

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

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June 26, 2025  
Start: 10:20 a.m.  
Recess: 1:06 p.m.

HELD AT: Council Chamber - City Hall

B E F O R E: Lynn C. Schulman,  
Chairperson

COUNCIL MEMBERS:

Public Advocate William  
Joann Ariola  
Tiffany Cabàn  
Carmen N. De La Rosa  
Amanda Farias  
Oswald Feliz  
James F. Gennaro  
Robert Holden  
Kristy Marmorato  
Julie Menin  
Mercedes Narcisse  
Pierina Sanchez  
Susan Zhuang

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

Jennifer DeCarli  
Deputy Commissioner for Family Justice Centers  
and Survivor Supports

Ermira Uldedaj  
Deputy Director of Training Programs and  
Initiatives

Corinne Schiff  
Deputy Commissioner, Environmental Health

Dr. Zahirah McNatt  
Deputy Commissioner, Center for Health Equity  
and Community Wellness/ Chief Equity Officer

Dr. Rebecca Linn-Walton  
Assistant Commissioner, Bureau of Alcohol and  
Drug use Prevention, Care, and Treatment

Estelle Raboni, Acting Assistant Commissioner,  
Bureau of Maternal, Infant, and Reproductive  
Health

Zoila Dominici

Otoniel Feliz

Dina Hawthorne  
Elijah Foundation

Judith Naraine  
VGA, Intro. 29

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

Catherine Trapani  
VOA-GNY, Intro. 29

Denise Carter-Pruden  
VOA-GNY, Intro. 29

Jade Donnelly  
Nyasha's Promise, Intro. 1146

Heather Butts  
Staten Island Hunger Taskforce, Intro. 1172

Tahalia Joseph  
Reso. 116

Robert Pezsolesi  
Interfaith Public Health Network, Reso. 290,  
294, 442 11

Naima Dahir  
Arab American Family Support Center

Sarah Fajardo  
Korean American Family Services

Liliana De Lucca

Denise Gibbs

Nadira Pittman

Christopher Leon Johnson

Maryiln Galfin

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

Jenna Riemenschneider  
AAFA, Intro. 895

Chris Martinez  
Foundation for Asthma, Intro. 895

Renia Butler  
Intro. 895

Nadia Swanson  
Trans health

Michelle Villagomez  
ASPCA, Int. 1172

2 SERGEANT AT ARMS: This is a microphone check for  
3 the Committee on Health recorded on June 26, 2025,  
4 located in Chambers by Nazly Paytuvi.

5 SERGEANT AT ARMS: Good morning and welcome to  
6 the New York City Council Hearing of the Committee on  
7 Health. At this time can everybody please silence  
8 your cell phones. If you wish to testify, please go  
9 to the back of the room to fill out a testimony slip.  
10 At this time and going forward, no one is to approach  
11 the dais. I repeat, no one is to approach the dais.  
12 Chair, we are ready to begin.

13 CHAIRPERSON SCHULMAN: Thank you. [GAVEL]. Good  
14 morning. I am Council Member Lynn Schulman, Chair of  
15 the new York City Council's Committee on Health.  
16 Thank you all for joining us at today's hearing where  
17 we will be hearing a number of Introductions and  
18 Resolution.

19 Before we begin, I'd like to recognize the  
20 following Council Members that are present. Council  
21 Member Ariola, Council Member Menin. We've been  
22 joined by the Public Advocate and we have Council  
23 Member Brooks Powers on Zoom.

24 The first piece of legislation we will hear today  
25 is Introduction 29 sponsored by Majority Leader

1  
2 Farias. Traumatic Brain Injury may lead to serious  
3 complications if not treated and is an especially  
4 acute problem for victims of domestic violence.

5 Introduction 29 would address this issue by  
6 requiring the city to provide training to first  
7 responders and service providers on the connection  
8 between traumatic brain injury and domestic violence.

9 I would like to thank the Mayor's Office to end  
10 domestic and gender based violence for being here to  
11 testify on this important legislation. We will then  
12 here legislation relating to health care for LGBTQIA+  
13 and TGNCNBI folks in our city.

14 Introduction 628 and 629 both sponsored by the  
15 Public Advocate will require signage at city  
16 hospitals to inform patients in both the rights of  
17 and services available to transgender patients and  
18 for DOHMH to report on the training providers  
19 regarding medical care for transgender and gender  
20 nonconforming people.

21 Introduction 1056 sponsored by Council Member  
22 Hudson will require DOHMH in collaboration with DOE  
23 and community based organizations to conduct annual  
24 LGBTQIA+ competency trainings for medical personnel.  
25 Amid relentless attacks on transgender communities

1  
2 nationwide, the Council is committed to ensuring that  
3 every New Yorker has access to the health care they  
4 need and deserve. This includes our city's vibrant  
5 LGBTQIA+ community for whom we will never stop  
6 fighting.

7 Next, we will hear a package of legislation  
8 relating to child care. This includes Introductions  
9 1041, 1042, and 1043 sponsored by Council Member  
10 Sanchez. Introduction 804 sponsored by Council  
11 Member Abreu and Proposed Resolution 563-A by Council  
12 Member Sanchez. Following the tragic death of  
13 Nicholas Feliz Dominici at a child care facility in  
14 the Bronx, it became clear that the city's growing  
15 opioid crisis has continued to worsen.

16 Introductions 1041 and 1042 and Resolution 563-A  
17 will seek to address this by urging the state to  
18 tighten regulations and improve inspections at child  
19 daycare facilities and by requiring the city to  
20 increase transparency around the training. Around  
21 the training, child care inspectors receive and the  
22 rights of parents whose children are cared for in  
23 these facilities.

24 Introductions 804 and 1043 will require DOHMH to  
25 create programs aimed at training staff and child

1  
2 care facilities on the dangers of opioids, overdose  
3 prevention and the use of opioid antagonists in child  
4 care facilities. I want to thank the monitor of  
5 Nicholas Feliz Dominici for being here today to  
6 testify. There is no loss more tragic and more  
7 painful than the loss of a child and we hope through  
8 collective action that a loss like this never happens  
9 again. We will then hear Introduction 1172 sponsored  
10 by Council Member Holden and myself. Since the end  
11 of the pandemic, the number of pet surrenders has  
12 soared while the number of pet adoptions has  
13 plummeted. Many owners cite issues relating to  
14 financial strain with Forbes Advisor ranking New York  
15 City as the sixth most expensive city to own a dog.

16 This bill would require DOHMH to set up a food -  
17 a pet food pantry in at least one location in New  
18 York City for at least a year so that pet owners in  
19 need can receive pet food at no cost. This will help  
20 decrease the number of pet surrenders and ensure that  
21 the city is more habitable for both people and our  
22 furry friends. I want to thank the animal advocates  
23 here today for championing in this legislation.

24 At last year's Health Committee Hearing on the  
25 state of animal welfare, we heard your voices loud



1  
2 and clear, our city is not doing enough for animal  
3 friends or for the people that care for them. This  
4 legislation envisions a future where pet owners are  
5 supported and where they don't have to make the  
6 heartbreaking decision to surrender their animal  
7 companion in order to pay their rent or afford  
8 groceries. We will then hear Introduction 895  
9 sponsored by Council Member Menin and Proposed  
10 Resolution 55-A sponsored by Deputy Speaker Ayala.  
11 Introduction 895 will require schools and child care  
12 programs to stock epi pens and Resolution 55A urges  
13 the state to pass legislation allowing for the  
14 presence of epi pen devices on preschool premises.

15       Anaphylaxis is a dangerous and deadly disease but  
16 with the swift administration of epinephrine, its  
17 dangers can be largely mitigated. Increasing the  
18 prevalence of epi pens in the places that children  
19 are cared for is a simple and necessary step to  
20 ensure their safety.

21       Next, sorry, there's a - we're hearing a lot of  
22 bills today, so this is going to be a little lengthy.  
23 Next, we will hear a package of legislation relating  
24 to maternal health. This package includes  
25 Introductions 1001 and 1284, both sponsored by

1 Council Member Gutiérrez. Introduction 1146  
2 sponsored by Council Member Brooks Powers, Proposed  
3 Resolution 64-A sponsored by Council Member Cabàn and  
4 Resolutions 867 and 868 both sponsored by the  
5 Speaker. These bills all have one goal in mind,  
6 eliminating the maternal health crisis this city  
7 faces. This Council will not rest until every  
8 pregnant person regardless of background, economic  
9 status and community can deliver their baby in the  
10 safest and most supportive conditions possible.

12 We are also hearing a number of resolutions  
13 related to food safety. These include Resolution 290  
14 sponsored by myself and the Public Advocate, which  
15 calls on the FDA to require warning labels on sugar  
16 sweetened beverages.

17 Resolution 442 sponsored by Council Member Powers  
18 and myself, calling on the FDA to require chain  
19 restaurants to include added sugar information and  
20 nutrition information available to customers and  
21 Proposed Resolution 294A sponsored by Council Member  
22 Stevens, which calls on the state to pass legislation  
23 to prohibit certain food additives, including  
24 substances that are generally recognized as safe  
25 unless certain reporting requirements are met.

1  
2           And finally, we will hear Resolution 116  
3 sponsored by Council Member Hudson and myself, which  
4 calls on the state to pass legislation which would  
5 establish a medical debt relief fund. Such a fund  
6 would allow New Yorkers excuse me to make a tax  
7 deductible donation to those who are burdened by  
8 medical debt while filing their taxes. This fund  
9 would compliment the citywide medical debt program  
10 introduced last year by the Mayor's Office to help  
11 eligible New Yorkers maintain financial stability by  
12 relieving some or all of their medical debt. I want  
13 to conclude by thanking all the bill sponsors for  
14 their hard work and leadership. The Administration  
15 for being here to testify and answer questions as  
16 well as the dedicated organizations, advocates and  
17 members of the public.

