteria. Part of what the hospitals
14 must do in addition to providing education and
15 changing practices to remove barriers to breast
16 feeding is to link moms to the community. And so
17 they must show, and they're not certified unless they
18 can show that they have ways to connect moms so that
19 when moms leave the hospital they are getting the
20 support they need at the community level from the
21 resources in the community. Another way we support
22 breast feeding is through our two home visits--
23 several home visiting programs, and in particular
24 I'll speak of two and--and if you can answer the
25 Brooklyn based one. But we have a program called our

2 Newborn Home Visiting Program, which has been around
3 for several years, and about four years ago we
4 changed our practice about we recruit in the
5 hospitals at the time baby gets birthed particularly
6 concerned about the major drop-off in breast feeding
7 particularly in communities of color from the time of
8 leaving the hospital 88% of women initiate breast
9 feeding to the first month after birth. And--so
10 these staff reach out to women in the hospital,
11 they're co-located in the hospitals, and then we try
12 to visit them within a week of birth. And all the
13 staff in the Newborn Home Visiting Program who are
14 paraprofessionals receive certification in certified
15 as certified lactation counselors. So they are
16 actually able to go and provide support to these
17 moms, and help them with some of the initial
18 challenges like--such as the baby latching onto the
19 breast, which is something that often women need
20 support for.

21 CHAIRPERSON CUMBO: Let me ask you this
22 because the work sounds phenomenal. In your
23 testimony I was unclear in terms of your support for
24 Intro 1063. It seems that, and please correct me,
25 that you're more in favor of encouraging different

2 agencies to support this particular initiative and to
3 demonstrate how they are implementing breast feeding
4 practices within their local agency, but not
5 requiring that to be mandatory. So-

6 ASSISTANT COMMISSIONER KAPLAN:

7 [interposing] Yeah.

8 CHAIRPERSON CUMBO: --perhaps I
9 misunderstood. I hope I did and could you please
10 clarify that.

11 ASSISTANT COMMISSIONER KAPLAN: So I
12 think the clarification is we support the intent of
13 the bill.

14 CHAIRPERSON CUMBO: Uh-huh.

15 ASSISTANT COMMISSIONER KAPLAN: We would
16 like the opportunity to work with Council following
17 this hearing to look at ways to achieve the goal of
18 the legislation while allowing flexibility at the
19 agency level. Our concern is about--related to the
20 mandate and the need for flexibility and issues of
21 space that can occur at--in specific facilities
22 throughout the city such as the examples I gave with
23 our STD clinics.

24

25

2 CHAIRPERSON CUMBO: So did I understand
3 correctly the concern would be not necessarily with
4 making this mandatory, but it would be to do that
5 process, which is smart to do in terms of looking at
6 things like STD clinics, tuberculosis clinics, HIV
7 clinics, areas where the--the health of the baby
8 could potentially be compromised, but short of doing
9 that process, there would be this work with the
10 Administration along with the Council and all of the
11 city agencies to make sure that this is implemented
12 once we've combed through the areas where we feel
13 like these are not child friendly spaces.

14 ASSISTANT COMMISSIONER KAPLAN: Well the
15 child friendly just in general to have an opportunity
16 to talk with you about what are some of the issues of
17 flexibility. Some of them are child friendly
18 tuberculosis was a clear example, but there may be
19 other space constraints or other issues in terms of
20 completing priorities even if it isn't child friendly
21 that we would be concerned. So what we would like is
22 before this is finalized to have those conversations
23 to share some of those concerns. Also, given the
24 mandate we really can't speak to, which is of other
25 agencies and obviously and their programmatic space

2 and concerns. So just in our bouncing of many
3 program priorities and as a high a priority as this
4 is and we've heard, we've invested tremendous
5 resources in support women's choice for breast
6 feeding removing barriers and particularly addressing
7 the inequities in breast feeding rates that we know
8 have to do with some of the structural factors that
9 interfere. We really want the opportunity to discuss
10 some of the flexibility needs, one being child safety
11 prior to this being finalized.

12 CHAIRPERSON CUMBO: And do you feel--I
13 feel that often if something is not mandatory, that
14 the appetite or the expediency to do it is not taken
15 seriously in that way. And do when you're
16 mentioning, which is phenomenal work, that several of
17 the hospitals that you're working with have
18 implemented the ability to further connect women and
19 children and giving them all of the education that
20 they need, but many have not. So I'm concerned why
21 at this particular time where we are in 2016 that
22 every hospital that this wouldn't just be a--we all
23 recognize that we have to do this, and we have to
24 implement this immediately. Why would it be that

2 only a few hospitals have engaged in this program and
3 others have not in a very expeditious manner?

4 ASSISTANT COMMISSIONER KAPLAN: Well,
5 it's--you're correct that we would love it for every
6 hospital being baby friendly in New York City, and
7 while we don't oversee hospitals, we've managed
8 through partnership and being strong working
9 relationships to get almost--over half of the
10 hospitals working with us either through Baby
11 Friendly or Latch On New York City to work to change
12 their practices. But--and that has grown over time.
13 So now almost half of the hospitals are working to
14 become baby friendly. I think---

15 CHAIRPERSON CUMBO: What prevents a
16 hospital--

17 ASSISTANT COMMISSIONER KAPLAN:
18 [interposing] Right and I--I guess I--I want to--

19 CHAIRPERSON CUMBO: -from becoming baby
20 friendly?

21 ASSISTANT COMMISSIONER KAPLAN: It is a
22 very rigorous criteria and it actually takes more
23 most hospitals about three years to make the changes.
24 So for example in some hospitals, and we've seen
25 this. This is--what we've learned is we--we work

2 with a model that's a peer learning model because
3 often you can mandate something, and on the ground
4 there's tremendous resistance and people aren't
5 actually changing their behavior. There's--there's
6 ways that are hard to measure that aren't actually
7 being supported. So this is--we bring the hospitals
8 together in learning collaboratives, and we work in
9 a--and for example rooming in. If the practice is
10 that--that there's a nursery and all the babies are
11 in the nursery, and all the staff are used to that,
12 and this the way we do things and this is now going
13 to be a challenge to change and focus on the mother-
14 baby diet. There's behavioral change, there's
15 structural change, there's looking at how to get--
16 have the baby in the room, change how the
17 pediatrician comes. There are many changes both in
18 behavior and systems that are needed, and it
19 generally takes two or three years for all those
20 changes to be made. I want to make other--something
21 else clear. We're not per se against mandates. We
22 just--we really want to have a conversation about the
23 flexibility for facilities based on space and safety
24 issues, but also other space constraints and
25 competing priorities. And I'm concerned about being

2 in a position where we are meeting other competing
3 also important priorities, and--and we are not able
4 to meet space requirements in certain situations, and
5 then are in a situation with a mandate. That is very
6 challenging to fulfill, and interferes with some of
7 the other work we're doing. So that's why--that's--
8 that's a clarification, but that main key here is the
9 con--the applicant should talk and--and have
10 flexibility.

11 CHAIRPERSON CUMBO: We're certainly open
12 to further discussions. Flexibility I think is
13 totally the right way to go because one size does not
14 fit all, and we want to make sure that we are
15 incorporating best practices, and things that are
16 actually feasible to be implemented. We don't want
17 to mandate something actually can't be achieved in
18 that way, but at the same time it's very important
19 that we recognize that what I've seen in my short
20 time is that if something is not mandatory, and it
21 just becomes a goal or something that we're striving
22 towards, it never really happens in the way that it
23 needs to happen. And so when people understand that
24 something is mandatory, and that there are
25 repercussions or there are consequences, if these

2 guidelines are not adhered to, then people kind of
3 begin to think about shifting their behavior and
4 shifting how they think about things. And I think we
5 would all love for people to just be able to do the
6 right thing because it's the right thing to do. But
7 unfortunately I haven't often seen it that way, but
8 I'm now going to turn it over to Council Member
9 Cornegy. I'm sure he has a number of questions, and
10 I also want to make sure that Council Member Kallos
11 has an opportunity to ask questions as well before I
12 return back to my line of questioning. Thank you.

13 COUNCIL MEMBER CORNEGY: Thank you, Chair
14 Cumbo. So you guys already know how much I
15 appreciate the work that you've put into this. My
16 concern about any modifications to the bill are very
17 simple. I think that one of the things that we ask,
18 especially for our minority moms, which you--which
19 has been quoted that, you know, we're
20 underrepresented in terms of breast feeding and all
21 those kinds of things is consistency in our
22 messaging.

23 ASSISTANT COMMISSIONER KAPLAN: Uh-huh.

24 CHAIRPERSON CUMBO: So as a city you've
25 done a tremendous job to get the message out about

2 breast feeding from the hospital to infancy to
3 toddler stage with all of the supportive programs
4 that you implement. However, you know, I'll take
5 this opportunity to let you in on a little secret.
6 Those of us who run for office understand a very
7 simple premise that it takes eight touches to get one
8 vote. And so that's a very consistent thing is that
9 in order to get anybody to change their behavior, it
10 takes, you know, seven or eight different--different
11 consistent, you know, messaging for them to change a
12 particular behavior. Right, so I'm--I'm sure it's
13 not the opposite in--in this industry. So we're
14 asking them--we're asking mothers who may have not
15 thought about breast feeding to--to breast feed, and
16 then they're winding up in either SNAP or HRA centers
17 across the city, and--and then that message just kind
18 of stops other than maybe a sign or two. So if we
19 really are serious as a city, which I believe we are,
20 as the progressive, the most progressive city in the
21 country, which I believe we are, then I think that we
22 have to be consistent in our messaging. Now, what I
23 understand is that there's ways to do this. One is
24 through legislation and one is through modeling. We
25 model before we ever introduce legislation

2 understanding that ultimately we would introduce
3 legislation, but we wanted to show people how this
4 could work, what it looked like, what the effects
5 could be on a community, and then ask people to
6 follow that behavior. But it can't be outside of our
7 family, our family being the city. All right, so the
8 city of New York has to take on [bell] this mandate
9 and this challenge and we better--I--I just want to
10 see the consistency all the way--all the way through.
11 So we were very specific in the legislation about
12 place s that we like to see initially, right, and
13 these are front facing organizations where mothers
14 and children are most frequently--they are most
15 frequently. So if you--if you look at it and if you
16 did an information or anecdotal survey right now, if
17 you want to, you know, a SNAP center or--or--or any
18 of those centers where mothers are looking to receive
19 services for their children. So I know that we have
20 concerns about health issues, but they're--they're
21 not the same places. I would like to have these
22 three or four places enacted on immediately and then
23 begin to roll out places where it could be, you know,
24 challenge for us. So that's--my goal is to say hey
25 we know that there are three or four places right now

2 today where while we sit here there are a ton of
3 mothers with their children, hopefully, who are
4 waiting for services. The Department of Urban
5 Justice says that the average wait at an HRA center
6 is four hours. So what does that do or how does that
7 affect the consistent messaging of nursing if a
8 mother is in there for four hours, right? And that's
9 on average. So we know that it can range, and
10 there's no consistent way that the city has--has put
11 in place. Now, I had the luxury of doing a full
12 build-out. Everybody doesn't have that luxury. I'm
13 clear on that, but there are conversions that could
14 be made to spaces that are underutilized in these
15 city buildings. If we did an assessment right now,
16 you and I walked and did an assessment, I promise you
17 that at in government or any front facing city
18 agency, we could find space to do this at a nominal
19 cost because it would be a conversion. So that--that
20 goes to your question about flexibility because yes
21 there would have to be an assessment process that we
22 do, and we understand that. I think that anybody
23 who's dealt with and around--with legislation finds
24 me to be somewhat reasonable from this standpoint.
25 I've--I've never introduced a broad sweeping piece of

2 legislation that was burden--burdensome on a
3 particular agency. I had already calculated it when
4 we did this legislation what it would take to get
5 this done, where we could in new buildings do build-
6 out and in--and in existing buildings find
7 underutilized spaces to make this happen. Now,
8 that's not thrilling to me that you convert a closet
9 for an underutilized bathroom into a lactation
10 station, but we understand the--the challenges that
11 the city has. We think it's the right way to go. So
12 I just want to say to you that this was thought out
13 to some degree, and we had years to plan for this
14 particular legislation. And I'd like to see the
15 implementation in the--the few particular places that
16 I mention in my--in my testimony, and then a rollout
17 later in more challenging spaces where there are
18 competing health issues around children.

