



Testimony

of

Elliott Marcus

Associate Commissioner, Bureau of Food Safety & Community Sanitation

New York City Department of Health & Mental Hygiene

before the

New York City Council Committee on Health

regarding

**Intro 818: Requiring Posters with Information
on Food Allergies in Food Service Establishments**

January 29, 2009

250 Broadway, 16th Floor

New York, NY

Good morning Chairperson Rivera and members of the Health Committee. My name is Elliott Marcus, and I am Associate Commissioner of the Bureau of Food Safety and Community Sanitation at the Department of Health and Mental Hygiene. With me today is Robert Edman, Assistant Commissioner of the Bureau of Food Safety and Community Sanitation. On behalf of the Department, thank you for the opportunity to testify regarding Introduction 818.

The core mission of the Bureau of Food Safety is to protect the public health by permitting and overseeing the food safety practices of nearly 27,000 New York City food service establishments. Bureau inspectors reinforce the importance of food safety by monitoring a food service establishment's compliance with Health Code Article 81, and conducting risk-based inspections that examine practices that may cause food borne illnesses if performed incorrectly. They determine if potentially hazardous foods are adequately cooked using approved processes, making sure that hot foods are kept hot and cold foods are kept cold, and food is protected from contamination. Inspectors also spend a considerable amount of time educating food service establishment operators about food safety.

The BFSCS also promotes food safety through the Department's Health Academy, which certifies 18,000 people annually in food safety. Participants are required to spend five half days at the Academy learning about safe food preparation, health hazards, food-borne illness, pest control facility maintenance and New York City Health Code requirements. To assure an acceptable level of knowledge, all course participants must pass an Academy test to receive certification. To further promote the health and safety of food service establishments, the Department requires restaurants to have at least one person certified in food protection on-duty at all times of operation.

Food safety focuses largely on basic practices for sanitary food preparation and handling, rather than the needs of individual patrons. By contrast, food allergies are different for each individual and are therefore not something that can be easily regulated or monitored as a matter of general public health. However, DOHMH understands that for the estimated 12 million American food allergy sufferers who can have an allergic reaction,

ranging from minor itching to, in extreme cases, fatality, this is an important concern. This issue is compounded by the increasing number of Americans that eat outside the home and therefore have less control over the food they eat. Unfortunately, with a high volume of diners consuming food prepared for the general public, an unsuspecting diner with food allergies could be exposed to a food that provokes an allergic reaction. It was with this in mind that in 2008, the DOHMH added food allergy awareness as part of the food protection certification training provided at our Academy.

Introduction 818 requires food service establishments to display a poster advising restaurant workers and servers how to meet the needs of patrons with food allergies. Avoiding the allergen is the only way to prevent an allergic reaction, and requires the cooperation of patrons and food service establishment personnel. Awareness among food safety workers is a major step towards safe dining for individuals with food allergies. A poster of the type required by Intro 818 has the potential to reduce the number of allergic reactions resulting from prepared food by raising awareness and providing suggestions on how food service establishment workers can accommodate concerned diners.

While most food safety regulations are contained in the Health Code, the Administrative Code already includes provisions requiring food safety establishments to post information regarding choking prevention and alcohol consumption by pregnant women, therefore DOHMH has no objections to Introduction 818.

Thank you again for the opportunity to testify. I am happy to answer any questions you might have.

Testimony of Robert Pacenza

**Presented to the Committee on Health, New York City Council
Oversight Hearing on Food Allergy Issues
January 29, 2009**

My name is Robert Pacenza. I am the Executive Director of the Food Allergy Initiative - FAI - a national non-profit organization located here in Manhattan and dedicated to finding a cure for life-threatening food allergies. Since FAI was founded in 1998, we have raised more than \$42 million for research, clinical programs, education, and public policy initiatives.

The people whose stories you are hearing today represent over 12 million Americans who suffer from food allergies - including approximately 300,000 New York City residents. Until researchers find a cure, these children and adults need your help to keep them safe. We recognize that these are challenging times for our city. I want to emphasize that the initiatives that we are recommending will be cost-efficient, easy to implement, and effective.