18           I also want to thank my staff as well as the  
19 Committee staff for their preparation for this  
20 hearing. I want to acknowledge we've been joined by  
21 Council Member Cabàn and Council Member Farias. Uhm,  
22 uhm, I'm going to skip around. Council Member  
23 Farias, you want to talk about your bill?

24           COUNCIL MEMBER FARIAS: Good morning, I'm  
25 Majority Leader Amanda Farias. Thank you Chair

1  
2 Schulman and Committee Members for the opportunity to  
3 speak today in strong support of Intro. 29. A  
4 legislation that mandates comprehensive traumatic  
5 brain injury, training for first responders, and  
6 launches a citywide public awareness campaign to  
7 bring visibility to one of the most invisible and  
8 devastating consequences of domestic violence.

9       This bill is personal for many of us and urgent  
10 for our city. The Bronx and Brooklyn have the  
11 highest rates of domestic violence in New York City  
12 and in the Bronx in my district. It's the second  
13 citywide with the highest rates of domestic and  
14 intimate partner homicides. These are the realities  
15 survivors face when compounded with challenges tied  
16 to housing, health care access and criminalization.  
17 The status quo is failing our families. This bill  
18 offers a meaningful shift. We know that TBI among  
19 survivors of domestic violence is shockingly common  
20 and tragically misunderstood.

21       A 2022 pilot conducted by volunteers of America  
22 Greater New York and safe living space found that 57  
23 percent of screened shelter residents reported a head  
24 or neck injury likely indicating TBI. When first  
25 responders are not trained to recognize symptoms like

1  
2 confusion, memory loss, or disorientation, these  
3 injuries are misread. Not as cries for help but as  
4 resistance or non-compliance.

5           That leads to survivors being criminalized  
6 rather than cared for. VOA's pilot merely isn't  
7 just data, it's proof. When screening become  
8 standard practice in shelters, most survivors  
9 reported possible brain injuries. Intro. 29 both  
10 scales this approach across every first responder and  
11 service provider while also codifying this approach  
12 in law, making prevention and support consistent and  
13 required rather than sporadic and contingent on the  
14 resources and reach of organizations like VOA and  
15 this is not isolated. Across New York City, more  
16 than 230,000 domestic violence related incident  
17 calls are made to the NYPD each year. That's over  
18 600 calls per day.

19           In 2024 alone, 137 people lost their lives to  
20 domestic violence, a number that has only grown.  
21 Between 2021 and 2022, domestic violence homicides  
22 increased by 29 percent citywide, including a 225  
23 percent spike in Brooklyn and 57 percent in the  
24 Bronx. These are not just statistics; they are a  
25 crisis. That is why the work Volunteers of America

1  
2 and I are doing with Intro. 29 is vital. It requires  
3 trauma informed training for all first responders and  
4 NYPD and FDNY on the signs, symptoms and long term  
5 impacts of TBI and public awareness efforts led by  
6 the Department of Health and Mental Hygiene and the  
7 Mayor's office to end domestic and gender based  
8 violence to educate the public, destigmatize brain  
9 injuries and empower survivors. We also know the  
10 stakes. Research shows that 81 percent of intimate  
11 partner violence survivors report head injuries, 83  
12 percent report strangulation, both causes of TBI.

13 Untreated, TBI's can lead to PTSD, depression,  
14 insomnia and long term cognitive impairment. These  
15 are injuries we can't afford to ignore. This bill is  
16 the result of tireless advocacy, not just from my  
17 office but from survivors, experts and organizations  
18 like Volunteers of America who have shown what's  
19 possible when screening and trauma informed care  
20 becomes standard.

21 Thanks to our collective efforts, Intro. 29 now  
22 has a bipartisan super majority of 36 co-sponsors,  
23 which has helped get us to this hearing today and it  
24 took long enough to be honest. But what is at stake  
25 is here to make systemic change. Passing this

1  
2 legislation means survivors will finally be seen,  
3 heard and helped. It will ensure that our city  
4 responds with care instead of suspicion, support  
5 instead of silence. It will align our emergency  
6 response with best public health practices breaking  
7 the cycle of injury and invisibility.

8 Today, we have the chance to make New York City a  
9 national leader in addressing the silent epidemic of  
10 domestic violence related TBI. I urge this  
11 administration to support this bill and my colleagues  
12 to sign on to Intro. 29 if you have not done so  
13 already. For the women and families who deserve our  
14 protection and for the frontline workers who deserve  
15 the tools to save lives. Thank you.

16 CHAIRPERSON SCHULMAN: Thank you. I just -  
17 before we move on, I want to acknowledge that we've  
18 been joined by Council Member Narcisse and Council  
19 Member Marmorato. I'm going to now pass the mic to  
20 the Public Advocate Jumaane Williams who will make a  
21 brief statement on his legislation.

22 PUBLIC ADVOCATE WILLIAMS: Thank you so much.  
23 Good morning everyone and congratulations to all of  
24 my colleagues from their elections on Tuesday. My  
25 name is Jumaane Williams, I'm the Public Advocate for

1  
2 the City of New York. Thank you Chair Schulman and  
3 members of the Committee on Health for allowing me  
4 the opportunity to provide a statement.

5 Health care in the United States has really  
6 proactively taking into account the impact on  
7 transgender nonconforming patients. For legislation,  
8 we can build a more equitable inclusive city that  
9 ensures accessible health care to our transgender,  
10 gender nonconforming and nonbinary TGNCB New Yorkers.  
11 My two bills heard today would inform TGNCB patients  
12 about their rights, the services available as well as  
13 provide transparency and accountability.

14 Donald Trump signed six executive orders directly  
15 targeting the TGNCB community. More than ever it is  
16 our duty to protect all people targeted by the  
17 current federal administration including but not  
18 limited to our TGNCB communities. The Trump  
19 Administration announced plans to end funding for the  
20 988 suicide and crisis lifeline specific to LGBTQ+  
21 youth.

22 In the announcement they even omitted the T for  
23 transgender and Q for queer. This is not about  
24 anything else except cruelty and trying to erase  
25 people from actually existing. As the federal



1  
2 government moves forward with defunding and removing  
3 health care services for transgender youth, we must  
4 double down and protect anyone who receives or  
5 provides gender affirming care. I've carried for this  
6 legislation for several legislative sessions and hope  
7 this is the year they become law.

8 Intro. 628 requires the Department of Health and  
9 Mental Hygiene DOHMH to distribute and post signs on  
10 individuals rights to be referred to excuse me, by a  
11 preferred name, title, gender and pronouns in city  
12 hospitals and establishes guidance to encourage  
13 hospitals to list and conspicuously post the  
14 transgender specific services and facilities and on  
15 its website. Intro. 629 requires the Commissioner of  
16 DOHMH to report on training provided by hospitals to  
17 staff on care for trans and gender nonconforming  
18 persons.

19 This should be available to every patient in  
20 respect of gender identity and it is absolutely  
21 essential for TGNCB individuals. Many of whom have  
22 experienced barriers to services and oppression in  
23 seeking treatment. The discrimination attacks from  
24 the current federal administration will exacerbate  
25

1 health disparities that already exist in treatment  
2 for the TGNCB and community.

3  
4 Out of today, 27 states have passed laws banning  
5 some type of gender affirming care for minors. 24 of  
6 those states ban puberty blockers and/or hormone  
7 treatments for transgender and minors. In Arizona  
8 and New Hampshire the bans only apply to some of the  
9 extremely rare types of care for minors and sometimes  
10 it is extremely rare care that they use to stop all  
11 medical treatment. These are the many anti-trans  
12 legislations that have passed and all endanger the  
13 lives of so many people. More young people will be  
14 at risk if they no longer have access to the care  
15 they need. Currently, 940 bill within 49 states are  
16 under consideration that blocks trans people from  
17 receiving basic health care, education, legal  
18 recognition, the right to publicly exist.

19 150 bills have passed, 729 of them are active and  
20 only 96 have failed and as I mentioned, well I didn't  
21 mention but there is an increase in suicide amongst  
22 transgender teens so the eraser of that suicide  
23 hotline is even more cruel.

24 New York City has taken major steps to protect  
25 transgender people but they still face gaps and

1  
2 barriers within every system of government but the  
3 hospitals rollback on gender affirming care services.  
4 We must promote a system of support that reiterates  
5 the systems full commitment. I look forward to  
6 hearing from all of you today. Lastly, I'd like to  
7 highlight Council Member, God Bless you. Council  
8 Member Schulman's Reso. 290, which is calling upon  
9 the United States Food and Drug Administration to  
10 require warning labels on sugar sweetened beverages.  
11 I'm a proud co-sponsor and believe that it is crucial  
12 we pass this Resolution so the consumers are well  
13 informed.