19 ASSISTANT COMMISSIONER KAPLAN: You and I
20 just think I would say one, we totally share your
21 goal, and--I'm particularly inspired by the work you
22 have done in--in both hearing from Dr. Easterling,
23 and--and making that happen in your own office. I
24 think the main point, and I--it sounds like there's
25 agreement here is that we want--we would like the

2 conversation around how--the kind of flexibility that
3 you're describing, which allows prioritization, but
4 also allows to address challenges based on the
5 particular buildings and to--to have that chance to
6 talk to you about what our specific concerns are to--
7 and hopefully come to agreement on how the rollout
8 could happen in a way that allows for that
9 flexibility.

10 COUNCIL MEMBER CORNEGY: But--but to--to--
11 -to my Chair's point, what we've experienced in--in
12 our short tenure is that what that translates into is
13 that this bill is introduced in the next--through--
14 through the next council--

15 ASSISTANT COMMISSIONER KAPLAN:
16 [interposing] Uh-huh.

17 COUNCIL MEMBER CORNEGY: --because we
18 decided to not be as proactive as we can. So I'm--
19 again, I want to reiterate that my proposal is that
20 in these front facing organizations we go right in,
21 and then in the more challenging spaces we take some
22 time and do an evaluation and an assessment. But we
23 do know that in HRA centers where those competing
24 challenges--health challenges don't exist, where--
25 where mothers are--are solely there as a priority to

2 get benefits for themselves and their children that
3 should be present. Where there's a wait of four or
4 more hours, which has already been well documented
5 statistically, that we should have that available to
6 them. And then there's other spaces that are more
7 challenging, and that require further analysis and
8 depth, and we should roll those out in that way. But
9 I want to be clear that there are places that
10 tomorrow we could go into and make a determination or
11 providing a--an underutilized space to--to make sure
12 that our messaging and your messaging is consistent
13 to minority families who need this kind of
14 encouragement.

15 ASSISTANT COMMISSIONER KAPLAN: Well, we
16 look forward to working with you to get it done.

17 CHAIRPERSON CUMBO: Thank you. I want to
18 acknowledge that we've been joined by Council Member
19 Darlene Mealy in Brooklyn, and I want to turn over
20 questions now to Council Member Ben Kallos.

21 COUNCIL MEMBER KALLOS: Thank you to
22 Chair Cumbo for being a champion for women's issues,
23 and to my Co-Chair Robert Cornegy of the Men Who Get
24 It Caucus for this great legislation for focusing on
25 this important issue. So I--I may be a little less

2 polite than--than my colleagues as they are
3 negotiating this bill actively, and working. And I'm
4 overly concerned. My office we--we actually have a
5 lactation room in my district office. It was one of
6 the things that the Council wanted to make sure we
7 had, and we're not even talking about random city
8 offices. We're actually talking about locations like
9 SNAP, medical assistance, social services, Human
10 Resources Administration, and health centers. So it
11 seems like these are places that should already have
12 these locations. So can we make it a mandate that
13 when we're providing these services that we have a--a
14 lactation room on site period?

15 ASSISTANT COMMISSIONER KAPLAN: I think
16 what I need--my response is we--we agree with the
17 goal We look forward to working with you to--to get
18 this done if we want to have the conversation around
19 where flexibility is needed, but we absolutely agree
20 in terms of public facing places, and where
21 particularly in communities of color where women need
22 a place to pump or to breast feed that they have a
23 place that they can do that. I think the--we need--
24 we want to talk with you about the specifics before
25 it's finalized.

2 COUNCIL MEMBER KALLOS: Sure, I--I think
3 along those lines has your department done any
4 studies of which sites already have it, which sites
5 don't, and the costs involved in those changes?

6 ASSISTANT COMMISSIONER KAPLAN: So we--we
7 pro--we haven't done a study, as you described. We
8 have worked with a number of agencies to provide
9 technical assistance to help them implement spaces in
10 their location. We've worked with the CUNY Graduate
11 Center, Department of Homeless Services, DCAS and
12 other, the Brooklyn Borough President's Office as we
13 looked at these spaces, and we know that many places
14 do not-- We've also worked with faith-based
15 institutions in terms of providing space within their
16 institutions. But we don't--I--we can't say
17 specifically. We know that the cost can range. We
18 know that it can cost for the kinds of spaces we
19 created in our building, the cost was about \$25,000,
20 but I think depending what's needed if there's
21 extensive plumbing or if it's a conversion, it can
22 really range from much less than that to more than
23 that.

24 COUNCIL MEMBER KALLOS: The bill just
25 requires a--a private sanitary space with a seat,

2 electricity and access somewhere to running water,
3 which seems like very minimal requirements. I guess
4 I--I'm supportive of this legislation. I'll be
5 signing on as a co-sponsor. I would also be
6 supportive of adding requirements for reporting on
7 the evaluation of all the specific locations that are
8 eligible, all the locations that are complying with
9 the law, and those that aren't, and a plan of action
10 for each and every one that isn't with a date certain
11 for when they will be compliant.

12 ASSISTANT COMMISSIONER KAPLAN: Just to
13 that, in terms of enforcement and the proposed role
14 of the Health Department that does present unique
15 challenges, and we would want the--we would like to
16 be able to discuss with DCAS and other agencies about
17 the specifics around the requirements around
18 oversight, and how that is done.

19 COUNCIL MEMBER KALLOS: All right, the--
20 we--during my time as Chair of Governmental
21 Operations I oversee the Department of Citywide
22 Administrative Services, which in turn oversees
23 thousands of city-owned property or leased property
24 and I am on board for this. Would you be willing--
25

2 ASSISTANT COMMISSIONER KAPLAN:

3 [interposing] Okay.

4 CHAIRPERSON KALLOS: Would you be willing
5 to create such a report while we are working to pass
6 this legislation?

7 ASSISTANT COMMISSIONER KAPLAN: would
8 have to get back to you on that. I'm doing reports
9 to the whole city on what's available? Is that what
10 you're speaking of and--?

11 CHAIRPERSON KALLOS: Which locations that
12 the city offers you believe would be covered by this
13 legislation? Which ones already compliant space?
14 Which ones are working on it? Which ones aren't
15 their status, and--and the estimated cost for their
16 compliance.

17 ASSISTANT COMMISSIONER KAPLAN: So let
18 me--let me consider that and speak with colleagues
19 and get back to you on that.

20 CHAIRPERSON KALLOS: Thank you and thank
21 you again to the Chair and the author of this
22 legislation. [pause]

23 COUNCIL MEMBER CORNEGY: So the--I'm
24 sorry, the rooms that you mentioned earlier were the-
25 -were designated for employees not the public. And I

2 think that's one of the things that we want to be
3 kind of clear on because if you did an assessment
4 throughout the city, there are some employees--there
5 are some employers who for their employees have made
6 these spaces available.

7 ASSISTANT COMMISSIONER KAPLAN: Right.

8 COUNCIL MEMBER CORNEGY: I just want the
9 distinction to be clear that we're looking for public
10 spaces.

11 ASSISTANT COMMISSIONER KAPLAN:

12 Understood and thank you for that question. So we do
13 have five lactation rooms in the Department of Health
14 buildings that are open to employees as well as to
15 the public. And in addition, we--in our new what we
16 call the District Public Health Offices are now the
17 Neighborhood Health Action Centers. We have seven
18 buildings where we are building--we are planning
19 lactation rooms as part of Women's Health Suites
20 (sic), and those will be in Morrisania, Tremont,
21 Bedford, Brownsville, Bushwick and Central Harlem.
22 So, certainly that doesn't get at the expenses you're
23 describing it, but we are--we do have spaces that
24 already serve both employees and the public, and the
25 plan is that the--the new spaces that are being

2 developed over the next year or so will all have
3 lactation rooms for the public.

4 COUNCIL MEMBER CORNEGY: So--so I feel
5 like you have led with that like that's--that's im--
6 that's important to know that we are truly on the
7 same page as it relates to consistency. So, I, you
8 know, I--that is--that's the way, that's the
9 direction that we should be looking at, and obviously
10 you've made some strides in that area. We just--I
11 don't want to be guilty of not going far enough,
12 right, or just going, you know, kind of toeing the
13 line on an issue that you've championed, and--and
14 spent so many resources both monetary resources and
15 time and effort and energy on. I think it's just--
16 it's just a little--a little bit more will and this
17 then becomes a habit, right? So right now it's in
18 some--to some degree in some places it's kind of a
19 luxury. You know, it's kind of a--a--an afterthought
20 that you can do this, which is--which is not the
21 model that I subscribe to. The model that I
22 subscribe said that this would be engrained as a way
23 of being and as a true first food, right. And so
24 that's kind of what I signed up for, and I don't want
25 to do anything short of that.

2 ASSISTANT COMMISSIONER KAPLAN: I 100%
3 agree with your goal, and where you're coming for
4 this, and I think it's really us sitting down to
5 figure out how to do this, and get it done. So we're
6 very supportive.

7 COUNCIL MEMBER CORNEGY: Thank you.

8 CHAIRPERSON CUMBO: Thank you. I just
9 want to continue to echo the sentiments of my
10 colleagues I believe that what we want to do moving
11 forward is really to just make this mandatory in the
12 sense of the city of New York has recognized that
13 they are going to move in the direction of so many
14 other countries where we know that these lactation
15 centers are just part of our goal. It's part of what
16 we want to implement, and we want to create those
17 healthier relationships, and the healthy building of
18 babies all throughout New York City. So I believe we
19 want to move forward with this in a way that people
20 understand this is the new mandate for the city of
21 New York, and we're going to create a timeline of
22 implementation so that every one understands this is
23 the new mandate of the city of New York. We're all
24 getting in line to make sure that we're moving this
25 forward collectively, and we have to look at our

2 spaces differently. We have to look at how we build
3 architecturally differently. We have to look at
4 every aspect of how we build and construct and expand
5 in the city of New York to now understand that a
6 lactation room is going to be the new order of the
7 day. It's going to be as essential as a restroom in
8 any of the facilities that we utilize in the city of
9 New York. So I wanted to ask moving forward do city
10 hospitals share the Breast Feeding Mothers' Bill of
11 Rights with pregnant women and new mothers, and how?

12 ASSISTANT COMMISSIONER KAPLAN: Well, I
13 can't speak specifically to the practice of Health
14 and Hos--Health, H plus H hos--hospitals, but I trip
15 over that.

16 CHAIRPERSON CUMBO: And--but all the city
17 hospitals are participating in our either Latch On
18 New York City or Baby Friendly Initiative, and to
19 best of my knowledge or not just the city hospitals
20 and all the city hospitals display the--the--Breast--
21 Breast Feeding Bill of Rights. We certainly promote
22 putting that up and informing patients of it. But I
23 think we'd--you'd also need to ask directly to HHC
24 how they do that.