Every year, thousands of New York City residents experience potentially fatal allergic reactions. In 2007 alone, more than 4,900 EMS calls were advanced life support-level responses to reports of anaphylaxis. For these New Yorkers, epinephrine was a lifeline. But for an unknown number of others, there was no effective treatment until they got to the emergency room. Their ambulances were not equipped with this life-saving medication.

Every day, people with food allergies are put at risk because only advanced life-support ambulances are required to carry epinephrine. Basic life-support ambulances may do so voluntarily, but most of them do not.

This would be understandable if administering epinephrine required extensive training. But thousands of children and teenagers - not to mention their families, friends, teachers, and camp counselors - have learned to use epinephrine auto-injectors. There is no reason why capable and dedicated basic life support EMTs should not learn to do the same. It would also be understandable if auto-injectors were costly, but they are not. That is why FAI is encouraging the New York State Regional Emergency Services Medical Council to mandate that all New York City basic life support-level ambulances carry epinephrine auto-injectors.

When you live with a food allergy, you learn to accept a certain level of daily risk. But there is no reason why a 911 call should be a game of chance.

We also can reduce risk by making sure that every food service employee has easy access to basic information about food allergies. FAI and the Department of Health are ready to begin work on an educational poster, which will be inexpensive to produce and can be

translated into multiple languages. The poster will be a simple and effective educational tool, especially if its distribution is mandated by law.

Food allergies are on the rise in developed countries around the world. They affect our residents and our visitors. New York has worked hard to earn its reputation as one of the safest cities in the world. Food allergy awareness will enhance that reputation. It will be an invaluable investment in the future of our city.

On behalf of FAI and the families we represent, I urge you to help us implement these programs as soon as possible. Thank you.

Testimony of Dean Palin

**Presented to the Committee on Health, New York City Council
Oversight Hearing on Food Allergy Issues
January 29, 2009**

My name is Dean Palin, and I am pleased to participate in this important hearing. I am here today for three reasons: I am an owner of restaurants here in Manhattan, including Big Daddy's and City Crab, that are sensitive to the concerns of people with food allergies. I have had a severe peanut allergy since I was four years old. Most importantly, I am the father of two children with life-threatening food allergies.

Over the years, I have experienced many allergic reactions, both mild and severe. The most serious occurred when I was 26. During a business trip to Las Vegas, I unknowingly ordered a sugar cookie which turned out to be a peanut butter cookie, and went into anaphylactic shock after taking a bite. At the hospital, the doctor actually asked me what kind of cleric I would like them to call. Miraculously, I survived. But I can't say that I quickly returned to a normal life. I began to have panic attacks. I was so afraid of eating that I lost 32 pounds. To this day, I still don't like to talk about that experience. But I will never turn away from an opportunity to make the world a safer place for my kids.

Thanks to organizations like the Food Allergy Initiative, it is safer. Schools and camps have food allergy management programs – which were unheard of when I was growing up. We have a federal food labeling law. People are more aware of food allergies than ever before. But until researchers find a cure, our kids will never be completely safe. Every food-allergic parent lives in dread of the phone call – the call that says that the healthy, happy child you saw at breakfast is on the way to the hospital and won't be home tonight ... or maybe on any night, ever again.

No matter how confident we are when we ask questions about the food we are about to eat, sometimes people accuse us of being neurotic or even hysterical. But we're really no different from any of the parents in this room. We want our kids to become well-adjusted, confident adults. We wish we didn't have to walk the tightrope between protecting them and giving them the freedom they need and deserve.

This committee can help us to get off that tightrope. When administered quickly, epinephrine is a miracle drug. I urge you to do everything possible to ensure that no ambulance will ever arrive without it. I also urge you to support training programs and tools for food service staff. New York is the restaurant capital of the world. We can and should be the leader in providing a safe, welcoming dining experience for our food-allergic residents and visitors.