14 If I may Madam Chair, I would like to just make  
15 at a personal on my bills because the truth is, I  
16 have always made sure I supported everyone's human  
17 rights and make sure I do what I can to help but the  
18 truth is ten years ago, I probably would not have  
19 been a prime sponsor of these bills. And I want to  
20 make sure I say that so that people who can hear me  
21 understand it's not enough to sit in the sidelines.  
22 You must step forward to make sure everyone is  
23 protected and I always mention as a Black man, a  
24 Caribbean man and a person of major faith. These  
25 communities have had issues with a lot of the

1 communities that are under attack now and I am going  
2 to be honest so people when they hear me, they can  
3 help come on the same journey I have been in. I'm  
4 not always comfortable in every space that I'm in.  
5 That goes for houses of worship that I'm at mind.  
6 That goes for new restaurants for places I haven't  
7 eaten but I had decided a long time ago that my  
8 comfort is not more important than peoples ability  
9 and right to live, love, and laugh like me in this  
10 planet and I'm hoping that when people hear this,  
11 they understand that we have to be careful about  
12 where we put our marker of biases and why because it  
13 gives other people permission to have their own  
14 markers that leave us out. And that the only way  
15 that we're going to get through this is together and  
16 the reason that some communities don't have health  
17 care is not because trans siblings have health care.  
18 It is because they are wealthy people who are  
19 benefitting from folks not getting the care that they  
20 need and people know that it is harder to fight up  
21 and so they want us to fight sideways. And so I'm  
22 hoping people hear this and join on the train of  
23 freedom and equity that includes everyone. Thank  
24 you.  
25

1  
2 CHAIRPERSON SCHULMAN: Thank you Public Advocate  
3 and thank you for sharing that with us. I want to  
4 acknowledge that we've been joined by Council Member  
5 Menin.

6 I'm now going to read a statement from Council  
7 Member Gutiérrez regarding her legislation. Today  
8 the Committee is hearing two bills I'm proud to  
9 sponsor. Each grounded in one simple principle,  
10 government should meet people where they are with  
11 timely lifesaving information. The first Intro.  
12 1001, the New York City Text for Kids Act would  
13 create a straightforward, low cost text message  
14 system to remind parents of critical milestones in  
15 their child's development like vaccine schedules,  
16 school enrollment deadlines and more.

17 Parenting in this city is already hard enough. A  
18 missed deadline shouldn't be what sets a child back.  
19 Modeled after the city's successful COVID vaccine  
20 texting program, this bill ensures families get  
21 clear, accessible reminders right on their phones.  
22 As one advocate said, "wait this doesn't already  
23 exist? Let's change that."

24 The second bill, the safe pregnancy and opioid  
25 treatment act directly responds to health advisory

1  
2 number 31 issued by DOHMH last year which found that  
3 opioid overdose is now the leading cause of pregnancy  
4 associated death in New York City.

5       The data is devastating and it demands action.  
6 This bill requires DOHMH to launch a provider  
7 education campaign on how to safely treat opioid use  
8 disorder during and after pregnancy with medically  
9 backed guidance from trusted professional  
10 organizations. It also requires that naloxone and  
11 opioid reversal medication be made available for free  
12 enable health centers along with instructions on how  
13 to use it.

14       This isn't speculative policy. This is DOHMH's  
15 own research clearly stating the need. These are  
16 real deaths, real risks and real opportunities to  
17 intervene with care, not stigma. Both bills are  
18 about delivering the right information at the right  
19 time to the people who need it most. Thank you to  
20 this committee for helping to move forward these  
21 bills.

22       Now, I'm going to ask Council Member Brooks-  
23 Powers to talk about her legislation.

24       COUNCIL MEMBER BROOKS-POWERS: Thank you so much  
25 Chair. Can you hear me?

1  
2 CHAIRPERSON SCHULMAN: Yes.

3 COUNCIL MEMBER BROOKS-POWERS: Perfect. Uhm,  
4 good morning Chair Schulman and colleagues. I am  
5 proud to present Intro. 1146, which would expand the  
6 newborn home visiting program and make it available  
7 in 75 percent of neighborhoods designated by the  
8 taskforce on racial inclusion and equity within three  
9 years and 100 percent within five. This program is  
10 one of the city's most effective, low cost  
11 interventions to support new families. It offers in  
12 home and virtual visits from nurses, lactation  
13 consultant and community health workers to provide  
14 education and referrals on infant safety, maternal  
15 mental health, bonding, immunizations and more. It  
16 is a lifeline during those early weeks when new  
17 parents need support the most but right now, access  
18 is limited. In Queens, the program only serves three  
19 zip codes despite the enormous need in districts like  
20 mine in Southeast Queens. That's unacceptable,  
21 especially when we know that Black women in New York  
22 City are nearly eight times more likely to die from  
23 pregnancy related causes than White women.

24 This bill is about equity, prevention and public  
25 health. By scaling this program to reach all Tri

1  
2 neighborhoods and by holding ourselves accountable  
3 through clear reporting, we can reduce disparities  
4 and give every baby and family a healthier start. I  
5 thank my cosponsors and urge my colleagues to support  
6 this critical step towards maternal and infant health  
7 equity. Thank you for the opportunity to give an  
8 opening statement on this important legislation.

9 CHAIRPERSON SCHULMAN: Thank you Council Member.  
10 I'm now going to ask Council Member Menin to make a  
11 brief statement on her legislation Intro. 895.

12 COUNCIL MEMBER MENIN: Thank you so much Chair  
13 Schulman. In 2007 I was on vacation with my three  
14 children. We went out of state for vacation, we were  
15 in the State of Colorado. At the time, my two and a  
16 half year old son at a family dinner ate one bite of  
17 salmon and he went into anaphylactic shock and  
18 couldn't breathe. I thankfully had an epi pen with  
19 me because my older son had a peanut allergy. We  
20 stabbed my son with an epi pen and we called the  
21 ambulance.

22 In the state of Colorado, they are mandated to  
23 have epi pens on ambulances. They had to give him a  
24 second epi pen because he couldn't breathe. When we  
25 finally got to the emergency room, the doctor said if



1  
2 we would not have had that original epi pen with me,  
3 my son would have died.

4       When we came back to New York, I found out that  
5 New York does not require epi pens on ambulances. I  
6 had spent two years advocating for the state to pass  
7 a law and now epi pens are in every single New York  
8 City ambulance. I also got a bill through the City  
9 Council at the time that now has a food allergy  
10 poster that is in every New York City restaurant that  
11 talks about cross contamination.

12       Now we have a situation with child care centers  
13 and that is why I'm speaking about a bill I am  
14 introducing today. The what if, if you do not have  
15 an epi pen should frighten every single parent of a  
16 child with a food allergy but it also should frighten  
17 every single elected official. Epi pens are the only  
18 treatment for anaphylactic shock and they  
19 successfully reverse reactions in over 98 percent of  
20 cases. Notably, 25 percent of first time reactions  
21 happen while the child is at school. Indicating that  
22 families may not even know that the child needs an  
23 epi pen until frankly it is too late.

24       DOHMH oversees child care centers and their  
25 compliance with state law and ensuring epi pens

1 onsite. In 2024, just 55 out of 2,200 child care  
2 centers, around 2.5 percent did not have two epi pens  
3 on site or were not properly stored. In addition, 25  
4 centers at 1.1 percent did not have the necessary  
5 training requirements. Virtually, all child care  
6 centers are in compliance with existing standards,  
7 which is very encouraging. That is why I'm proud to  
8 introduce Intro. 895 to ensure all New York City  
9 public, private and charter schools and child care  
10 centers stock two epi pens on site in accordance with  
11 state law. DOHMH has already done incredible work  
12 providing child care centers with epi pens and  
13 training guidance. During its compliance  
14 inspections, DOHMH has documented multiple instances  
15 of child care providers saving lives with epi pens  
16 that the center had on hand.

18 It is time to build on their efforts and  
19 guarantee that every single school and child care  
20 center in New York City complies with state law so  
21 nothing is left to chance. I want to end my saying;  
22 I look forward to hearing testimony today from  
23 members of the public who are going to tell their  
24 personal stories of their child who did not survive  
25 because there was not an epi pen. So, their stories

1  
2 as long as mine at the beginning of the hearing  
3 should serve as a cautionary reminder about why we  
4 need to be proactive and vigilant. Thank you so much  
5 Chair.

6 CHAIRPERSON SCHULMAN: Thank you. Now, I will  
7 pass it to Council Member Cabàn to make a statement  
8 on her resolution.

9 COUNCIL MEMBER CABÀN: Thank you and I also just  
10 want to thank the Public Advocate. I deeply, deeply  
11 appreciated the words and the stories you shared.  
12 Thank you Chair Schulman and members of the  
13 Committee. Today I want to talk about an important  
14 issue in the fight to expand equal access to health  
15 care across our city. My Proposed Resolution 64 of  
16 2024 calls on the state legislature to pass and the  
17 governor to sign legislation to ensure community  
18 health centers are fully reimbursed for telehealth  
19 services. As we saw during the COVID-19 pandemic,  
20 telehealth is an essential tool of survival for  
21 millions of New Yorkers, particularly low income  
22 communities, people of color and people facing  
23 barriers to accessing in person care.

24 Today however, despite their proven success, the  
25 frontline health providers who provide these services

1  
2 are being shortchanged by existing reimbursement  
3 rules by supporting state bills in the senate 3359  
4 and in the assembly 1691 we can help eliminate these  
5 funding disparities, ensure full funding for  
6 telehealth services and protect community health  
7 centers that serve over 2 million New Yorkers. This  
8 Resolution isn't just about dollars and cents. It's  
9 about guaranteeing access to care, advancing health  
10 justice and ensuring that no one is left without  
11 medical services because they can't make it to a  
12 clinic. I look forward to hearing from stakeholders  
13 and the public on this crucial resolution. Thank you  
14 Chair.

15 CHAIRPERSON SCHULMAN: Thank you Council Member  
16 Cabàn. I'm now going to ask Council Member Holden to  
17 make a brief statement on Intro. 1172 of which I am a  
18 proud Co-Sponsor.