2 CHAIRPERSON CUMBO: Oh, okay. Now, in
3 city agencies throughout New York that have moved
4 forward with making lactation rooms available, how
5 have you found typically that that's made available
6 to people that are coming into the building because
7 just like using a restroom, you often have to ask or
8 someone has to give you a key and you've got to go
9 upstairs or downstairs. How are--how are individuals
10 visiting agencies or coming for various services
11 informed that there is a lactation space available?

12 ASSISTANT COMMISSIONER KAPLAN: I'm--I--
13 to the best of my--I think it varies space to space.
14 I think for in some cases you can walk in and you
15 right away can see oh, if I need a place to go, I can
16 go. In other places you would have to be more
17 proactive, and I think--I can't give you a full
18 answer because I'm not aware of all the practices,
19 but I think there is real variability. I don't know
20 if that would be something that you can add more to
21 that?

22 ASSISTANT COMMISSIONER EASTERLING: Sure.
23 Good morning--

24 CHAIRPERSON CUMBO: Good morning.
25

2 ASSISTANT COMMISSIONER EASTERLING: Chair
3 Cumbo, Council Member Corn--Corney and all the
4 members of the Women's Issues Committee. I'm Dr.
5 Torian Easterling, the Assistant Commissioner at the
6 Center for Health Equity, Brooklyn Health Action
7 Center, and Dr. Kaplan, I mentioned Brooklyn Breast
8 Feeding Empowerment Zone and the work that we're
9 doing in North and Central Brooklyn. I'll add that
10 one of our major targets in core areas has been
11 mobilization in the community in activating
12 businesses and faith-based leaders to be engaged in
13 this issue. And so how do we really create a norm
14 around this conversation? How do we make sure that
15 we're building capacity? And so one of the areas
16 that we've been focused on is really establishing
17 lactation rooms, and we've heard about initial result
18 in working with our policymakers. But we've been
19 really working with the businesses. And so we've
20 established 53 lactation rooms out of North and
21 Central Brooklyn, and I'll say that one of the--you
22 know you heard about the touches that Council Member
23 Corney had mentioned. You know, really we have to
24 go to the businesses. We work with the owners, and
25 then often times it's, you know, really working with

2 them to make sure that they're sign is up because
3 often times to make sure that they have the language
4 to really speak to the clients that are walking in
5 the room. And so, we found that there is sort of
6 training, and there's also some education that has to
7 happen on their end, and I would imagine that's the
8 same in city agency buildings and how we're training
9 and finding education for staff. Which we provided
10 that technical assistance, but also making sure that
11 there is clear signage around where, you know, people
12 walking in the building they know how to activate the
13 lactation room. So I think that that has to be
14 included within the assessment when we're looking at
15 city agency buildings for the existing lactation
16 rooms as well as those that can potentially build out
17 in new spaces.

18 CHAIRPERSON CUMBO: And the Breast
19 Feeding Empowerment Zones and the businesses that
20 you're working with, if a business opts to say this
21 is something that's important to us and this is
22 something that we want to do. How are resources, if
23 any, made available to them in order to do that?

24 ASSISTANT COMMISSIONER EASTERLING: So
25 that's coming--that comes directly out of our office

2 and our agency. So we--we make sure that our staff
3 is engaging with the businesses. We sit down with
4 the owners. We provide the resource and materials
5 that they need to hang up in their windows. We also
6 make sure that they have information to have either a
7 hospital grade pump or information to just--to make
8 sure there's a pump available in--in the space, and
9 we also provide technical assistance to build out in
10 the area. It may not be, you know, fancy. It may
11 not be state-of-the-art, but it could be, you know,
12 simply a--a curtain, and just knowing that there's
13 access to running water nearby. So just making sure
14 that they have this information available to them.
15 We're not building a toolkit so we will present this
16 to the owner. The--the toolkit will have all the
17 resources and signage as well as sort of like an FAQ
18 for new business owners to make sure that they can
19 know what's available to them.

20 CHAIRPERSON CUMBO: Thank you. Thank you
21 very much. Just wanted to conclude with one final
22 question in terms of the financial cost to this. So
23 that question was alluded to earlier by Council
24 Member Kallos in speaking about it, but in coming to
25 the--to testify today, if this bill moves forward as

2 it is stated, have you all done a cost analysis of
3 determining a ballpark of how much this would cost to
4 implement. How long would it take to actually
5 implement, provided that we have understand there's
6 going to be some discussion and some flexibility that
7 is needed to take place. Do we have an understanding
8 of what this--what it will actually take to implement
9 this moving forward?

10 ASSISTANT COMMISSIONER KAPLAN: Well, so
11 just a general statement of--I think we would want to
12 understand as we follow up with you the--the extent
13 of the number, you know, the--the phase in of this,
14 the planned phase-in. How many spaces are needed
15 initially, et cetera. And then based on the spaces
16 is there the--the main--one of the main costs can be
17 if there's no access to--to running water creating,
18 you know, the plumbing or electrical work that would
19 be needed, but based on that live site, we think the
20 range could be anywhere from \$5,000 for a conversion
21 that's--that's simple and is already easy access to
22 running water to \$25,000, and we did not do an--an
23 estimate for the whole city because we really need to
24 be clear on the phase-in and year-by-year, and which-
25 -what--what the priority spaces would be, and so on.

2 CHAIRPERSON CUMBO: The same way that
3 City and all throughout the nation we have worked to
4 make spaces handicapped accessible. Has there been a
5 movement throughout the city in terms of building,
6 expansions, new construction, that this sort of
7 lactation room becomes a mandatory part of how we
8 build the city of New York.

9 ASSISTANT COMMISSIONER KAPLAN: To this
10 point, no not to my knowledge. I mean we know that
11 there are both federal and state regulations around
12 giving women time to--to breast feed, and finding a
13 space, but there's not a specific requirement around
14 lactation room to date. So, no, this--that is not
15 occurred as a mandate.

16 CHAIRPERSON CUMBO: How do you feel about
17 that?

18 ASSISTANT COMMISSIONER KAPLAN: Well, I
19 think that the overall goal is critical that we
20 should, you know, I mean--I mean I like that idea of
21 the eight touches that I know that any--that women
22 need to hear about this. Hopefully someone there
23 sometime near a little girl--

24 CHAIRPERSON CUMBO: Uh-huh.

2 ASSISTANT COMMISSIONER KAPLAN: --or a
3 little boy that this is, you know, modeling and
4 playing with their dolls or so on, and thinking about
5 breast feeding as just something that's done to--to
6 before having a child to having a child. I think
7 there needs to be exposure in every way in our work
8 in the community, and previous work with faith-based
9 institutions to create a toolkit for them exemplifies
10 that. I think the-- You know, I really do applaud
11 the goal and the plan. I think just as I said before
12 we want to--we are not--we--we support. We're not
13 opposed to a mandate. We really just want to work on
14 the--the logistics both of the monitoring and how
15 this would be phased in, and--and where there could
16 be flexibility when it's needed.

17 CHAIRPERSON CUMBO: Thank you. I
18 appreciate your attitude on this because I'm always
19 committed to finding out how we can work together to
20 make something happen, and I feel that everything
21 else will conspire around it in order to make that
22 goal achievable. I'm very please that we're now
23 going to have a question from Council Member Darlene
24 Mealy.

2 COUNCIL MEMBER MEALY: Thank you. I just
3 want to thank you, Chair for the this hearing, and
4 the sponsor of great legislation. You can put my
5 name for this legislation. I have one question. Do
6 we have any statistics about how many of the
7 businesses and the faith based churches decline to do
8 the lactation rooms? Do you have any knowledge on
9 that?

10 ASSISTANT COMMISSIONER EASTERLING: No,
11 not at this time. I do not have those statistics
12 available, but I can get that to you.

13 COUNCIL MEMBER MEALY: Because one thing
14 in some of the cases maybe they feel there's a cost
15 to this that they can't afford, and I was wondering
16 since you have the Chair of Small Business Services
17 here, maybe they can give a small grant or something
18 they could help them with this process to make sure
19 that this is mandatory for them, all the businesses.

20 ASSISTANT COMMISSIONER EASTERLING: Uh-
21 huh.

22 COUNCIL MEMBER MEALY: Because our women
23 need it. So I just hope you could start thinking in
24 regards to that and our Chair, and thank you, Madam
25 Chair, for this meeting.

2 ASSISTANT COMMISSIONER EASTERLING: Thank
3 you. That's a great suggestion.

4 CHAIRPERSON CUMBO: Okay, well we thank
5 you so much for your testimony today. We're going to
6 continue to follow up because this hearing has
7 basically outlined how important it is going to be
8 moving forward for us to have these conversations on
9 flexibility, how we're going to be able to understand
10 exactly all of the agencies that can participate as
11 well as in the private as well, what resources will
12 come forward. And we also want to have an
13 understanding of a timeline, as well as the budget.
14 So that way we can move this forward expeditiously
15 and quickly. So we're looking forward to our
16 scheduled having a meeting of the minds so that way
17 we can move forward in this particular direction. So
18 thank you all very much. Do you have something that
19 you would like add in closing?

20 ASSISTANT COMMISSIONER KAPLAN: No, I
21 just wanted to thank you for this opportunity and for
22 your commitment to--to supporting women who want to
23 breast feed and to removing barriers, and thank you
24 so much.

2 CHAIRPERSON CUMBO: Thank you and I also
3 want to thank at this particular time, which is why
4 this is also so important to me, my Legislative
5 Director Drew Gabriel. This will actually be his
6 last hearing with us, and he was instrumental in
7 getting this on the calendar, and bringing all the
8 advocates together, and making sure that this does
9 happen for the city of New York. So thank you so
10 very much, Drew Gabriel, and thank you all for your
11 testimony. We're now going to call the next panel.

12 ASSISTANT COMMISSIONER KAPLAN: Thank
13 you.

14 [pause]

15 CHAIRPERSON CUMBO: Okay, our next panel
16 will have Ryan Lynch on behalf of Borough President
17 Eric Adams. We will have Amber Star Merkens, Mothers
18 Mill Bank Northeast and we will have Rebecca
19 Banghiat, Seleni Institute. I hope that all of that
20 is correct. You may come forward. [pause] And
21 we'll bring Leigh Anne O'Connor forward, and if the
22 sergeant-at-arms could put an additional chair, and
23 because we have so many--because we have so many
24 testimony to hear today, we're actually going to have
25 to limit your to the clock. So unfortunately each of

2 you will have approximately two minutes to testify,
3 and then we'll also have questions from Council
4 Member Cornegy, myself and Council Member Kallos. So
5 we will start with Ryan Lynch on behalf of Borough
6 President Eric Adams.

7 COUNCIL MEMBER CORNEGY: [off mic] I just
8 want--[on mic] I just want to say thank you to the
9 Administration for staying to hear testimony. Not
10 often does that happen.

