



Mayor's Office to
End Domestic and
Gender-Based Violence

REMARKS OF

DEPUTY COMMISSIONER JENNIFER DECARLI
MAYOR'S OFFICE TO END DOMESTIC AND GENDER-BASED VIOLENCE

BEFORE THE NEW YORK CITY COUNCIL
COMMITTEE ON HEALTH

on

Intro 29-2024

June 26, 2025

Good morning, Majority Leader Farias, Chair Schulman and Members of the Committee on Health. I am Jennifer DeCarli, Deputy Commissioner for Family Justice Centers and Survivor Supports of the Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV). I am joined by Ermira Uldedaj, ENDGBV's Deputy Director of Training Programs and Initiatives. ENDGBV operates the City's five Family Justice Centers and manages a robust portfolio of prevention and intervention programs through contracts with community-based providers. Our office builds capacity for agency staff and community members to identify and respond to domestic and gender-based violence (DV/GBV) through outreach and training. We also develop policies and best practices to strengthen the City's approach to these issues. We collaborate with City agencies, over 100 nonprofit providers, community stakeholders, and people with lived experience to reduce barriers and ensure access to inclusive, culturally responsive services for all survivors.

Thank you for the opportunity to speak with you about Intro. 29-2024.

Traumatic brain injury (TBI) is a serious yet often invisible consequence of domestic and gender-based violence. Survivors may experience symptoms such as confusion, memory loss, dizziness, or headaches—often without realizing these

Continuing Medical Education e-learning article for all EMS staff on identifying the risks and signs of strangulation, including the potential for TBI as a serious outcome. Additionally, in December 2024, NYC Health + Hospitals published system-wide best practice guidelines for emergency departments, standardizing care for survivors of NFS and ensuring timely medical and social service referrals.

Looking ahead to 2025, we plan to expand training citywide, support NYC Health and Hospital's with their launch of new care coordination models like Kings CARES at Kings County Hospital, to provide coordinated, patient-centered medical, psychological, and forensic support to survivors of domestic and gender-based violence including survivors of NFS and roll out tools to help survivors navigate follow-up care and make informed decisions after a strangulation incident. We are also in the process of implementing strangulation response best practices in collaboration with H+H and FDNY/EMS. We will continue partnering with the City's District Attorney's Offices to strengthen prosecution in cases involving NFS. This includes identifying expert witnesses to testify in criminal proceedings and providing ongoing training for law enforcement and legal personnel. For example, we are currently working with NYPD's DV Unit to develop a strangulation video to ensure DVPO's are aware of the serious health impacts



Steve Gruber – Director of Communications

Mayor's Alliance for NYC's Animals

**Testimony for Hearing before the New York City Council's
Committee on Health**

Thursday, June 26, 2025

Int. No. 1172-2025

In relation to a pilot program to establish a pet food pantry.

The Mayor's Alliance for NYC's Animals supports Int. No. 1172-2025 sponsored by Councilmember Robert F. Holden that would implement a pilot program to establish a pet food pantry in at least one location for at least 12 months, and would also require the Commissioner to deliver a report on the impact of the pilot program and feasibility of continuing or expanding the program.

Every day, pet owners across New York City face significant challenges in caring for their beloved companion animals. For many pet owners, simply meeting their pets' basic needs, such as providing food and medical care, is beyond their financial reach. As a result, many pet owners face the heartbreaking decision to surrender their pets to Animal Care Centers of NYC (NYCACC) or other shelters or rescue groups because they cannot afford to adequately care for them. This situation negatively impacts not only the individuals and families who must give up their beloved pets, but also the pets themselves who are torn from their homes. Further, it places additional strain on New York City's already overburdened shelter system.

While NYCACC and the ASPCA currently provide pet food to some pet owners in need, additional free pet food resources are urgently needed to meet the tremendous demand during these challenging economic times.

The Mayor's Alliance for NYC's Animals heartily supports the new bill that would create a pilot program to establish a pet food pantry to help alleviate some of the burden on economically challenged pet owners. We encourage the City to establish the program in such a way as to set it up for success by providing good quality food at no cost to pet owners in a location (or locations) easily accessible to members of the community and further, to communicate the resource's location and hours of operation in such a way as to maximize its reach and effectiveness.

Our community owes it to the animals and to the people who care for them.

Thank you.



City Council Health Committee Hearing on Introduction 1172

Testimony of Alexandra Silver, Director of the Mayor's Office of Animal Welfare
June 26, 2025

Greetings, Chair Schulman, Council Member Holden, and members of the Health Committee. My name is Alexandra Silver, and as Director of the Mayor's Office of Animal Welfare (MOAW), I appreciate the opportunity to submit testimony on Introduction 1172, which calls for a pet food pantry pilot program. I thank you for your attention to animal well-being, and for taking action to help people and pets stay together.

The Adams Administration is committed to making New York City more affordable, and a better place to raise a family. Many New Yorkers live with companion animals and know first-hand the profound impact of the human-animal bond. Many New Yorkers also struggle to financially provide for their pets, and financial hardship can unfortunately lead to pet surrender.

As I have previously testified before this committee, "Leaders in the animal-sheltering field across the country are emphasizing the importance of keeping pets and people together, thereby reducing shelter intake. Doing so means helping animal guardians access resources, and doing our best to adjust policies so that they reflect our understanding that pets are family."

Increasing access to pet food for New Yorkers can help families stay together and reduce pet surrenders at our city's animal shelters and rescues, which continue to face challengingly high populations. Indeed, several nonprofit organizations, including Animal Care Centers of NYC (ACC), which is contracted by the New York City Department of Health and Mental Hygiene to operate our city's open-admissions animal shelters, do offer food and other resources to New Yorkers to help them keep their pets. These organizations recognize that connecting animal guardians with resources is essential, and MOAW is grateful for the work they do.

ACC relies on donations and grants to support these efforts, and reports that in 2024, they distributed 43,000 pounds of pet food. Reflecting the great need, too, the Food Bank for NYC—which held a Pet Hunger Awareness Day at their Community Kitchen last fall—has partnered with the ASPCA and PetSmart Charities, and distributed 488,249 pounds of pet food in FY24.

I'll also note that I understand a common obstacle for nonprofit organizations is lack of storage space; acceptance of in-kind donations, including food, can depend on whether there is a place to store them.

Thank you again for your attention and support in addressing animal welfare, and for recognizing that animal well-being and human well-being are linked. We look forward to continuing to work together to help families stay together, address the root causes of animal homelessness, and foster a more humane city for all.



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**
Michelle Morse, MD, MPH
Acting Commissioner

Testimony

of

**Corinne Schiff
Deputy Commissioner of Environmental Health
New York City Department of Health and Mental Hygiene**

before the

**New York City Council
Committee on Health**

on

Int. 1172-2025, Int. 895-2024, Int. 1041-2024, Int. 1042-2024, Int. 1043-2024, and Int. 804-2024

June 26, 2025
New York, NY

Good morning, Chair Schulman and members of the Health Committee. I am Corinne Schiff, Deputy Commissioner for Environmental Health at the NYC Health Department. On behalf of Acting Commissioner Dr. Michelle Morse, thank you for the opportunity to testify today.

For 220 years, the Health Department has worked to protect and promote the health of all New Yorkers. We are celebrating this birthday and our long history of excellence and innovation at a perilous time. The public's health is protected by an interconnected system of federal, state, and local partnerships. Yet, as Commissioner Morse has testified before the Council and alerted New Yorkers, 20 percent of the Health Department's budget comes from the federal government, and those funds are at risk. Around the country, state and local health departments are facing dramatic cuts, and the federal public health agencies are being slashed. The Health Department is facing this challenge focused on our mission to serve New Yorkers and committed to advancing equity.

Turning to the legislation under consideration today:

Introduction 1172 would require the Health Department to establish a pilot pet food pantry program. The Health Department oversees a range of animal-related activities, including managing and caring for the City's population of owner-surrendered, abandoned, homeless, and lost animals. The Department carries out these responsibilities by contracting with Animal Care Centers of New York City (ACC). The Department appreciates the Council's interest in supporting pet owners who face financial stress. ACC offers a pet food pantry using grant funding when available, and we would be happy to work with ACC so they can share information with you about that program.

The Health Department also monitors the health and safety of the City's child care centers; staffs schools with nurses, working with NYC Public Schools; and addresses substance use disorders.

Introduction 895 would require child care centers and schools to stock epinephrine auto-injectors. The Department appreciates the Council's interest in ensuring this life-saving medication is available for children with allergies. The NYC Health Code already requires child care programs to maintain epinephrine auto-injectors on site and to train staff on allergy emergencies and administering the medication. The Health Department provides the auto-injectors to these providers at no cost. Also, Chancellor regulations already require school nurses to be equipped with epinephrine auto-injectors.

Next, Introduction 1042 would require the Department to report to the Council on training for child care inspectors. We conduct significant initial and ongoing training for our child care inspectors, and would like to work with the Council to ease the administrative burden of reporting on this aspect of our work.

Introduction 1041 would require the Department to conduct an outreach campaign to inform parents about their rights in relation to child care programs. The Department agrees that it is important for parents and other caregivers with children in child care to understand their rights and provider responsibilities. The Department already provides parents with this information, including in a flyer available in thirteen languages; a website where parents can search for providers and review inspection history; offers a notification system so parents can sign-up to receive updates when their child care provider has had a new inspection; and requires posting of a performance summary card. The Department would be happy to further promote these resources.

Introduction 804 would allow child care providers to request a free opioid antagonist kit from the Department for every child and staff in their program. The Department appreciates the Council's interest in ensuring access to this life-saving medication. We want to assure New Yorkers that the risks to

children in child care of exposure to opioids is extremely low. Nonetheless, the Department conducted a one-time distribution of naloxone kits, providing one to every child care center and offering free training to providers. We trained more than 1,500 child care staff.

The Department is committed to a data-driven approach to reducing overdose deaths and distributed approximately 300,000 naloxone kits at no cost to community-based programs citywide last year, prioritizing settings where opioid overdoses most frequently occur or are witnessed. Given that there are nearly 500,000 children and staff in New York City's child care programs, and the critical importance of ensuring this medication gets to those who need it most, the Department opposes this legislation because it would require us to shift limited resources away from New Yorkers at risk.

Lastly, Introduction 1043 would mandate the Department implement a public awareness strategy regarding overdose prevention and reversal training and include the Department's public health sanitarians and child care teachers as target audiences. The Department appreciates the Council's interest in promoting awareness among New Yorkers about overdose prevention and reversal training. As noted, the risks of overdose in a child care program are extremely low; the vast majority of child care providers offer children a safe and loving environment. Nonetheless, the Department already offered child care providers this training, and we continue to offer virtual trainings and a training video so providers can sign up at their convenience. The same is true for all Health Department staff, including our inspectors.

We believe the Department's current training efforts already meet the needs of child care providers and health inspectors, making this legislation unnecessary. The Department recommends that we continue to use an evidence-based approach to reducing overdose deaths, and focus our resources, including outreach efforts, on communities most at risk.

Thank you for the opportunity to testify. My colleagues and I are happy to take your questions.



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**
Michelle Morse, MD, MPH
Acting Commissioner

Testimony

of

Zahirah McNatt, MHSA, DrPH

**Deputy Commissioner for the Center for Health Equity and Community Wellness and
Chief Equity Officer**

New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Health

on

**Int. 628-2025, Int. 629-2025, Int. 804-2024, Int. 1001-2024, In.1043-2024, Int. 1056-2024,
Int. 1146-024, and Int. 1284-205**

**June 26, 2025
City Hall
New York, NY**

Good morning, Chair Schulman, and members of the Committee. I am Dr. Zahirah McNatt, Deputy Commissioner for the Center for Health Equity and Community Wellness and Chief Equity Officer at the New York City Department of Health and Mental Hygiene (the Health Department). Thank you for the opportunity to provide testimony today on several bills including Int. 628-2025, Int. 629-2025, Int. 804-2024, Int. 1001-2024, Int. 1043-2024, Int. 1056-2024, Int. 1146-024, and Int. 1284-205. First, I want to provide an overview of our maternal health programming.

Maternal Health has been and remains a key priority of the Health Department. This is a critical issue since we know that New York City mirrors the U.S. in its racial inequities in infant death, maternal death, and in life-threatening complications related to childbirth. In the fall of 2024, the National Center for Health Statistics published its 2023 Maternal Mortality data, which show that racial inequities have worsened since the COVID-19 pandemic. In 2021 and 2022, the U.S. maternal death rate for Black non-Hispanic women was about 2.6 times that of White non-Hispanic women, but in 2023, it rose to nearly 3.5 times higher. Although maternal mortality in NYC has declined since 2001, Black birthing people of all economic levels in NYC die in pregnancy and in postpartum at significantly higher rates than their white counterparts. These racial inequities are unjust especially because, for Black birthing people, 75% of these deaths are preventable and many happen after discharge from a hospital. We are committed to seeing change and this is reflected in our HealthyNYC goals, the city's campaign for healthier, longer lives. We aim to reduce the rate of pregnancy-associated death among Black non-Hispanic birthing people by 10% by 2030.

The Department leads a range of programming to reduce inequities in outcomes and inequitable access to health care and social services.

A few key programs which are critical to achieving these goals include:

The **New Family Home Visits Initiative (NFVI)**, which provides citywide access to high quality home visiting services for new families with a focus on maternal mental health, chronic disease and early childhood development. The Initiative prioritizes first-time families in Taskforce on Racial Equity and Inclusion (TRIE) neighborhoods, those who live in NYCHA in these neighborhoods, and those who are engaged with the Administration for Children's Services (ACS), or living in a Department of Homeless Services (DHS) shelter.

NFHV home visiting programs include the **Nurse-Family Partnership**, which is an evidence-based home visiting program that connects first-time expectant parents with trained nurses to promote healthy pregnancy outcomes, child development, and economic self-sufficiency and independence. We also have the **Newborn Home Visiting Program**, which was significantly expanded over the last few years. Newborn Home Visiting provides educational home visits conducted by community health workers to address health needs, safe homes, and safe sleep support, and connects families to social services that are essential to the well-being of parents, children, and families. Home visitors are part of a multi-disciplinary approach supported by nurses, lactation consultants, and social workers, as well as referrals to ongoing external clinical services.

Additionally, with the support of City Council, our Citywide Doula Initiative provides 1) doula support during pregnancy, childbirth, and postpartum for families in TRIE neighborhoods, a DHS shelter, or within the foster care system 2) workforce development training of community members to become doulas and 3) support for hospitals in becoming more doula-friendly. These are a few initiatives among many which are critical to our work.

The Health Department also addresses overdose risks among pregnant and postpartum individuals through a number of program and partnerships. This includes the creation of educational materials, guidance for providers, and improving systems of care to better integrate mental health and substance use care for new parents.

Last year, we circulated a Health Advisory Network letter to providers addressing overdose as the leading cause of pregnancy-associated death in NYC, and how they can support pregnant and post-partum patients and their newborns.

Turning to the legislation, **Introduction 1146** relates to mandating a timeline for expanding the availability of the newborn home visiting program to all TRIE neighborhoods. The program currently covers more than 75% of TRIE neighborhoods and our ultimate goal is to expand to all as soon as possible. A legislated mandate will not change our ability to expand in an evidence-based and effective manner. It is central to the effectiveness of this program to have nurses and health care workers from the communities they serve. We are facing significant workforce challenges in our efforts to reach the remaining neighborhoods, including the need for staff that speak Mandarin and/or Cantonese. We must ensure that we have enough staff with the right skills to respectfully and effectively provide care for these communities – a process which inherently takes time given the limited pool of applicants with the full set of necessary skills. We are working as quickly as we can to staff up by filling our existing vacancies given these challenges. We are working to address these challenges in our long-term efforts to reach full coverage at a pace that ensures effective and respectful care for marginalized communities.

Introduction 1001 relates to creating an automated text messaging system to provide participants with important reminders regarding children's health and development. We support the intent of this legislation, however; we have concerns about providing health and developmental milestone information in this manner.

Developmental health information should come from the child's medical home (their pediatrician). Pediatricians are among the most trusted messengers for children's health for their parents and have the necessary medical history needed to alert parents about their child's tailored health needs. Pediatricians know the appropriate schedule of vaccinations and developmental milestones for a particular child and communicate that information through regular contact with the parents and child. The only information we could provide would be general guidance, which we do not recommend delivering in this manner.

Every child is unique and has different medical recommendations. It may cause unintended stress to parents whose child may be developing more slowly than other children. Children do not develop at the same pace and such text messaging may cause parents to think their children's health is at risk. It may also erode a family's relationship with their pediatrician.

Additionally, our maternal health experts and network of community providers expressed concern that such a program could further erode trust in government among marginalized communities.

The Health Department provides programs to assist families in health insurance enrollment to ensure all children have access to a pediatrician.

We support the intent to better reach families with young children with information about utilizing city resources.

The Health Department is not the best fit for coordinating across numerous city agencies on non-public health programs and topics.

We look forward to partnering with the Council and fellow city agency partners to better promote information on city services for children and families. We appreciate Council Member Gutierrez and Council staff for our conversations about this bill and look forward to continued engagement.

Introduction 1284 relates to an education campaign for healthcare providers about opioid use disorder during and after pregnancy, and the provision of naloxone at the agency neighborhood health service centers. We support the intent and appreciate recognizing the need to address overdose risk among pregnant and post-partum people. This is a complex and multi-layered issue that is a priority for the agency. This bill is redundant of existing efforts – naloxone training and distribution is already available in our Neighborhood Health Action Centers. The Health Department is working with the State and birthing hospitals to update guidance and create alternative pathways to support families outside of the child welfare system. We look forward to continued conversations with Council.

Now I'd like to transition to the Department's support for the health of transgender, gender nonconforming, and non-binary New Yorkers. The Health Department affirms that every person, regardless of gender identity or expression, deserves respectful, competent, and affirming health care. Yet, transgender and gender non-conforming (TGNC) New Yorkers continue to face systemic discrimination in health settings, resulting in serious health inequities and mistrust of the health system.

The mission of the Health Department is to protect and promote the health of all New Yorkers, including people who identify as transgender and gender non-conforming. We aim to address and eliminate the health inequities rooted in historical and contemporary systemic injustices and everyday discrimination. Essential to this work are the Department's policy & protections, community engagement, and resources that seek to improve the health and health care of LGBTQ and transgender and gender nonconforming (TGNC) New Yorkers. In 2014, we paved the way for transgender New Yorkers to be recognized under the law by easing the requirements for obtaining a gender marker change on a New York City birth certificate. All people should have birth certificates that reflect their true gender identity, and these documents can be critical to accessing healthcare, employment and other important services.

Regarding the department's health care services, our clinics offer sexual health, TB and immunization services. Many LGBQ and TGNC individuals frequent our Sexual Health Clinics, which offer low- to no-cost services for STI testing and treatment, expanded HIV services—including emergency PEP, PrEP initiation and counseling, and HIV treatment initiation for people diagnosed with HIV who would like to start treatment for the first time—as well as vaccinations, contraception, and more. In addition, these clinics offer overdose prevention and syringe availability services, and patient navigators and social workers assist patients in enrolling in social service programs such as substance use treatment and counseling.