19 COUNCIL MEMBER HOLDEN: Thank you Chair Schulman  
20 for including the pet food pantry bill. Intro. 1172  
21 in today's hearing. Millions of New Yorkers are pet  
22 owners, yet economic uncertainty too often forces  
23 them into extraordinary difficult choice - and  
24 extraordinary difficult choice. Keep their beloved  
25 companion and face further financial strain or

1  
2 surrender their beloved pet. Our city possess both  
3 the financial resources and infrastructure necessary  
4 to create a safety net for these pet owners,  
5 preventing them from having to make such a  
6 devastating decision. With the passage of this bill,  
7 the Department of Health would create and maintain a  
8 pet food pantry for at least 12 months mobilizing our  
9 city's resources to protect both pets and their  
10 owners. The bill would additionally require the  
11 Department of Health to submit a report on the  
12 feasibility of continuing the program. So, ideally  
13 this would be hopefully in many areas of each  
14 borough. You know initially we're doing at least one  
15 but hopefully if this works and it takes off and it  
16 really helps a lot of people then we could do it in  
17 several locations throughout the boroughs.

18       Although this legislation establishes a temporary  
19 pantry, like I just mentioned, it creates a crucial  
20 foundation needed for permanent, accessible food  
21 pantries throughout New York City. Thank you Chair  
22 and again, thank you for including my bill.

23       CHAIRPERSON SCHULMAN: Thank you. Now we will  
24 hear testimony from the Mayor's Office to End  
25 Domestic and Gender Based Violence regarding Intro.

1  
2 29 in relation to requiring a training program for  
3 first responders and an awareness campaign regarding  
4 domestic violence related traumatic brain injuries.  
5 Following testimony, the Committee will ask questions  
6 about this legislation.

7 I will now pass the mic to the Committee Counsel  
8 to administer the oath.

9 COMMITTEE COUNSEL: Thank you Chair. If you  
10 could both please raise your right hand for me. Do  
11 you swear to tell the truth, the whole truth and  
12 nothing but the truth and to respond honestly to  
13 Council Member questions? You may proceed with your  
14 testimony.

15 JENNIFER DECARLI: Good morning Majority Leader  
16 Farias, Chair Schulman, Public Advocate Williams and  
17 members of the Committee on Health. My name is  
18 Jennifer DeCarli, I'm a Deputy Commissioner at the  
19 Mayor's Office to End Domestic and Gender Based  
20 Violence. I oversee the work we do at our Family  
21 Justice Centers and other survivor support  
22 initiatives. I'm joined by my colleague today Ermira  
23 Uldedaj, ENDGBV's Deputy Director of Training  
24 Programs and Initiatives.

1  
2           ENDGBV operates the city's five family justice  
3 centers and we manage a robust portfolio of  
4 prevention and intervention programs through  
5 contracts with community based providers. Our office  
6 builds capacity for agency staff and community  
7 members to identify and respond to domestic and  
8 gender based violence through outreach and training.  
9 We also develop policies and best practices to  
10 strengthen the city's approach to these issues. We  
11 collaborate with city agencies over 100 not-for-  
12 profit providers, community stakeholders, and people  
13 with lived experience to reduce barriers and ensure  
14 access to inclusive culturally response services for  
15 all survivors.

16           Thank you for the opportunity today to speak with  
17 you about Intro. 29. Traumatic brain injury is a  
18 very serious yet often invisible consequence of  
19 domestic and gender based violence. Survivors may  
20 experience symptoms such as confusion, memory loss,  
21 dizziness, headaches, often without realizing these  
22 maybe signs of a traumatic brain injury, which can go  
23 undetected without proper screening or medical  
24 evaluation. One of the most dangerous causes of TBI  
25 in domestic and gender based violence cases is near

1 fatal strangulation. Research shows that  
2 strangulation occurs in nearly 38 percent of domestic  
3 violence cases and is one of the strongest predictors  
4 of intimate partner homicide. Even when there are no  
5 visible injuries, an active near fatal strangulation  
6 can result in devastating health consequences  
7 including traumatic brain injury, stroke, carotid  
8 artery dissection and long term neurological harms.

9  
10 Recognizing the acute danger of near fatal  
11 strangulation, ENDGBV launched a strangulation  
12 response roundtable in 2019 to coordinate a citywide  
13 cross sector response to this issue. This  
14 multiagency effort brings together hospitals, first  
15 responders, prosecutors, city agency partners and  
16 advocates and survivors to enhance the city's  
17 response to survivors of near fatal strangulation and  
18 is supported by three subcommittees that meet between  
19 the roundtable meetings. Subcommittee on health  
20 care, advocacy and criminal justice.

21 Between 2023 and 2024, we delivered  
22 strangulation, multidisciplinary trainings in all  
23 five boroughs and we worked closely with each  
24 boroughs district attorney's offices, NYPD, FDNY,  
25 Domestic Violence and Gender Based Violence advocates



1  
2 and New York City Health and Hospitals to strengthen  
3 the systems response to incidents of strangulation.

4 For example, we supported FDNY with a continuing  
5 medical education e-learning article for all EMS  
6 staff on identifying the risks and signs of  
7 strangulation including the potential for traumatic  
8 brain injury as a serious outcome. Additionally in  
9 December 2024, New York City Health and Hospitals  
10 published systemwide best practices guidelines for  
11 all of their emergency departments. Standardizing  
12 care for survivors of near fatal strangulation and  
13 ensuring timely medical and social service referrals.

14 Looking ahead to 2025, we plan to expand training  
15 citywide, support New York City Health and Hospitals  
16 with their launch of new care coordination models  
17 like Kings Care at Kings County Hospital. We plan to  
18 provide coordinated, patient centered medical,  
19 psychological and forensic support to survivors of  
20 domestic and gender based violence at that model. I  
21 should say Kings County plans to provide that  
22 including and we plan to roll out tools to help  
23 survivors navigate follow up care and make informed  
24 decisions after an incident of strangulation.

1  
2 We are also in the process of implementing  
3 strangulation response best practices in  
4 collaboration with H+H and FDNY EMS. We will  
5 continue partnering with each of the city's district  
6 attorney's offices to strengthen prosecution in cases  
7 involving near fatal strangulation by helping them to  
8 build expert witness pools, to testify in criminal  
9 proceedings about the incident of strangulation and  
10 provide ongoing training for law enforcement and  
11 legal personnel.

12 For example, we are also currently working with  
13 NYPD's domestic violence unit to develop a  
14 strangulation video to ensure that domestic violence  
15 police officers are aware of the serious health  
16 impacts of strangulation such as a traumatic brain  
17 injury. We will also work with FDNY to officially  
18 launch their nonfatal strangulation best practices  
19 response protocols. ENDGBV supports the intent of  
20 Intro. 29. We continuously engage with our sister  
21 city agencies to review existing trainings and  
22 protocols so that they incorporate a trauma informed  
23 survivor focused approach.

24 We look forward to continued collaboration with  
25 the Council, our sister city agencies and community

1  
2 based partners and survivors to advance a coordinated  
3 survivor centered response to both near fatal  
4 strangulation and domestic violence related traumatic  
5 brain injury. Thank you for the opportunity to  
6 testify today. We welcome any questions you may  
7 have.

8 CHAIRPERSON SCHULMAN: Thank you. Uhm I do have;  
9 I do have a few questions. One is, what agencies  
10 would be best suited to implement this training and  
11 awareness campaign and how would they coordinate to  
12 achieve the goals of this bill?

13 JENNIFER DECARLI: So, ENDGBV will support the  
14 sister city agencies named in the bill. With those  
15 training efforts, we need to kind of discuss  
16 internally which agencies are best to lead those  
17 efforts. On the public awareness raising campaign,  
18 ENDGBV would like - it's more than happy to be  
19 involved and support those efforts. We've done a  
20 number of public awareness campaigns and we look  
21 forward to working on that with our sister city  
22 agencies.

23 CHAIRPERSON SCHULMAN: Great, are there any  
24 existing trainings or outreach initiatives that  
25

1  
2 already address this? And if so, how would this bill  
3 build upon them?

4 JENNIFER DECARLI: Yes, thank you so much for  
5 that question. As I mentioned in our testimony, for  
6 the last five years, we have done a tremendous amount  
7 of work on best practices for addressing near fatal  
8 strangulation. There's a huge connection between  
9 incidents of near fatal strangulation and TBI. We've  
10 done a number of trainings in each borough with  
11 hospital personnel, with NYPD, with DA's to raise up  
12 the health impacts of near fatal strangulation, which  
13 are mainly traumatic brain injuries. And so, through  
14 those trainings, we've been doing a tremendous amount  
15 of work to raise awareness about the issue.

16 CHAIRPERSON SCHULMAN: Thank you. Do any of my  
17 colleagues have questions? Nope. I want to also  
18 acknowledge that we've been joined by Council Member  
19 De La Rosa. Alright, we're good.

20 JENNIFER DECARLI: Thank you. Thank you so much.

21 CHAIRPERSON SCHULMAN: Thank you. Next, we will  
22 move to testimony from DOHMH concerning the remaining  
23 Introductions we are hearing today. Following their  
24 testimony, we will discuss Intro.'s 628, 629, and  
25 1056 all in relation to care and training regarding

1  
2 LGBTQIA+ and TGNCNBI New Yorkers. We'll try to group  
3 discussions of legislation with the Administration by  
4 area of expertise. I'll ask DOHMH to come up to the  
5 table and the Committee Counsel to administer the  
6 oath.

7 COMMITTEE COUNSEL: Good morning. If you all  
8 could please raise your right hand. Do you promise  
9 to tell the truth, the whole truth and nothing but  
10 the truth in front of this Committee and to respond  
11 honestly to Council Member questions? Great, you may  
12 proceed with your testimonies.