11 CHAIRPERSON CUMBO: That's right.

12 COUNCIL MEMBER CORNEGY: So I--I
13 appreciate it.

14 CHAIRPERSON CUMBO: I do as well. Thank
15 you.

16 RYAN LYNCH: [off mic] Thank you. [on
17 mic] Thank you, Chair Cumbo and Council Member
18 Cornegy and Council Member Kallos for sitting here
19 and listening about this important bill that Borough
20 President Adams is thrilled that you've taken up on
21 his behalf. I wanted to thank the--again the DOHMH
22 for all their great work on improving access to--to
23 breast feeding, and supporting women during the time
24 when they're breast feeding. In addition, I wanted
25 to thank Council Members Chin, Garodnick, Gordenchik,

2 Johnson, Levin and Ulrich in their co-sponsorship of
3 the bill. We appreciate that this a bipartisan
4 effort and, you know, a multi-borough effort . I--in
5 our testimony we--we outline the--the benefits of
6 breast feeding. I think we've heard extensively that
7 the--breast feeding is not only good for mothers and
8 babies, but it's very good for public health down the
9 line. So I wanted to just start--talk just briefly
10 about the experience that we had at Borough Hall
11 implementing the lactation room. The--as part of our
12 Family Friendly Initiative that we launched in May of
13 2015, Borough President Adams gave the go-ahead to
14 retrofit an existing space in--in Borough Hall,
15 Brooklyn Borough Hall making Brooklyn Borough Hall
16 the first borough wide agency to host the lactation
17 room. We were thrilled that--to follow in Council
18 Member Cornegy's footsteps in--in his implementation
19 of a breast feeding room in his--in his office. The
20 room was retrofitted at a very limited cost. We did
21 an assessment of our warranty days. We looked to see
22 what spaces were available in--in the building in the
23 agency, identified the space, and was retrofitted
24 within--over the course of a week or two in

2 partnership with the DOHMH Breast Feeding Empowerment
3 Zone--

4 CHAIRPERSON CUMBO: [interposing] Uh-huh.

5 RYAN LYNCH: --Worksites for Wellness and
6 Delta Children. As I mentioned, it's the first of
7 its kind in a borough wide agency. Our lactation
8 lounge has comfortable chairs, a changing table, a
9 hospital grade pump, a refrigerator for milk storage
10 and information material on breast feeding. The room
11 is also directly across the hall from the an
12 accessible restroom, and has been utilized frequently
13 since it's become operational. Women utilize the
14 space range from those visiting Brooklyn Borough Hall
15 for meetings or events, women who are shopping
16 downtown, and women who work nearby and do not have
17 an adequate space [bell] at their jobs. One frequent
18 user is--is a police officer at the covering precinct
19 who utilized the space for months because it was more
20 inviting and comfortable than the space designated at
21 the station house.

22 CHAIRPERSON CUMBO: [interposing] Uhm.

23 RYAN LYNCH: The lactation lounge--

24 COUNCIL MEMBER CORNEGY: [interposing]

25 That's--that's next, just so you know.

2 RYAN LYNCH: Yep. [laughter]

3 CHAIRPERSON CUMBO: I like that.

4 RYAN LYNCH: The lactation lounge is
5 available to the public during normal business hours
6 and it's easily accessed on the ground floor of
7 Brooklyn Borough Hall. We received great feedback
8 from women who use the station, and utilization
9 continues to grow as more people learn of its--its
10 existence. The legend--legislation being introduced--
11 -introduced today or here--heard today goes beyond
12 raising awareness. The creation of lactation room
13 will provide a safe and clean space that a mother can
14 nurse child in private if she chooses, and a space to
15 express milking using the breast pump. When a mother
16 is conducting business at a designated location, she
17 can rest assured knowing that she will have a safe,
18 quiet space to nurse her child. Just as important,
19 if a mother is separated from her baby for an
20 extended amount of time, she knows she will have
21 access to a room where she can express milk. A
22 missed pumping session can lead to discomfort for a
23 woman, clogging of ducts or decreasing her milk
24 supply. But while the case that woman can breast
25 feed in public there is no such protection or

2 assurance of space for women who need to pump. This
3 legislation also calls for all sites to be listed on
4 an agency's website, and the Borough President urges
5 that the Administration go further and list all
6 public lactation rooms on New York City Open Data so
7 women will know all of the locations that are breast
8 feeding friendly as she navigates the city. We--we
9 have not--we view this as a model, a Citi Bike
10 station. You know on your phone or your app you can
11 see where--

12 CHAIRPERSON CUMBO: [interposing] Uhm.

13 RYAN LYNCH: --where these rooms are--

14 CHAIRPERSON CUMBO: [interposing] It's
15 revolutionary.

16 RYAN LYNCH: --available to--to--to
17 women. I have--the Borough President has lactation
18 lounges information on his website and has added the
19 words "Best Feeding Friendly" on flyers so women know
20 that we--we encourage and welcome the practice at
21 Brooklyn Borough Hall. But more must be done to map
22 these resources. This legislation is a big step in
23 normalizing the conversation around breast feeding,
24 and will place New York City on the forefront of
25 breast feeding advocacy on a national level. The

2 message to mothers will be loud and clear, New York
3 City supports your breast feeding efforts and wants
4 you to be comfortable as you do so. Once again, I
5 want to thank--thank Chair Cumbo, Council Member
6 Cornegy for--for our partnership, all the council
7 members on the Committee of Women's Issues and, of
8 course, DOHMH for their ongoing work to promote
9 breast feeding access for women throughout the city.
10 Thank you.

11 CHAIRPERSON CUMBO: Thank you so much for
12 your testimony. It was very informative. Thank you
13 very much. Our next panelist.

14 LEIGH ANNE O'CONNOR: Hi there. My name
15 is Leigh Anne O'Connor. Thank you for having me
16 here, and thank you, Council. I should have my
17 glasses so--[laughs] I am a La Leche League leader.
18 I am a lactitian consultant in private practice and
19 I'm a mom with three children. I have the privilege
20 of helping support and promote breast feeding in the
21 city, and in this country. In my years working with
22 moms one of the biggest challenges I hear moms say is
23 a clean, safe and comfortable place to nurse their
24 babies. Breast feeding is challenging or hard, as
25 Mr. Cornegy says, for most new families. It seems

2 that once a mother and her baby get into the groove
3 of breast feeding that the time for the majority of
4 women to be return to work, and one of the biggest
5 barriers to breast feeding is employment outside of
6 the home. New York City can be especially
7 challenging for breast feeding families moving around
8 the city, et cetera. Having lactation rooms would
9 support babies in being breast fed longer. This is
10 important because the cost of the not breast feeding
11 is immense. If 90% of American families--and I don't
12 have the stats on New York so I'm using the American
13 numbers--breast feed exclusively for six months, the
14 United States would save \$13 billion per year and
15 prevent an excess of 911 deaths, nearly all of which
16 are the deaths of infants. Breast feeding is a
17 valuable natural resource that promotes health, helps
18 prevent infant and childhood disease and saves
19 healthcare costs. Annual national health--healthcare
20 including for treatment of four medical conditions
21 include in the infant--in infants who are not breast
22 fed are estimated infant diarrhea in non-breast fed
23 infants cost \$291.3 million annually. Respiratory
24 disease costs \$225 million annually. Insulin-
25 dependent Diabetes Mellitus somewhere between \$9.6 to

2 \$12--\$124.8 million and Otitis Media ear infections
3 \$160 million annually. These four medical diagnosis
4 alone creates just over \$1 billion of extra
5 healthcare costs each year, and this does not include
6 [bell] the cost of missed work due to caring for a
7 sick baby. Many moms have often fell pumping in a
8 single stall bathroom and spilling the milk. No one
9 should have to have food prepared or eat in bathroom.
10 Not having a clean, safe place to pump can cause a
11 mom to become engorged, which can complicate breast
12 feeding by suppressing milk and creating flooded
13 ducts, Mastitis and general discomfort. The
14 inability to find the appropriate space to pump or
15 nurse their baby is a major barrier to breast
16 feeding. Lactation rooms would make it easier for
17 New Yorkers and visitors to our city to breast feed
18 or express milk to feed their babies. This Local Law
19 would bring public spaces on par with the private
20 sector, which provides wellness rooms to their
21 employees. New York is a progressive city that
22 accommodates the diverse needs of our residents
23 including those with disabilities and religious
24 differences. Let us support New York's most
25 vulnerable citizens. Thank you.

2 CHAIRPERSON CUMBO: Thank you and we'll
3 now hear from Amber Star Merkens.

4 AMBER STAR MERKENS: Amber Star Merkens.
5 My name is Amber Star Merkens, and I'm a New York
6 Outreach Coordinator for Mother's Milk Bank Northeast
7 or MMBNE, as well as a Postpartum Doula in Brooklyn.
8 MMBNE respectfully submits this testimony lactation
9 rooms in certain public spaces in New York City and
10 thanks the committee and Brooklyn Borough President
11 Eric Adams, Council Member Robert Cornegy and the
12 rest of the bill's sponsors for the opportunity to
13 testify today. MMBNE a non-profit community milk
14 bank registered under the FDA and certified by the
15 Human Milk Banking Association of North America.
16 We're at 11 northeast states plus Washington, D.C.
17 In New York we provide screened and pasteurized donor
18 human milk to 17 of the roughly 20 hospital locations
19 (sic) that provide it. Seven of them are in New York
20 City. Last year alone, we distributed 55,350 ounces
21 of milk to fragile babies across New York State. We
22 urge the Council to support this bill pro--providing
23 lactation rooms in public spaces throughout the city
24 while recognizing that legally mothers have a right
25 to breast feed in any public location where they are

2 otherwise authorized to be. Supporting this [coughs]
3 bill is important to me personally, and I'm honored
4 to share why. As a New York mother, as the mother to
5 a child born three months premature, I know
6 intimately the impact the lack of public support for
7 pumping and nursing has. I was told by doctors
8 [coughs] that my very sick baby would have a better
9 outcome if I provided her with my milk instead of
10 formula.

11 CHAIRPERSON CUMBO: Uhm.

12 AMBER STAR MERKENS: She particularly
13 needed it to heal her intestines after surgery from
14 Necrotizing Enterocolitis and to combat Sepsis. I
15 pumped every three hours daily until she came home
16 six months later.

17 CHAIRPERSON CUMBO: Wow.

18 AMBER STAR MERKENS: When I was not at
19 home or in the hospital, it became extremely
20 difficult. It often felt as I was engaged in a shady
21 activity expressing my baby's much needed in dirty
22 bathrooms [coughs] behind tinted car windows and in
23 darker corners. [bell] Literally everywhere but a
24 clean, comfortable accessible room. With such
25 adversity it might been easy to give up, but

2 thankfully I didn't, and now my daughter is a
3 thriving 2-1/2 year old. Premature babies who
4 receive breast milk are nearly 80% less likely to
5 develop the life threatening disease of Necro--
6 Necrotizing Enterocolitis or NEC and there are
7 countless other health benefits. Breast milk is not
8 simply nourishment. It is a medicine. I want other
9 women to be able to provide this nourishment and
10 medicine for their own babies without enduring what I
11 did. I want this bill to become law. It is
12 important to understand that if unable to breast feed
13 or otherwise or otherwise separated from her baby, a
14 mother must pump milk in order to secure her supply.
15 Lactation rooms are critical for enabling mothers to
16 pump outside the home. Providing public lactation
17 support is also a matter of equity as we discuss and
18 we see similar disparities in prematurity rates as we
19 do in breast feeding rates according to the March of
20 Dimes, in 2015, the prematurity rate was 12.5 among
21 African-Americans and 8% among Whites. A recent
22 study even shows that hospitals with more Medicaid
23 recipients are less likely to use donor milk than
24 others even though it is recommended by the American
25 Academy of Pediatrics when a mother's own milk is

2 unavailable. Public health campaigns and awareness
3 raising alone cannot increase equity or breast
4 feeding rates. Mothers need support, and most
5 importantly access such as providing--

6 CHAIRPERSON CUMBO: [interposing] I'm
7 going to have to get you to conclude.

8 AMBER STAR MERKENS: Okay, and in
9 conclusion we thank everyone for this important
10 legislation. The lactation room--[coughs]--rooms
11 will be an important step in building equity in
12 breast feeding rates, prematurity rates and public
13 health at large. We--we urge you to embrace it whole
14 heartedly, and to continue to promote breast feeding
15 and protect and support the mothers who provide it
16 because we can't do it alone.