Our work to improve TGNC health goes beyond our clinic doors and includes innovative programs. In 2017, New York City became the first city to issue an LGBTQ Health Care Bill of Rights, harnessing existing protections in local, state and federal laws to empower LGBTQ New Yorkers to exercise their rights in health care settings. This document, available on our website and at health centers across the city, reinforces that providers and their support staff cannot legally provide LGBTQ people with a lower quality of care because of their sexual orientation, gender identity or gender expression, and tells people where to get help if their rights are violated. In New York City, we protect and support TGNC communities; and we strongly oppose any policies that discriminate against anyone based on gender identity and expression.

Turning to the legislation, **Int. 628-2024** which focuses on signage of transgender rights and services in hospitals. The Department supports the intent of this legislation to provide a safe and welcoming clinical environment for all New Yorkers including transgender patients.

Given the scope of services available to patients by many providers and the frequency with which the services change, it would be challenging to maintain an updated list of the difference services all NYC hospitals provide for their TGNC patients. Additionally, hospitals are regulated by the New York State Department of Health. Therefore, the NYC Health Department can not require hospitals to post signage.

Regarding **Int. 629-2024**, requiring the Department to report on training for medical care for transgender and gender non-conforming persons.

DOHMH supports the intent of this legislation. However, we do not oversee medical training in the City and we cannot compel hospitals to provide information about their training.

Additionally, this report would not advance the delivery of health care to TGNCNB patients nor help to connect TGNCNB patients to trained providers, which is what this population needs.

Lastly, the Department does have a NYC Health Map which lists LGBTQ+ affirming providers for community members seeking counseling, gender affirming care, primary care, and additional services.

Introduction 1056 relates to LGBTQ+ competency training for medical personnel in public schools. New York City Public Schools provides training on LGBTQ+ Support and Inclusion for school staff. This training includes curriculum on gender identity, anti-discrimination policies, inclusion and support policies, and more. School nurses and Office of School Health medical

staff receive this training. We defer to New York City Public Schools regarding any specifics on this training. The Health Department does not have the authority to mandate training for all medical staff in schools. Medical practice is regulated by the State Department of Health and school staff training is regulated by NYC Public Schools.

The NYC Health Department remains committed to protecting and promoting the health of New Yorkers, including the TGNC population and birthing people and their families. We are happy to discuss the legislation being heard and thank you for the opportunity to be here today to address these important topics. We look forward to answering your questions. I'll now turn it over to my colleague, Deputy Commissioner Corinne Schiff.

July 1, 2026

Testimony of Montefiore Medical Center

New York City Council – Committee on Health

RE: Intro. 29 – Domestic Violence-Related Traumatic Brain Injury Training & Awareness

Members of the Committee:

Thank you for the opportunity to submit testimony in strong support of Intro. 29, which would require the City to implement training for first responders and conduct a public awareness campaign addressing the intersection of domestic violence and traumatic brain injury (TBI).

As a major academic health system serving some of New York City's most vulnerable communities, Montefiore Medical Center has seen firsthand the devastating, long-term effects of intimate partner violence—particularly the often-invisible injuries that go undiagnosed and untreated, such as TBI.

The Bronx, where many of our facilities are located, continues to bear the brunt of this crisis. It has the highest number and rate of intimate partner homicides in the city—130 deaths and a rate of 0.70 per 100,000 residents—according to the City Domestic Violence Fatality Review Committee 2022 Annual Report, published by the Mayor's Office to End Domestic and Gender-Based Violence. Many of these cases involve repeated head trauma, which can lead to cognitive decline, memory loss, depression, and other serious health complications. These injuries are too often missed by emergency responders and medical providers alike.

Intro. 29 is a timely and necessary step toward closing this gap. By improving training, fostering inter-agency collaboration, and launching a culturally responsive public education campaign, the bill will help ensure that survivors are recognized, supported, and directed to care that meets their needs.

Montefiore is committed to partnering with the City to advance these goals and improve health outcomes for domestic violence survivors across the five boroughs.

We commend the bill's sponsors and urge the Council to pass Intro. 29 without delay.

Sincerely,



Lilliam Perez
Vice President, Government & Community Relations



Testimony

New York City Council Hearing on Health
Thursday, June 26, 2025

Thank you for the opportunity to submit testimony on behalf of the 5BORO Institute at Citizens Union, a think tank dedicated to advancing innovative and implementable solutions to tackle NYC's most challenging problems.

We are honored to have been invited to testify today in support of [Int 1001-2024](#), which was directly adapted from a policy initiative advanced by 5BORO in our February 2024 childcare report.

Awareness of available resources is a key challenge for families seeking childcare, because many New Yorkers that may actually qualify for child care support are unaware that it exists or don't know how to navigate the application process.

Our report proposed that the city of New York create a text message platform for new parents and families with young children so that they can learn about childcare options and other support programs that are available to them.

The awareness gap is surprisingly large: fewer than one in three families who are eligible for child care support are receiving it today. Instead, families are struggling to make ends meet to afford child care, or stepping away from the workforce. Every year, our city loses billions of dollars because of gaps in child care access. An automated text list is a common-sense solution. Text messages are non-invasive, boast as high as a 98% open rate, and are highly accessible to New Yorkers across all demographics. In a 2015 survey, nearly 100% of New York City residents reported owning a cell phone.

We also have the benefit of prior research that shows how effective text message outreach is in the child care space. For instance, a Brookings study in New Orleans showed large improvements in several important enrollment metrics when text message outreach was utilized. A New York City survey found improvements in confidence and perceived competence improvements in mothers and caregivers surveyed after pre-natal health information was distributed by text.

Text outreach is a smart, simple tool that meets parents where they are — on their phones. It's effective, affordable, and easy to implement. Most importantly, it could make a real difference for families who are eligible for support but don't know where to start.

We are proud to support this proposal today and hopeful that it marks the beginning of a broader effort to advance other practical, family-centered solutions to make child care more accessible and affordable to all New York City families.

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**TESTIMONY OF THE ARAB AMERICAN FAMILY SUPPORT CENTER BEFORE THE CITY
COUNCIL COMMITTEE ON HEALTH
June 26, 2025**

Good afternoon, Chair Schulman and members of the Committee on Health. My name is Naima Dahir, and I'm here on behalf of the Arab American Family Support Center (AAFSC). AAFSC provides culturally and linguistically competent, trauma-informed, and multi-generational social services to New York City's growing Arab, Middle Eastern, North African, Muslim, and South Asian (AMENAMSA) communities.

Each year, we serve over 4,000 survivors of domestic and gender-based violence—many of whom come to us as the only trusted resource available to them. Through our Anti-Violence Program, we offer safety planning, legal assistance, housing support, and the basic tools survivors need to escape abuse and rebuild their lives.

We strongly support Council Member Farias' bill, Intro 29, which would require training for first responders and service providers to recognize domestic violence-related traumatic brain injuries (TBIs). This legislation highlights a critical but often overlooked issue: the connection between domestic violence and TBIs, which too often go undiagnosed due to limited awareness among both survivors and frontline professionals.

At our Family Justice Center sites across all five boroughs, we regularly support survivors living with the long-term effects of traumatic brain injury. In one recent case, a survivor was unable to recall key events surrounding her abuse due to a brain injury—a stark example of the consequences of missed or delayed diagnosis. Early recognition of TBIs is vital not only to prevent further harm, but also to interrupt cycles of violence and provide meaningful paths to healing.

This issue is especially urgent for immigrant communities. Survivors of domestic violence, many of whom already face immense trauma, now contend with an environment of heightened fear, driven by xenophobic rhetoric and harmful immigration policies. These conditions have eroded trust in public systems and made it harder for survivors to come forward. Many are choosing to stay in unsafe situations rather than risk interacting with authorities, for fear of deportation or family separation.

Federal policy changes and proposed funding cuts, such as reductions to the Office on Violence Against Women, further threaten essential programs like ours. Against this backdrop, legislation like Intro 29 is not just timely—it is essential. Community-based organizations like AAFSC are already operating at the frontlines, filling gaps where systems fall short. When we are under-resourced, the burden falls back on the communities we serve. Survivors with undiagnosed TBIs often suffer alone for months or years, frequently sustaining repeated injuries before receiving any medical attention.

To respond effectively to these challenges, community-based organizations and other service providers supporting survivors need the backing of advocates and policymakers who will champion legislation and policies that address their most urgent needs.

Intro 29 offers a path forward. By equipping first responders and providers with the training to identify DV-related TBIs, we can drastically improve survivor outcomes, break cycles of violence, and ultimately save lives.

ASPCA Statement in Support of Establishing a Citywide Pet Food Pantry Pilot Program

Submitted by:

Michelle Villagomez
Senior Director of Municipal Affairs
ASPCA

Good morning Chair Schulman and members of the Health Committee. I am Michelle Villagomez, Senior Director of Municipal Affairs at the ASPCA, headquartered here in New York City. I'm grateful for the opportunity to testify in support of Intro. 1172, which would establish a city-run pilot pet food pantry. The ASPCA applauds the Council for recognizing the growing demand for pet food assistance among New Yorkers and for pursuing a compassionate response.

At the same time, we urge the Council and the Department of Health and Mental Hygiene to ensure that this initiative is implemented with dedicated, new funding, so that the burden does not fall on Animal Care Centers of NYC (ACC) or any existing agency without additional support.

Running a pet food pantry program involves real operational and logistical costs—from sourcing, transporting, and storing food to managing staff, community partnerships, and outreach. Without new funding, this promising pilot could inadvertently come at the expense of existing animal care work and critical services.

Pet food insecurity is an urgent but often overlooked issue. The rising cost of food and inflation have made it nearly impossible for some New Yorkers to afford both groceries and pet food. According to the Mayor's Office of Food Policy's 2023 report - Setting the Table: NYC's Research Framework to Enhance Food Affordability and Access – in New York City, 17.5% of residents, more than 1.5 million people, experienced food insecurity in 2023 surpassing the national rate of 14.3%. These individuals and families are being forced to make impossible choices between rent, groceries, medicine—and pet care. For those with companion animals, the pressure is even greater.

During the COVID-19 pandemic, the need for pet food support skyrocketed. Our Community Engagement team responded by distributing food directly to struggling pet owners in all five boroughs

from strategically placed locations throughout the city. While the ASPCA continues to offer food assistance to clients in crisis, this is not a permanent or scalable solution. Our goal is to help people during moments of need—but sustained, city-backed infrastructure is essential.

Through our partnership with the Food Bank For NYC, as a grant funder, the ASPCA has enabled the Food Bank to distribute nearly 3 million pet meals across hundreds of pantries throughout the city. This effort has shown us two things clearly: 1) the need is massive, and 2) collaboration between human services and animal welfare organizations work. But we also know that demand continues to outpace our capacity. The City must step in to broaden access, increase geographic coverage, and ensure continuity of supply.

The ASPCA believes this pilot, if done right, can help prevent pet relinquishment by keeping families together. Pet food insecurity is a leading reason families surrender beloved animals. A modest intervention like a bag of food can mean the difference between keeping a pet at home or sending them to a crowded shelter. But for this program to succeed, it must be well-resourced, strategically implemented, and designed in close consultation with ACC and community-based partners.

We join our partners in advocating for at least \$1 million in the City budget to support this pilot program. This funding would allow the city to purchase food, build out the distribution network, and staff the program adequately. We also recommend that the City explore co-location opportunities with existing human food pantries or municipal service hubs to maximize reach and reduce stigma.

To bring this issue to life, you will now hear from one of our dedicated ASPCA Community Engagement team members, Meghan Carroll. Meghan will share her firsthand experience working with families in NYC. Her perspective illustrates both the urgency and the opportunity before us.

We urge you to fund and implement this pilot thoughtfully, with the input of the organizations already on the ground. Done well, a city-supported pet food pantry program can be a powerful tool for pet retention, equity, and public health.

Thank you for your leadership and the opportunity to testify.



ASPCA Statement in Support of Establishing a Citywide Pet Food Pantry Pilot Program

Submitted by:

Meghan Carroll

ASPCA Community Engagement Coordinator

My name is Meghan Carroll, and I serve as a Community Engagement Coordinator for the ASPCA's Community Engagement team. I appreciate the opportunity to speak with you today about this issue that directly affects thousands of New York City residents and their ability to care for and remain with their beloved pets.

Our program's mission is simple yet deeply impactful: to keep people and pets together whenever possible. We know from research and firsthand experience that the human-animal bond plays a powerful role in both physical and mental well-being. For many of our clients, their pet is not just an animal—they are a source of companionship, emotional support, and unconditional love. Maintaining that bond can be life-changing, especially for those already facing significant personal and financial hardship.

Through the ASPCA's Community Engagement program, we offer a variety of support services—including the provision of pet food. However, given the scale of need across all five boroughs, our current capacity only allows us to provide pet food on a one-time basis per household. This typically covers approximately two weeks of supplies—enough to offer short-term relief, but far from a sustainable solution.

Every day, we receive referrals from social service agencies and nonprofit organizations seeking urgent support for their clients. The stories we hear are heartbreaking. Many pet owners reach out directly because they do not have enough food to last until their next paycheck. Some have already run out of pet food entirely. In these moments of desperation, I've heard clients express that they've had to share their own meals with their pets—or worse, skip meals altogether—simply to ensure their pets are fed. Time and time again, they tell me: "I'll go without if it means I don't have to surrender my pet."

These stories are not isolated incidents. They reflect a widespread and growing need for ongoing access to pet food in our communities. Wanting to do more, I began researching pet food pantries across New York City to better support the clients we serve. Unfortunately, this search only revealed how limited and inaccessible these resources can be. With an estimated over 200,000 pet-owning households living in poverty in New York City, it is clear that demand vastly outpaces supply.

The lack of accessible pet food assistance contributes to a cycle of hardship for our residents. These are individuals and families already managing serious economic and personal challenges. A steady, reliable source of pet food would provide them with not only material relief, but also peace of mind—knowing they won't be forced to choose between feeding themselves or feeding their pet, or worse, having to give them up.

This is about more than food; it's about stability, dignity, and emotional well-being. It's also about prevention. Providing pet owners with the resources they need helps reduce the number of animals being surrendered to shelters, which are already stretched beyond capacity.

In closing, I urge the Council to consider the growing need for sustainable, City-supported pet food assistance programs. By expanding access to these critical resources, we can support the well-being of both people and animals across New York City—keeping families whole, reducing shelter overcrowding, and honoring the profound connection between humans and their pets.

Thank you for your time and your attention to this important matter.



**Testimony of United Neighborhood Houses
Before the New York City Council Committee on Health
Council Member Lynn C. Schulman, Chair**

**Introduction 1001: Creating an automated text messaging system to provide
participants with important reminders regarding children's health and developments**

**Submitted by Paula Inhargue, Policy Analyst
June 26, 2025**

Thank you Chair Schulman and members of the Committee for the opportunity to testify at today's hearing. My name is Paula Inhargue, and I am a Policy Analyst at United Neighborhood Houses (UNH). UNH is a policy and social change organization representing neighborhood settlement houses that reach 800,000 New Yorkers from all walks of life.

A progressive leader for more than 100 years, UNH is stewarding a new era for New York's settlement house movement. We mobilize our members and their communities to advocate for good public policies and promote strong organizations and practices that keep neighborhoods resilient and thriving for all New Yorkers. UNH leads advocacy and partners with our members on a broad range of issues including civic and community engagement, neighborhood affordability, healthy aging, early childhood education, adult literacy, and youth development. We also provide customized professional development and peer learning to build the skills and leadership capabilities of settlement house staff at all levels.

UNH supports Int 1001-2024. This bill recognizes the importance and value of effective information-sharing with families, and the need for better channels of communication throughout the complicated process of applying to early childhood education programs. We thank Council Member Gutierrez for her leadership in developing this legislation.

Implementing a direct messaging system between the NYC Department of Education and families would significantly improve communication around early childhood education programs. Currently, many families miss key deadlines or struggle to navigate the application and enrollment process due to a lack of timely, accessible information. This kind of proactive outreach is especially critical for families who may face language barriers, limited internet access, or unfamiliarity with the system, and would help ensure more equitable access to these foundational programs.

Thank you for your time. For any follow up questions you can reach me at pinhargue@unhny.org



Volunteers of America®

GREATER NEW YORK

Testimony before the NYC Council Committee on Health

June 26, 2025

Introduction and Thanks: My name is Catherine Trapani, and I am the Assistant Vice President for Public Policy for Volunteers of America-Greater New York (VOA-GNY). We are the local affiliate of the national organization, Volunteers of America, Inc. (VOA). I would like to thank Chair Schulman and members of the Committees for the opportunity to testify at this hearing.

About Us: VOA-GNY is an anti-poverty organization that aims to end homelessness in Greater New York through housing, health and wealth building services. We are one of the region's largest human service providers, impacting more than 12,000 adults and children annually through 70+ programs in New York City, Northern New Jersey, and Westchester.

VOA-GNY operates 6 emergency and one Tier II domestic violence shelter. We also serve a large proportion of survivors on our general homeless family and women's shelters and are launching a rapid rehousing program for survivors later this fall.

Addressing Brain Trauma:

In 2022, in partnership with Dr. Edie Zusman and Safe Living Space, Volunteers of America-Greater New York (VOA-GNY) began a groundbreaking initiative, implementing routine brain injury screening for all survivors of domestic or intimate partner violence at our seven domestic violence shelters.

Using a trauma-informed approach and protocols developed in consultation with Safe Living Space, staff assess all heads of household arriving at VOA-GNY domestic violence shelters for history and symptoms of brain injury. Those with positive signs are connected to brain injury specialists at partnering hospitals who are able to provide diagnostic services and treatment. So far, 400+ heads of household have been screened, and 57% report having had at least one injury to the head or neck within the last year. Given the prevalence of brain injury we have found amongst survivors, it is clear to us that a broader screening protocol would help many more survivors understand their injuries and get the care they need.

Majority Leader Farias' bill Intro 29 would require New York City to provide training to first responders and service providers about the connection between domestic violence and traumatic brain injury. Trainings would include education on the prevalence of TBI among domestic violence survivors, how to identify symptoms of TBI, how to respond to the needs of individuals with TBI, and the long-term health impacts of repeated brain injuries. It would also require the New York City Department of Health and Mental Hygiene and the Mayor's Office to End Domestic and Gender-Based Violence to conduct a public awareness campaign on the connection between DV and TBI.

This bill serves as an important legislative first step in the vital effort to bring awareness to the connection between domestic violence and traumatic brain injury, improve services for survivors, and

equip them with the information they need to seek care and get back on their feet. Detecting these injuries earlier in a survivor's journey will allow us to better tailor services to meet their needs and help them confront the impacts of the brain trauma to support their healing.

We have built a coalition of domestic violence survivors, service providers, doctors, attorneys and others that support this approach. I am submitting a letter of support from these advocates to the committee for the record and hope you will move this bill forward quickly.

Closing:

We are grateful for the opportunity to testify and look forward to working with the Council and Administration to improve screening and awareness of brain injury in survivors of abuse. Should you have any questions, I can be reached at ctrapani@voa-gny.org.