13 DR. ZAHIRAH MCNATT: Good morning Chair Schulman  
14 and member of the Committee. I'm Dr. Zahirah McNatt,  
15 Deputy Commissioner for the Center for Health Equity  
16 and Community Wellness and Chief Equity Officer at  
17 the New York City Department of Health and Mental  
18 Hygiene. Thank you for the opportunity to provide  
19 testimony today on several bills, including Intro.  
20 628, 629, 804, 8001, 1043, 1056, 1146, and 1284.

21 First, I want to provide an overview of our  
22 maternal health programming. Maternal health has  
23 been and remains a key priority of the health  
24 department. This is a critical issue since we know  
25 that New York City mirrors the US in its racial

1  
2 inequities and infant death, maternal death and in  
3 life threatening complications related to child  
4 birth. In the fall of 2024, the National Center for  
5 Health Statistics published its 2023 maternal  
6 mortality data, which show that racial inequities  
7 have worsened since the COVID-19 pandemic.

8 In 2021 and 2022, the US maternal death rate for  
9 Black, non-Hispanic women was about 2.6 times that of  
10 White non-Hispanic women but in 2023, it rose to  
11 nearly 3.5 times higher. Although maternal mortality  
12 in New York City has declined since 2001, Black  
13 birthing people of all economic levels in New York  
14 City die in pregnancy and in postpartum at  
15 significantly higher rates than their White  
16 counterparts. These racial inequities are unjust,  
17 especially because for Black birthing people 75  
18 percent of these deaths are preventable and many have  
19 been after discharge from a hospital.

20 We are committed to seeing change and this is  
21 reflected in our healthy NYC goals. The city's  
22 campaign for healthier, longer lives. We aim to  
23 reduce the rate of pregnancy associated death among  
24 Black, non-Hispanic birthing people by ten percent by  
25 2030. The Department leads a range of programming to

1  
2 reduce inequities and outcomes and inequitable access  
3 to healthcare and social services. A few key  
4 programs which are critical to achieving these goals  
5 include the New Family Home Visits Initiative, which  
6 provides citywide access to high quality home  
7 visiting services for new families with a focus on  
8 maternal mental health, chronic disease and early  
9 childhood development.

10 The Initiative prioritizes first time families  
11 TRIE neighborhoods. Those who live in NYCHA and  
12 those who are engaged with the Administration for  
13 Children Services or living in a Department of  
14 Homeless Services Shelter. New Family Home Visits  
15 Home Visiting Programs include the Nurse Family  
16 Partnership, which is an evidence based home visiting  
17 program that connects first time expectant parents  
18 with trained nurses to promote healthy pregnancy  
19 outcomes, child development, and economic self-  
20 sufficiency and independence.

21 We also have the Newborn Home Visiting Program,  
22 which was significantly expanded over the last few  
23 years. Newborn Home Visiting provides educational  
24 home visits conducted by community health workers to  
25 address health needs, safe homes and safe sleep

1 support and connects families to social services that  
2 are essential to the wellbeing of parents, children  
3 and their families.

4 Home visitors are part of a multidisciplinary  
5 approach, supported by nurses, lactation consultants,  
6 and social workers as well as referrals to ongoing  
7 external clinical services.

8 Additionally with the support of City Council,  
9 our Citywide Doula Initiative provides doula support  
10 during pregnancy, childbirth and the postpartum  
11 period for families TRIE neighborhoods, a DHS shelter  
12 or within the foster care system.

13 The CDI also focuses on workforce development,  
14 training of community members to become doula's, and  
15 also supports hospitals in becoming more doula  
16 friendly. These are a few initiatives among many  
17 which are critical to our work.

18 The Health Department also addresses overdose  
19 risks among pregnant and postpartum individuals  
20 through a number of programs and partnerships. This  
21 includes the creation of educational materials,  
22 guidance for providers and improving systems of care  
23 to better integrate mental health and substance care  
24 for new parents. Last year, we circulated a HAN or a  
25



1  
2 Health Advisory Network letter to providers  
3 addressing overdose as the leading cause of pregnancy  
4 associated death in New York City and how they can  
5 support pregnant and postpartum patients and their  
6 newborns.

7       Turning to the legislation, Introduction 1146  
8 relates to mandating a timeline for expanding the  
9 availability of the newborn home visiting program to  
10 all TRIE neighborhoods. The program currently covers  
11 more than 75 percent of TRIE neighborhoods and our  
12 ultimate goal is to expand to all as soon as  
13 possible. A legislated mandate will not change our  
14 ability to expand in an evidence based and effective  
15 manner. It is central to the effectiveness of this  
16 program to have nurses and health care workers from  
17 the communities they serve. We are facing  
18 significant workforce challenges in our efforts to  
19 reach the remaining neighborhoods, including the need  
20 for staff that speak Mandarin and/or Cantonese. We  
21 must ensure that we have enough staff with the right  
22 skills to respectively and effectively provide care  
23 for these communities. A process which inherently  
24 takes time.

1  
2 We are working as quickly as we can to staff up  
3 by filling our existing vacancies. We are working to  
4 address these challenges in our long term efforts to  
5 reach full coverage at a pace that ensures effective  
6 and respectful care for disinvested communities.

7 Intro. 1001 relates to creating an automated text  
8 messaging system to provide participants with  
9 important reminders regarding children's health and  
10 development. We support the intent of this  
11 legislation; however, we have concerns about  
12 providing health and developmental milestone  
13 information in this manner. Developmental health  
14 information should come from the child's medical  
15 home, their pediatrician. Pediatricians are among  
16 the most trusted messengers for children's health for  
17 their parents and have the necessary medical history  
18 needed to alert parents about their child's tailored  
19 health needs. Pediatricians know the appropriate  
20 schedule of vaccinations and developmental milestones  
21 for a particular child and communicate that  
22 information through regular contact with the parents  
23 and child. The only information we could provide at  
24 the Health Department would be general guidance,  
25 which we do not recommend delivering in this manner.

1  
2 Every child is unique and has different medical  
3 recommendations. It may cause unintended stress to  
4 parents whose child may be developing more slowly  
5 than other children. Children do not develop at the  
6 same pace and such text messaging may cause parents  
7 to think their children's health is at risk. It may  
8 also erode a family's relationship with their  
9 pediatrician.

10 Additionally, our maternal health experts and  
11 network of community providers express concern that  
12 such a program could further erode trust in  
13 government among disinvested communities.

14 The Health Department provides programs to assist  
15 families in health insurance enrollment to ensure all  
16 children have access to a pediatrician. We support  
17 the intent to better reach families with young  
18 children with information about utilizing city  
19 resources. The Health Department is not the best fit  
20 for coordinating across numerous city agencies on  
21 nonpublic health programs and topics. We look  
22 forward to partnering with the Council and fellow  
23 city agency partners to better promote information on  
24 city services for children and families. We  
25 appreciate Council Member Gutiérrez and Council staff

1  
2 for our conversations about this bill and look  
3 forward to continued engagement.

4 Intro. 1284 relates to an education campaign for  
5 health care providers about opioid use disorder  
6 during and after pregnancy and the provision of  
7 naloxone at the agencies neighborhood health service  
8 centers. We support the intent and appreciate  
9 recognizing the need to address overdose risk among  
10 pregnant and postpartum people. This is a complex  
11 and multilayered issue that is a priority for the  
12 Health Department.

13 Naloxone training and distribution is already  
14 available in our neighborhood health action centers.  
15 The Health Department is also working with the state  
16 and birthing hospitals to update guidance and create  
17 alternative pathways to support families outside of  
18 the child welfare system. We look forward to  
19 continued conversations with the Council.

20 Now, I'd like to transition to the Departments  
21 support for the health of transgender, gender  
22 nonconforming and non-binary New Yorkers. The Health  
23 Department affirms that every person regardless of  
24 gender identity or expression deserves respectful,  
25 competent and affirming health care. Yet transgender

1  
2 and gender nonconforming New Yorkers continue to face  
3 systemic discrimination in health settings resulting  
4 in serious health inequities and mistrust of the  
5 health system. The mission of the Health Department  
6 is to protect and promote the health of all New  
7 Yorkers, including transgender and gender  
8 nonconforming people.

9 We aim to address and eliminate the health  
10 inequities rooted in historical and contemporary  
11 systemic injustices and every day discrimination.  
12 Essential to this work are the departments policy and  
13 protections, community engagement and resources that  
14 seek to improve the health and health care of LGBTQ  
15 and transgender and gender nonconforming New Yorkers.

16 In 2014, we paved the way for transgender New  
17 Yorkers to be recognized under the law by easing the  
18 requirements for obtaining a gender marker change on  
19 a New York City birth certificate. All people should  
20 have birth certificates that reflect their true  
21 gender identity and these documents can be critical  
22 to accessing health care, employment and other  
23 important services.

24 Regarding the departments health care services,  
25 our clinics offer sexual health, Tuberculosis and

1 immunization services. Many LGBQ and TGNC  
2 individuals frequent our sexual health clinics, which  
3 offer low to no cost services for STI testing and  
4 treatment expanded HIV services, including emergency  
5 PEP, PrEP initiation and counseling, and HIV  
6 treatment initiation for people diagnosed with HIV  
7 who would like to start treatment for the first time,  
8 as well as vaccinations, contraception and many more  
9 services. In addition, these clinics offer overdose  
10 prevention and syringe availability services, and  
11 patient navigators and social workers assist patients  
12 in enrolling in social service programs such as  
13 substance use treatment and counseling.