17 CHAIRPERSON CUMBO: Thank you so very
18 much, and now we will have testimony from Rebecca
19 Benghiat.

20 REBECCA BENGHIAT: Good.

21 CHAIRPERSON CUMBO: All right.

22 REBECCA BENGHIAT: Good morning and thank
23 you, Chair Cumbo and thank you to other members of
24 the Committee on Women's Issues for permitting
25 testimony on--

2 CHAIRPERSON CUMBO: [interposing] Can you
3 speak a little closer into the mic?

4 REBECCA BENGHIAT: Oh, okay. Is that
5 better?

6 CHAIRPERSON CUMBO: That's perfect.

7 REBECCA BENGHIAT: Okay, good. A thank
8 you also to the Borough President's Office for their-
9 -for their support of mothers. We've been working
10 closely with them also. I'm Rebecca Banghiat. I'm
11 the Executive Director of the Seleni Institute.
12 Seleni is a New York based non-profit organization
13 dedicated to providing clinical care, online
14 information, professional training research funding
15 for women's reproductive and maternal mental health.
16 So in our Mental Health Clinic we treat up to 300
17 patients a week, but we also offer a weekly Breast
18 Feeding Clinic for mothers who are currently breast
19 feeing and a monthly preparing for breast workshop
20 for expecting mothers with our resident lactation
21 consultant. Seleni is also open to the public, and
22 is available to any breast feeding as a safe and
23 sanitary place to breast feed or express milk. So in
24 our Breast Feeding Clinic, the women who attend often
25 express concern about how to maintain adequate milk

2 production once they return to work. And also with
3 our lactation rooms women experience concern and
4 stress around access to clean place to breast feed,
5 and access to an outlet if using a breast pump. And
6 if pumping, preserving their breast milk is also a
7 legitimate worry for lactating women. So there is
8 frequent discussion in the clinic of the difficulty
9 of going back to work and simultaneously providing
10 breast milk for a newborn. And at Seleni we talk a
11 lot about the mental health impact of stigma, and we
12 know that there's still a stigma attached to breast
13 feeding, and expressing milk in public places and in
14 the workplace. And--and the stigma really is
15 apparent in the lack of private sanitary facilities
16 that would enable women breast feed and pump milk
17 outside of the home. So we hear time and time again
18 from our patients and clinic attendees that so many
19 women don't feel supported in breast feeding and
20 expressing milk. So thank you for this proposed
21 legis--legislation. We're grateful that the
22 committee on Women's Issues is addressing this
23 important topic and supporting reproductive and
24 maternal [bell] mental health.

25 CHAIRPERSON CUMBO: Thank you.

2 REBECCA BENGHIAT: Thank you.

3 CHAIRPERSON CUMBO: Oh, right on time.

4 Thank you. I just have a follow-up question. Mr.
5 Lynch, wanted to ask you stated that your ability to
6 create a lactation room within Borough Hall happened
7 within one or two weeks and with nominal cost. Can
8 you talk to us a little bit about those nominal costs
9 were, and how do you inform women that this is a
10 space where they can come to in order to do that.
11 And how is it made it available or understood at
12 Borough Hall.

13 RYAN LYNCH: Sure and I also wanted to
14 say thank you to all the advocates that have come out
15 today in support of this legislation. But the--to
16 your--to your question, we conducted a--a site
17 assessment over the course of one or two weeks on
18 consort with my Health Policy Analyst, Tyler
19 Grantshaw (sp?) and our Chief of Staff. So we're
20 hanging (sic) on the Borough President looking at
21 under-utilized spaces, spaces that were previously
22 being used for storage, and within one or two weeks
23 we were able to identify such a space. We cleaned it
24 up painted it, enter into partnership with Delta
25 Partners, and Access for Wellness (sic). They

2 donated furniture and a hospital grade pump to the
3 building, and--and that was pretty much it. It was
4 really very quick, easy, simple. You know, I think
5 the--the--the real--the reality is just the political
6 will to ensure that it happens moving forward. The
7 cost, as I mentioned, were very minimal. I do not
8 have the exact estimates--

9 CHAIRPERSON CUMBO: [interposing] Uh-huh.

10 RYAN LYNCH: --but I could certainly them
11 for you from--

12 CHAIRPERSON CUMBO: [interposing] That
13 would be--

14 RYAN LYNCH: --from--for Borough--Borough
15 Hall.

16 CHAIRPERSON CUMBO: -- very helpful. Uh-
17 huh.

18 RYAN LYNCH: But again it was done--done
19 largely in partnership with organizations and
20 institutions that want to see increased access to--to
21 children's health--

22 CHAIRPERSON CUMBO: [interposing] Do you--

23 RYAN LYNCH: -- and women's health.
24
25

2 CHAIRPERSON CUMBO: Do you have a
3 ballpark on how many women utilize the lactation room
4 at Borough Hall let's say a week?

5 RYAN LYNCH: A week, I don't. I know I
6 have monthly so dozens a month, but one of the
7 biggest challenges and thank you to Marti for
8 bringing this--is--is advertising--

9 CHAIRPERSON CUMBO: [interposing] Uh-huh.

10 RYAN LYNCH: --and letting people know
11 that this is exist--this exists and which is why
12 we're so supportive of the--the mapping tool of this
13 piece well.

14 CHAIRPERSON CUMBO: [interposing] Uh-huh.
15 I thought they were going to--excellent.

16 RYAN LYNCH: [interposing] We're very
17 excited--

18 CHAIRPERSON CUMBO: [interposing] A
19 brilliant idea.

20 RYAN LYNCH: --that Council Member Kallos
21 is here to--to--to--to talk about open data. So--but
22 one of the things that we have been doing is flyering
23 around Borough Hall in partnership with the DOH--

24 CHAIRPERSON CUMBO: [interposing] That's
25 wonderful.

2 RYAN LYNCH: --and many worksites for
3 women's well care. It's also children and just
4 trying to make people aware that the site exists.
5 We--every flyer that we put out at Borough Hall has
6 this Breast Feeding Friendly image much like we--we
7 have for ADA accessibility. So just making people
8 aware that--that these--this space exists, and is--is
9 open to the public.

10 COUNCIL MEMBER CORNEGY: So also, I
11 wanted to ask, I wonder if your space is like mine in
12 that we--we have more consistency of--of women who
13 frequent it than we do of extra large. (sic) So for
14 me there are people who work in the area who know.
15 So on a daily basis they're almost--for lack of a
16 better term, they're just--the just repeat--

17 RYAN LYNCH: [interposing] Sure, yeah.

18 CHAIRPERSON CUMBO: --customers to--to a
19 degree. So, so not--so once people--once people find
20 it and are comfortable with it, then they--then they
21 begin to use it repeatedly.

22 RYAN LYNCH: That's--that's exactly the
23 case with us. We have a lot of, as you said, repeat
24 customers, but one of the wonderful things about that
25 is--is that not only are they accessing a safe and

2 clean space to breast feed or express pump, they're
3 also accessing services at Borough Hall. They're
4 becoming aware of programs--other programs that might
5 be helpful in their daily lives, and--and I think,
6 you know, it's mostly been word of mouth of spreading
7 the news about the--the available space.

8 CHAIRPERSON CUMBO: Thank you. Yes.

9 Can I answer?

10 CHAIRPERSON CUMBO: Yes, did you want to
11 add? Uh-huh.

12 LEIGH ANNE O'CONNOR: Well, there is an
13 app in existence called Mom's Pump Here and it's a--
14 it's a lactation room locator app where moms can rate
15 and find and share locations and one of the co-
16 founders is here today, Pearl (sic) Lombard and she--
17 You know she can give you more information about
18 that, but it's really a good resource. They have
19 over 70 locations in the city--

20 CHAIRPERSON CUMBO: [interposing] Wow.

21 LEIGH ANNE O'CONNOR: --right now, and
22 that could be--these locations could be added to it.

23 CHAIRPERSON CUMBO: I just want to say
24 thank you all for your testimony. You each presented
25 something that was really very powerful, and I want

2 to thank you. We're going to have--take one more
3 question from Council Member Kallos, and then we're
4 going to have to--and I so apologize--really put the
5 clock on because we have another hearing here at 1
6 o'clock and they will be coming shortly. So I want
7 to make sure that we hear from everybody that we
8 possibly can. Council Member Kallos.

9 COUNCIL MEMBER KALLOS: This is all
10 great, and inspiring. My quick question was just
11 where on the Brooklyn Borough President Website do
12 you have the information about being breast feeding
13 friendly so that I can model off of your website and
14 put it on my website at benkallos.com and then how do
15 I get my office and other people's offices like
16 Council Member Cornegy's added to this app? I'm
17 hoping that within the next five minutes with both of
18 the people all over the city know that they can come
19 by both of our offices?

20 RYAN LYNCH: So the--I would want to know
21 how we can get added to the app as well. [laughter]

22 COUNCIL MEMBER KALLOS: 73 locations in
23 New York City.

24 LEIGH ANNE O'CONNOR: You're on it.

25 RYAN LYNCH: We are on it. Okay.

2 LEIGH ANNE O'CONNOR: Yeah.

3 RYAN LYNCH: Oh, great. Thank you.

4 Well, thank you. The Borough President thanks you as
5 well. It's I--I believe that I have to go back and
6 double check but it's underneath our resources link
7 on our website. I'm going off memory and that's how
8 you're telling me.

9 COUNCIL MEMBER KALLOS: Thank you.

10 LEIGH ANNE O'CONNOR: How do you get--
11 you--I think mostly moms are adding locations, but
12 you can add it before.

13 REBECCA BENGHIAT: [off mic] So they're
14 on this site. They do a platform and you add the
15 apps. The locations and you people Google the maps
16 itself, and you have are you are still being out at
17 any time for these records to the website, and moms
18 locations. (sic)

19 CHAIRPERSON CUMBO: Okay. Thank you.
20 Thank you so very much. Thank you to this panel.
21 This is eye-opening--

22 LEIGH ANNE O'CONNOR: [interposing] Thank
23 you.

24 CHAIRPERSON CUMBO: --and certainly
25 inspirational, and I think you provided some great

2 cues in terms of how we can move forward with this
3 legislation. Thank you so very much, and thank you
4 for your advocacy. We will now call up the next
5 panel. We have Saran--excuse me--Susan Vierczhalek.
6 We have Theresa Landau--Landau. I'm sorry. We have
7 Shen La Porte--Shen La Porte, and Patricia Barnhart,
8 and you can recite your names again because I'm sure
9 that I have made some errors here. [background
10 comments] We'll begin with Susan.