Respectfully submitted by Catherine Trapani, Assistant Vice President of Public Policy, Volunteers of America-Greater New York

June 26, 2025

Dear Chair Schulman and members of the City Council Committee on Health,

We, the undersigned organizations are unified in our support for the passage of Intro 29 (Farias), a Local Law to amend the administrative code of the city of New York, in relation to requiring a training program for first responders and an awareness campaign regarding domestic violence-related traumatic brain injuries. We come together in gratitude for your having scheduled a hearing on this critical piece of legislation and urge you and your Council colleagues to pass it.

1 in 3 women and 1 in 4 men in the United States have experienced some form of physical intimate partner violence/DV in their lifetime, including shaking, strangulation and blows to the head, neck, or face which can cause traumatic brain injury (TBI).[i] Because over 75% of DV survivors suffer injuries consistent with single or repeated TBIs,[ii] their chances are double that of the general population to have sustained a TBI.[iii]

Improving First Responder Procedures

As calls relating to DV constitute up to 50% of all calls to police,[iv] officers are often the first contacts for survivors of DV-induced TBI.[v] However, TBIs typically go unrecognized in these situations due to a lack of awareness among both survivors and first responders on what to look for. Further, due to the tendency of survivors to attempt to minimize the harm caused by intimate partner violence to avoid escalation or adverse impacts on their children and families, they may underreport symptoms and injuries. TBI symptoms can resemble the effects of severe emotional distress or intoxication, leaving survivors disoriented and ill equipped to self-advocate while misleading officers to view victims as simply traumatized or even disorderly or noncompliant with directions.[vi] Even if police officers do identify the possibility of TBI, they are unlikely to intervene out of fear of doing more harm than good, feeling undereducated and underequipped to handle these situations.[vii] Furthermore, due to an absence of professional training for healthcare workers on TBI secondary to DV, 72% of domestic violence victims are not identified as such when presented to the emergency department .[viii]

In the status quo, the DV survivors who are able to eventually access appropriate brain injury screening likely struggle with TBI alone for months – if not years – often suffering multiple brain injuries before receiving the medical attention they need. Volunteers of America-Greater New York conducts screening for likely TBI in domestic violence shelter residents and found 60% of survivors reporting a timeframe of 6 months or more between the infliction of TBI-related injuries and being screened.[ix] Only 1.5% received a TBI within the past 24 hours of screening.[x] We must disrupt this pattern of delayed identification and treatment and make sure that first responders like EMS and police receive the training and support they need to identify TBI when the violence is first reported so that survivors can access the care they need.

Improving Care for Survivors

By recognizing and addressing TBI, existing brain trauma screening initiatives have been able to support

survivors and validate their experiences. Recipients of screening have been given better care, including medical treatment to mitigate the long-term impacts of brain injury, which improves their ability to more successfully navigate court, child welfare and other systems to move on from the abuse they suffered.

The Impact to the City

Int. 29 would enable first responders to identify brain injuries in domestic violence cases and refer survivors to appropriate care expeditiously. By making TBI identification and treatment standard procedure for DV-related incidents, first responders and healthcare providers can shorten the amount of time survivors suffer from the debilitating and isolating effects of TBI and help interrupt the cycle of violence preventing further injury.

Call to Action

TBI is far too common and damaging to continue to be overlooked as an “invisible injury.” It is vital that the Council respond to this crisis with all available tools, and Int. 29 would significantly enable the people and systems that serve domestic violence survivors to understand how to properly recognize and respond to traumatic brain injuries.

We urge you to support Int. 29 and work to pass it. Thank you for your leadership and support. For further information, please contact Catherine Trapani, Assistant Vice President of Public Policy, Volunteers of America-Greater New York at ctrapani@voa-gny.org.

Signed,

Volunteers of America-Greater New York
Anonymous Survivor
Citizens’ Committee for Children of New York

Crime Victims Center, Inc.
CSH
Day One
Dr. Kathleen Monahan, Doctor of Social Welfare
Hear Our Voices
Homeless Services United
New Destiny Housing
New York Legal Assistance Group
Safe Horizon
Safe Living Space
The Health and Housing Consortium
Violence Intervention Program
Win

[i] Brain Injury Research Center of Mount Sinai. “Traumatic Brain Injury and Intimate Partner Violence.” Icahn School of Medicine at Mount Sinai.
https://www.brainline.org/sites/default/files/IPV%20TBI%20Fact%20Sheet_BIRC.pdf

[ii] American Brain Foundation. "Domestic Violence and Traumatic Brain Injury: The Chilling Truth of This Hits Home." Jun. 2023, <https://www.americanbrainfoundation.org/domestic-violence-and-traumatic-brain-injury-the-chilling-truth-of-this-hits-home/>

[iii] Brain Injury Research Center of Mount Sinai. "Traumatic Brain Injury and Intimate Partner Violence." Icahn School of Medicine at Mount Sinai.
https://www.brainline.org/sites/default/files/IPV%20TBI%20Fact%20Sheet_BIRC.pdf

[iv] Logan, TK, and Rob Valente. "Who Will Help Me? Domestic Violence Survivors Speak Out About Law Enforcement Responses." National Domestic Violence Hotline. Washington, DC (2015).
<http://www.thehotline.org/resources/law-enforcement-responses>

[v] Costello, Kellianne, and Brian D Greenwald. "Update on Domestic Violence and Traumatic Brain Injury: A Narrative Review." Brain sciences vol. 12,1 122. 17 Jan. 2022, doi:10.3390/brainsci12010122

[vi] Costello, Kellianne, and Brian D Greenwald. "Update on Domestic Violence and Traumatic Brain Injury: A Narrative Review." Brain sciences vol. 12,1 122. 17 Jan. 2022, doi:10.3390/brainsci12010122

[vii] Costello, Kellianne, and Brian D Greenwald. "Update on Domestic Violence and Traumatic Brain Injury: A Narrative Review." Brain sciences vol. 12,1 122. 17 Jan. 2022, doi:10.3390/brainsci12010122

[viii] Costello, Kellianne, and Brian D Greenwald. "Update on Domestic Violence and Traumatic Brain Injury: A Narrative Review." Brain sciences vol. 12,1 122. 17 Jan. 2022, doi:10.3390/brainsci12010122

[ix] Volunteers of America-Greater New York, Edie E. Zusman, and Safe Living Space. "Traumatic Brain Injury Screening for Survivors of Domestic Violence: Pilot Update 2023 VOA National Conference."

[x] Volunteers of America-Greater New York, Edie E. Zusman, and Safe Living Space. "Traumatic Brain Injury Screening for Survivors of Domestic Violence: Pilot Update 2023 VOA National Conference."

Slide 16 – 0.91% of 219 = 2 clients, 58% of 223 = 129 clients, 2 clients/129 clients = 1.55%.

Legislative Testimony on Int. No. 895-2024

Presented by Chris Martinez, CEO, Foundation for Asthma and Allergy Impact and Rescue (AAIR)

Chairperson and Members of the Committee,

Thank you for the opportunity to testify in strong support of Int. No. 895-2024, which would require New York City schools and child care programs to stock epinephrine auto-injectors.

My name is Chris Martinez, and I serve as CEO of the Foundation for Asthma and Allergy Impact and Rescue—AAIR. We are a national nonprofit committed to ensuring every child is Rescued at School, Healthy at Home, and Connected to Care.

AAIR operates RESCUE, the largest school-based asthma intervention program in the country. We work directly with schools to stock life-saving medication, train staff, and track impact. In Illinois alone, our program returned more than double the state's investment, saving over \$4 million in avoided emergency costs and hospitalizations. This data proves that preventative medicine in the school setting reduces health emergencies and saves health costs in the process or as we often say – it saves both kids and cash.

Epinephrine is no different. Anaphylaxis is fast, frightening, and often unexpected—even in children with no documented allergies. According to an NIH article from 2018, based on scientific simulations of the Chicago Public Schools system (371 382 students), a universal (stock only) model of epinephrine, provides “superior value” over other models. The ability to respond immediately, without delay, is not a luxury—but a necessity. *And* it is the most cost-effective way to keep students safe.

By passing Int. No. 895-2024, New York City will lead with compassion, science, and fiscal responsibility. This is a smart, lifesaving, cost-saving policy that will protect our most vulnerable children.

Thank you for your time, and for your leadership.

Written Testimony of the CUNY Urban Food Policy Institute

Submitted to the New York City Council Committee on Health

June 26, 2025

Subject: Hearing on Res. No. 442-2024, Res. No. 290-2024, and Res. No. 294-2024

Chair Schulman and members of the Committee:

Thank you for the opportunity to testify on behalf of the CUNY Urban Food Policy Institute. We are a research and action center at the CUNY Graduate School of Public Health and Health Policy committed to advancing equitable, evidence-based food policies that promote the health and well-being of all New Yorkers. We write today in support for **Resolutions 290-2024, 294-2024, and 442-2024**, each of which addresses urgent gaps in consumer protection, transparency, and regulatory oversight in our food environment. Together, these resolutions call for federal and state action to require warning labels on sugar-sweetened beverages, mandate the disclosure of added sugars in chain restaurant menus, and prohibit the use of harmful food additives. Collectively, they represent an important and necessary step toward informing consumers, reducing the burden of diet-related diseases, and ensuring that public health, not industry interest, guides food policy at every level of government.

1) Res. No. 442-2024, *Calling on the U.S. Food and Drug Administration to require chain restaurants to include added sugars information in the nutrition information available to consumers on request.*

Added sugars are a leading contributor to diet-related diseases, including obesity, type 2 diabetes, and cardiovascular disease. The *2020–2025 Dietary Guidelines for Americans*¹ recommend limiting added sugars to less than 10% of daily calories. Yet, many foods served at chain restaurants, especially sugary beverages and desserts, routinely exceed this limit in a single item,² often without the knowledge of consumers.

New York City has led nationally on this issue. Through the passage of [Local Law 33 of 2022](#) and [Local Law 150 of 2023](#), the City Council established the *Sweet Truth Act*, requiring added sugars warning icons on both prepackaged and certain non-prepackaged menu items sold at chain restaurants. [Chapter 39](#) is the NYC Health Department regulation implementing these local laws. These warnings alert consumers when an item contains 50 grams or more of added sugars, thus exceeding the entire daily recommended limit for a 2,000-calorie diet.

However, implementation of Local Law 150 remains incomplete. The City cannot require added sugar warnings for non-prepackaged food items that are *not identical* to a prepackaged product unless the FDA mandates that chain restaurants disclose added sugar content in nutrition

¹ U.S. Department of Agriculture and U.S. Department of Health and Human Services. (2020). [Dietary Guidelines for Americans, 2020–2025. Make Every Bite Count With the Dietary Guidelines](#). (9th ed.).

² Taylor, C. A., Madril, P., Weiss, R., Thomson, C. A., Dunton, G. F., Jospe, M. R., ... & Schembre, S. M. (2024). Identifying the Leading Sources of Saturated Fat and Added Sugar in US Adults. *Nutrients*, 16(15), 2474.

information made available to consumers. Federal inaction is thus a direct barrier to full local enforcement.

This resolution is not only consistent with NYC’s public health leadership but also with growing scientific consensus on the harms of excessive sugar intake and the role of food environments in shaping dietary behavior. A recent literature review CUNY Urban Food Policy Institute staff and collaborators co-authored – [*“Exposure to and impact of unhealthy food marketing on adolescents and young adults”*](#) (Ilieva et al., *Obesity Reviews*, June 2025) – documents the extensive influence of nutritional labeling, menu cues, and point-of-sale marketing on food choices, especially among youth.

Further, a 2022 study published by our team -- [*“Use of environmental scan to assess density, content, and variation of predatory food and beverage marketing in New York City”*](#) (Fraser et al., *Health and Place*, July 2022) – repeatedly found that low-income NYC neighborhoods demonstrate higher frequencies of advertisements for unhealthy food and beverage products (including sugar sweetened beverages, unhealthy snacks, dairy, and fast food) than expected, while high income neighborhoods consistently demonstrated fewer than expected advertisements for these products. Without transparent information, consumers – particularly those in low-income communities disproportionately targeted by unhealthy food marketing – remain at a disadvantage.

Providing added sugars information is not only feasible, but necessary. Consumers have a right to know how much added sugar is in the foods they order and to make informed choices that protect their health.

We therefore urge the NYC Council to adopt Resolution 442-2024 and join other public health and consumer advocacy voices calling on the FDA to update and harmonize its menu labeling regulations to include added sugars. This action would allow full implementation of NYC’s Sweet Truth warning icon and fulfill the intent of local legislation already passed by this body.

2) Res. No. 290-2024, Calling upon the United States Food and Drug Administration to require warning labels on sugar-sweetened beverages.

The scientific evidence is unequivocal: excessive consumption of sugar-sweetened beverages contributes significantly to the growing burden of obesity, diabetes, and other preventable chronic diseases. According to the Centers for Disease Control and Prevention, 42.4% of U.S. adults were affected by obesity as of 2017–2018³ and over 14 million children and adolescents were with obesity in 2020.⁴ In New York City, the Department of Health and Mental Hygiene has identified sugary drinks as a key contributor to this crisis.

As we have emphasized in multiple research publications authored by the Institute and partner organizations and collaborators, the ubiquity and aggressive marketing of sugar-sweetened

³ Hales CM, Carroll MD, Fryar CD, Ogden CL. (2020) [*Prevalence of obesity and severe obesity among adults: United States, 2017–2018*](#). NCHS Data Brief, no 360. Hyattsville, MD: National Center for Health Statistics.

⁴ CDC. (2024) [*Childhood Obesity Facts*](#).

beverages – particularly to parents of young children – constitute a form of *predatory marketing*^{5,6} that contributes to early and excessive consumption of added sugars, reinforcing unhealthy taste preferences and exacerbating disparities in diet-related diseases.⁷ Front-of-package warning labels are among the policy solutions these authors recommend to counteract deceptive marketing and protect the health of young children.

In fact, SSBs remain a primary source of added sugars in the American diet. A single 20-ounce soda can contain up to 16 teaspoons of added sugar, exceeding the recommended daily limit.⁸ Despite widespread knowledge of these harms within the scientific and public health communities, many consumers are still unaware of the serious health risks associated with regular SSB consumption.

Requiring warning labels is a proven, low-cost strategy to educate the public and reduce consumption. A growing body of international and U.S.-based evidence supports their impact:

- In **Chile**, warning label policies introduced in 2016 were associated with a **23.7% decline in per capita SSB purchases** within 18 months.⁹
- A **2021 meta-analysis** of 23 studies – including 13 randomized controlled trials – found that SSB warning labels significantly **reduced** consumer selection of sugary beverages, particularly when labels included **graphic or health-effect-based content**.¹⁰
- In **the UK**, image-based warning labels led to **reduced** SSB selections by parents for their children.¹¹
- Research from the U.S. has shown that **adolescents and young adults**, key marketing targets for SSBs, are particularly **responsive to warnings** that highlight disease risks.^{12,13}

⁵ Ilieva, R. T., Gottlieb, N., Christian, H., & Freudenberg, N. (2025). [Exposure to and Impact of Unhealthy Food Marketing on Adolescents and Young Adults: A Narrative Review and Research Agenda](#). *Obesity Reviews*, e13957.

⁶ Fraser, K. T., Ilieva, R. T., James, C. J., Chong, V. P., Shapiro, S., Willingham, C., ... & Freudenberg, N. (2022). [Use of environmental scan to assess density, content, and variation of predatory food and beverage marketing in New York City](#). *Health & Place*, 76, 102843.

⁷ Krieger, J., & Freudenberg, N. (2022). [To Protect Young Children's Health, Limit Marketing and Ubiquity of Unhealthy Foods and Beverages](#). *American Journal of Public Health*, 112(S8), S770-S772.

⁸ Shukaitis, J. (2019) [Added Sugars: Hidden in Plain View](#), Cooperative Extension Fact Sheet FS1305, Rutgers University, New Jersey Agricultural Experiment Station.

⁹ Taillie, L. S., Reyes, M., Colchero, M. A., Popkin, B., & Corvalán, C. (2020). [An evaluation of Chile's Law of Food Labeling and Advertising on sugar-sweetened beverage purchases from 2015 to 2017: A before-and-after study](#). *PLoS medicine*, 17(2), e1003015.

¹⁰ An, R., Liu, J., Liu, R., Barker, A. R., Figueroa, R. B., & McBride, T. D. (2021). [Impact of sugar-sweetened beverage warning labels on consumer behaviors: a systematic review and meta-analysis](#). *American Journal of Preventive Medicine*, 60(1), 115-126.

¹¹ Mantzari, E., Vasiljevic, M., Turney, I., Pilling, M., & Marteau, T. (2018). [Impact of warning labels on sugar-sweetened beverages on parental selection: An online experimental study](#). *Preventive medicine reports*, 12, 259-267.

¹² VanEpps, E. M., & Roberto, C. A. (2016). [The influence of sugar-sweetened beverage warnings: a randomized trial of adolescents' choices and beliefs](#). *American Journal of Preventive Medicine*, 51(5), 664-672.

¹³ Leung, C. W., Wolfson, J. A., Hsu, R., Soster, K., Mangan, S., & Falbe, J. (2021). [Warning labels reduce sugar-sweetened beverage intake among college students](#). *The Journal of Nutrition*, 151(1), 179-185.

We also note the strong legal foundation for such policies. As summarized in a paper by Pomeranz and colleagues,¹⁴ health and safety warning labels, long established for products like cigarettes and alcohol, are constitutionally sound and consistent with existing regulatory norms.

New York City has already led on advancing consumer transparency through initiatives such as the *Sweet Truth Act*,¹⁵ we mentioned above, which requires added sugar warning icons on high-sugar menu items in chain restaurants. Yet, many sugary beverages sold in restaurants, stores, and vending machines remain unlabeled, and the risks uncommunicated. Federal regulations are urgently needed to close this gap.

3) Res. No. 294-2024, *Calling on the New York State Legislature to pass, and the Governor to sign S.1239A/A.1556A, to prohibit certain food additives, to prohibit the sale of food containing certain color additives at schools, and to prohibit the use of substances "Generally Recognized as Safe" in food unless certain reporting requirements are met.*

Finally, we write in support of Resolution No. 294-2024 and urge the City Council to adopt it. This resolution rightly calls on the New York State Legislature and the Governor to enact S.1239A/A.1556A, the *Food Safety and Chemical Disclosure Act*. This important legislation would prohibit the use of several harmful food additives, increase transparency around food chemical safety, and better protect the health of our communities, especially our children.

As outlined in the resolution and supported by a growing body of scientific evidence, three widely used additives – potassium bromate, propylparaben, and FD&C Red No. 3 – have been linked to carcinogenicity,^{16,17,18} reproductive toxicity,^{19,20,21} and other adverse health outcomes. Despite these concerns, they remain in our food supply, including products marketed to and consumed by children.

The proposed legislation would also take an important step in prohibiting the sale of food products containing certain synthetic color additives – including Red 40, Blue 1 and 2, Yellow 5 and 6, and Green 3 – on school grounds during school hours. These additives have been associated with

¹⁴ Pomeranz, J. L., Mozaffarian, D., & Micha, R. (2020). [Sugar-sweetened beverage warning policies in the broader legal context: health and safety warning laws and the first amendment](#). *American journal of preventive medicine*, 58(6), 783-788.