14 Our work to improve TGNC health goes beyond our  
15 clinic doors and into innovated programs. In 2017,  
16 New York City became the first city to issue an LGBTQ  
17 Health Care Bill of Rights, harnessing existing  
18 protections in local, state, and federal laws to  
19 empower LGBTQ New Yorkers to exercise their rights  
20 inside health care settings. This document,  
21 available on our website and at health centers across  
22 the city, reinforces that providers and their support  
23 staff cannot legally provide LGBTQ people with a  
24 lower quality of care because of their sexual  
25

1  
2 orientation, gender identity or gender expression and  
3 tells people where to get help if their rights are  
4 being violated.

5 In New York City, we protect and support TGNC  
6 communities and we strongly oppose any policies that  
7 discriminate against anyone based on gender identity  
8 and expression.

9 Turning to the legislation Intro. 628, which  
10 focuses on signage about transgender rights and  
11 services in hospitals. The Department support the  
12 intent of this legislation to provide a safe and  
13 welcoming clinical environment for all New Yorkers  
14 including transgender and gender nonconforming  
15 patients. Given the scope of services available to  
16 patients by many providers and the frequency of which  
17 the services change, it would be challenging to  
18 maintain an updated list of the different services  
19 all New York City hospitals provide for their TGNC  
20 patients.

21 Additionally, hospitals are regulated by the New  
22 York State Department of Health and not by the New  
23 York City Department of Health and therefore the New  
24 York City Health Department cannot require hospitals  
25 to post signage in this way.

1  
2       Regarding Intro. 629, requiring the Department to  
3 report on training for medical care for transgender  
4 and gender nonconforming persons. DOHMH supports the  
5 intent of this legislation. However, we don't  
6 oversee medical training in the city and we cannot  
7 compel hospitals to provide information about their  
8 training.

9       Additionally, this kind of report would not  
10 advance the delivery of health care to TGNCNB  
11 patients, nor help to connect patients to trained  
12 providers, which is what this community needs.  
13 Lastly, the Department does have the New York City  
14 Health map, which lists LGBTQ affirming providers for  
15 community members seeking counseling, gender  
16 affirming care, primary care and additional services.

17       Intro. 1056 relates to LGBTQ competency training  
18 for medical personnel in public schools. New York  
19 City public schools provide training on LGBTQ support  
20 and inclusion for school staff. This training  
21 includes curriculum on gender identity and  
22 antidiscrimination policies, inclusion and support  
23 policies and more. School nurses and Office of  
24 School Health Medical Staff receive this training.



1  
2 We defer to New York City public schools regarding  
3 any specifics on the training content.

4 The Health Department does not have the authority  
5 to mandate training for all medical staff in schools.  
6 Medical practice is regulated by the State Department  
7 of Health and schools staff training is regulated by  
8 New York City Public Schools.

9 The New York City Health Department remains  
10 committed to protecting and promoting the health of  
11 all New Yorkers including transgender and gender  
12 nonconforming persons and birthing people and their  
13 families. We are happy to discuss the legislation  
14 being heard and thank you for the opportunity to be  
15 here today to address these important topics. We  
16 look forward to answering your questions. I'll now  
17 turn it over to my colleague Deputy Commissioner  
18 Corinne Schiff.

19 CHAIRPERSON SCHULMAN: Thank you.

20 CORINNE SCHIFF: Good morning Public Advocate,  
21 Chair Schulman, members of the Health Committee. I  
22 am Corinne Schiff, Deputy Commissioner for  
23 Environmental Health at the New York City Health  
24 Department. ON behalf of Acting Commissioner Dr.

1  
2 Michelle Morse, thank you for the opportunity to  
3 testify today.

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

19 Turning to the legislation under consideration  
20 today. Introduction 1172 would require the Health  
21 Department to establish a pilot pet food pantry  
22 program. The Health Department oversees a range of  
23 animal related activities including managing and  
24 caring for the city's population of owner  
25 surrendered, abandoned, homeless, and lost animals.

1  
2 The Department carries out these responsibilities by  
3 counteracting with animal care centers of New York  
4 City. The Department appreciates the Council's  
5 interest in supporting pet owners who face financial  
6 stress. ACC offers a pet food pantry using grant  
7 funding when available and we would be happy to work  
8 with ACC so they can share information with you about  
9 that program.

10 The Health Department also monitors the health  
11 and safety of the city's child care centers, staff  
12 schools with nurses working with New York City Public  
13 Schools, and addresses substance use disorders.  
14 Introduction 895 would require child care centers and  
15 schools to stock epinephrine auto injectors. The  
16 Department appreciates the Council's interest in  
17 ensuring this lifesaving medication is available for  
18 children with allergies. The New York City Health  
19 Code already requires child care programs to maintain  
20 epinephrine auto injectors onsite and to train staff  
21 on allergy emergencies and administering the  
22 medication.

23 The Health Department provides the auto injectors  
24 to these providers at no cost. Also, Chancellors  
25

1  
2 regulations already require school nurses to be  
3 equipped with the epinephrine auto injectors.

4       Next, Introduction 1042 would require the  
5 Department to report the Council on training for  
6 child care inspectors. We conduct significant  
7 initial and ongoing training for our child care  
8 inspectors and would like to work with the Council to  
9 ease the Administrative burden on reporting on this  
10 aspect of our work.

11       Introduction 1041 would require the Department to  
12 conduct an outreach campaign to inform parents about  
13 their rights in relation to child care programs. The  
14 Department agrees that it's important for parents and  
15 other caregivers with children in child care to  
16 understand their rights and provider  
17 responsibilities. The Department already provides  
18 parents with this information including a flyer  
19 available in 13 languages, a website where parents  
20 can search for providers and review inspection  
21 history, offers a notification system so parents can  
22 sign up to receive updates when their child care  
23 provider has had a new inspection, and requires  
24 posting of a performance summary card. The  
25

1  
2 Department would be happy to further promote these  
3 resources.

4 Introduction 804 would allow child care providers  
5 to request a free opioid antagonist kit from the  
6 Department for every child and staff in their  
7 program. The Department appreciates the Council's  
8 interest in ensuring access to this lifesaving  
9 medication. We want to assure New Yorkers that the  
10 risk to children in child care of exposure to opioids  
11 is extremely low. Nonetheless, the Department  
12 conducted a one time distribution of naloxone kits  
13 providing one to every child care center and offering  
14 free training to providers. We trained more than  
15 1,500 child care staff.

16 The Department is committed to a data driven  
17 approach to reducing overdose deaths and distributed  
18 approximately 300,000 naloxone kits at no cost to  
19 community based providers programs citywide last  
20 year, prioritizing settings where opioid overdose is  
21 most frequently occur or/are witnessed. Given that  
22 there are nearly 500,000 children and staff in New  
23 York City's child care programs and the critical  
24 importance of ensuring this medication gets to those  
25 who need it most, the Department opposes this

1  
2 legislation because it would require us to shift  
3 limited resources away from New Yorkers at risk.

4       Lastly, Introduction 1043 would mandate the  
5 Department implement a public awareness strategy  
6 regarding overdose prevention and reversal training  
7 and include the Departments public health sanitarians  
8 and child care teachers as target audiences. The  
9 Department appreciates the Council's interest in  
10 promoting awareness among New Yorkers about overdose  
11 prevention and reversal training. As noted, the  
12 risks of overdose in a child care program are  
13 extremely low. The vast majority of child care  
14 providers offer children a safe and loving  
15 environment.

16       Nonetheless, the Department has already offered  
17 child care providers this training and we continue to  
18 offer virtual trainings and a training video so  
19 providers can sign up at their convenience. The same  
20 is true for all Health Department staff including our  
21 inspectors.

22       We believe the Departments current training  
23 efforts already meet the needs of child care  
24 providers and health inspectors, making this  
25 legislation unnecessary. The Department recommends

1  
2 that we continue to use an evidence based approach to  
3 reducing overdose deaths and focus our resources  
4 including outreach efforts on communities most at  
5 risk.

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

8 CHAIRPERSON SCHULMAN: Thank you. I'm going to  
9 ask - I have one question and then I'm going to give  
10 it to my colleagues and then I'm going to come back.  
11 Uhm, for Introduction 1172, you didn't say whether  
12 you were for it or not.

13 CORINNE SCHIFF: 1172 is the bill about the pet  
14 food pantry.

15 CHAIRPERSON SCHULMAN: Pet pantry.

16 CORINNE SCHIFF: We would like to follow up with  
17 discussions including with ACC. ACC unfortunately  
18 was unable to be here today. I did speak with CEO  
19 and President Risa Weinstock yesterday. She had a  
20 commitment uh a conflict but she's happy to speak  
21 with you.

22 So, given that there already is pet food pantry  
23 resources is part of ACC's Surrender Prevention  
24 Program, we'd like to follow up with discussions  
25 first.

1  
2 CHAIRPERSON SCHULMAN: Okay thank you. Uhm, I'm  
3 going to ask the Public Advocate -

4 PUBLIC ADVOCATE WILLIAMS: Thank you very much  
5 Madam Chair. Thank you Dr. McNatt for your  
6 testimony. One of questions around 628 and 629. So,  
7 uhm and most of them will be together the questions.  
8 Uhm, so 629, you said you support the intent of this  
9 legislation. I'm assuming you mean the intent of  
10 providing some sort of support. And 628, you said  
11 the Department supports the intent of this  
12 legislation to provide a safe and welcoming clinical  
13 environment. Do you support the intent of providing  
14 type of signage that the bill is calling for?

15 DR. ZAHIRAH MCNATT: Thank you so much for the  
16 question Public Advocate. So, we do support the  
17 intent of the legislation around making signage  
18 available, we just don't have the regulatory  
19 authority to make that happen in New York City  
20 hospitals.