11 SUSAN VIERCZHALEK: [off mic] Okay.
12 Thank you. Okay. [on mic] Thank you very much to all
13 the City Council members. Thank you so much Chairman
14 Cumbo for--for promoting this--this issue. My--my
15 name is Susan Vierczhalek. I--by day I work as a
16 Pediatrician at Bellevue Hospital where I direct the
17 Newborn Nursery, and--and Associate Professor of
18 Pediatrics at NYU School of Medicine. So I--I do a
19 lot of teaching around these issues, and when I'm not
20 working I also volunteer as the American Academy
21 Pediatrics Breast Feeding Coordinator for New York.
22 I'm the Medical Director of the New York Milk Bank.
23 And--but I'm here today to talk--speak with you on
24 behalf of the New York Statewide Breast Feeding
25 Coalition, which is the statewide coalition of

2 various professionals and advocacy groups involved in
3 breast feeding promotion. Now, many of the points I
4 was going to mention were brought up before so--and I
5 know we need to be brief. So I'm not going to
6 reiterate all of them, but I do--I do want to just
7 make a couple of points. Very clearly we know breast
8 feeding initiation rates are at an all-time high. We
9 know there's a dramatic drop-off, and we know--I
10 think our hospitals are doing a really great job of
11 promoting breast feeding, but then we're not
12 providing the support. You know you these high
13 initiation rates I think show the message is getting
14 out there. Hospitals are working hard. Moms are
15 starting to breast feed, and then, you know, this
16 drop-off. So we know we have a lot of work to do in
17 the community, and specifically this issue of
18 lactation stations I--I think can address two of the
19 issues involved in--in helping to maintain breast
20 feeding. I mean one is maintaining lactation when
21 mothers are separated from the babies. People have
22 spoken about that. We know in our country most women
23 use electric breast pumps, although, you know, they
24 can express in other ways. [bell] So I--

25 CHAIRPERSON CUMBO: It went so fast.

2 SUSAN VIERCZHALEK: --I wanted to address
3 [laughs] the next issue, though. I think we have to
4 be careful about the messaging--

5 CHAIRPERSON CUMBO: [interposing] Uh-huh.

6 SUSAN VIERCZHALEK: --and that of breast
7 feeding in public. In our ideal world breast feeding
8 would be normal. It would be just feeding a baby.
9 Nobody would stare. Nobody would comment. We know
10 civil rights laws protect breast feeding as a--as a
11 right in public, but we know we're not in that ideal
12 world today. So, having these lactation stations
13 available particularly in busy, noisy places, you
14 know, as--as you mentioned will be very useful, but I
15 think we have to be very careful about the messaging.
16 We don't want to say that breast feeding should be
17 hidden or done in this room. We also need to support
18 moms who wish to breast feed publicly--

19 CHAIRPERSON CUMBO: [interposing] Hmm.

20 SUSAN VIERCZHALEK: Because that really
21 is the ideal situation not go in the room to be
22 breast feed. Nobody stares when a mother pulls out a
23 bottle from the diaper bag and feeds the baby a
24 bottle. So it shouldn't happen with breast feeding.
25 But I know we're not there yet. So I--I--I, you

2 know, this--so this is important, but just as Chair
3 of the State Coalition, I need to relay just two
4 incidents about breast feeding in public that we--you
5 hear about these all the time. But last year we were
6 involved in facilitating, reporting of two incidents.
7 A--a mother who was breast feeding at a very rather
8 famous downtown department store who was asked to
9 move into a private space. And a tourist who was--

10 CHAIRPERSON CUMBO: [interposing] Uh-huh.

11 SUSAN VIERCZHALEK: --breast feeding at
12 the Empire State Building, the Visitors Center, and
13 so we help facilitate reporting of these incidents.
14 But those were both instances of very well meaning
15 staff--

16 CHAIRPERSON CUMBO: [interposing] Right.

17 SUSAN VIERCZHALEK: --who directed these
18 mothers to not breast feed in these public areas.
19 When the upper management of both of those agencies
20 was aware of what happened, you know, they--they knew
21 right away. They got it--

22 CHAIRPERSON CUMBO: Right.

23 SUSAN VIERCZHALEK: --but it was issue of
24 training, messaging and monitoring. And I think we

2 have to be careful with the messaging. We don't want
3 to imply that breast feeding must be done private.

4 CHAIRPERSON CUMBO: I think you're right
5 on in terms of--

6 SUSAN VIERCZHALEK: [interposing] Okay.
7 Sure thing.

8 CHAIRPERSON CUMBO: --bringing an
9 incredible perspective to this conversation because
10 you want to have a balance of thought in terms of how
11 we approach breast feeding. It should really be
12 about the ability to have an option of choices. If
13 you prefer that you want to sit down, if you prefer
14 for various reasons, religious reasons or any other
15 that you want to go into a private space, you should
16 be able to do so. But if you want to do so at a
17 department store while you're shopping, you should be
18 able to that also. And it's the--the--the bravery of
19 women who re going to step outside of the norm are
20 actually going to create the new norm. So, we
21 certainly hear you--

22 SUSAN VIERCZHALEK: [interposing] You
23 got it, kid.

24 CHAIRPERSON CUMBO: --loud and clear.

25 SUSAN VIERCZHALEK: You got it, kid.

2 CHAIRPERSON CUMBO: Thank you.

3 SUSAN VIERCZHALEK: This is normal. It's
4 not something--

5 CHAIRPERSON CUMBO: [interposing] That's
6 right.

7 SUSAN VIERCZHALEK: --special to be
8 hidden.

9 CHAIRPERSON CUMBO: We will now go to our
10 next speaker, Ms. Patricia Burkhardt.

11 PATRICIA BURKHARDT: It's good that
12 [squealing mic] I'm following Susan. I'm not going
13 to say all of what I have to say, which is really not
14 too many--it's only a page and a half, but that
15 online is the whole concern about normalcy. I
16 represent--I'm sorry--the New York City Midwives. So
17 I'm from the provider organization, and midwives are
18 a group of providers that are clearly on the same
19 wave length with this bill as well as women's options
20 and choices, and the best nutrition for babies ever.
21 Low-income families in particular often spend long
22 hours at the multiple city facilities included in
23 this law. They also have a strong economic need to
24 assure an adequate milk supply to avoid the use of
25 costly formula, and to assure the best nutrition for

2 the infants. Additionally, New York City has worked
3 hard to create a culture where breast feeding is
4 normal, and breast feeding public is common.
5 However, many women are more comfortable in private
6 breast feeding. Providing space support from
7 restrooms for both breast feeding and milk
8 suppression is an essential next step in the
9 Council's efforts to strengthen and maintain the
10 breast feeding culture. Once this bill is passed,
11 there will be the challenge of assuring not only
12 privacy, but also safety by women choosing to use the
13 space. And space I--I--in the previous conversation
14 it started out in the language of the bill as a room.
15 I think the word "station" that you put forth from
16 your experience in other places. I--I think the
17 concept has to be thought about in multiple different
18 ways rather than a room because that has real
19 connotations that aren't necessarily what we want to
20 achieve here. Safety for women choosing to use the
21 space, although it is not something to hide, i.e.,
22 breast feeding or milk suppression, placing a nursing
23 mother in an advertised separate space, a room that
24 ensures privacy may also increase her vulnerability.
25 Keeping this space integral to where the activities

2 of the facilities occur will minimize this possible
3 negative effect. So basically, my organization, the
4 New York City Midwives [bell] Organization support
5 this bill with no problem, and we would be more than
6 willing to help in any way we can to get it
7 implemented with you. Thank you.

8 CHAIRPERSON CUMBO: Thank you so much.
9 Thank you very much. I want to bring Theresa
10 Landell.

11 THERESA LANDAU: Theresa Landau.

12 CHAIRPERSON CUMBO: Landau.

13 THERESA LANDAU: So my name is Theresa
14 Landau, and I'm here on behalf of the New York City
15 Breast Feeding Leadership Council. Among the many
16 activities that we do, we're most well known for our
17 advocacy, our famous subway caravans, our breast
18 feeding forums and a breast feeding conference, and
19 subset of us the Bronx Breast Feeding Coalition does
20 a breast feeding at Yankee Stadium Night. So we are
21 all into advocacy and normalizing breast feeding, and
22 like the others my testimony includes all the staff
23 on breast feeding. You don't need to know that here
24 because you already know it. But I share Susan's
25 concern, and--and I have some recommendations for

2 that. The best of intentions often go astray, and I
3 know even when Council Member Cornegy's wonderful
4 lactation room was opened, we were so, so excited,
5 but the media picked up, Oh, a place for moms to go
6 breast feeding. And I remember this wonderful
7 teenager was interviewed on the street, and she said
8 no I don't want to go there. I breast feed wherever
9 I am, and hooray for her. But that wasn't really the
10 intent of the room. So, we need to caution the
11 messaging and also quashes the implementation,
12 because we don't want--we--breast feeding needs to be
13 normalized, and we need to make every woman
14 comfortable. As more and more women are comfortable
15 breast feeding in public, then more and more of our
16 society is expecting and welcoming to these women.
17 So, in the interest of time, I have a list of some
18 recommendations, and I'm going to read them because
19 otherwise--

20 CHAIRPERSON CUMBO: [interposing] Thank
21 you.

22 THERESA LANDAU: --I'll talk too long.

23 CHAIRPERSON CUMBO: Uh-huh.

24 THERESA LANDAU: Okay. So to minimize
25 the risk of misinterpretation of the use of the

2 public lactation rooms, we make the following
3 recommendations: Define lactation room as private.
4 That's our business, and a sanitary place that is not
5 a restroom [bell], is designed to be used to express
6 milk, and which provides an electric outlet, a
7 comfortable chair and nearby access to running water.
8 Add this statement: Lactation room shall exist
9 primor--primarily to meet the needs of mothers to
10 express their milk. They are not to be used in any
11 way to discourage or detract from public breast
12 feeding. In the event that an individual mother-baby
13 Dyad needs more privacy, quiet or a designated space
14 for breast feeding, the lactation room may be used
15 for breast feeding. The poster created by the
16 Department of Health should include the statement
17 about a mother's right to nurse in public-- I have
18 done alternative language here as well. And there
19 should be a decal on everyone of these--on every
20 building that says, "Breast feeding is welcome here."

21 CHAIRPERSON CUMBO: Uhm.

22 THERESA LANDAU: There needs to be
23 mandatory training and education related law
24 protecting women's right to breast feed in public, in
25 the workplace, et cetera for the staff working in any

2 building housing a lactation room and this includes
3 frontline staff, housekeeping, security, and
4 everyone. Too often a very well intentioned person,
5 staff member might see a mom nursing and say we have
6 a place for that, and the place is right where that
7 mom wants to be.

8 CHAIRPERSON CUMBO: Uh-huh.

9 THERESA LANDAU: So, I'm really worried
10 about that. And again, mandatory signage stating
11 breast feeding is welcome here. And then I want to
12 take this opportunity to make several recommendations
13 that you might not have jurisdiction over, but you
14 might because some people have made comments about
15 this before. And that's--that all government
16 buildings should have public lactation rooms, and
17 signs stating that breast feeding is welcome here.
18 Every City Council office, every borough--borough
19 president's office, every government office should
20 have that And that any new public building being
21 constructed or undergoing major renovations must
22 include at least one lactation room. If it's a very
23 large building, more lactation rooms might be needed.
24 Every airport in New York City should have at least
25 one lactation room, in every terminal, and I

2 recognize that you have to work with NYNJ the Port
3 Authority. Not very easy, but--and the Governor's
4 Office, but you can be influential on this. And I
5 believe that there should be tax incentives for
6 businesses to establish public lactation rooms. I
7 think that's good. Even if they're small and they
8 don't require one for employees, if there's one on
9 every other block and there are tax incentives, then
10 they might be more likely to incur the existing
11 grants or other incentives for community-based
12 organizations or NGOs who establish public lactation
13 rooms. As public breast feeding becomes more common
14 and acceptable, society will understand the
15 difference between objectification of breasts and
16 their natural purpose and function.

17 CHAIRPERSON CUMBO: Uh-huh.

18 THERESA LANDAU: We hope so because
19 breast feeding is good for mothers and babies and
20 good--

21 CHAIRPERSON CUMBO: [interposing] Okay.

22 THERESA LANDAU: --for mothers and babies
23 and good for society. Breast feeding saves lives,
24 grows healthier babies and saves billions in
25 healthcare costs. We need to work together to create

2 innovative ideas to make breast feeding the norm in
3 this city, and to eliminate barriers for women,
4 families and society. Thank you so much for all
5 you're doing, and for the opportunity to testify.