¹⁵ NYC Council (November 2, 2023). *New York City Council Votes on Legislation to Confront Historic Racial Disparities in Treatment of Sickle Cell Disease, and Require that Chain Restaurants Post Added Sugar Levels on Menus*, <https://council.nyc.gov/press/2023/11/02/2493/>

¹⁶ Kurokawa, Y., Maekawa, A., Takahashi, M., & Hayashi, Y. (1990). [Toxicity and carcinogenicity of potassium bromate--a new renal carcinogen](#). *Environmental health perspectives*, 87, 309-335.

¹⁷ Shanmugavel, V., Santhi, K. K., Kurup, A. H., Kalakandan, S., Anandharaj, A., & Rawson, A. (2020). [Potassium bromate: Effects on bread components, health, environment and method of analysis: A review](#). *Food chemistry*, 311, 125964.

¹⁸ Borzelleca, J. F., Capen, C. C., & Hallagan, J. B. (1987). [Lifetime toxicity/carcinogenicity study of FD & C Red No. 3 \(erythrosine\) in rats](#). *Food and chemical toxicology*, 25(10), 723-733.

¹⁹ Oishi, S. (2002). [Effects of propyl paraben on the male reproductive system](#). *Food and Chemical Toxicology*, 40(12), 1807-1813.

²⁰ Pulcastro, H., & Ziv-Gal, A. (2024). [Parabens effects on female reproductive health--Review of evidence from epidemiological and rodent-based studies](#). *Reproductive Toxicology*, 108636.

²¹ Aziz, A. A., Shouman, S. A., Attia, A. S., & Saad, S. F. (1997). [A study on the reproductive toxicity of erythrosine in male mice](#). *Pharmacological research*, 35(5), 457-462.

behavioral and neurological concerns in children,^{22,23,24} and their continued presence in school food environments is inconsistent with our shared commitment to child health and development.

Equally important is the legislation's requirement for transparency around the use of food chemicals deemed "Generally Recognized as Safe" (GRAS). Under current federal regulations, food manufacturers can self-certify new chemical substances such as GRAS without notifying the FDA or the public. This self-regulation undermines public trust and hampers the ability of consumers, researchers, and policymakers to evaluate food safety effectively. State legislation would remedy this by requiring disclosure of the safety evidence supporting GRAS determinations and making this information publicly accessible.

We commend the New York City Council for introducing Resolution No. 294-2024 and for recognizing the urgent need for stronger protections in our food system. These reforms would bring New York in line with emerging international standards²⁵ and send an important message that the health of our residents, especially our most vulnerable populations, must come before the interests of chemical and food manufacturing companies.²⁶

As an academic institute committed to public health and social justice, we believe that we must ensure that the food available in our homes, schools, and neighborhoods is not only nourishing but also free from substances known to cause harm. We respectfully urge the Council to adopt this resolution and to continue championing local, state, and federal policies that build a safer, more transparent, and equitable food system for all New Yorkers.

Thank you for your leadership on the issues outlined in the three resolutions considered at today's hearing and for your continued commitment to protecting the health of New Yorkers.

Craig Willingham

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²² de Oliveira, Z. B., Silva da Costa, D. V., da Silva dos Santos, A. C., da Silva Júnior, A. Q., de Lima Silva, A., de Santana, R. C. F., ... & da Silva, S. K. R. (2024). [Synthetic Colors in Food: A Warning for Children's Health](#). *International Journal of Environmental Research and Public Health*, 21(6), 682.

²³ Miller, M. D., Steinmaus, C., Golub, M. S., Castorina, R., Thilakartne, R., Bradman, A., & Marty, M. A. (2022). [Potential impacts of synthetic food dyes on activity and attention in children: a review of the human and animal evidence](#). *Environmental Health*, 21(1), 45.

²⁴ Warner, J. O. (2024). [Artificial food additives: hazardous to long-term health?](#). *Archives of disease in childhood*, 109(11), 882-885.

²⁵ McAvoy, S. A. (2014). [Global regulations of food colors](#). *The Manufacturing Confectioner*, 94(9), 77-86.

²⁶ Freudenberg, N. (2014). [Lethal but legal: corporations, consumption, and protecting public health](#). Oxford University Press.



Testimony of Dina Hawthorne

Addressed to the Health Committee, New York City Council

June 26th, 2025

Good morning, members of the Health Committee. Thank you to Chair Lynn Schulman for having me today and to Councilwoman Julie Menin for introducing Intro 895. Thank you to the NYC Department of Health for their work.

My name is Dina Hawthorne. I am a healthcare professional, a special educator, a mother, the co-founder of the Elijah-Alavi Foundation, and importantly I am Elijah-Alavi mother. November 3rd of 2017, I dropped my son off at a licensed childcare center here in New York City, trusting they would keep him safe, based on their assurance. They shattered my trust when they gave my son (with a documented and known severe food allergy to dairy) a grilled cheese sandwich and worst dismissed his symptoms.

And although they assured me they knew how to act in the event of an emergency...

- **They did not administer epinephrine**
- **Staff was NOT trained to recognize the signs of anaphylaxis**
- **There was No urgency to act quickly**

My son Elijah-Alavi was only three years old, and he died based on what they failed to do – act quickly, identify the signs and symptoms of his food allergies. I buried my child over something that was and is preventable.

I am here today, to urge you to take action. It is time we create standardized safety measures on how to act in the case of an anaphylaxis emergency and how the ability to identify the signs and symptoms of a food allergy reaction in infants, children, kids, in their learning environments, such as schools, day care centers, home day care space, after care, etc.

Int. Bill No. 895 builds on the foundation of Elijah's Law by expanding its protections citywide. Thank you to Councilwoman Julie Menin for her work in this important legislation.

This critical legislation would:

- Require the Department of Education stock weight-based dose epinephrine on all school premises.
- Mandate that all childcare programs are equipped with stock weight-based dose epinephrine for children.

- Ensure legal compliance and preparedness (trainings) in how schools and centers respond to life-threatening allergic reactions.

This is a life-saving prevention policy. ***It ensures that every child is protected.*** This legislation will give caregivers the tools and training to act, and give parents assurance these facilities can take good care of their children and all other children in their temporary care. Food allergies can be fatal. Let's prevent temporary care becoming permanent sorrow.

Passing Int. Bill No. 895 is how we honor Elijah-Alavi's legacy, and not with words, but with action. I with a grieving heart and a passionate spirit, urge this Health Committee to pass this bill and help protect one of our most vulnerable population; children.

Thank you.



Testimony of Thomas Silvera
Father of Elijah-Alavi Silvera
Co-Founder and Executive Director, Elijah-Alavi Foundation
In Support of Int. 895 – NYC Council Health Committee

Honorable Chair and Members of the Health Committee,

My name is Thomas Silvera. I am here today not just as an advocate, but as a father forever changed by the preventable loss of my son, Elijah-Alavi Silvera. Elijah was just three years old when he tragically passed away after being fed a grilled cheese sandwich at a childcare center in Harlem, despite his known dairy allergy. His medical file clearly documented his life-threatening allergy, but there was no epinephrine on site, no trained staff, and no emergency response plan. My son died because the systems meant to protect him simply weren't in place.

That moment shattered our family, but from our grief we created the Elijah-Alavi Foundation, dedicated to advancing food allergy and asthma safety, especially for our youngest and most vulnerable. Since then, we have successfully advocated for the passage of Elijah's Law in multiple states including New York, Illinois, Virginia, Maryland, Pennsylvania, and California. These laws mandate food allergy education, emergency protocols, and stock epinephrine in childcare settings.

Today, I strongly urge the Council to vote in favor of Int. 895, a life-saving piece of legislation that would require schools and childcare programs across New York City to stock epinephrine auto-injectors and implement a comprehensive allergy awareness campaign through the Department of Health and Mental Hygiene.

This bill is not just policy. It is a lifeline. It means having emergency medication available when a child is experiencing anaphylaxis. It means that educators and caregivers are prepared, not paralyzed, in the face of a crisis. And most importantly, it means that we are valuing the lives of children like Elijah by acting before tragedy strikes.

Epinephrine is not one-size-fits-all. It is a weight-based medication, and currently, most facilities are only equipped with a standard 0.3 mg adult dose—leaving infants and toddlers at risk without a properly dosed auto-injector. This gap must be closed, and Int. 895 takes a step in that direction by requiring age-appropriate and weight-appropriate stock.

Let me be clear: the threat is real and growing. Food allergies affect an estimated 1 in 13 children in the United States. That is roughly 2 children in every classroom. But the numbers do not tell the full story. Many children have their first allergic reaction in school, unbeknownst to their

teachers or even their parents. That first reaction can be severe or even fatal without quick intervention. And although these statistics are alarming, the true prevalence is likely even higher, as underdiagnosis, lack of access to care, and disparities in underserved communities continue to obscure the full scope of this public health crisis.

The children most at risk are often our youngest—those in daycares and early childhood education centers—where staff may not be trained or equipped to recognize the signs of anaphylaxis or respond appropriately. Int. 895 addresses this by providing education, requiring stock epinephrine, and raising awareness across all five boroughs.

Passing this bill is not just a legislative victory. It is a moral one. It is a promise to families that no child will be left unprotected. It is an investment in education, equity, and public health.

I ask you today, in Elijah's memory and in the name of every child whose life depends on quick action, vote yes on Int. 895. Let us make sure no more lives are lost simply because the right tools weren't available at the right time.

Thank you for your time, your leadership, and your commitment to making New York City safer for every child.

With deep gratitude,

Thomas Silvera

Father of Elijah-Alavi Silvera

Co-Founder and Executive Director, Elijah-Alavi Foundation

**New York City Council Committee on Health
Committee Hearing**

June 26, 2025

Testimony of EmblemHealth

On behalf of the hundreds of thousands of New Yorkers we serve and employ, EmblemHealth would like to thank Chair Schulman and the members of the Committee on Health for their commitment to improving the health span of our communities.

EmblemHealth is a mission-based, non-profit health plan with over 80 years of local experience, proudly serving more than two million New Yorkers. We operate 15 EmblemHealth Neighborhood Care centers where we provide free in-person and virtual support, access to community resources, and culturally competent programming to all community members. Many of our Neighborhood Care sites are co-located with our partner medical practice, AdvantageCare Physicians (ACPNY), which provides primary and specialty care at over 30 offices in the New York area to over 400,000 patients a year, including at 9 offices in designated Medically Underserved Areas.

We support the legislation under consideration today and are particularly enthusiastic about Resolutions 290-2024 and 442-2024 which will create a healthier future for our City.

Res 0290-2024 calls upon the United States Food and Drug Administration (FDA) to require warning labels on sugar-sweetened beverages. This measure is a proactive step in addressing the obesity epidemic and its associated health risks.

Res 0442-2024 urges the FDA to mandate that chain restaurants include added sugars information in the nutrition data available to consumers upon request.

Often, it is access to information that can lead to improved health outcomes. Implementing warning labels and providing nutritional data can raise public awareness about health risks associated with certain foods and encourage healthier choices. According to the Centers for Disease Control and Prevention (CDC), approximately 38 million people in the United States have diabetes, and 1 in 5 don't know they have it.¹ Sugar-sweetened beverages are a significant contributor to excessive sugar intake, which is linked to increased risk of obesity and type 2 diabetes.² The American College of Cardiology notes the link between cardiovascular health and food choices: those that regularly consume more than the daily recommended amount of sodium may experience higher rates of heart disease.³

With diabetes impacting so many individuals and families in our communities, we know it is critical to equip our neighbors with the tools and information to lead healthier lives. We host free quarterly webinars on

¹ https://www.cdc.gov/diabetes/images/library/socialmedia/diabetesintheus_print.pdf

² <https://www.cdc.gov/nutrition/data-statistics/sugar-sweetened-beverages-intake.html>

³ <https://www.acc.org/About-ACC/Press-Releases/2024/04/01/21/46/majority-of-people-with-heart-disease-consume-too-much-sodium>

public health issues, like diabetes as well as other current topics such as loneliness and social isolation, health equity, and healthy aging. These discussions provide a forum for community members to learn from experts about risk factors and available resources.

Our Neighborhood Care sites compliment these webinars by providing a space community members can participate in fitness and wellness classes, connect with resources like SNAP and make friends along the way. In October 2024, we launched our Communities Diabetes Wellness Program at our Neighborhood Care Fordham Road Center, where diabetes disproportionately impacts Bronx residents. The program offers free A1C tests, diabetes eye screenings, and lifestyle management resources. We are proud to be a HealthyNYC champion partner and launched this program to contribute to the HealthyNYC goal of reducing heart and diabetes-related diseases. Since its launch over 1,000 community members have received diabetes screenings and 67% of participants have completed all education classes in the program. We are also expanding the program to our Neighborhood Care Southern Boulevard site and partnering with other community groups to host additional screening events within the community. Many of our Neighborhood Care sites also offer free nutrition workshops such as Plant-Based Eating 101 and farmers markets and food pantries. Last year, we hosted a culturally competent nutrition class in English and Spanish that included a recipe demonstration.

Our partner physician group AdvantageCare Physicians (ACPNY) is confronting the rise of chronic disease and improving diabetes management by collaborating across multiple disciplines with Primary Care Physicians, Endocrinologists, Nutritionists and Ophthalmologists working together to engage, manage and educate patients on their disease state. Patients within the practice are connected to their entire care team, often at one convenient location. Further, over 75% of patients are enrolled in our online patient portal which supports bi-directional communication including submission of blood sugar readings. During office visits patients receive HbA1C testing, education on tools such as glucometers, Continuous Glucose Monitors (CGMs), insulin pens and receive care by providers who speak their native language – ensuring understanding and trust.

We have also developed several health plan strategies to help our members with diabetes live healthier lives. Our A1Chieve Program, accredited by the Association of Diabetes Care & Education Specialists (ACDES), helps members with Type 1, Type 2, and gestational diabetes to manage their condition, with support provided by registered dietitians and nurses who are certified diabetes care and education specialists. This program led to a 45% decrease in emergency room visits and 56% decrease in unplanned inpatient admissions among participants. In our diabetes reversal program, we saw 71% of members reporting a reduced A1C measurement and 17% of members achieved a state of diabetes reversal (an A1C less than 6.5 and the elimination of all medication except metformin). We are committed to reducing inequity in care, too. After identifying a disparity in the quality measure for Comprehensive Diabetes Care (A1c) for Spanish speakers within the Medicare program, we improved this measure by 9%. Similar activities are improving outcomes for our Black members in the Essential Plan and Medicare.

The adoption of **Res 0290-2024** and **Res 0442-2024** is an outstanding example of New York City in the pursuit of public health and well-being. These measures empower individuals to make healthier choices. Transparency in nutritional content can lead to better health outcomes and reduce the prevalence of chronic diseases such as diabetes and heart disease. EmblemHealth applauds the City Council for its leadership on these issues. We look forward to continuing to work with you to improve the health and wellbeing of all New Yorkers.



**Testimony for the New York City Council
Committee on Finance (Jointly Committee on Health Hearing)
May 23rd, 2025**

To Chairperson Brannan and Chairperson Schulman and Members of the Committee on Finance and the Committee on Health,

My name is Joy Cambe, and I am the Program Coordinator at Empire Liver Foundation. We are part of the NYC Council's Viral Hepatitis Prevention Initiative, which provides the most innovative and effective hepatitis B and C treatment, prevention, and linkage to care, and education programs in the country.

Approximately 314,300 NYC residents are estimated to be living with chronic hepatitis B and C. Given these high rates of infection, it is crucial to sustain and expand the Viral Hepatitis Prevention Initiative to safeguard the health of hundreds of thousands of New Yorkers, and to provide a model and beacon of hope for similar initiatives across the nation and the world.

In the latest NYC Department of Health surveillance report, in 2023 there were 6,947 people newly reported with chronic hepatitis B, an increase of 26% from 2022. There were 2,375 people newly reported with chronic hepatitis C in NYC.ⁱ

For comparison, there were 1,686 new HIV diagnoses in NYC in 2023.ⁱⁱ This means that in 2023, not only was there a sharp increase in newly reported chronic hepatitis B cases, but there were more than four times as many people newly reported with hepatitis B in NYC in 2023, when compared to HIV. Given the high disease burden for hepatitis B and C in NYC, the low investment in the City's viral hepatitis response is putting the health of New Yorkers at risk.

Empire Liver Foundation was established by leading liver specialists dedicated to improving health in NYC communities at a time when NYC needed expert guidance on the novel hepatitis C treatment regimens. Relying on the expertise and leadership of our members, we have developed evidence-based hepatitis B & C clinical trainings for NYC's frontline primary care providers who serve communities most impacted by viral hepatitis. This past year, we have used funding to prioritize clinical trainings for over 400 providers who serve people at highest risk for hepatitis B and C, HIV, and overdose including the uninsured, immigrants, and people who use drugs. With the introduction of the first ever NYC Viral Hepatitis Elimination plan by 2030, continued support of the Viral Hepatitis Initiative is vital to the health and well-being of NYC's most vulnerable. For funding year 2023, we are asking for a minimal investment of 2 million to support the necessary work to achieve elimination.

Our organization continues to work alongside New York City stakeholders that serve marginalized communities often hit the hardest by disease burdens, especially viral hepatitis. We listen and amplify the voices of our New York City neighborhoods who greatly benefit from a variety of community-based health programs. Our organization's members lead in the latest

advances for care of liver diseases. We recognize the stark gaps in health care access and work to grow local opportunities to make access to this life saving treatments to all New Yorkers by expanding the viral hepatitis treatment prescriber base. Our organization is dedicated to reducing health disparities associated with viral hepatitis and advocate the needs of the community to our local, state, and national policymakers to bring essential resources to New Yorkers.

I wanted to take this time to highlight potential impact of first EVER NYC Viral Hepatitis Elimination plan and how we could put NYC on the map as one of the first cities to eliminate viral hepatitis using the existing service framework that the Viral Hepatitis Initiative has already put in place, thanks to city council.

I ask that you continue to support the Viral Hepatitis Prevention Initiative in the upcoming fiscal year. We ask for an additional investment of \$2 million in the Initiative, for a total investment of \$4.24 million to increase our hepatitis B and C services: hire more patient navigators, host more hepatitis B and C testing events, and increase linkage to care and treatment for more New Yorkers.

Not only is sustaining and growing this initiative a comparatively small expense in the larger context of the budget, but the resulting effects will also help drive down the overall financial impact that hepatitis B and C have on our health system every year. Liver cancer is far more costly than early detection, vaccination, treatment and prevention.

I sincerely thank the members of the City Council Health Committee and the other committees here today for supporting the efforts to eliminate hepatitis B and C in New York City and for considering a total investment of \$4.24 million in the NYC Council's Viral Hepatitis Prevention Initiative this year.

Sincerely,

Joy Cambe, MD, MPH
Program Coordinator
Empire Liver Foundation

ⁱ [Working Toward a Hep Free N Y C - 2023 Hepatitis A, B and C in N Y C Report](#)

ⁱⁱ [HIV Surveillance Annual Report, 2023](#)



Free to
Be Youth
Project

Free to Be Youth Project

40 Rector St.
9th Floor
New York, NY 10006
(877) 716-1446
fyp@urbanjustice.org

NYC Committee on Health
Public Testimony
June 26, 2025

To The New York City Council Committee on Health:

Good morning. On behalf of the Free to Be Youth Project of the Urban Justice Center, I would like to thank the Committee on Health for the opportunity to speak with you today. My name is Amy Leipziger, and I am the Project Director of the Free to Be Youth Project.