21 PUBLIC ADVOCATE WILLIAMS: So, who has - and I  
22 think it was a similar answer to the reporting. So,  
23 who has the power to require signage and require the  
24 type of report?



1  
2 DR. ZAHIRAH MCNATT: The New York State  
3 Department of Health.

4 PUBLIC ADVOCATE WILLIAMS: Only the New York  
5 State. So, you're saying the city can't? Forget  
6 about the agency, you're saying that City Council  
7 can't require that DOHMH or H+H provide this in  
8 public hospitals?

9 DR. ZAHIRAH MCNATT: Thank you so much for the  
10 question. I can't speak knowledgeably to what the  
11 City Council can mandate within the New York State or  
12 New York City Hospitals but can only clarify that New  
13 York City Health Department doesn't have that  
14 authority.

15 PUBLIC ADVOCATE WILLIAMS: So, if this bill  
16 passed, would they give you the authority?

17 DR. ZAHIRAH MCNATT: That's an interesting  
18 question. I don't believe so but happy to follow up.

19 PUBLIC ADVOCATE WILLIAMS: Okay and then in the  
20 testimony it says the report would not advance the  
21 delivery of health care to TGNCNB patients. Which is  
22 interesting to me because I know we listed all the  
23 things that are already available. This legislation  
24 came directly from advocates and community, so they  
25 are experiencing real time what already is there and

1  
2 there are recommendations where these things would  
3 make it easier and more helpful for them to get the  
4 services needed in a tough time. It's kind of - they  
5 seem to be baselined stuff for me, so I was  
6 interested to see why you thought it would not help  
7 advance a delivery.

8 DR. ZAHIRAH MCNATT: So, I think we're referring  
9 to Intro. 629 on the medical training report.

10 PUBLIC ADVOCATE WILLIAMS: Yes.

11 DR. ZAHIRAH MCNATT: And I think for  
12 clarification, it's an understanding that it's  
13 important for medical providers to be trained in this  
14 way and that New York City hospitals may be doing  
15 some of that in some formats and the Health  
16 Department is doing this kind of training for our own  
17 staff but that the report in itself may not tell  
18 community members where's the best place for them to  
19 seek care.

20 So, some of the tools that the Health Department  
21 has created that helps with that particular issue, I  
22 mentioned in the testimony the New York City Health  
23 map, which is a health service directory that serves  
24 as a vital resource for those seeking safe,  
25 accessible and high quality health services tailored

1  
2 to their needs. This online directory features a  
3 diverse network of New York City providers. The  
4 LGBTQ directory is designed to help individuals make  
5 informed decisions about their health care by  
6 highlighting providers with a demonstrated commitment  
7 to cultural competency and inclusive practices. So,  
8 those are - we have several more examples, which I'm  
9 happy to share but I think help community members  
10 know where are the safe affirming places to go. And  
11 so, the report that you're describing can be valuable  
12 I think for folks within the political space but may  
13 not be valuable to the user whose trying to figure  
14 out where they should go in New York City to get  
15 gender affirming care.

16 PUBLIC ADVOCATE WILLIAMS: I see. Okay, no  
17 that's helpful. I didn't view it as being user  
18 friendly for the patients. I viewed it as the report  
19 would help political leaders make adjustments and  
20 recommend adjustments and the hospitals themselves  
21 make adjustments based on what the reporting is. So,  
22 thank you for the clarification.

23 DR. ZAHIRAH MCNATT: Thank you.

24 PUBLIC ADVOCATE WILLIAMS: You mentioned training  
25 already exists. Does that training already exist,

1  
2 particularly for TGNCNB with that clientele in mind,  
3 reminding folks that they have to use preferred  
4 pronouns and names and titles and such?

5 DR. ZAHIRAH MCNATT: Yes, thank you so much for  
6 the question. Particularly within the Health  
7 Department, we have a training that's in partnership  
8 with New York City Unity Project. We partnered with  
9 a consulting firm called Trans Equity Consulting to  
10 develop an LGBTQ cultural competency training for  
11 Health Department sexual health clinic staff. And  
12 so, that training covers language, key health  
13 considerations and best practices for providing  
14 affirming care.

15 We also provide other sorts of trainings in the  
16 Health Department and workshops around solidarity  
17 knowing that we want our staff to know the basics and  
18 important information but we also want our staff to  
19 practice solidarity in real time with transgender and  
20 gender nonconforming community members and patients.  
21 We have an LGBTQ ERG or Employee Resource Group that  
22 has also uhm provided an affirming space to support  
23 staff and to help inform the kind of training and  
24 education that should happen. So, those are just a  
25

1  
2 few examples of training inside the Health  
3 Department.

4 PUBLIC ADVOCATE WILLIAMS: Thank you and my last  
5 question is, which staff must participate in those  
6 trainings and how do you evaluate the efficacy?

7 DR. ZAHIRAH MCNATT: Thank you so much for the  
8 question. So, depending on the vocal area, so the  
9 example that I gave refer all staff that work in our  
10 clinical settings in the sexual health clinics. So  
11 it's targeted for the staff that provide particular  
12 services in that domain. Different trainings are  
13 targeted to different staff depending on where  
14 they're providing their services. And then some  
15 other uhm. Solidarity related work and programming is  
16 also optional for folks to continue growing and  
17 building their own ability to stand in solidarity  
18 with transgender and gender nonconforming folks.

19 Based your question around evaluation, I will  
20 have to get back to you on the process of evaluation  
21 for the different trainings and some of the outcomes.

22 PUBLIC ADVOCATE WILLIAMS: Okay, thank you.  
23 Thank you for answering the questions and I look  
24 forward to working with everyone to see what we can  
25

1 do about these bills, particularly this population.

2 Thank you.

3 DR. ZAHIRAH MCNATT: Thank you so much.

4 CHAIRPERSON SCHULMAN: Thank you Public Advocate.

5 I want to acknowledge that we've been joined by

6 Council Member Feliz and Council Member Sanchez.

7 Council Member Sanchez.

8 COUNCIL MEMBER SANCHEZ: Thank you so much Chair

9 Schulman and thank you to the Administration for

10 sharing your positions on the bills. I just have

11 four specific questions. We know that these bills

12 are inspired by the horrible tragedy that took a one

13 year old child from us after exposure to fentanyl in

14 daycare.

15 So, regarding Intro. 804, shortly after

16 Nicholas's passing, then Commissioner Vasan had noted

17 that child care inspectors had not been trained to

18 look for fentanyl and said, "maybe we need to start."

19 In your testimony you state that the risk of

20 children's exposure in these settings is very low but

21 that you nevertheless conducted a one time

22 distribution to child care staff already. You state

23 that you oppose the bill since it would shift limited

24 resources away from New Yorkers most in need. Can

1  
2 you first share what the cost was of that one time  
3 distribution? And second, most importantly, if not  
4 through making adjustments, like Intro. 804 would  
5 require in the 650 days since Nicholas's passing,  
6 what has DOHMH determined could prevent a similar  
7 tragedy in the future?

8 CORINNE SCHIFF: Council Member I want to start  
9 by acknowledging as you just did the extraordinary  
10 tragedy that took Nicholas's life and we discussed at  
11 a hearing before how that the death and uhm, that  
12 criminal activity was devastating. I think for all  
13 of New York City and certainly for our staff. I  
14 spent many, many days afterwards meeting with our  
15 childcare staff, our inspectors who visit these  
16 centers and it was difficult, heartbreaking for all  
17 of us. They are a team that is really dedicated to  
18 coming to work every day to promote safe environments  
19 for children and we all felt that loss.

20 We did do a distribution to child care programs.  
21 One kit for every program. The bill as we read it is  
22 one kit for every child and staff in the program.  
23 So, that's our concern is that a lot - you know about  
24 500,000 children and - children and staff. So,  
25 that's really where we are talking about the

1  
2 resources. I don't think we have the cost of that  
3 one time distribution but we can get that back to you  
4 but I did want to clarify the distinction that we are  
5 making there.

6 And as to your question about changes that we  
7 made and the comment by Dr. Vasan immediately after  
8 the tragedy. We have implemented additional training  
9 for our staff. Our staff are conducting health and  
10 safety inspections. They're not law enforcement but  
11 we have conducted trainings with NYPD to heighten  
12 their instincts, heighten the instincts of our staff  
13 so that if they - particularly around illegal drugs  
14 and drug paraphernalia, so that if they observe  
15 things, they will have a greater awareness and be  
16 able to immediately escalate those and we've had  
17 ongoing conversations to strengthen our relationships  
18 with NYPD to make sure that we're able to get a rapid  
19 communication with them.

20 COUNCIL MEMBER SANCHEZ: Thank you. Uhm, Chair  
21 if I may? The family is coming in a little while and  
22 I am going to share my remarks because it's really  
23 for them when they arrive but I just want to thank  
24 you Deputy Commissioner because that is one of the  
25 biggest asks that Nicholas's mom and dad had for us



1  
2 as city leaders to make sure our inspectors are  
3 trained to look for those signs. So, from the bottom  
4 of my heart. I have goosebumps. I want to thank you  
5 because that's something that they for. And if -  
6 just a quick follow up on that training. You  
7 mentioned that there were barriers but this kind of  
8 thing, knowing that the Department is being  
9 responsive is really helpful. Could you just share,  
10 just my final question what the barriers are that you  
11 describe to reporting on what the training is that  
12 the inspectors are receiving?