6 CHAIRPERSON CUMBO: Thank you so very
7 much for that testimony and those recommendations.
8 That's always a very powerful way in order to move an
9 agenda forward. Want to have Shen.

10 SHAR LA PORTE: Shar.

11 CHAIRPERSON CUMBO: Shar. I'm sorry.

12 SHAR LA PORTE: La Porte.

13 CHAIRPERSON CUMBO: Shar La--?

14 SHAR LA PORTE: La Porte.

15 CHAIRPERSON CUMBO: La Porte. Thank you.

16 SHAR LA PORTE: Thank you. I am Shar La
17 Porte. I am a home birth midwife, a licensed midwife
18 in the State of New York. I have been practicing for
19 nine years now, and really what I want to speak to is
20 more on the personal aspect because I deal the breast
21 feeding issues on a one-to-one basis with all my
22 clients. But personally as a mother of two young
23 boys many years ago--that many years ago--what I
24 found for me breast feeding in places where I wanted
25 to breast feed was more of a defiance. It was more

2 of like, you know, I'm going to breast feed here and
3 I don't care what you think about me.

4 CHAIRPERSON CUMBO: But it was--it was an
5 effort to move towards that feeling, and I see that
6 in a lot of our new mothers. They're reluctance to
7 breast feed out. Should I cover? Should I know?
8 I'm--I can't go out for very long because I'm not
9 comfortable breast feeding out in the playground or
10 out, you know, on the subway platform. So I--I
11 applaud the efforts of the committee to make these
12 rooms available, but I have to also echo what this
13 lady said that breast feeding should be acceptable
14 anywhere women want to breast feed, and not feel--
15 women shouldn't like they needed to seclude
16 themselves, to hide away. I've--I've--well, been in
17 many clinics [ringing telephone] where I've seen
18 women pumping in public, and I have to applaud that
19 even though myself it--it was--it was a hard thing
20 for me to--to do that. So I--I would like to propose
21 that somehow this--this discussion up here needs to
22 get out into the public more. You know, breast
23 feeding is on the forefront of issues, but how can we
24 just continually tell people, continually more and

2 more and more that this is an acceptable behavior
3 anywhere you want to go.

4 CHAIRPERSON CUMBO: Thank you. Thank you
5 so very much. You all have provided very diverse
6 testimony and we certainly [bell] appreciate your
7 perspective, and we'll take them into account.
8 Council Member Cornegy.

9 COUNCIL MEMBER CORNEGY: So I just want
10 to be 100% clear that this piece of legislation is a
11 beginning for me not an end, right. So--so this is
12 a--this is a starting point. We--we started with
13 modeling, and understood that there was a necessity
14 to get this message out, but there is no--there is no
15 message that I want to be associated with that is
16 associated with a statement, right.

17 CHAIRPERSON CUMBO: [off mic] I know
18 that.

19 COUNCIL MEMBER CORNEGY: Right, so and
20 you mentioned--I was going to mention that article,
21 which I--I don't think I've been as angry as when I
22 read that article, which really attempted to almost
23 sabotage the intent of--of the room. So, but--what--
24 in hearing that, that I did understand that I needed
25 to be clearer on my messaging, and that breast

2 feeding is welcome everywhere, but if--whether is
3 inclement if you--if you don't feel comfortable
4 because some--what I find and especially with members
5 of my community they are where they should be in
6 terms of being able to have the liberty of doing it
7 anyway, and my wife has told me differently. The---
8 the stories are legendary in my district about--about
9 my wife and breast feeding twins at the same time.
10 It's legendary, and we are a family who attends
11 religious services, and in our religious service, my
12 wife was asked to--to--to leave the sanctuary to--to
13 breast feed. So, you know, there's a lot of work
14 that needs to be done even in the ecumenical
15 community around this. So I'm very clear that if
16 there's any message that I'm sending that's not
17 consistent with the message that says that breast
18 feeding--you--you--as--you have the absolute right to
19 breast feed wherever you--you--you are. We've been
20 on the--the receiving end of--of--of stares and
21 negative comments, and then even in our own
22 congregation being asked--or--or being made to feel
23 that it would be more appropriate if--if my wife
24 didn't breast feed in the sanctuary. Right, so--

25 THERESA LANDAU: I want to make comment.

2 COUNCIL MEMBER CORNEGY: No, please

3 THERESA LANDAU: And thank you and we are
4 through with all the work and we knew and I spoke to
5 your office at the time, and we know what the intent
6 is. But perhaps added to this, or--or--or on the
7 side of this is what we need to do is have a
8 marketing campaign--a better marketing campaign.
9 What we have is a lot of volunteer organizations like
10 mine and--and the state, and the Bronx and the
11 Queens. Well, we have our day jobs and we do this in
12 addition to our day jobs. We need an advertising
13 campaign. We need to have a professional advertising
14 campaign, get it out there that women in our city, in
15 our state and indeed in the nation, and most states
16 are allowed to breast feed anywhere they're legally
17 allowed to be, and encourage it. I think it's a
18 change--the change has come with society.

19 CHAIRPERSON CUMBO: Uh-huh.

20 THERESA LANDAU: Mothers have to feel
21 comfortable and it's hard to feel comfortable if
22 someone is staring at you. And one last thing I know
23 time--I--I--we have a--in my organization we have a
24 toddler's breast feeding group, and they go out and
25 about. They go to the Bronx Zoo. They go to the--

2 the Jackal Gardens and they breast feed wherever
3 they--it's part of the normalizing breast feeding.
4 Well, one of our members went--moved for away. So
5 she went to another program and she was nursing her
6 three-year-old, and she was asked by someone with
7 good intentions I guess. I don't know, but that you
8 can't do this here. She says oh, yes, I can. I was
9 told I can do this here, and I could do this
10 anywhere. And not to be defiant but she was modestly
11 nursing her three-year-old, and she was in a health
12 agency, and that health agency staff member told her
13 she couldn't do it there.

14 CHAIRPERSON CUMBO: Hmm.

15 THERESA LANDAU: I think she's coming
16 back to us, but it shouldn't have to be that way. It
17 should be that society recognizes that this is okay.

18 COUNCIL MEMBER CORNEGY: That's an
19 excellent point and so as legislators we find
20 ourselves in a very precarious position, and
21 legislation that I've been associated with has always
22 been driven by the voice of the constituency right.
23 So, you know, we border on being overreaching as
24 government sometimes when we over-react to certain
25 situations. So here's an opportunity for us to do

2 what we can, what's in our purview, and--and--and
3 support the great work that you do, and I hope that
4 that's what the message that we're trying to get out
5 is in--in our capacity as council members and
6 legislators--

7 CHAIRPERSON CUMBO: [interposing] Uh-huh.

8 COUNCIL MEMBER CORNEGY: --we are able to
9 support what I've know to be the voice of--of--of my
10 community and this particular constituency.

11 THERESA LANDAU: [off mic] We'll each
12 have that--that, too.

13 CHAIRPERSON CUMBO: Thank you. Thank you
14 so much for your testimony. It's been very helpful
15 in terms of moving forward. So we thank you.

16 THERESA LANDAU: [off mic] Thank you,
17 Council Member.

18 [background comments]

19 CHAIRPERSON CUMBO: Okay. I'm going to
20 call up the next panel. Melissa Lee from the New
21 York City Bar Association. Carl Perez--

22 CAROL BUES: [off mic] Carol.

23 CHAIRPERSON CUMBO: Carol Perez?

24 CAROL BUES: [off mic] Bues?

25 CHAIRPERSON CUMBO: Pewes?

2 CAROL BUES: [off mic] Bues with a B.
3 B-U-E-S.

4 CHAIRPERSON CUMBO: B-U-E-S. Debora L.
5 Aporte Martinez; McKenzie Witt, and Marti Cope--

6 MARTI KOPELMAN: [off mic] Kopelman.

7 CHAIRPERSON CUMBO: Kopelman. So these
8 will be our final panelists. I apologize. We're
9 going to actually have I believe five individuals who
10 will be on this particular panel. [pause] Okay, we
11 will begin. Can we begin with McKenzie Witt?

12 MCKENZIE WITT: Sure. Good morning. So
13 I have very short statement. I'm here representing
14 myself and nursing mothers in New York State.

15 CHAIRPERSON CUMBO: And I may, yes.

16 MCKENZIE WITT: [laughs] I was
17 education--educator and a child birth Doula and a
18 childcare provider in New York City for a while. I'm
19 also an academic who is currently developing and
20 researching breast feeding promotion and mentions
21 (sic) at NYU, and most importantly I'm a nursing
22 mother to a 1-1/2 year old son. The evidence is very
23 clear in the U.S. and other high-income countries
24 breast feeding is good. For babies it's good, for
25 mothers, it's good for families. It's good for civil

2 society, and we don't do enough of it. The promotion
3 of breast feeding is an important part of any city's
4 public health initiative. This Local Law not only
5 protects individual lactating mothers and their
6 babies, it would also goes a long way towards
7 altering our cultural norm. Structural settings make
8 cultural norms. They define them, they shape them,
9 in a lot of ways and we know that from the research.
10 It will--conversations that we start will go to the
11 importance that we as a city place on giving children
12 the best starts we can. And it's--I think it's
13 especially important for the marginalize and
14 vulnerable families who utilize services spaces like
15 staff offices, ACS buildings. This also provides a
16 tremendous benefit to the women who work at these
17 organizations that don't already have access to
18 lactation room, social workers, peer counselors, case
19 managers who work in many of these civil service
20 spaces. They work under tremendously difficult
21 conditions, caseloads that are very difficult to
22 manage, and they deserve all the support for work-
23 life balance that we can reasonably give. And again,
24 we know from empirical research that as done and
25 looked at 100 million times that providing a room for

2 pumping at work increases breast feeding behaviors,
3 satisfaction with work, and family life, and better
4 employee retention, which is part of the credit
5 outcomes that we really want for our case managers
6 and our social workers that we've gotten. So--so
7 [bell] thank you for your time. That's all I wanted
8 to say. [laughs]

9 CHAIRPERSON CUMBO: Thank you so very
10 much for your testimony. Thank you. We will now
11 hear from Debora Aporte Martinez. She is not here.
12 Okay. We will now hear from Melissa Lee from the New
13 York City Bar Association.