Free to Be Youth Project

The Free to Be Youth Project (FYP) is a direct legal service provider dedicated to serving homeless and at-risk lesbian, gay, bisexual, transgender, and queer (LGBTQ+) youth. The Project is housed at the Urban Justice Center, a non-profit law collective serving New York City's most disenfranchised poverty populations. Since 1994, we have been providing legal services to LGBTQ+ youth and young adults who are low-income, living on the streets, and homeless shelters, in the juvenile justice system, or foster care. We regularly travel to the Department of Youth and Community Development (DYCD) drop-in centers, including the Ali Forney Center, and Safe Horizon's Streetwork Project to offer direct legal services and know-your-rights workshops. We also conduct legal clinics at the LGBT Center, HMI, and the Pride Center of Staten Island. We have helped hundreds of LGBTQ+ youth with legal problems like applying for legal immigration status, fighting wrongful denials of disability benefits, changing their names, fighting terminations of their public assistance benefits, and overcoming barriers to obtaining safe and stable housing.

The State of Trans Healthcare

These are dark days for the state of transgender healthcare, and by all indicators they may yet get darker. This year in anti-trans policy began with five executive orders eviscerating the civil liberties of trans and gender-nonconforming individuals and making significant advancements in the Republican Party's cynical and dangerous goal to prevent them from accessing gender-affirming healthcare (also called, in the transphobic parlance of Executive Order 14187, "chemical and surgical mutilation"). Just last week, the Supreme Court carried these restrictions

down to the state-level, ruling that Tennessee was within its rights to ban gender-affirming care. The ruling gave permission to an additional twenty-five states to follow suit¹.

When – and increasingly, if – transgender people fight through the stigma and legislation to enter a hospital, they frequently must confront another round of discrimination. The medical system may seem to many of us like a benign environment, but the young people we engage with at FYP see it differently. They see providers who may not treat them as human beings, much less as individuals worthy of respect and dignity. They see bureaucracies that are blind to the critical details of their identity and health background. They see the threat of institutionalization or contact with the criminal legal system hanging over their heads during routine exams. These fears are well-rooted in reality; the Center for American Progress released a damning report detailing the ‘medical system hostility’ that transgender patients experience. Nearly half of all transgender people – and more than two-thirds of transgender people of color – reported having a negative or discriminatory experience with a health care provider. A third of respondents said that doctors intentionally misgendered them or used the wrong name. About 20% reported providers refusing to give health care related to gender transition, being physically or verbally abusive, and refusing to see them altogether².

For our clients, these barriers represent the tip of the iceberg. For immigrants and street-involved youth, reporting these providers may be a risk they can’t afford to take, driving them away from medical resources or the medical system altogether. Minors and new arrivals may be navigating this terrain blindly, without knowing their rights or the resources at their disposal.

It’s disheartening that those that have the hardest time accessing health care are the very populations who need it most. Transgender people have disproportionately higher rates of chronic health conditions, sexual and physical violence, and mental illness than cisgendered individuals. We have a long way to go before we as a city do right by our transgender neighbors seeking healthcare, but two bills on today’s agenda can play a positive role in that journey.

Int 0628 would require that individuals’ rights regarding their preferred name, gender, and pronoun to be recognized in every hospital in the city and require public and conspicuous

¹ <https://www.teenvogue.com/story/skrmetti-gender-affirming-care-decision-everything-we-know>

² <https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/>



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information to be posted detailing the rights of transgender patients. Transgender patients would no longer have to navigate their options blindly and providers would no longer be able to plead ignorance in defense of transphobic behavior. For our clients, the significance of this bill extends beyond the few words it pertains to. Having our clients' identities respected affirms their dignity and self-determination, things that can otherwise be cruelly and casually challenged in everyday interactions.

Int 0629 would require that the Department of Health and Mental Hygiene report on training for medical care for transgender and gender non-conforming patients. This report would help us understand the current state of transgender and gender non-conforming training that New York City medical staff receive. Given that only half of surveyed clinicians reported treating a transgender patient in the past five years³, it is important to know how many of our practitioners have been trained on medical needs common to transgender and gender non-conforming patients and the medical, surgical, and social treatment associated with those needs.

Both the state and the city of New York have been leaders in pushing back against the tide of transphobic healthcare legislation this year. These bills, in addition to providing direct material benefits to transgender New Yorkers, are a powerful signal that healthcare is a right afforded to all – our transgender and gender nonconforming neighbors are no exception.

We at FYP urge you to pass these two bills. We thank the members of this Committee and the community of youth advocates who have been working hard to address the needs of this community. The Free to Be Youth Project stands ready to assist the NYC Council Committee on Health in any way that we can

Sincerely,

Amy Leipziger, Esq.
Free to Be Youth Project

³ <https://www.aafp.org/news/practice-professional-issues/20181214transgendercare.html>

MEMORANDUM OF SUPPORT

Resolution 290-2024

Calling upon the United States Food and Drug Administration to require warning labels on sugar sweetened beverages

Resolution 294-2024

Calling on the New York State Legislature to pass, and the Governor to sign, S.1239A/A.1556A, to prohibit certain food additives, to prohibit the sale of food containing certain color additives at schools, and to prohibit the use of substances "Generally Recognized as Safe" in food unless certain reporting requirements are met.

Resolution 442-2024

Calling on the U.S. Food and Drug Administration to require chain restaurants to include added sugars information in the nutrition information available to consumers on request.



The leading causes of death, disease, and preventable disability in New York are driven in large part by unhealthy diets. To build a healthier New York, we must adopt sustainable strategies to reduce consumption of ultra-processed foods and beverages — particularly those high in added sugars, sodium, and harmful chemical additives.

Each of these resolutions rightly urges the FDA to strengthen its role in protecting the public from these preventable harms. We thank Chair Shulman and all the resolution sponsors and co-sponsors for their leadership.

With respect to added sugars, we look forward to the Department of Health and Mental Hygiene's (DOHMH) implementation of the Sweet Truth law this October, which will require warning icons for high sugar items on chain restaurant menus.

Relatedly, Resolution 442 supports this effort by calling on the FDA to require chain restaurants to disclose added sugars in their nutrition information. This would allow for fuller, more effective implementation of the Sweet Truth Act. Notably, industry leaders like McDonald's and Dunkin' already provide this information voluntarily—demonstrating that it is both feasible and overdue.

Resolution 290 takes a complementary approach by urging the FDA to require warning labels on sugar-sweetened beverages, which remain the single largest source of added sugars in New Yorkers' diets.

Additionally, growing bipartisan concern over chemical additives in foods highlights the FDA's ongoing failure to adequately evaluate the safety of many such substances.

Resolution 294 calls for the full passage of the Food Safety and Chemical Disclosure Act, which passed the State Senate and nearly passed the Assembly this session. That bill would not only remove a small number of harmful additives, but more importantly, require public disclosure of chemicals that have entered the food supply through an FDA loophole without proper safety review.

On behalf of our multi-faith, multi-sector coalition, we look forward to continuing our collaboration with the Council, the Center for Science in the Public Interest, and other partners to advance policies that protect and improve the health and well-being of all New Yorkers.



MenuTrinfo, LLC
5850 Waterloo Rd
Suite 140
Columbia, MD 21045

June 23, 2025

To: The New York City Council's Committee on Health
From: CEO Betsy Craig, MenuTrinfo, LLC
Nationally ANAB Accredited Epinephrine Training Provider
Accepted and Approved by the State of New York

As CEO of MenuTrinfo, I fully support the New York City Council's Committee on Health and their hearing on Elijah's Law New York City Ordinance Int. No. 895-2024.

This vital legislation, which mandates schools and childcare programs to stock epinephrine auto-injector devices, represents a critical advancement in protecting children with food allergies and ensuring emergency preparedness in educational settings. Having readily available epinephrine can be the difference between a severe lethal allergic reaction and a life saved. Simply put this can and will provide a crucial safety net for our most vulnerable population.

Respectfully,

Betsy Craig, CEO
6/23/2025



To the Honorable Members of the New York City Council Committee on Health:

My name is Lianne Mandelbaum and I am writing to express my strong support for Int. No. 895-2024, the Elijah's Law NYC Ordinance, which would require schools and child care programs to stock epinephrine auto-injector devices and ensure that staff are trained in their use.

As someone who is also a parent of a child with food allergies and works in food allergy advocacy represents an organization dedicated to protecting those with life-threatening allergies,, I know all too well how quickly anaphylaxis can strike and how every second counts.

This legislation is named in memory of Elijah Silvera, a three-year-old child who tragically lost his life in a New York City preschool after being fed a grilled cheese sandwich despite his known dairy allergy. His death was entirely preventable, and it underscores the urgent need for systemic protections in all environments where children learn and grow.

Epinephrine is the first-line treatment for anaphylaxis. Yet far too often, child care programs and schools are not equipped with this life-saving medication or the staff are untrained or unaware of how to respond. Elijah's Law will close these gaps by:

- Requiring epinephrine auto-injectors to be stocked on-site
- Ensuring that staff are trained to recognize the signs of anaphylaxis
- Mandating swift and proper emergency response protocols

Passing Int. No. 895-2024 will not only save lives, it will give peace of mind to countless families across New York City who send their children to school each day with the hope and trust that they will be safe.

I urge the Committee on Health and the full City Council to pass this legislation without delay. No child should die from a preventable allergic reaction. Elijah's legacy deserves that justice and New York City has the opportunity to lead.

Thank you for your consideration and leadership.

Lianne Mandelbaum

Founder of No Nut Traveler, Inc.

From: [Edita Birnkrant](#)
To: [Testimony](#); [District29](#)
Subject: [EXTERNAL] NYCLASS Memo In Support of Intro 1172 - pet food pantry pilot bill
Date: Thursday, June 26, 2025 2:28:39 PM



Dear Chair Lynn Schulman and Members of the New York City Council Health Committee,

On behalf of New Yorkers for Clean, Livable, and Safe Streets (NYCLASS), I am writing to express our strong support for the swift passage of [Intro 1172](#), which would establish a pilot program for a pet food pantry in New York City.

NYCLASS represents over 100,000 supporters across the five boroughs, and we regularly hear from New Yorkers who are doing everything they can to keep their beloved pets—members of their families—safe and cared for in the face of mounting economic hardship. The rising cost of living, coupled with inflation in veterinary care and pet food prices, is forcing too many families to make heartbreaking decisions about surrendering their pets.

Intro 1172 is a compassionate and commonsense response to a growing crisis. By creating a pet food pantry pilot program, the City can provide immediate, tangible relief to struggling households and prevent unnecessary pet relinquishment. This not only protects the human-animal bond but also reduces strain on our already overburdened shelter system.

We urge the Health Committee and the full City Council to move quickly on this vital legislation. New Yorkers and their pets cannot wait.

Sincerely,



Edita Birnkrant

EXECUTIVE DIRECTOR

 edita@nyciclass.org



[REDACTED]

 nyciclass.org

NYCLASS

We Love Animals and We Vote!



Testimony of Nyasha's Promise on Newborn Homevisiting Program for the Committee of Health Hearing June 26th, 2025

Thank you, Chair Schulman, and the esteemed members of the Committee on Health. We appreciate the opportunity to testify today on the expansion of the Newborn Home Visiting Program. We also want to acknowledge Councilwoman Selvena Brooks-Powers for championing this important initiative and bringing this critical issue before the Council.

My name is Jade Alexis Donnelly, and I serve as the Director of Community Affairs at Nyasha's Promise. *Nyasha* means grace, mercy, and kindheartedness—qualities that are not just in our name, but at the heart of everything we do. Since 2023, we have collaborated with holistic and medical professionals, community partners and supporters to host maternal health workshops and community baby showers to expecting mothers experiencing homelessness. We rotate through the boroughs of New York City, partnering with shelters, hospitals, and social workers making sure that every community has a chance to receive material resources, education, and celebration.

New York City is facing a maternal health crisis—and that crisis is hitting Black and Brown families the hardest. *In 2017, the Health Department recorded 284 cases of severe maternal morbidity for every 10,000 live births. Black women experienced the highest rate of severe maternal morbidity, at 457 cases per 10,000 births.*¹ Too many are navigating pregnancy, birth, and postpartum care without the support, dignity, and resources they deserve. The persistent racial disparities in these outcomes have fostered a profound mistrust among women of color toward institutional systems—particularly when seeking support. Too often, the fear of surveillance or punitive involvement outweighs the hope for help.

We advocate for the expansion of the Newborn Home Visiting Program to be prioritized in communities of color because we understand the stakes. For many Black and Brown mothers, the right support at the right time isn't a luxury—it's a matter of survival. We commend Speaker Adrienne Adams for establishing the Maternal Health Steering Committee—an essential initiative to address the longstanding disparities in maternal care across our city. This committee represents a meaningful move toward systemic accountability and equitable maternal outcomes. This is a powerful example of leadership rooted in care, and it brings hope to the many families who have been overlooked for far too long.



While we acknowledge and applaud the intent behind this important initiative, our priority lies in its implementation—the manner in which it engages families, the dignity with which they are treated, and the extent to which it genuinely addresses their needs. Well-meaning intentions, while commendable, are insufficient without a process that reflects respect, care, and effectiveness at every level. This program must be rooted in trust—not fear. Its success depends on creating an environment where mothers feel safe seeking support, without the threat of system involvement or the risk of family separation. Help must be offered with compassion and respect, not conditions or scrutiny. No mother should be forced to choose between accessing the care she needs and protecting her family. If we claim this program exists to help, then it must deliver on that promise—unequivocally. For us that means, no hidden consequences, no fear, and absolutely no risk of harm.

The city must invest in maternal health—because to ignore it is to be complicit in maternal death. Speaker Adams said it best “The maternal health crisis is a public health emergency, and the deaths of mothers are entirely preventable if we act with urgency —We have the talent, knowledge, and tools to change the trajectory of maternal mortality in our city. — No one should die from preventable causes, and we owe it to our mothers to work together and get this right.”² Nyasha’s Promise firmly believes that it is a moral duty and a public health necessity—and the cost of inaction is measured in lives.

Thank you for your time and your leadership on this issue. We appreciate your commitment to protecting some of the most vulnerable New Yorkers. I’m happy to answer any questions you may have.

¹“Maternal Mortality and Severe Maternal Morbidity Surveillance.” *NYC.gov*,
<https://www.nyc.gov/site/doh/data/data-sets/maternal-morbidity-mortality-surveillance.page>

²NYC City Council. “Speaker Adrienne Adams Convenes Maternal Health Steering Committee to Urgently Confront Maternal Mortality Crisis in New York City.”
<https://council.nyc.gov/press/2025/02/06/2794/>



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FY 2026

Committee on Health

Council Member Lynn Schulman, Chair

Written Testimony submitted by

Debra Sue Lorenzen, Director of Youth and Education

June 26, 2025

Thank you, Chair Schulman and members of the New York City Council Committee on Health for convening today's hearing. My name is Debra Sue Lorenzen. I am the Director of Youth and Education for St. Nicks Alliance in North Brooklyn. St. Nicks Alliance serves more than 10,000 youth and their families through comprehensive youth and education services for ages 2-24 years old. Our services include an early childhood center, 24 afterschool centers, 7 community schools and community centers, and comprehensive teen programs. Through these initiatives, we work in partnership with dozens of schools and thousands of families to help children develop the academic, healthy living and social-emotional skills to thrive.

I want to begin by thanking City Council and Chair Schulman for your deep commitment to the health and well-being of all New Yorkers. The most important investment today's grown ups can make in New York City's future is in our youngest residents.

St. Nicks Alliance is requesting [Intro 1001 – NYC TXT4KIDS](#), a bill introduced by Council Member Jennifer Gutiérrez, be passed into law. This bill will create an automated text messaging system to deliver timely, essential reminders to parents about their children's health, development, and education milestones. The Department would also be required to conduct an outreach campaign to inform the public about the existence of the program and comply with all laws and regulations related to private identifying information.

This bill was directly inspired by a recommendation in the [SBORO report, *Investing in Families and Our Future*](#), as a low-cost, high-impact way to close information gaps and support working families. Every day, St. Nicks Alliance interacts with parents for information about child care, school enrollment and much more because they did not have the information they needed, when they needed it.

NYC TXT4KIDS is a forward-thinking, affordable, scalable ways to support families today, while we continue working toward universal child care tomorrow.

Thank you for your serious consideration of this bill. WE look forward to seeing this legislation enacted for the benefit of New York City families.

Staten Island Pet Food Donations: INT. No. 1172

“Let’s look at supporting the *entire* family—pets included.” (George Barreto, Community Health Action of Staten Island)

Note that this document contains information collected by the Staten Island Hunger Task Force and high-school student members of St. John’s University Difference Makers in 2023 regarding providing pet food for distribution at local pantries.

We suggest siting the City’s pilot pet food pantry on Staten Island, since our pantry leaders have already identified a strong need on the Island. Also, rather than creating a new pantry from scratch, we suggest that the City provide pet food via one of the mobile pantries—in the case of Staten Island, Project Hospitality or Community Health Action of Staten Island. The need spans the entire borough. Finally, we suggest using existing distribution methods: Driscoll Foods, City Harvest, and Food Bank for New York City can easily add pet food to their current pantry drop-offs.

Sincerely yours,
Susan Fowler
134 Franklin Ave., Staten Island, NY 10301
Past chair of Staten Island Hunger Task Force

Work with Organizations

Greater Good Charities distributes food, essential supplies, clothing, housewares, toys, and more to pets and people in need across the world. A nonprofit can become an ambassador (food hub) and distribute to recipient organizations. See requirements at <https://greatergood.org/goods#our-ambassador-program>. Our closest Ambassadors are in Morristown, NJ, and Middle Village, Long Island.

Pet Help Finder: Find financially friendly pet resources in their database. Nothing local—Madison, Hawthorne, Eatontown, NJ. <https://www.pethelpfinder.org/>

Sent email to NYACC to ask if they do any distributions on SI. <https://www.nycacc.org/services/surrender>.

Through the ACC Admissions Department and agreements with partnering organizations, ACC is able to offer a variety of resources to assist pet owners in keeping their pets. Resources include:

- Reduced or free routine veterinary care, including spay/neuter
- Funding for emergency veterinary care
- Behavior advice and trainer referrals
- Supplies (food, litter, harness, etc.)
- Assistance with tenant/landlord disputes, including NYCHA issues
- Assistance for individuals entering DHS temporary housing
- Assistance for military deployment
- Assistance for pet owners that are hospitalized, incarcerated, escaping domestic violence, or experiencing similar situations

“To find out if ACC can help support you in keeping your pet, please call our Care Centers at 212-788-4000 and let us know about your situation.”