On behalf of food-allergic families throughout the city, I am grateful for your consideration of these initiatives.

Testimony of Jennifer Gardner

**Presented to the Committee on Health, New York City Council
Oversight Hearing on Food Allergy Issues
January 29, 2009**

My name is Jennifer Gardner, and I am pleased to have the opportunity to speak about my experiences as an adult with multiple food allergies, which include a severe allergy to tree nuts. I am an attorney, and the mother of two young children who, thankfully, have not as yet shown any signs of developing a food allergy.

The most frightening aspect of living with a food allergy is its unpredictability. A past mild reaction to an allergen is not necessarily an indicator of mild reactions in the future. Unfortunately, food allergies can be progressive over time. One must remember that the next reaction might be life-threatening. That's exactly what happened to me.

As a child, I broke out in a few hives after eating walnuts and learned that I had what I thought was a mild allergy to tree nuts. Naturally, I became adept at avoiding hive-inducing foods throughout my young life. All was fine until one day in the spring of 1987. I was a 20-year-old junior in college. After a quick pasta lunch, I started walking to my LSAT class, which was housed in a building on campus. On my short walk to class, my throat started to feel scratchy, my nose closed up and my stomach cramped. When I arrived at the building, I went straight to the ladies' room and was shocked by my reflection in the mirror. My face had swollen beyond recognition, and I was already dizzy and having great difficulty taking a full breath. No one was in the bathroom with me, and because my throat was closing, I was unable to call out for help. Panicked that I would soon be unconscious on the bathroom floor, I somehow managed to crawl out into the hall, which alerted passing students to my dire situation.

It took fifteen minutes from the time I put down my fork at lunch to the time the student found me in the hallway and called 911. That's how little time it can take to go from being a healthy, active person to someone on the brink of death.

The ambulance got me to the emergency room quickly. Unfortunately, that was all the EMTs could do for me, because there was no epinephrine on board the vehicle. Later I learned that, despite my best efforts to get accurate information, there had been nuts in the pesto sauce that I had eaten at lunch. I am very, very lucky to be here today.

Twenty-two years later, the food service industry is far more aware of the needs of food-allergic patrons. But even when restaurants make an effort to be allergy-aware, the training is often incomplete or the communication is poor. Last year, I ate at a well-known Manhattan restaurant. Although two servers assured me that there were no nuts in my entrée or any of the appetizers on the table, by the end of dinner I had broken out in angry welts from head to toe. It took three weeks to recuperate.

I want to emphasize that I don't expect anyone to take unreasonable steps to protect me. I am a responsible adult who always carries her Epi-pen. I generally eat at familiar restaurants and always make a point of alerting servers to my food allergies. But most of the mistakes I've encountered have been made by people who mean well, but who simply lack basic information. Your support of a training tool that sets consistent standards for restaurants throughout the city – like the poster we're discussing today – would make a big difference.

Thank you for listening to my story, and for your respect for the concerns of New Yorkers with life-threatening food allergies.



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My name is Dr. Justin Skripak. I am a pediatric allergist working at Mount Sinai Hospital in New York City. The majority of my clinical practice involves evaluating and managing children with food allergies. Today, I am representing my patients, the Jaffe Food Allergy Institute at Mount Sinai, the New York Allergy and Asthma Society and the Food Allergy Initiative.

Food allergy has become increasingly prevalent over the past decades. In October 2008, the Centers for Disease Control reported that the number of young people who had a food allergy increased 18% between 1997 and 2007.¹ In 2007, approximately 3 million U.S. children and teenagers under age 18 were reported to have a food allergy, compared to just over 2.3 million in 1997. Studies also indicate that although virtually any food can be an allergen, a rather small group of foods accounts for most food allergies: Peanuts; tree nuts (examples are walnuts and cashews); milk; egg; shellfish, such as shrimp and lobster; fish; wheat; soy and seeds account for most of the severe food allergies.