14 MELISSA LEE: Hi, my name is Melissa Lee,
15 and I am here testifying on behalf of the Saxon (sic)
16 Law Committee at the New York City Bar Association.
17 Thank you so much for this opportunity. We commend
18 the Committee on Women's Issues for taking this vital
19 step to remedy the lack of appropriate accommodations
20 for women needing to express breast milk in certain
21 public spaces. However, our committee urges you to
22 consider addressing two additional issues in the
23 proposed amendment. First, we ask that you consider
24 expanding the public spaces enumerated in the
25 amendment to include public schools so that breast

2 feeding students may finally be guaranteed access to
3 adequate sanitary accommodations with needing to
4 express milk. Second, while we recognize the
5 critical importance of providing lactation facilities
6 in public spaces, we also ask as have many panelists
7 today, that they committee consider including
8 language in the amendment to protect nursing mothers
9 from being required to use such facilities when
10 breast feeding. While schools, graduate and post-
11 graduate institutions are currently required to
12 provide their employees such accommodations for
13 expressing breast milk, pursuant to New York Labor
14 Section 206(c), they are not currently required under
15 any state or city law to provide their students
16 access to the same types of accommodations. Further,
17 in 2009, the New York Legislature passed the Brest
18 Feeding Mothers' Bill of Rights, which includes the
19 right to pump breast milk for three years after
20 giving birth. However, by not providing a breast
21 feeding student with the time, space or sanitary
22 conditions in which to safety and adequately pump
23 milk during the day, schools without such
24 accommodations are effectively rendering those rights
25 meaningless. Breast feeding students both part time

2 and full time are often subject to the same rigorous
3 schedules as those employees, New York Labor Law
4 Section 206(c) seeks to protect. [bell] While
5 schools are required to provide private sanitary
6 space for employees to express milk, students are
7 often left with no assigned space or are forced to
8 use unsanitary bathroom stalls or private bathrooms.
9 In the latter instance, students may have to wait
10 their turn, forcing them to miss or be egregiously
11 late to class on a regular basis. Crucially,
12 removing school related barriers to breast feeding
13 may decrease the likelihood that student mothers who
14 choose to nurse will delay or discontinue their
15 pursuit of education. Unfortunately, though, many
16 New York schools needlessly create challenges for
17 their breast feeding students by not providing
18 baseline accommodations for expressing milk. By
19 including public schools in the list of public spaces
20 proposed by Intro No. 1063, the city may finally
21 ensure that breast feeding students have access to
22 private sanitary space where they can adequately
23 express breast milk. And because schools are already
24 required by law to provide reasonable accommodations
25 to their employees, it should not be burdensome for

2 these same institutions to extend those
3 accommodations to their students. We further request
4 that the Committee consider including language in the
5 proposed amendment to affirmatively protect nursing
6 mothers from being unnecessarily required to utilize
7 the lactation facilities in any public space. While
8 Intro No. 1063 will undoubtedly serve as a meaningful
9 change for all of them needing private sanitary
10 facilities for expressing milk--

11 CHAIRPERSON CUMBO: [interposing] I'm
12 going to have to ask you to begin to conclude.

13 MELISSA LEE: I will. It is crucial that
14 steps are taken to guard against employee
15 misunderstanding or misuse of the proposed law. As
16 such, city agencies should create materials making
17 clear that passage of the amendment does not preclude
18 women from choosing to breast feed in an open public
19 space in accordance with their rights. Thank you.

20 CHAIRPERSON CUMBO: Thank you so very
21 much. We'll now have our next panelist, Marti
22 Kopelman.

23 Thank you. I'm going to skip a lot of
24 the formalities and courtesies like thanking you for
25 having hearing.

2 CHAIRPERSON CUMBO: We got you.

3 MARTI KOPELMAN: Okay, and I'm going to
4 step outside of my statement because I don't want to
5 repeat as other people said where the benefits of
6 breast feeding and all of that. I want to say a
7 couple of things. I'd like you--to ask you to
8 consider extending the benefits of this bill to all
9 city agencies. Not just--which is obvious, and I
10 know you would like to do that not just the ones that
11 are mentioned, and to the HHC. Very often hospitals
12 have NICUs and they have machine grade, hospital
13 grade pumps for patients and the mothers of the
14 patients, but they don't--their employees don't have
15 the lactation facilities, and they often have to
16 borrow the--since the HHC is a quasi-city agency that
17 it--it should come within the purview of this bill.
18 Also, CUNY. Deborah Kaplan mentioned CUNY Graduate
19 Center. I actually was behind the--in--the movement
20 to create a lactation room at the CUNY Graduate
21 Center, and it was--it was a SOG (sic) but we got it,
22 and the--I was thanked by so many women on the day
23 that we inaugurated it. But there are 23 campuses at
24 the City University of New York. It's a city agency
25 under the City's purview, and yet--and most of the

2 people--population of those campuses, which is
3 thousands, tens of thousands, are young women of
4 child bearing age whether they're students or--or
5 professors--professors or adjuncts or staff, security
6 staff. Big numbers of, you know, women and they--
7 they don't even know that--they like to do these
8 things, and this--and I have worked at Brooklyn
9 College trying to get this done, and other places. I
10 can't tell you how enormous [bell] the pushback is .
11 So either our students are not in place, therefore,
12 they're not included under the State Led--Labor Law.
13 A lot of them have jobs on campus with the
14 University. So they're covered, and once there's a
15 lactation room, and they stop the pushback and
16 created it, they let anybody use. But let me tell
17 you they put them in the far corners. A lot of
18 classes are held at night, and they're locked at 5
19 o'clock--

20 CHAIRPERSON CUMBO: Hmm.

21 MARTI KOPELMAN: --so they're not really
22 that accessible. So, one other thing I'd really like
23 to say is that to picture, if you will, a woman
24 returning from whatever little maternity leave she
25 has fitting a--pretty soon if we had paid Sammy

2 Reeds, (sic) a lot of this may go away. This needs
3 for lactation rooms. Not entirely, but a--a lot of
4 it as in other civilized countries. Anyway, she's
5 had--had--returning from her little bit of maternity
6 leave she's adjusted her body, her life, her other
7 children, her marriage, her sleep schedule, and other
8 realities of her life to the needs and feedings and
9 sleep schedule of a new infant addition to the
10 family. The woman must then alone approach her
11 supervisor and request adjustment of her work
12 schedule and pumping breaks, and often--she often has
13 a schlepping electric pump with the bottles and
14 everything, with a back and forth to work everyday.
15 And I've met women--women who had to do this. It is
16 not easy.

17 CHAIRPERSON CUMBO: [interposing] I'm
18 just going to ask you to begin to conclude.

19 MARTI KOPELMAN: I'm--I'm concluding.

20 CHAIRPERSON CUMBO: Uh-huh.

21 MARTI KOPELMAN: They are hearty, they
22 are strong, they are very courageous and we should be
23 celebrating them, and--and supporting them. I hope
24 you can also see the interplay between Paid Family
25 Leave. Again, I know it's not everything, but it's a

2 lot, and the availability of free public lactation
3 rooms. And finally, I know it's not the same
4 jurisdiction, but when we were creating the one at
5 125 Worth when it was still the--the headquarters of
6 the Department of Health, women who worked at the--
7 who worked at courthouses across the street called
8 and asked to borrow them and, of course, we said of
9 course you may. That's the state purview and--and
10 they need or--or they need to be included in bills
11 like this. Even though they're in the Labor Code,
12 those women are just as weak as their poorest mother
13 in the smallest community where she doesn't have
14 support in terms of how she can negotiate for herself
15 this very difficult thing, and--and often in the face
16 co-worker resentment, and there are lots of other
17 things that she has to do. So we coach on that.
18 What I would like to say as someone who's worked very
19 hard on lactation rooms for this city, and I'm proud
20 of the work we've done. We have a lot to do, and we
21 thank you so much for your support on this.

22 CHAIRPERSON CUMBO: [off mic] Thank you.
23 [on mic] Thank you so very much. We appreciate
24 your testimony, and we recognize that it's certainly
25 heartfelt. We'll now have our final panelist.

2 CAROL BUES: [off mic] Carol Bues.

3 COMMISSIONER CHONG: Yes, Carol.

4 CAROL BUES: [off mic] Yes, hi. My name
5 is Carol Bues. I'm a licensed midwife here in New
6 York City.

7 FEMALE SPEAKER: Your microphone.

8 CAROL BUES: [off mic] Oh, sorry. I
9 thought that this was on. Oh. [on mic] Hi, my name
10 is Carol Bues. I'm a licensed midwife here in New
11 York City. I've been a licensed midwife for over 16
12 years. I'm also on the Board of NYSOLM, which is New
13 York States Association of Licensed Midwives. I'm
14 the Treasurer. I've worked at many of the fine
15 institutions that we have here in New York. I was a
16 staff midwife at Brookdale Hospital, at Mount Sinai
17 Hospital, at Bellevue Hospital and Elizabeth Hospital
18 to name a few. I'm currently a home birth midwife in
19 private practice, but really what got me to come here
20 since I've had over 16 years of supporting women in
21 breast feeding, is to just say the story, which makes
22 my heart bump and brings tears to my eyes, and I just
23 felt like I wanted to say first hand my own really
24 horrifying experience breast feeding in public. My
25 16-year-old daughter who was allowed to skip school

2 to come. Don't get me in trouble. Because I feel
3 that it's this important. Sixteen years ago when she
4 was four months old we went to Yankee game because
5 we're big Yankee supporters. It was April and there
6 as light rain. I was sitting in the bleachers with
7 my husband and my daughter and she needed to breast
8 feed. And breast feeding her publicly in the
9 bleachers of Yankee Stadium did not seem like a good
10 option. It was raining, like I said. It was a cold
11 night. So, of course, I went inside and couldn't
12 find a comfortable--any place that was offered to me
13 as an option. So the only place that was open was
14 the toilet and, of course, a lot of public toilets
15 don't even have seats, you know, to put down. So I
16 sat on the toilet and held my baby and I breast fed,
17 and tears ran my eyes. And I was horrified. It was
18 dirty, and it was degrading, and I swore that in
19 there I was never going to let that happen again. And
20 I became empowered by it. You know, myself
21 personally. A lot of the women that I've worked with
22 they become discouraged by it. They stop breast
23 feeding with they have experiences like that. I know
24 a lot of people have talked to this and I won't
25 repeat it, but again I went onto breast feed [bell]

2 every place publicly that I needed to and had a
3 second child and did the same. But I see how it--you
4 know discourages many people. So, although as people
5 said, I don't want it to shunned and thought as, you
6 know, something that should be separated. I think
7 it's a good option for people, and thank you for all
8 the work that you've done.

9 COMMISSIONER CHONG: Thank you. I want
10 to thank everyone who has testified today--today,
11 everyone that has been here and has shared their
12 experiences both personally as well as
13 professionally. Your recommendations are certainly
14 going to not only strengthen this legislation, but
15 it's also opened up opportunities for additional
16 legislation so that we can continue to address this
17 issue on all fronts. So I'm so pleased that you all
18 were here today. I think one of my takeaways is
19 really just thinking about the--the over--over
20 sexualization of breasts has brought us so far from
21 the actual biological function of breast that people
22 have utilized that as a way to become ashamed or
23 embarrassed or--or frightened when wanting to breast
24 feed in public because of the over sexualization of
25 breasts. So we've got to get our priorities back in

2 order. We've got to get our--our mental states back
3 in order in terms of the beauty of a mother and a
4 child being able to bond in such an intimate way as
5 being something that's seen as sacred versus
6 something that's uncomfortable, out of the norm or
7 inappropriate. So I thank you all for all of your
8 participation today, your shared experiences. Thank
9 you so much to Council Member Robert Cornegy for
10 bringing us together around this really critical
11 issue. I know that you will be a happy husband when
12 you go home tonight. [laughter] So I'm going to call
13 her Council Member Michelle Cornegy. They are such a
14 great partnership. Thank you so much to Drew Gabriel
15 who is here today, and I want to thank Amita Kilowan,
16 who is also here, and Robert Cornegy, Council Member
17 if you'd like to close us out with a final statement.

18 COUNCIL MEMBER CORNEGY. I just want to
19 say, you know, obviously thank you to all the
20 advocates and even though this has been a mission of
21 mine since before I got into office, I still have
22 found an opportunity to learn even more today. So,
23 we've--we've just got a lot of work to do, and thank
24 you for your partnership.

1 COMMITTEE ON WOMEN'S ISSUES

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2 COMMISSIONER CHONG: Thank you. [pause]

3 This meeting is adjourned. Thank you.

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C E R T I F I C A T E

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



Date April 22, 2016