Strong Paw Rescue: Works with community refrigerators and does some deliveries. Emailed request@strongpawsrescue.org for more information. Also has an [Amazon gift list](#).
<https://www.strongpawsrescue.org/pet-pantry>

SI Center for Animal Welfare. Sent email to see if someone would want to talk at Nov. meeting.
<https://www.sicawsaves.org/> and sicawsaves@gmail.com, (718) 948-5623

PAWS NY: Offers house calls for older adults or others dealing with illness, plus food. Sent email to referrals@pawsny.org; phone at 212-203-4760, Ext. 306. <https://pawsny.org/what-we-do/>

Hungry Pets Project: Distributes food through North Manhattan Improvement Corps. Has an [Amazon wish list](#). <http://www.partnershipforshelteranimalsnyc.org/hungry-pet-project.html>

Healthy Pets NYC: Says they donate food occasionally but doesn't explain how. See information on ASPCA and AMC. <http://www.healthypetsnyc.org/home.html>

Some local Meals on Wheels organizations have a pet feeding program in addition to their senior citizen feeding program. They get grants from [Petsmart Charities](#). “By helping an elderly person feed his/her pet, the senior citizen and their pet can maintain the human companion animal bond critical to the senior's emotional and physical health.” See <https://www.mealsonwheelsamerica.org/learn-more/national/press-room/news/2022/09/20/meals-on-wheels-america-and-petsmart-charities-grant-in-2022>

Animal Shelter Tips: <https://www.animalshelvertips.com/>

- How to set up a pet food pantry. <https://www.animalshelvertips.com/blog/start-a-pet-food-bank/>
- Finding ongoing donors and sponsors for your pet food bank.
<https://www.animalshelvertips.com/blog/finding-ongoing-donors-and-sponsors-for-your-pet-food-bank/>
- How to find individual donors for your pet food bank.
<https://www.animalshelvertips.com/blog/how-to-find-individual-donors-for-your-pet-food-bank/>

Animal Medical Center, Manhattan: Has an article about other sources of food.
<https://www.amcnyc.org/blog/2011/07/28/pet-food-pantries/>

Work with Pet Stores and Veterinary Practices

Also ask national Purina, Chewy, and Petsmart:

- <https://www.chewy.com/g/animal-shelters-and-rescues>
- <https://petcolove.org/events/>
- <https://www.purina.com/about/partnerships/animal-welfare-grants>
- <https://petsmartcharities.org/>

Ask at pet stores on SI. They must see poor people coming in to get food for their animals. What do they do?

For pet-food stores, ask if they can become a donation site. They can put out boxes or whatever to collect food and supplies to be donated: <https://petsofthehomeless.org/how-to-become-a-donation-site/>

Ask local veterinary practices about donations—what do they do now to help people hold onto their animals instead of surrendering them to shelters?

Ask supermarkets (for example, ShopRite) whether the supermarket chain can help get pet food.

Local Rescue Organizations with Food for Animals

phoenixlifefoundation.org/, [177 Finley Ave | Staten Island, NY 10306](#), (718) 873-3294, asamo@phoenixlifefoundation.org

www.halftableman.org/, [481 Midland Ave | Staten Island, NY 10306](#), (917) 667-2569, katsmyname@icloud.com



Nadia Swanson, LCSW
Director of Advocacy and Global Programs
They/Them

Committee on Health Hearing June 26th 2025

Attn Councilmembers: Lynn C. Schulman, Chair Members: Joann Ariola, Carmen N. De La Rosa, Oswald Feliz, James F. Gennaro, Kristy Marmorato, Julie Menin, Mercedes Narcisse and Susan Zhuang

The Ali Forney Center and the NYCTQPAC are in support of:

Int 0628-2024 A Local Law to amend the administrative code of the city of New York, in relation to signage regarding transgender rights and services at hospitals

Int 0629-2024 A Local Law to amend the administrative code of the city of New York, in relation to requiring the department of health and mental hygiene to report on training for medical care for transgender and gender non-conforming persons

As a non-binary person I am misgendered every time I go to the doctor's office. It is something I have learned to accept and roll off my back in order to get medical care. For most Trans people it is not as easy and should never be anything we have to endure and is a barrier that keeps people from seeking the medical care they need. This impacts peoples ability to access general primary care, psychiatric care, and any specialty providers.

For the youth we serve at The Ali Forney Center if they do not have access to medical care they will stay unhoused for longer. It directly impacts their ability to find work and learn the skills necessary for independence.

TGNB New Yorkers already suffer from disproportionate lack of access to health care, and the Trump administration seeks to pull funding from NYC providers. Broadly-written White House executive orders define essentially any care for TGNB people as “gender affirming care” – including basics like primary care. Lifesaving gender-affirming care includes primary care, hormone care, chest/breast health, pelvic wellness exams, STI screening and treatment, HIV/AIDS treatment and prevention, harm reduction counseling, surgical treatment and post-operative care, mental health treatment, and more.

The White House and DOGE have already stripped research funding from many of NYC’s longstanding healthcare providers. Many providers expect that the federal government will soon revoke their access to reimbursements for any care provided to patients using Medicare and Medicaid. For many providers who

serve TGNC populations, this would mean closing altogether, leaving already-disadvantaged TGNB New Yorkers entirely without care.

NYC TRANS EQUITY

Problem #1:

- Out of a NYC Budget of \$112,000,000,000, only \$3,225,000 goes to the Trans Equity Initiative Fund.
- 62% of the \$3,225,000 Trans Equity Initiative Fund currently goes to cisgender-led organizations.

Context:

- Initiative funding decisions are made by the presumably **entirely cisgender** Budget Negotiating Team, a secret City Council committee that meets in secret.
- Due to the way the initiative funding operates, it is nearly impossible for new organizations to join, for funded organizations' award to increase, or for organizations in the fund to be held accountable for using trans funding to pay trans people to do trans work.
- Funding is reimbursement-based, requiring organizations to front the money and wait for NYC to pay them back, often for years. This significantly limits trans-led organizations ability to receive larger amounts of money.

Goal:

- Trans-led organizations and programs receive funding to sustain and grow their work, build trans power, care for trans communities, and make space for trans joy.

Demands:

- Increase the Trans Equity Initiative Fund to \$10,000,000 for Fiscal Year 25-26.
- Prioritize trans-led organizations for inclusion in the fund.
- Make the application process more accessible by contracting a technical assistance provider trusted by the coalition to provide free support to eligible trans-led applicants who have been left out of past funding cycles.

Why trans-led organizations?

Trans people know more about transphobia and how to end it than cis people because we live it every day.

What makes an organization trans-led?

Governance, power and legal control over the organization's strategy and finances is primarily held by trans people.

Criteria (at least 2 of 3):

- The Board of Trustees is majority trans
- The organization leader is trans
- Senior staff members are majority trans

Trans Equity Initiative Demand FY 25-26

Organization	Current Funding	FY 26 Demand
A4TE (National Center for Transgender Equality/TLDEF)	\$405,000	\$1,120,000*
Ackerman Institute for the Family	\$305,000	\$350,000
Ali Forney Center	\$25,000	\$750,000*
Community Health Project, Inc. (Callen Lorde)	\$180,000	\$800,000
Destination Tomorrow, Inc.	\$305,000	\$550,000
Fund for the City of New York, Inc. (New Pride Agenda)	\$150,000	\$200,000
Gay Men's Health Crisis, Inc.	\$555,000	\$600,000
Lesbian and Gay Community Services Center (LGBT Center), Inc.	\$305,000	\$305,000
Make the Road New York	\$20,000	\$275,000
New York LGBT Network, Inc. (Long Island Gay & Lesbian Youth)	\$50,000	\$150,000
Planned Parenthood of Greater New York, Inc.	\$30,000	\$30,000
Pride Center of Staten Island, Inc.	\$320,000	\$450,000
Translatina Network, Inc.	\$355,000	\$750,000
Visiting Nurse Service of New York Home Care II	\$200,000	\$200,000
Voces Latinas Corporation	\$20,000	\$20,000

Organization	Current Funding	FY 26 Demand
Afrikana	\$0	\$100,000
Black Trans Liberation	\$0	\$400,000
Caribbean Equality Project	\$0	\$275,000
GLITS	\$0	\$800,000
National Harm Reduction Coalition	\$0	\$50,000
New York Transgender Advocacy Group (NYTAG)	\$0	\$150,000
PFLAG-NYC	\$0	\$350,000
SAGE	\$0	\$275,000
Trans formative Schools	\$0	\$750,000
Free To Be Youth Project (Urban Justice Center)	\$0	\$300,000

Total: \$10,000,000

Key
Trans-Led Organization

Trans-Led Organization:	49.3%
Cis-Led Organization:	50.7%

*1/3 intended for subgrants to trans-led organizations who did not apply to the fund for FY 26 or cannot afford to fully front the money.

Problem #2:

- Trans and nonbinary New Yorkers face imminent destruction of health care services by DOGE.
- Major healthcare providers would close their doors within days because of cash flow.

Context:

- The Trump Administration intends to prohibit the use of Medicare, Medicaid, and other federal funding sources for "gender affirming care," cutting off TGNB New Yorkers' access to medically-necessary gender affirming care.
- Executive orders intentionally define "gender affirming care" as broadly as possible, blocking funding for trans New Yorker's healthcare—**including primary care, cancer treatment, mental health, HIV care, or even a broken leg.**
- Research funding for many of NYC's longstanding providers serving TGNB New Yorkers has already been stripped.
- City Council's executive budget response contains \$15,000,000 for vital for Gender Affirming Care.

Goal:

- Maintain basic, necessary, life-saving healthcare for trans and queer New Yorkers at present levels.

Demand:

- Fund \$15,000,000 to backstop trans-serving healthcare organizations including Health and Hospitals, Callen-Lorde, Institute for Family Health, Apicha, Community Health Care Network, Housing Works, and more.

Problem #3:

- Trans and queer youth are under nationwide attack.
- Many runaway and homeless trans and queer youth are trying to travel to NYC because it is safer.
- Resources are already stretched thin, requiring youth to compete for shelter beds.

Context:

- Trans and queer youth represent at least 40% of the unhoused youth population because they are more likely to runaway than their cisgender heterosexual peers, especially when they lack affirming homes and schools.
- Trans and queer youth have a distinct set of needs best met by specialized providers.
- City Council's executive budget response contains \$6,000,000 for LGBTQ+ Runaway & Homeless Youth.

Demand:

- Fund \$10,000,000 to provide at least 100 new beds for trans and queer youth at specialized providers.
- Honor providers need for \$70,000 per bed. (Comparison: Each incarcerated youth costs NYC >\$750,000 per year)



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**New York City Council
Committee on Health Oversight Hearing**

Testimony Of The Legal Aid Society Regarding Int.1146

June 26, 2025

Prepared by:
Sheneka McKenzie Sage, MSW
Sr. Director of Social Work & Holistic Services
Juvenile Rights Practice

Introduction

The Legal Aid Society ("LAS") welcomes this opportunity to submit testimony to the New York City Council Committee on Health regarding Int.1146. In general, we support these proposals with a few recommended amendments. We thank the Committee Chair Schulman and the other members of the committee for offering the opportunity to highlight some of these critical issues.

The Legal Aid Society

The Legal Aid Society's Juvenile Rights Practice provides comprehensive representation as attorneys for children who appear before the New York City Family Courts in abuse, neglect, juvenile delinquency, and other proceedings affecting children's rights and welfare, typically representing more than 25,000 children each year. The Legal Aid Society represents the majority of children and youth placed in foster care through New York City's Family Courts. The Legal Aid Society has dedicated teams of lawyers, social workers, paralegals and investigators devoted to serving the unique needs of children and youth removed from their homes and placed in the custody of the Administration of Children's Services (ACS), whether due to family regulation system intervention or as a result of juvenile delinquency or adult criminal involvement. Our perspective comes from daily contact with children and their families, and from our frequent interactions with the courts, social service providers, and City and State agencies.

In addition to its individual representation, The Legal Aid Society also seeks to create broader, more powerful systemic change through its law reform representation. These efforts have benefited some two million low-income families and individuals in New York City and the landmark rulings in many of these cases have had a state-wide and national impact. Our experiences engaging in the courtroom and other advocacy on behalf of our clients as well as through coalition building with other stakeholders informs our testimony.

We will only be addressing Int. 1146 in our testimony.

Int. 1146 and Supporting Families While Safeguarding Rights

Int. 1146 would codify an existing newborn home visiting program administered by the Department of Health and Mental Hygiene, providing no-cost in-person and virtual home visits from social workers, nurses, and lactation professionals for new parents within the first few weeks of a child's birth. The program would be made available to 75 percent of "priority neighborhoods" within three years and 100 percent of priority neighborhoods within five years of the law's effective date. Priority neighborhoods are defined as those determined by the Office of Racial Equity pursuant to section 3401 of the City Charter.

We support this important initiative. Indeed, the social science research is clear that evidence-based newborn visiting programs can bring enormous benefit, including preventing child maltreatment, supporting both child and maternal health, improving children’s development and school readiness, improving family economic self-sufficiency, and leading to positive parenting practices.¹

While we appreciate the intention behind this legislation to support new families during a critical transition period, we have significant concerns about the current framework and implementation that must be addressed to ensure this program truly serves families rather than subjecting them to additional surveillance.

Prioritizing a Voluntary, Transparent, and Trust-Centered Approach

First and foremost, any newborn home visiting program must be explicitly voluntary and clearly communicated as such to families. To strengthen this legislation, clear language affirming that participation is voluntary and that families understand they can decline services without consequences is paramount. Our clients and their families often experience various forms of mandated services, and the distinction between voluntary support and mandatory oversight can become blurred, particularly for families already navigating complex and punitive systems.

For this program to succeed, trust has to be the foundation. This requires being upfront about what the program offers, why it exists, and what it aims to solve or mitigate. This also requires transparent communication about what this program is *not* intended to do, such as surveil families and that their decision not to engage in services will not result in mandated reporting to the NYS Central Register of Child Abuse and Maltreatment or referrals to ACS, except in cases of immediate safety concerns. Families should be provided with clear information about confidentiality protections.

Advancing Equity in Geographic Expansions

The legislation’s focus on “priority neighborhoods,” as defined by the Office of Racial Equity, presents an opportunity to thoughtfully consider how we advance equity without reinforcing stigma. We recognize the intent to direct resources toward communities that have historically been under-resourced. At the same time, it is essential to be aware of how geographic targeting may be perceived by families, particularly when support is tied to specific zip codes. Without careful framing, this approach can unintentionally reinforce stereotypes or contribute to feelings of being surveilled rather than supported.

¹ See, e.g., <https://www.casey.org/home-visiting-programs/>

We encourage the Council to explore the possibility of expanding the program universally, making it available to all new parents who seek support, regardless of their location. All families, regardless of neighborhood or income level, can benefit from guidance and reassurance during the early weeks of parenting. A universal approach would reduce stigma, foster greater trust, and affirm the dignity of all families.

If geographic targeting remains a necessary starting point, we recommend clear, community-driven outreach to explain why certain areas are prioritized for support. Families should understand they are being offered services as part of a broader investment in their community, not because they've been flagged as "at risk." Clear communication, such as this, lays the foundation for fruitful partnerships with families.

Workforce Development and Cultural Responsiveness

For this program to be truly effective and trusted by families, the workforce must reflect and understand the communities it serves. We encourage the Council to incorporate language that supports hiring professionals—such as social workers, nurses, and lactation consultants—directly from the neighborhoods where services are delivered. Staff should be equipped with ongoing anti-racism training, multilingual capacity, and the training to provide culturally affirming and trauma-informed care that honors diverse family structures and parenting approaches. Training should be continuous and integrated into the program's fabric.

When families feel seen, respected, and understood, they are far more likely to engage. To foster that trust, program staff must be prepared to examine their own biases and understand the historical impact of surveillance and intervention, especially in communities of color. Without that foundation, even the most well-intentioned support risks being experienced as intrusive.

Conclusion

We again thank the Committee on Health for offering the opportunity to address this important issue.

Contact: Sheneka McKenzie-Sage, SNMcKenzie@legal-aid.org



Statement in Support of Intro 1172: Creating a Pet Food Pantry Pilot Program

6/26/25 VFAR Public Comment
NYC Council Committee on Health

Submitted by:

Allie Taylor
President
VFAR

On behalf of Voters For Animal Rights (VFAR), we fully support the passage of Intro 1172, legislation by Council Member Robert Holden that would require the Commissioner of Health and Mental Hygiene to establish a pet food pantry in at least one location for at least 12 months. It would also require the Commissioner to deliver a report on the impact of the pilot program and the feasibility of continuing or expanding the program. The establishment of a pet food pantry program would serve as a vital resource for the community, providing much-needed support to pet owners in times of financial difficulty. The benefits extend beyond simply feeding pets; they would help maintain the emotional and physical health of families and their beloved companions, promote responsible pet ownership, and alleviate the burden on animal shelters.

Simultaneously, we call on the Council and the Department of Health and Mental Hygiene to guarantee that this initiative is supported by newly allocated funding, ensuring that the financial responsibility does not default to Animal Care Centers of NYC (ACC) or any current agency without appropriate additional resources.

Why Intro 1172 is Necessary:

- **Support for Vulnerable Populations:** Families experiencing financial stress, including low-income individuals, seniors on fixed incomes, and those dealing with unexpected hardship, would benefit immensely from access to pet food. Pets often provide a source of emotional support and stability, and by ensuring they are properly fed, the pantry would help improve the well-being of both the pets and their owners.
- **Prevention of Pet Surrender and Abandonment:** One of the most critical outcomes of a pet food pantry is the reduction in the number of pets surrendered to animal shelters due to food insecurity. Pet food pantries help to keep pets in loving homes. By alleviating the burden of pet care costs, the program would help prevent pets from being relinquished, keeping families together and reducing the strain on local animal shelters and preventing overcrowding.
- **Strengthening the Human-Animal Bond:** The relationship between pet owners and their pets is a vital source of comfort, especially during difficult times. By supporting families in providing for

their pets, a pet food pantry helps preserve these relationships, leading to improved mental health and emotional resilience.

- **Community Building and Collaboration:** A pet food pantry can foster a sense of community and encourage local partnerships. Whether through donations from local businesses or volunteer efforts, such a program strengthens the network of individuals and organizations dedicated to supporting pet owners in need.
- **Healthier Pets:** Ensuring that pets receive proper nutrition is essential for their overall health and well-being. A pet food pantry would offer high-quality food, helping to prevent malnutrition and associated health issues in pets. Healthy pets are less likely to suffer from illnesses that may result in costly veterinary bills.

NYC Has the Opportunity to Lead

Our city has long been at the forefront of progressive animal protection policies, from banning foie gras sales to prohibiting wild animals in circuses. Passing Intro 1172 would reinforce our city's leadership in humane governance and set an example for municipalities nationwide.

Thank you for this opportunity to speak on behalf of the dedicated animal rescuers, advocates, and animal guardians of New York City.

ALEXANDREA LAFATA

ANIMAL ADVOCATE

**Subject of Testimony: Pet Food Pantry Pilot Program
Intro 1172**

June 26th 2025

As someone deeply involved in animal welfare in both New York City and Long Island, I've witnessed the growing crisis of pet surrenders driven not by neglect, but by economic hardship. These surrenders don't just stay local — they overflow into nearby communities like Long Island, where rescue groups and shelters are already stretched thin.

As animals are moved farther from their homes, the chances of reunification can potentially diminish — especially in heartbreaking instances where an individual or family lacks access to transportation or doesn't have the means or understanding to navigate shelter websites or online databases. A simple bag of pet food could prevent that separation altogether.

This is an opportunity to lead with compassion and protect the human-animal bond. With millions of animals already homeless, abused, or waiting in shelters, those lucky enough to have found their way into loving homes should stay there — with the people who will be devastated by their loss.