The increasing prevalence of food allergy is particularly concerning given that food-induced reactions can be severe and life-threatening. This increasing prevalence also means that there are a growing number of food allergic individuals who must obtain safe meals in restaurants and other food establishments. One of the major risks for food-induced reactions is hidden ingredients in prepared foods. Even trace amounts of an allergen can cause these reactions.

There is no cure for food allergy and no medication can prevent severe reactions. The current treatment for food allergy is strict avoidance of the food, along with always having epinephrine (also known as adrenaline) injections available in case of emergencies. Having this emergency treatment available is essential because accidental exposures to foods are not uncommon.

Studies show that quality of life (QOL) is significantly impaired in people with food allergy.² Difficulties with obtaining meals outside of the home are identified as one of the major sources of stress and reduced quality of life for persons and families with food allergy. Food-allergic consumers must be vigilant in stores, such as bakeries and ice cream parlors, as well as restaurants. These individuals can have allergic reactions to small amounts of a food hidden in prepared dishes, or from cross contact when, for example, shared utensils, pans, blenders or fryers are used. Therefore, an allergic patron must alert the restaurant of any allergies, but is otherwise almost completely dependent on knowledgeable and conscientious restaurant personnel to provide a safe meal. Food servers and preparers must have adequate communication with the patron and with each other, and an understanding of food allergies and safe meal preparation to ensure the customers safety. One recent study surveying 100 New York

area restaurant personnel including managers, wait staff and chefs showed a poor understanding of the topic.³ The following are the key findings from that study:

1. The majority thought that food allergy was much less common than it is actually estimated to be.
2. Only 42% had received some type of food allergy training.
3. Only 58% knew of a plan in place to handle a food allergy emergency.
4. However, a large proportion, 72%, said they were very comfortable or somewhat comfortable in providing a safe meal.

Despite this self-perception of having sufficient knowledge and ability to handle food-allergic customers, there was a relatively high frequency of incorrect assumptions when specific questions were posed:

- 24% incorrectly thought that consuming a small amount of the allergen would be safe.
- 35% incorrectly thought that fryer heat would destroy allergens.
- 54% considered a buffet safe if kept “clean.”
- 25% incorrectly responded that removing an allergen from a finished meal (e.g., taking the offending food off the dish) was safe.

An alarming aspect of this study was that knowledge deficits were apparent, despite the respondents' high confidence that they could provide a safe meal.

To summarize:

1. Food allergy is increasingly common.
2. Accidental consumption of a small amount of a food allergen can be a life-threatening mistake.
3. Individuals with food allergy would like to be able to, and deserve to be able to, eat out safely.
4. The major reason that eating out is stressful and problematic for persons with food allergies is a lack of understanding of food allergy and food allergens by restaurant personnel.

The goal of making restaurants safe for food-allergic individuals is achievable. In the homes of allergic individuals, the foods they are allergic to are often eaten safely by other members of the family. With a bit of effort and time invested for education, the same can be accomplished in a restaurant setting. Informational posters and training sessions would be two ways of accomplishing this goal. I urge you to implement these measures to improve the safety and quality of life of food-allergic individuals.

Lastly, regarding a separate but equally important food allergy topic, I would like to add my support for a requirement to equip all levels of ambulances with epinephrine. Injected epinephrine is the only truly effective medication available to stop a severe allergic reaction. It

should be available for all emergency responders to administer immediately when appropriate for the treatment of anaphylaxis.

Respectfully submitted,



Justin M. Skripak, MD

References

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2. Bollinger ME, Dahlquist LM, Mudd K, et al. The impact of food allergy on the daily activities of children and their families. *Ann Allergy Asthma Immunol* 2006, 96:415-421.
3. Ahuja R, Sicherer SH. Food-allergy management from the perspective of restaurant and food establishment personnel. *Ann Allergy Asthma Immunol* 2007, 98:344-348.

TESTIMONY BEFORE CITY COUNCIL REGARDING FOOD ALLERGY SAFETY

BY Julie Menin

January 29, 2009

I want to first thank Council Members Jessica Lappin and John Liu for their leadership on the important issue of food allergies and holding this hearing today. Food allergies affect over 12 million Americans. Over 300,000 children and adults in New York suffer from food allergies. Yet, food allergy sufferers in New York face a dangerous situation that must be immediately rectified.

In New York City, basic life-support ambulances don't carry epinephrine auto-injectors (commonly known as "epi-pens") the only medicine that can save someone from a potentially deadly anaphylactic reaction where the throat can literally close in minutes, so if you have a severe reaction, you could face fatal consequences. In 2007, there were 4900 calls to 911 in New York reporting an anaphylactic reaction. Yet in New York, you only have about a 33 percent chance of getting an advanced life-support ambulance as only one third of ambulances have advanced life support. When every minute can literally mean the difference between life and death, those odds are unacceptable. It is truly shocking that a city such as New York would not take the responsibility to compel all ambulances to have epi-pens, which are simple auto injectors costing about \$20, that even teenagers can be trained to use.

I want to tell you my story and why this issue is so important to me and thousands of other New Yorkers. My now 5 year old son was diagnosed with a serious peanut allergy at age 2. He had his first reaction after eating peanut butter. Luckily, the reaction was not too severe and ever since then we have been ever vigilant with protecting him from any peanuts or even cross contamination.

We were not so lucky with my other son, Mason. Mason and his twin brother were tested for food allergies, when they were two years old, and tested negative to all food allergens. One year later, on a family vacation to Colorado, we sat down to dinner on New Year's Eve. We were eating salmon. Mason after taking one bite, suddenly started crying and said his lip hurt. I looked at him and his lip had literally swelled to the size of a large grape. Within minutes, his tongue had swollen to twice its normal size and his voice became hoarse as he gasped for air. We immediately injected him with an epi-pen that we had for his older brother him, and called 911. Thankfully, the town we were in had epi-pens and advanced life support. They gave him another epi pen, steroids and put him on a breathing apparatus. We spent that night in the hospital as they treated Mason. His whole face was deformed and swollen and he was in incredible discomfort. He doctor told us we were so lucky to have had an epi pen. If not, he couldn't say what would have happened to Mason.

If this incident had occurred in New York, we might not have been so fortunate. Since the twins had tested negative to all food allergies, they did not have epi pens with them. The incident could have occurred in New York and we could have been without an epi pen and had to rely on a New York ambulance. We then would have only had a 33% chance of getting an ambulance with an epi pen

These odds are completely unacceptable. New York has led the way on health initiatives such as the smoking ban and the ban on trans fats. Yet how can we not have the most basic of medicine to treat potentially fatal reactions to food allergies. I strongly urge you to mandate epi pens on all New York ambulances immediately before any lives are lost as a result.



FOR THE RECORD

Before the Council of the City of New York Committee on Health
Re: Oversight – Food Allergy Issues in New York City Restaurants

Int. No. 818: In relation to requiring posters with information on food allergies in food service establishments

Statement of the Asthma and Allergy Foundation of America

January 22, 2009

Introduction: The Asthma and Allergy Foundation of America (AAFA) is the leading nonprofit consumer and patient organization fighting asthma and allergic diseases. AAFA provides free information to the public, offers educational programs to consumers and health professionals, leads advocacy efforts to improve patient care and supports research to find better treatments and cures.

AAFA appreciates the opportunity to participate in the above-referenced hearing. We favor providing more information to food allergic consumers regarding ingredients in their foods so that they can make informed choices. Requiring posters containing information on food allergies at New York City's food services establishments is a step in the right direction. The challenge of the Department of Health will be determining what information to require on these posters. To the Department, we recommend caution.