Alexandrea LaFata

Amanda Whitehouse, Ph.D.

The Food Allergy Psychologist

June 25, 2025

New York City Council Committee on Health
New York City Hall
New York, NY 10007

Re: Support for Elijah's Law NYC Ordinance Int. No. 895-2024

Dear Chair and Distinguished Council Members,

I am reaching out to you as a food allergy parent, a former food allergy patient (outgrown), and a licensed psychologist specializing in food allergy-related anxiety and trauma. I urge your strong support for Elijah's Law NYC Ordinance Int. No. 895-2024 under consideration by the Committee on Health, which would require New York City schools and childcare programs to stock epinephrine auto-injector devices.

My clinical work confirms an abundance of research documenting that children with food allergies and their families live under chronic fear of life-threatening allergic reactions, the constant risk of food being unsafe, and not having epinephrine when needed.^{1,2} Access to on-site epinephrine and trained responders not only saves physical lives—it enhances mental health and allows children complete and unhindered participation in their education. This normative preparedness also contributes to inclusion and equity. All children, regardless of background or resources, deserve to attend school without fear.

By passing Elijah's Law, the City Council would take a powerful stand for the safety, dignity, education, and mental health of children with food allergies. The ordinance would also model proactive inclusion, permanently integrating emergency preparedness into school policy and reinforcing stability and belonging for our most vulnerable students.

██████████ – Hamburg, NY 14075
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dontfeedthefear.buzzsprout.com
www.thefoodallergypsychologist.com

Amanda Whitehouse, Ph.D. The Food Allergy Psychologist

Thank you for your leadership on this issue and for your consideration of this critical step toward protecting our children physically and emotionally. I would welcome the opportunity to discuss this further or provide expert testimony.

With gratitude and respect,

Amanda Whitehouse, Ph.D.

Amanda Whitehouse, Ph.D.

Licensed Psychologist

Host, *Don't Feed the Fear* Food Allergy Anxiety and Trauma Podcast

1 Lebovidge, J. S. *et al.* (2009). Assessment of psychologist distress among children and adolescents with food allergy. *J Allergy Clin Immunol*, 124 (6).

2 Golding, M. A. *et al.* (2021). A scoping review of the caregiver burden of pediatric food allergy. *Annals of Allergy, Asthma & Immunology*, 127 (5).

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www.thefoodallergypsychologist.com

From: [Angela Muriel](#)
To: [Testimony](#)
Subject: [EXTERNAL] SUPPORT FOR INTRO 1172-Pet Food Pantry Pilot
Date: Monday, June 30, 2025 6:39:59 AM

Good morning,

I am writing to encourage you to support the pet food pantry project. When we speak about quality of life matters, the relationships we form with our pets is priceless. However, these are financially challenging times for many and if one small program can help keep more pets out of shelters and more people united with their pets that's a win win in my view!

Please support this program be fully funded by new city council funding as to NOT take away from any ACC funding to pay for the pilot program.

Thank you very much in advance.

Sincerely,

Angela Muriel

Crown Heights, Brooklyn, NY

Statement in Support of Funding a Citywide Spay Neuter Initiative and Pet Food Pantry

NYC Council Health and Finance Committees
FY26 Executive Budget Hearing

Submitted by:
Dana Jacobs
Brooklyn resident (Chi Osse's district)

My name is Dana Jacobs and I am part of Neighborhood Animal Rescue Network (NARN). We are an organized group of 75 animal rescuers living in Central Brooklyn, spanning Councilmen and Councilwomen Chi Osse, Darlene Mealy, Sandy Nurse, and Crystal Hudson: Bed-Stuy, Ocean Hill, Crown Heights and some neighboring areas. We focus on spaying and neutering cats to lower the overall population of feral cats living on Brooklyn streets, preventing reproduction and enabling healthier lives as well as bringing friendly cats who are often former house cats and kittens off the streets to live as pets. We also assist community members who ask for help with community cats or their own pets.

Thank you to Chairs Justin Brannan and Lynn Schulman for leading the initiative to fund **\$1.5 million for spay/neuter services for TNR** (Trap-Neuter-Return) and **\$1 million for the creation of a pet food pantry program**.

Coming off last September's hearing—where over 350 local animal rescue groups were heard—I can't express how important it is that the City Council has come together with the animal rescue community to collaborate on meaningful solutions for both animals and the people who care for them. Our collective efforts are driven by a deep commitment to our community, our neighbors, and the animals we share this city with.

Pet Food Pantry Program

The **number one reason people surrender their pets is financial hardship**. Establishing pet food pantries in high-need, high-surrender areas—such as the South Bronx and East New York—would help families stay together with their pets and reduce the strain on the Animal Care Centers of NYC.

TNR & Spay/Neuter Funding

The high cost of spay/neuter procedures and veterinary care—combined with insufficient support from city government—has led to a **crisis**.

Widespread access to affordable spay, neuter, and basic vet care can be hugely consequential in decreasing the number of stray cats and improving the lives of pets across Brooklyn. We know it firsthand: [Brooklyn Bridge Animal Welfare Coalition](#) (located in Brooklyn Heights) and [Flatbush Vet](#) (located in Bushwick) have been pioneers in low-cost vet care, and the [ASPCA Brooklyn Chapter](#) has underpinned the efforts of animal welfare community for years. Yet they are overextended.

We urge the New York City Council to adopt the \$1.5M funding proposal put forth by Council Members Brannan and Schulman for FY 2026.

For context:

- **NYC Department of Health allocates just \$2.89 per capita** for animal care.

By contrast:

- Los Angeles: **\$10 per capita**
- Miami-Dade County: **\$13.70 per capita**
- Dallas: **Nearly \$15 per capita**

Thousands of compassionate New Yorkers have become certified cat rescuers. Yet, due to a severe shortage of low-cost spay/neuter appointments, they are unable to operate effectively.

- Currently available appointments: **~12,000 per year**
- Needed to manage outdoor cat population: **~100,000 per year**
- Needed to also support low-income pet owners: **~200,000 per year**

The proposed funding would support approximately **8,000 additional spay/neuter surgeries**, helping move us closer to that goal.

The Reality for NYC Animal Rescuers

Over the past two years, many of us involved in animal rescue—particularly cat rescuers—have met with City Council Members to advocate for accessible spay/neuter and veterinary services.

It is surprising to many Council Members that when a constituent calls for help with stray cats—whether they are pregnant, sick, hungry, or cold—**there is no city agency**

available to provide immediate assistance. Instead, the responsibility falls on volunteers like myself.

Most members of NARN got started in rescue the same way: we noticed cats suffering in our neighborhoods. We researched what agencies and organizations we could call for help and all discovered the same thing: No public service exists to help these cats. So in the last 5 years, NARN has rescued, spay, and/or neutered about 1,500 cats.

Without the city's help, constituents typically face three options:

1. Do nothing, allowing the cat to suffer or reproduce;
2. Address the issue using their own time and financial resources;
3. Reach out to volunteer-run rescue groups in hopes of receiving help.

We are an under-recognized, all-volunteer force providing a **vital municipal service without compensation**. We're a network of regular new yorkers and a few formal rescue organizations who operate like a mutual aid group. We are bakers, policy advocates, artists, operations managers, sales professionals, youth education professionals, etc. The majority of us are self-funded, meaning we pay out of pocket and raise money to cover the costs of rescue through crowdfunding. Rescue is not our full time job and in fact often takes time away from our full time jobs.

My hope is that this hearing is the beginning of a paradigm shift at the city of New York that improves the lives of animals and pet-owners across all five boroughs. The proposed FY 2026 funding is a crucial first step toward making that vision a reality.

Sincerely,
Dana Jacobs

Testimony of Darcy Connors

Before the New York City Council

Committee on Health

June 26, 2025

Re: Support for Int. No. 1172-2025 - A Local Law in relation to establishing a pilot program for a pet food pantry.

Chairperson, Members of the Committee, and fellow New Yorkers,

Thank you for the opportunity to submit this testimony in strong support of Int. No. 1172-2025, which would establish a pilot program for a pet food pantry in New York City.

As we navigate a cost-of-living crisis that affects both people and their companion animals, the need for a pet food pantry is not just compassionate, it is essential. We frequently encounter individuals who are forced to make impossible decisions between feeding themselves or feeding their pets. These are not isolated cases. They are emblematic of broader issues: housing insecurity, lack of affordable veterinary care, and limited access to pet supplies in underserved communities.

A city-supported pilot program would bring legitimacy, coordination, and sustainability to this effort, ensuring that no one is forced to surrender a beloved pet simply because they cannot afford a bag of food.

Furthermore, pet food insecurity disproportionately impacts seniors, people with disabilities, and low-income families. Many of them derive daily comfort, companionship, and mental health benefits from their pets. A pet food pantry is a public health intervention. It supports community well-being, keeps families together, and reduces strain on the shelter system.

I respectfully urge the Council to pass Int. No. 1172-2025 and commit to a more inclusive vision of public health that acknowledges the importance of the human-animal bond. Let New York City lead the way in demonstrating that caring for our most vulnerable must include all members of the household, whether two-legged or four.

Thank you for your time, your compassion, and your service.

Very respectfully,
Darcy Connors

From: [Diane D](#)
To: [Testimony](#)
Subject: [EXTERNAL] Pet food pantry
Date: Thursday, June 26, 2025 10:34:13 AM

[REDACTED]

Please pass the pet food pantry bill (intro 1172). It is sorely needed. Food can make a difference between an animal being well or ill, just as in humans. An available pet Food pantry is also another way to allow the human owner to keep their finances up to date with rent, utilities etc. Sincerely, Diane Donohue

From: [Helena George](#)
To: [Testimony](#)
Subject: [EXTERNAL] Testimony June 26 Health Comm. Hearing
Date: Sunday, June 29, 2025 9:22:29 AM

[REDACTED]

Urging you to pass the 1172- 2025 bill intro for setting up Food pantries for animals. Many people have to surrender their companions cuz of \$\$\$. And while here we are in midst of a crisis. S
Animals in system need more space

Helena George June 30 2025

From: [Jean Bubley](#)
To: [Testimony](#)
Subject: [EXTERNAL] Support for Intro 1172 - Pet food pantry pilot
Date: Monday, June 30, 2025 10:00:35 AM

Dear Committee Chair Schulman and City Council Members,

I am submitting testimony in support of Intro 1172 - Pet Food Pantry Pilot. A Pet Food Pantry would be a game changer for families facing financial hardship and trying to keep their pets. Since the pandemic, the cost of pet food has soared. Recently, other costs have increased as well, forcing many households to give up their beloved pets. For many, this is a heart wrenching decision that has a negative impact on the mental health of the people. Of course, it is also devastating for the animal that is given up. A pet food pantry would be a huge help for people struggling to keep their pets. In addition to helping families in need, it would reduce the number of pets surrendered to already overcrowded shelters, or abandoned on the streets.

As an adoption coordinator working with several cat rescue organizations, I see the increase in the number of cats abandoned. These forlorn "friendlies" are found by feeders and trappers who manage feral colonies, and they are making the already bad animal overpopulation crisis much worse. Rescue groups receive multiple pleas for help everyday from people desperately trying to surrender their pets, often because of the cost of maintaining the pets. Sadly, most rescue organizations are full and they cannot accommodate more animals. Even ACC has had to close intakes from time to time over the past couple of years. A Pet Food Pantry would provide a much needed safety net.

A Pet Food Pantry would also be very helpful to feeders who manage feral cat colonies. These people are often low-income seniors.

Please open the Pet Food Pantry!

Respectfully,
Jean Bubley

From: [Yahoo Mail](#)
To: [Testimony](#)
Cc: [Jone Noveck Yahoo](#)
Subject: [EXTERNAL] Support for Intro 1172 - Pet food pantry pilot
Date: Monday, June 30, 2025 5:26:51 PM

[REDACTED]

New Yorkers with pets and rescue animal responsibilities need HELP.
We need the new City Council to be a hero to Pet Parents and rescuers. Please set up a supply of food via a pilot Pet Pantry.

It's very important that the program be fully funded by new city council funding, and must NOT take away any ACC funding to pay for the pilot program.

Do something nice and compassionate today, support 1172 - Pet Food Pantry Pilot... New Yorkers will love you because New Yorkers love animals.

Jone Noveck. (tax-payer city/state/federal)

[REDACTED]
New York, NY 10036
[REDACTED]

To Whom It May Concern,

My name is Leo Andujar. I am a born and raised New Yorker. I am also a proud human to two cats and I support the Pet Pantry Pilot program you are talking about today.

Three years ago I developed arthritis and it has become debilitating over the last year. I recently went on disability leave from work. Making \$680 a month doesn't give me much to pay bills let alone feed my cats. I used to attend the NYC ACC food pantry that was held at their Fordham Plaza location in the Bronx. The line used to go around the corner and I would line up at 6am because they ran out of food by 1pm even though they started to distribute food by 12pm. They only gave dry food because it was the most affordable way to get food to as many people as they can.

There were still a lot of people turned away. This is the Bronx Experience. We are in high need and underserved. The Bronx ACC pantry discontinued and we are left with many pet owners surrendering or abandoning their animals. Pet food pantries are as needed accessible spay/neuter services. They will help poor New Yorkers like myself keep the furry family members home. Please approve this program.

Thank you,
Leo Andujar



From: [Malissa Vazquez](#)
To: [Testimony](#)
Subject: [EXTERNAL] Support of Intro 1172 - Pet food pantry pilot
Date: Friday, June 27, 2025 8:31:05 PM

Dear New York City Council,

My name is Malissa Vazquez, and I am a 35-year-old New Yorker who has recently begun engaging with the animal rescue community in a professional capacity, with ambitions to deepen my work in this field.

As someone living on a low income who has spent much of my life navigating medical, mental health, and social service systems, I have experienced firsthand how critical support systems can be. I have also seen how even professionals can sometimes get things wrong—both in human services and in animal welfare. Organizations like NYC Animal Care & Control (ACC) and the ASPCA have provided me with invaluable help over the years.

As an adult who has too often been labeled “defective,” “disabled,” or “unworthy,” being able to care for animals has helped me heal from past adversities in ways that no psychotherapy session ever could. It’s my dream to one day create a trauma-informed, recovery-centered sanctuary where both humans and animals can find healing together.

Learning to care for companion animals on my own was made possible by support from organizations like ACC, the ASPCA, and now Voters for Animal Rights (VFAR), which is inspiring me to explore the political side of rescue, rehabilitation, and community support. I strongly urge the City Council to approve Intro 1172, which would establish a pet food pantry pilot program in New York City.

Currently, pet food pantries are few and often depleted, and they can be difficult to access, especially for those of us with limited transportation options. Despite these challenges, they have taught me how to manage resources more effectively and even share what little I have with others in need. For many, pet food pantries are a lifeline — sometimes making the difference between someone being able to foster a pet temporarily or keep a beloved companion animal during tough times.

Pet food pantries, like all social support services, should never be abused. But for countless New Yorkers, they represent stability, compassion, and hope. Most importantly, I urge the Council to ensure that this program is fully funded by new City Council funding and that no funding is taken away from the Animal Care Centers of NYC (ACC) or any existing animal welfare services to pay for this pilot program.

Please support Intro 1172 and help keep families and their animals together.

Thank you for your time and consideration.

Sincerely,
Malissa Vazquez
Bronx, resident

From: [maria](#)
To: [Testimony](#)
Subject: [EXTERNAL] NYC needs to do better for helpless lives - Cats
Date: Thursday, June 26, 2025 8:38:28 AM

Good Morning,

I am unable to attend hearing, i am paraplegic. But, being paraplegic does not stop me from feeding homeless cats wet food or providing water for homeless cats. I support TNR track neuter return because shelters are overcrowded and shelters are not always handled by people who really love animals as there are videos of people abusing animals in shelters and pet stores so it's best to just do TNR track neuter return. many of us and many people who have pets need help we love animals and we wish we could provide them good wet food, but sometimes with the economy, it's impossible. NO life should be ignored. No life should be excluded from NYC budget. Please organize an honest place happy place where families can get wet food for their 4 legged family members.

Thank You

[Sent from the all new AOL app for iOS](#)

From: [MARLEY MCDERMOTT](#)
To: [Testimony](#)
Subject: [EXTERNAL] Count my vote
Date: Friday, June 27, 2025 4:53:53 PM

Good afternoon ,

My name is Marley McDermott , please count my vote for yes for bill number 1172 . Thank you very much .

Sincerely,

Marley McDermott

[REDACTED]

Bellrose Village , NY 11001

[Sent from AOL on Android](#)

As the founder of an animal rescue organization in New York City, I've seen firsthand the growing crisis facing pet owners. Every day, we hear from families struggling to afford the basics—not just for themselves, but for their beloved pets. They aren't looking to give up their animals; they're just desperate for help feeding them. Sometimes they don't have a choice.

Right now, PuppyKittyNYCity operates a small-scale pet food bank, but it's only available to rescue partners. Why? Because we simply don't have the resources to serve the general public. The demand far outweighs what we can currently supply. We need to do more, but we cannot do it alone.

We urgently need a fully funded, public-facing pet food bank in NYC. This initiative must be funded separately and cannot be expected to come from the city's Animal Care Centers (ACC) budget. That budget is already stretched thin trying to manage overcrowded shelters, under-resourced staff, and a surge in animal surrenders. Taking from the ACC budget would only shift the crisis—not solve it.

A publicly funded pet food bank would keep more animals in loving homes, reduce the burden on the shelter system, and offer real relief to New Yorkers in crisis. It would honor the human-animal bond and recognize that pets are family—and families deserve to stay together, even during hard times.

I am happy to help with set up or assist in way that I can!

New York City has always prided itself on compassion and community. This is our chance to live up to that.

— Meagan Licari
President, PuppyKittyNYCity

From: [Naomi Semeniuk](#)

To: [Testimony](#)

Subject: [EXTERNAL] I am an animal activist and have marched with NYC animal activists and many people can not pay their rents and

Date: Thursday, June 26, 2025 1:06:39 PM

[REDACTED]

some have pets so a pet pantry facility is needed for NYC. If Mr.Mammdani will be our Mayor please we need a pet animal pantry for good!!!!!!! Naomi Semeniuk

From: [Suzanne Miller](#)
To: [Testimony](#)
Subject: [EXTERNAL] Pet food pantry bill
Date: Sunday, June 29, 2025 8:06:17 AM

[REDACTED]

We desperately need a food pantry for people who love pets But are finding it hard to afford.

Suzanne Rubenstein

[REDACTED]
Howard beach NY 11414

Thanks

Resolution [0116-2024](#)

I'm Tahalia, a mother, a health justice champion, and a New Yorker. I'm here today to explain why (Resolution [0116-2024](#)) is crucial from a reproductive perspective.

I have the luxury of choose whether or not to use birth control as a woman of childbearing age. Regardless of whether you have public or private insurance, this is a privilege. I took advantage of this luxury by getting an IUD, or intrauterine device. It was liberating and practical for my way of living at the time.

However, when it came time to have it removed, I ran into a number of complications that resulted in medical debt. Despite several office trips, provider changes, and healthcare facility visits, the issue remained, resulting in significant medical debt. My reproductive health was temporarily placed on hold due to medical debt. Failure to undergo appropriate reproductive care, such as IUD removal, could have resulted in fatal repercussions such as infection or loss of reproductive organs.