Background: Food allergies have grown in prevalence in the United States. About four million people have food allergies. People with food allergies have reason to be concerned about what they eat. Food allergies can kill and severely injure, causing about 30,000 cases of anaphylaxis, 2,000 hospitalizations and 150 deaths each year. Avoiding food allergens is the best strategy for people who are affected. Having a



food allergy means a life of constant vigilance against unintentional exposure to allergens. The eight most common food allergens are responsible for 90% of all food-allergy reactions – peanuts, tree nuts, fish, shellfish, eggs, milk, wheat and soy. Unfortunately, for millions of food allergy patients, even trace-amounts of certain allergens may be enough to trigger a life-threatening allergic, “anaphylactic” reaction. Although many foods do not have main ingredients that are allergenic, many of them are processed in facilities where cross contamination with allergens occurs. Short of restricting their diets to what they produce and prepare themselves, allergic consumers need better ingredients information to assist them.

AAFA recently conducted a survey of food allergic patients and their care givers to assess their preferences. The people who responded to the survey shared valuable information that might help inform your legislation, and we have enclosed a copy of the full survey results and the comments made by the respondents.

AAFA's Position on the Proposed: AAFA stands for giving people with food allergies a fair chance to avoid potentially deadly allergens in the food products they consume, whether in their homes or in restaurants. Eating out can be terrifying for people with severe food allergies. Recently, we heard from a woman who said that her husband suffered an allergic reaction after a restaurant served him a dish containing crab meat. Her husband, allergic to seafood since childhood, died at the age of 35. These tragedies are avoidable if allergic patients have access to the accurate information about ingredients in prepared foods.

Thus, we are inclined to support legislation that helps to provide information on food allergies in food service establishments. Posting information helps to promote food allergy public awareness. However, the proposal under consideration seems incomplete because it does not include “information on food allergies” to be included on the posters. Will the posters simply warn that the establishments serve foods



containing certain allergens, or will they include comprehensive ingredients listings for menu items? Will they use plain language to describe allergens? Will the law require standard terminology for the posters? Posters alone may not help unless the information is clear, comprehensive and consistent.

We warn the Department that current food advisory label warnings used on food product labels are not a great model because they cause confusion for many food allergic consumers. In fact, our survey indicated that 99.3% feel that these warnings are insufficient as currently used. If the warnings overreach, saying that allergens “may” be present in the restaurant or in all foods served there generally, people with allergies may feel that businesses are simply avoiding liability. Allergic consumers may stay away when some may be at less risk depending on the type and severity of their allergy. It would be far better to give customers access to a list of ingredients for each menu item rather than plaster an overly general warning.

People whose English-language skills are limited may not fully understand written food allergen information. The proposed legislation mandates certain covered languages, but that provision ignores people who have low literacy. While an estimated 99% of Americans are literate, according to the National Adult Literacy Survey, about 21% have reading skills that are too limited to read a food label. Posters should take into account wide and expected variations in literacy levels, including language differences, by using symbols and images as well as words to convey warnings. Posters should also consider those who are visually constrained in reading small print, like “Baby-Boomers” who are experiencing age-related vision loss.

While providing written information on posters can be an important line of defense, it should not stand alone. AAFA believes that consumers need to know that they can rely on the integrity of the products that they consume. In restaurants, this means training for wait staff and food preparers to assure that they are aware of allergen safe



Asthma and Allergy
Foundation of America

food handling, and consequences of miscommunication. This may mean developing consistent, restaurant industry wide allergen warnings that use terms and simple, evocative symbols or images that convey meaning intuitively, like "Mr. Yuk". We are aware of one company that produces a clever label that diners can attach to their orders which symbolizes their allergen. Wait staff and kitchen staff can attach the symbols to the diner's orders as a cross check.

In summary, AAFA supports informing allergic patients. Requiring posters with food allergen information in all food service establishments can be a step in the right direction. We strongly recommend collaboration with medical experts, food service establishment and consumer representatives to assure that the information provided on these posters is accurate and useful to diners with food allergies.

TESTIMONY: FOOD ALLERGIES/RESTUARANTS

Susan Leavitt
11 Riverside Drive, Apt 13NE
New York, NY 10023
sleavitt@nyc.rr.com

I want to thank the members of the New York City Council for inviting us to comment on this piece of legislation. I am the mother of an 18-year-old son with multiple life threatening food allergies. I had never heard of food allergies 16 years ago until my son, who was 2, nearly died from drinking one sip of milk. His throat closed up within minutes. He carries an auto injector of epinephrine with him at all times. Since that time my son has outgrown some of his severe food allergies, but is still allergic to dairy, nuts, fish and shellfish. That list is made up of short, succinct words, but the word dairy means no butter, no cheese, no milk, no ice cream and nothing containing even the tiniest amount of any of these allergens. Imagine yourselves not eating any of these ingredients every single meal, every snack, every day of your lives because it could be fatal. And think about being a parent of a child going to birthday parties with pizza and ice cream cakes. That's how we've lived our lives all these years.

Whenever out-of-towners ask me, "Where's a good restaurant in New York City?" I say "Anywhere." I was born and raised in the city and know we have the best restaurants in the world, from diners to world-class chef establishments. But my family and I can't eat in many of them because they aren't educated about food allergy. I'd like all of you to imagine never going out to a restaurant for a meal with friends or family or to celebrate special occasions, because you don't know if the food served will lead to a life threatening reaction. It isn't only about asking about the food itself, but whether it's a hidden ingredient in a recipe, whether it's been cooked or prepared on the same surface or with other things you're allergic to. For instance, french fries – if you're allergic to shellfish and they fried shrimp in the same oil, you will likely have a reaction eating the french fries. Or if you're allergic to dairy and someone in the kitchen cuts a sandwich with cheese on it and then cuts your sandwich with the same knife, you can react. And did you know that peanut butter is sometimes used as a secret thickening agent in chili? Many restaurant staffers aren't even aware of these issues and provide misinformation to patrons. It's a veritable minefield.

There are 12 million Americans who have food allergies and a significant number of fatal and near-fatal allergic reactions take place in restaurants. We need to have restaurants be aware of food allergies and we need them to take us seriously. We applaud the City Council for supporting the display of a food allergy poster, but we would also like to see further steps taken to train restaurant and food service staff to understand these special needs. Video and written materials, as well as a poster already exist, through the Food Allergy & Anaphylaxis Network (FAAN). The FAAN poster has been submitted into the Council record and FAAN has an entire training program. Restaurants in New York City must now show calorie content to help diners make healthier choices when they eat. We think restaurants need to understand and observe good food allergy practices to save lives. Thank you very much. It's been an honor to meet with you.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 818 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Justin Skripak

Address: _____

I represent: Mount Sinai School of Medicine

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 814 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Robert Edman

Address: 125 W 42nd St

I represent: ADHMT

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 818 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Susan Leavitt

Address: 11 Riverside Drive, 13NE, NY NY 10023

I represent: myself + son with food allergies

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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I intend to appear and speak on Int. No. 818 Res. No. _____
 in favor in opposition

Date: _____

Name: Dean Palin (PLEASE PRINT)

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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I intend to appear and speak on Int. No. 818 Res. No. _____
 in favor in opposition

Date: _____

Name: Jennifer Gardner (PLEASE PRINT)

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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I intend to appear and speak on Int. No. 818 Res. No. _____
 in favor in opposition

Date: _____

Name: Ro Shaffe (PLEASE PRINT)

Address: CB1

I represent: _____

Address: 55 Liberty Street, NYC, 10005

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

(PLEASE PRINT)

Name: Elliot Marcus

Address: Associate Commissioner - Bureau of Food Safety & Community Sanitation

I represent: Department of Health & Mental Hygiene

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. 818 Res. No. _____

in favor in opposition

Date: 11/27/09

(PLEASE PRINT)

Name: Robert Bookman

Address: 325 Broadway, NY, NY 10007

I represent: N.Y.S. Restaurant Assoc.

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 818 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Jolie Menin

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 818 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Robert Lacenza

Address: _____

I represent: Food Allergy Initiative

Address: _____

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