This medical debt relief fund resolution is critical because it will lessen the difficulty associated with postponing reproductive health care and help women who are unable to pay for reproductive care when their insurance does not cover specific procedures. This is why the decision to make a donation to this fund is beneficial.

June 25, 2025

Honorable members of the committee, thank you for allowing me the opportunity to submit my testimony for Intro 1172. My name is Toni Martucci, and I am advocating for the establishment of public pet food pantries in New York City.

As many of you know, pets have become beloved family members for millions of people across the nation. They provide unconditional love, companionship, and comfort. However, as we face rising costs of living, economic hardship, and unforeseen life challenges, more and more pet owners are finding it difficult to meet the basic needs of their animals. Just as we offer support to families who struggle to put food on the table, it is equally important to consider how we can help pet owners who may be forced to make painful decisions, including sacrificing the well-being of their pets.

The Issue:

1. Financial Strain on Pet Owners:

Pet care, including food, can become an overwhelming expense, particularly during times of financial crisis. For individuals and families living paycheck to paycheck, the cost of feeding a pet may sometimes feel like an insurmountable burden. For many, the choice is stark: their own well-being or their pets.

2. Impact on Pet Health:

Inadequate food or an inability to provide enough nutrition can lead to serious health issues for pets. Many pet owners are simply unable to afford the specialized food required by pets with medical needs, such as prescription diets for allergies, digestive issues, or other conditions. When faced with the choice of paying for essential pet food or basic household expenses, pet health often suffers.

3. The Emotional Toll on Pet Owners:

The emotional toll of not being able to care for a beloved pet can be devastating. For many, pets are not just animals, they are family members. The inability to feed or properly care for them leads to feelings of guilt, stress, and a sense of helplessness. When resources are limited, the mental health consequences can be profound, especially for vulnerable populations such as seniors, disabled individuals, or low-income families.

4. Pets and the Public Good:

Pets play an important role in society. They serve as therapeutic companions; help reduce feelings of loneliness and depression and improve the mental and physical well-

being of their owners. Ensuring that pets stay in homes rather than being surrendered to shelters benefits not only the animals but also our communities. A public pet food pantry can help mitigate the number of pets entering shelters due to economic hardship, reducing overcrowding and strain on local animal shelters and rescues.

The Solution: A Public Pet Food Pantry

A public pet food pantry could provide much-needed support for pet owners in our community who are experiencing financial hardship. By offering pet food at no cost or low cost, we can alleviate some of the burdens placed on families, seniors, and individuals struggling to make ends meet. Here are some key benefits:

- 1. Ensuring Access to Basic Pet Needs:**

A public pet food pantry would ensure that families in need have access to nutritious food for their pets, allowing them to keep their pets healthy, happy, and at home.

- 2. Strengthening the Bond Between People and Pets:**

By providing access to food, we allow people to continue their relationships with their pets without the stress of financial strain. This bond is incredibly important, particularly for those who may rely on their pets for emotional support.

- 3. Reducing the Number of Pets in Shelters:**

By offering pet food support, fewer animals would be surrendered to shelters due to financial hardship, freeing up resources for those animals in greater need of medical attention or adoption.

- 4. Supporting Vulnerable Populations:**

This initiative would directly benefit groups such as low-income families, seniors on fixed incomes, and individuals facing temporary setbacks. It would help prevent situations where individuals are forced to make the impossible decision to surrender their pets due to a lack of food.

Conclusion:

In conclusion, a public pet food pantry would provide immediate relief to pet owners facing economic hardship, ensure the health and well-being of their pets, and contribute to a compassionate and supportive community. As our society continues to recognize the integral role that pets play in our lives, we must take steps to ensure that every pet has the chance to live in a loving home, regardless of the financial circumstances of its owner.

I urge this committee to consider the creation of a public pet food pantry and help us foster a community that cares for both its people and their pets. Thank you for your time and consideration.

Sincerely,

Toni Martucci

[REDACTED]

[REDACTED]

Brooklyn, New York 11229

From: [Victoria Augustine](#)
To: [Testimony](#)
Subject: [EXTERNAL] Bill 741-2024
Date: Tuesday, June 24, 2025 3:16:42 PM

Testimony Regarding Bill 741-2024

Single-use plastic bottles are the bane of our existence. I cannot walk down the street in Astoria without finding crushed plastic in the streets, clogging our drains. These plastic bottles decompose into shards of microplastics, which in turn degrade further into nanoplastics and enter our systems through the water systems, the soil we grow food in, even the air we breathe. We now have microplastics in our hearts, lungs, intestines, reproductive organs, and even our brains. A recent study in Nature Medicine showed we're carrying the equivalent of a plastic spoon in our brains. This is due to the ubiquitous use of plastic in our daily lives.

Starting with our leaders—who should lead by example—we need to REDUCE the purchase of single-use plastic water containers, or meals, or refreshments that include such containers. Prohibiting the renewal of contracts for these items will show the public our government means business for our environmental goals.

Particularly New York City should show other cities the way to a cleaner environment. All New Yorkers want to be proud of our city and our representatives.

Please pass Council Member Erik Bottcher's Bill 741-2024.

Victoria Augustine
[REDACTED]
Astoria, NY 11106
[REDACTED]

From: [Save Shelter Animals](#)
To: [Testimony](#)
Subject: [EXTERNAL] JUNE 26 Health Committee Hearing Testimony
Date: Sunday, June 29, 2025 12:08:53 PM
Attachments: [SPOT.png](#)
[franklin.png](#)
[Bole.png](#)
[Kara Bentley.png](#)
[DUKE.png](#)

June 29

**June 26 Health Committee Hearing Testimony
Support for Intro 1172**

Marilyn Galfin – Voices for Shelter Animals

We support Council Member Holden's INTRO 1172, a bill to establish a pet food pantry — a critically needed measure. Many New Yorkers facing financial insecurity cannot afford pet food. Combined with the lack of access to affordable vet care, spay/neuter services, dog training, and more, this leads to a rise in *economic euthanasia*. In fact, a survey by Rover.com found that 41% of U.S. dog owners have reduced their own grocery spending due to rising pet food costs. No one should be forced to choose between feeding their families or their beloved pets — or surrendering their animals to a kill shelter.

This is why the city must invest more into life-saving solutions and support life-saving legislation such as INTRO 1172.

The lack of pet-inclusive housing is also a major driver of animals entering the shelter system — and it reduces the number of people able to foster, which is a critical lifeline for shelter animals. I have model legislation on this issue and am actively seeking a council member to sponsor it.

While pet food banks will save lives, much more is urgently needed. We are in the midst of the worst homeless animal crisis ever — facing massive abandonment, overwhelmed shelters, and a skyrocketing, out-of-control community cat crisis. Rescuers, shelter workers, and advocates are exhausted, burned out, and pleading for the city to step up. The situation is dire.

Council Member Schulman — despite our brief conversation on the street — your office continues to ignore my calls and emails, even when there are actions you could take today to help ACC shelter animals. Every other council member points to you, noting that DOH/ACC matters fall under your purview. I've submitted concrete policy suggestions and legislative initiatives — yet continue to receive no response.

You were swayed to change the September Health Committee hearing from an oversight hearing on the ACC to one on rescue in the city, eliminating a critical opportunity for the public to raise concerns about the shelter crisis.

I've reached out to many council members — including some attending this hearing — as well as other elected officials, with legislative proposals. Some say they care but don't have the time or bandwidth. Others show little interest or avoid the issue altogether. These responses — however well-meaning or dismissive — only strengthen the urgent call for dedicated bodies focused on animal welfare: a Department of Animal Welfare, a City Council Animal Welfare Committee, an independent third-party oversight board, and more. Yet we still have none of these.

There will always be competing priorities — but the city cannot continue treating homeless animals as a low or no priority.

Right now, ACC's at-risk lists average over 30 dogs and cats — animals who can be destroyed at any moment. Ten loving, adoptable, treatable dogs were killed in just one weekend — including three puppies. This is not humane euthanasia. This is killing.

The city must declare this a state of emergency and implement emergency protocols. I have submitted these ideas

How can the city allow Manhattan ACC to continue operating as it does — where animals come in healthy, get sick inside the shelter, are placed on kill lists, and are only saved if a rescue group can afford to take on the financial burden? Otherwise, they lose their lives. This is unconscionable.

We need an emergency task force and town hall meetings for community input — to work together to end the atrocities taking place inside ACC shelters. These are loving, sentient animals — who, through no fault of their own, end up in the system. They should not pay with their lives when so much more can be done to save them.

No one can convince me this city can't do better. It is not a matter of resources — it is a matter of will. These lives matter. And now, during this unprecedented crisis, is the time for the city to take unprecedented action. It is a moral responsibility to protect those who cannot protect themselves.

With all the wealth in this city, there is no excuse not to direct serious funding toward saving lives — rather than using taxpayer dollars to end them. The city also must help people keep their pets, who, to so many of us, are family.

I look forward to the opportunity to work with City Council Members to get more life-saving initiatives implemented.

To truly grasp the gravity of the homeless animal crisis, you need to see some of the dogs who were destroyed—read their bios, watch their videos. Without that, they remain mere statistics instead of being seen for the sentient beings they truly were: each with a name, a history, a personality, and emotions. All of that was senselessly taken from them. New York can and must do more.

OPIE killed 6/25 MACC

VIDEO <https://youtu.be/8Y4b9s2eqUE>

VIDEO https://youtu.be/pzOkC_fJl84
<https://www.facebook.com/NYCDogsLivesmatter/posts/1133066755521516?rclid=XsEjVDZt9m3nxGYy#>

NUTELLA Killed 6/27/ MACC

<https://youtu.be/w2J83yErCPO?si=s9wp9kNtTVHXoxR6> SHE CAME IN AS A STRAY SHE WAS SAFER ON THE STREET

THOUDRA, 6/11

<https://www.facebook.com/TeamAnimalPledges/posts/1117203160428612?rclid=T3kgI85Nd3wSrsWu#>

GOOGLES 6/27 Queens

Video <https://www.facebook.com/share/r/18tC2Zq9Kw/>

<https://www.facebook.com/NYCDogsLivesmatter/posts/1123105796517612?rclid=yVrmOVhRyfXmg9aJ#>

Duke was killed Saturday June 7 along with 5 other dogs.

DUKE-Killed 6/7 -Owner Moving-Public Adoptable

VIDEO: <https://www.youtube.com/watch?v=bnCwh5htCLY>

This is **SALVADOR DOGL**. 6/ 7 after being neutered 4 weeks earlier by an off site vet. He was a public adoptable dog.

HERE IS HIS VIDEO <https://www.facebook.com/share/r/1AM9EqfYE4/>

HERE IS HIS BIO <https://www.facebook.com/NYCDogsLivesmatter/posts/1112642254230633?rclid=QzqJGusG2x5DKF8h#>

MAXIMUS-6/ 8 MACC 1 Yr Old Puppy-OWNER HAD CANCER & had to give him up

<https://www.facebook.com/NYCDogsLivesmatter/posts/1123998219761703?rclid=klilxAaxmBTvr76V#>

AKER- 6/8 - Queens 1 yrs old Puppy

<https://www.facebook.com/NYCDogsLivesmatter/posts/1125415146286677?rclid=gmoFCMypFIL1eUIM#>

LILLY BLOSSOM 6/8 MACC 2 yrs old

<https://www.facebook.com/NYCDogsLivesmatter/posts/1123964529765072?rdid=rbcTOOzffOa3KCf4#>

ENOLA HOLMES, 6/7 QUEENS Isn't this TOO MUCH 500MG TRAZADONE AND 1200 MG GABAPENTIN DAILY

VIDEO <https://www.facebook.com/reel/1368791217464876>

VIDEO <https://youtube.com/shorts/duipTe3L-Ug?si=IjdoQ0ubeGOMFTVR>

PEACH COBBLER, 6/7/25

VIDEO https://youtu.be/iN4BmL6Xs-8?si=6ESnLRUit_9mEpMQP

VIDEO https://youtu.be/_bQ2N4pMXyU?si=cbRP2UIZnTjr43-z

BIO: <https://www.facebook.com/NYCDogsLivesmatter/posts/1112642254230633?rdid=QzqJGusG2x5DKF8h#>

SAMSON 6/7 Queens -Spay/Neuter Kill -Public Adoptable

Surrender Reason: 4/29/25- Stray

VIDEO <https://www.facebook.com/share/r/15cD6Nyi78/>

BIO: <https://www.facebook.com/NYCDogsLivesmatter/posts/1123979909763534?rdid=dUWxYQAGM7XzsUpT#>

MAXIMILIANO 6/7 MACC -Owner Moving -No Pets Allowed

VIDEO <https://youtu.be/WiL-TFBD5go>

BIO <https://www.facebook.com/NYCDogsLivesmatter/posts/1122425299918995?rdid=MINTy3dg3enzqbN8#>

GRASSHOPPER MACC 6/18 1yrs old

<https://www.facebook.com/mlsavingnycdogs/posts/pfbid02XKY3iEbh3JcdAhExN3MyAmFs63q6GTPhLE9bPpcCvJJv9d8SWc6KnRqGpuZGYN3dl>

AMETHYST 5/5 MACC 1 yrs old

<https://www.facebook.com/NYCDogsLivesmatter/posts/pfbid02FtyLo1k5kVRZtZVb3tVLPYEXUYukgydU79q82PXN3JJAWfs7q6TiKYSIMFKpPZel>

FONZIE 5/5 MACC

<https://www.facebook.com/NYCDogsLivesmatter/posts/pfbid0WjSRwpZRxyZiA2ombgyKu1zb9pQmw951DhxgThgWdA8sEkchrQhspqwoipwzAk4bl>

SCOOBY DOO 5/6 QUEENS

<https://www.facebook.com/NYCDogsLivesmatter/posts/pfbid02iNgeMhBneLNZZanHDBXBGma2Wvk6BSnPPEHsiXpac7vMidbG5qTbMmWhhJ43p3kul>

SHADOW BOT 5/2

<https://www.facebook.com/NYCDogsLivesmatter/posts/pfbid02ZmV6zXw4uaYHV3S4UMqGh5WH75NZvQCRMXkemSW9AUqE4MAuE21sRqkfqqJp8gYxl>

JACKIE 5/5 MACC 2 years old

<https://www.facebook.com/NYCDogsLivesmatter/posts/pfbid0frZZdkFVv5SMk47j4YHRk5cGdR17YKbWWz458nJi47UoC6t2k3a9F4k7Gvs8atDLI>

SCOUT 5/4 MACC. 3 yrs old

<https://youtu.be/-0MuAGFUNKs?si=L99ufhi82EaWj3nl> [https://youtu.be/lq0xQQfDM44?](https://youtu.be/lq0xQQfDM44?si=c6s9nsrmthGcxqWC)

<https://www.facebook.com/NYCDogsLivesmatter/posts/pfbid0E77bDVtaJUaTXNiXWXVvBuZxQ5KUT1azvAux9icmHU6n9n8j1kWvPg3YZVh5qK59l>

ROADRUNNER 5/4 MACC

<https://youtu.be/9Hc00jimpFd8?si=xUB68iQd-FDrAcCn>

<https://www.facebook.com/NYCDogsLivesmatter/posts/pfbid0g9bhMMzLk5hnuaiNm1efU4BnacKNZZ3JsTrkxd6bDNiPhdUQ7WqM3bhfM9RetpnMI>

BLU 5/4 MACC 2 yrs

old <https://www.facebook.com/NYCDogsLivesmatter/posts/pfbid0NnuAfAq2tUYHJBrogXMkK8Enfraks2h7YRruNHJVGCJ73LTh4L3F7CthZGkwSsKI>

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Zahira McNatt

Address: Deputy Commissioner, Center for Health Equity

I represent: and Community Wellness / Chief Equity Officer

Address: NYC DOHMH

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Corinne Schiff

Address: Deputy Commissioner, Environmental Health

I represent: NYC DOHMH

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Jennifer DeCarli

Address: Deputy Commissioners for Family Justice Centers
and Survivor Supports

I represent: _____

Address: NYC Mayor's Office to End Domestic and Gender
Based Violence

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Rebecca Linn-Walton

Address: Assistant Commissioner, Bureau of Alcohol

I represent: and Drug Use Prevention, care, and Treatment

Address: NYC DOHMH

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Estelle Riboni

Address: Acting Assistant Commissioner, Bureau

I represent: of Maternal, Infant and Reproductive Health

Address: NYC DOHMH

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Erinica Olden

Address: Deputy Director of Training Programs and

I represent: Initiatives

Address: NYC Mayor's Office to End Domestic and Gender

Based Violence

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 29 Res. No. _____

☒ in favor ☐ in opposition

Date: 6/26/25

(PLEASE PRINT)

Name: Denise Carter-Truden

Address: _____

I represent: Volunteers of America - Greater New York

Address: Intro 29

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Catherine Trapani

Address: _____

I represent: Volunteers of America - Greater NY

Address: Topic: Intro 29

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 6/26/25

(PLEASE PRINT)

Name: Denise Gibbs

Address: [Redacted] Brooklyn NY 11234

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0895 Res. No. 2024

☒ in favor ☐ in opposition

Date: 6/26/2025

(PLEASE PRINT)

Name: DINDINA HAMILTON

Address: _____

I represent: The Eligan-Alavi Foundation

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1172 Res. No. _____

☒ in favor ☐ in opposition

Date: 6-26-2025

(PLEASE PRINT)

Name: Heather Butts

Address: 16-70 Bell Blvd

I represent: Staten Island Hunger Task Force

Address: Staten Island NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Jade Donnelly

Address: [REDACTED] NY, NY 10036

I represent: Nyashas Promise

Address: Long Island

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Marilyn Galtier

Address: _____

I represent: Voices for Shelter Animals

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1041, 1042, 1043 Res. No. _____

☒ in favor ☐ in opposition

Date: 6/26/25

(PLEASE PRINT)

Name: OTONIEL FELIZ SAMBOY

Address: [REDACTED] BX NY 10468

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: 6/26/25

(PLEASE PRINT)

Name: Christopher Leon John Son

Address: [REDACTED] Buffalo Avenue [REDACTED]

I represent: SPH

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: June 26, 2025

(PLEASE PRINT)

Name: Liliana De Lucca

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. 290, 294

☒ in favor ☐ in opposition

Date: 6/26/25 442

(PLEASE PRINT)

Name: Bob Pezzolesi

Address: Roughkeepsie, NY

I represent: Interfaith Public Health Network

Address: E 165th St, Bronx

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 6/26/25

(PLEASE PRINT)

Name: Judith Naranne

Address: _____

I represent: Volunteers of America - Greater New York

Address: Intra 29

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: 6/26/25

(PLEASE PRINT)

Name: Sarah Fain

Address: Flushing, NY

I represent: Korean American Family Service

Address: Flushing, NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. 0116-2024

☐ in favor ☐ in opposition

Date: 06/26/2025

(PLEASE PRINT)

Name: Tahaha Joseph

Address: _____

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 06/26/2025

(PLEASE PRINT)

Name: Thomas Pittman Aid

Address: _____

I represent: Jefferson Public Advocate

Address: Williams, J

Please complete this card and return to the Sergeant-at-Arms