13 CORINNE SCHIFF: Yes, of course. So this is  
14 about the bill that would require us to do a routine  
15 report to you about all of the training that we do  
16 for our inspectors. So, really, the concern is we do  
17 so much training with our staff. So there is initial  
18 training, our inspectors are college graduates with  
19 30 credits in the sciences when they arrive and they  
20 go through about a four month training program to  
21 learn what all of the regulations are, learn of  
22 course how to use their equipment. What they're  
23 looking for when they do these inspections. They  
24 follow senior inspectors and then are shadowed by  
25 those senior inspectors and only when they are

1 through that are they sort of launched on their own  
2 to do those inspections. Then we have ongoing  
3 training throughout the year. Training in customer  
4 service and conflict resolution. Training to  
5 heighten their instincts, as I mentioned. And then  
6 as Health Department employees, we have first  
7 mandatory trainings that we all take as city  
8 employees and then we also have wonderful  
9 opportunities as health department employees for  
10 ongoing professional development. And there are  
11 opportunities for our staff at every level to take  
12 those trainings to advance their skills, and that is  
13 not something we necessarily track optional trainings  
14 that staff can take. So those are the sorts of  
15 burdens I really want to emphasize that our - we want  
16 to spend our time focused on maintaining these safe  
17 environments for children. And so, I want to just be  
18 sure that we're fulfilling the need that you have to  
19 understand the training that we do without taking so  
20 much time away on reporting.

22 COUNCIL MEMBER SANCHEZ: Thank you. Thank you so  
23 much Chair.

24 CHAIRPERSON SCHULMAN: Sure, uhm, Council Member  
25 Holden.

1  
2 COUNCIL MEMBER HOLDEN: Thank you Chair. Deputy  
3 Commissioner Schiff, you mentioned that ACC runs a  
4 food pantry, a pet food pantry. Could you tell us  
5 about that a little bit?

6 CORINNE SCHIFF: You know as I said,  
7 unfortunately ACC was not able to be here but they  
8 did ask me to share that they would like to follow up  
9 with you and the Chair. I know you're a Co-sponsor,  
10 so that they can share the details about that  
11 program.

12 COUNCIL MEMBER HOLDEN: Yeah but you just punted  
13 to them. This is a bill that we're - you know we  
14 introduced and we want to get your opinion on and  
15 you're saying check with ACC. That's not how it  
16 works Commissioner. I just want to talk to you about  
17 the program. Do you know how many locations that  
18 they have?

19 CORINNE SCHIFF: I don't know where ACC offers  
20 the pantry but I can say that our position on the  
21 bill is that we would like to share those details  
22 with you so that we're sure that this is something to  
23 move forward with.

24 COUNCIL MEMBER HOLDEN: But do you agree that  
25 there is a need?

1  
2 CORINNE SCHIFF: My understanding from ACC is  
3 that the pet food pantry is an important part of  
4 their surrender prevention program as you said in  
5 your opening comments, there is financial stress that  
6 pet owners experience and sometimes they are faced  
7 with that heartbreaking decision of whether to  
8 relinquish a pet because they are facing hard times  
9 and it's a moment and they can't afford it.

10 COUNCIL MEMBER HOLDEN: Yeah we know that but  
11 what I'm asking you is there's a need for this and  
12 but do you know how many locations that ACC has for  
13 the pet food pantry?

14 CORINNE SCHIFF: I don't know how many locations  
15 they have.

16 COUNCIL MEMBER HOLDEN: One. One in the Bronx  
17 and you know I'm envisioning a mobile pantry  
18 possibly, which would go to the boroughs. If you  
19 have one location in the five boroughs and 8.5  
20 million, many of these people are pet owners and if  
21 you have one location in the Bronx, it's not going to  
22 work. It wont work. If you have locations in every  
23 borough, so that's why I'm asking that. If the  
24 Health Department can come up with some ideas and we  
25 can talk about it but I think a mobile pantry would

1  
2 be I think doable. I think we can get donations from  
3 various sources but I think this is where we need to  
4 set up you know some kind of need and not just -  
5 because I checked and again, I checked with the  
6 Mayor's Alliance for New York City's animals and you  
7 get a dead end. It says we have a pet food - you  
8 know there's a pet food pantry but then it takes you  
9 to the one location in the Bronx of ACC. They have  
10 one location and then it says food banks in New York  
11 City could have depending on donations. Could have  
12 them. So, there's not really something consistent.  
13 So this is what I'm asking is that we set up  
14 something that is more expensive, that is and it  
15 would be a pilot program. It would just be maybe  
16 initially one location where the Health Department  
17 runs not with ACC. ACC could do it on their own but  
18 I'm asking that we set up something because they have  
19 limited resources and I can't even get them to do  
20 adoption programs with their mobile unit because they  
21 only have one and you know many times it's not  
22 staffed. So, that's why I get you know I get a dead  
23 end on that.

24 But in the Food Pantry, there's a huge dead end  
25 if you try to look for it, so that's why I'm asking

1  
2 and you know this hearing, which we're - you know  
3 obviously we want to talk about this bill but you  
4 don't have the information, how expensive this is and  
5 if you're willing to set something up, or be willing  
6 to talk to us about it.

7 So, I think we need a little bit more research  
8 especially at a hearing. Like how expensive, how  
9 many people are served by this ACC program and how  
10 could the Health Department help us with this.

11 CORINNE SCHIFF: Happy to get back to you with  
12 ACC. I understand your bill is a pilot program and  
13 would be for a year and then for us to assess.

14 COUNCIL MEMBER HOLDEN: Right and again, I'd  
15 rather not include ACC because I know you know we're  
16 going just put it on them to do all of this without  
17 the additional resources. That's a problem.

18 So, I just know we're headed for a dead end. So,  
19 I think you know mobile, some more uhm, if we had  
20 some like I mentioned mobile pantries or some other  
21 ways to set up. There's some good ideas out there  
22 but when I research it, I keep running into a dead  
23 end. Thank you. Thank you Commissioner.

24 CHAIRPERSON SCHULMAN: Thank you Council Member  
25 and I echo what uhm Council Member Holden said and

1  
2 the other thing to is that there's a presumption that  
3 people know about ACC. This is for just the general  
4 public oldest people and all of that that we have a  
5 place where they know they can go for this. So I  
6 just wanted to mention that. Council Member Menin.

7 COUNCIL MEMBER MENIN: Thank you so much Chair.  
8 So, just a couple questions. Despite homebased child  
9 care centers falling under the Office of Children and  
10 Family Services. My office has heard some homebased  
11 child care givers are not aware of Elijah's law or  
12 have language barriers that limit understanding of  
13 Elijah's law and it's specific requirements. What in  
14 your recommendation can the city do to address this  
15 situation and ensure there is more awareness of this  
16 lifesaving law?

17 CORINNE SCHIFF: So, Elijah's law I believe is  
18 the New York State law that applies to the homebased  
19 programs. I had not heard that homebased providers  
20 are not aware. That is disappointing to hear and I  
21 will be sharing that with OCFS, which does that  
22 outreach to their providers. OCFS as you just noted  
23 is the- the homebased programs are state regulated.  
24 They are under the offices of OCFS. OCFS does  
25 contract with the Health Department to implement

1  
2 those regulations. They typically do the outreach  
3 and education to their regulated providers and I'm  
4 going to follow up, both on the general awareness and  
5 on the language access issues.

6 COUNCIL MEMBER MENIN: Great, thank you and can  
7 you tell us what you're specifically doing to  
8 encourage the use of an appropriate weight based  
9 epinephrine delivery system? Obviously that's  
10 something that really matters is the child's weight  
11 and so what awareness are you doing around that?

12 CORINNE SCHIFF: So for the city regulated sites  
13 where the health code rule already applies since 2018  
14 requires the child care programs to have two  
15 epinephrine auto injectors onsite at the appropriate  
16 dosage and the training that they're required to -  
17 and they are also required to take training. The  
18 Health Department provides the epinephrine auto  
19 injectors to the city sites at the appropriate dosage  
20 or the children at that program.

21 COUNCIL MEMBER MENIN: And how often are you  
22 checking in terms of expiration date?

23 CORINNE SCHIFF: So we will replenish them. So  
24 they are sent out. We know the expiration date and  
25 so we continuously send them so that they are - the



1  
2 requirement is unexpired epinephrine auto injector on  
3 site, and so we as part of our efforts to make sure  
4 that the programs have this lifesaving medication and  
5 I really appreciated the story that you told. I've  
6 had a similar story with my child and it is  
7 terrifying. And so, it is part of our program to  
8 make sure that they have an unexpired epinephrine  
9 auto injector on site. We continue to provide those  
10 on the schedule.

11 COUNCIL MEMBER MENIN: And so when the child is  
12 not in the childcare setting or at school, what can  
13 we do to raise awareness to parents about food  
14 allergies? Because like the story I told or the  
15 story that countless parents have had where they  
16 don't know that their child has a life threatening  
17 food allergy. Now, of course, and I mentioned to you  
18 the efforts that I did to get the epi pens on the  
19 ambulances but we know that children are often in  
20 settings where there's not an epi pen readily  
21 available and unfortunately minutes literally matter.  
22 What can be done to raise awareness in general on  
23 this issue?

24 CORINNE SCHIFF: One of the things that was so  
25 important to us when we brought this proposal to the

1  
2 Board of Health was just what you said. Parents of  
3 young children, they haven't had the opportunity to  
4 identify that their child has a life threatening  
5 allergy. Sometimes the very first occurrence is at  
6 child care which is why we've provided the epi auto  
7 injectors for child care programs. I think it's an  
8 important question that you ask broader than child  
9 care. Your bill that you referenced about allergy  
10 posters in food in restaurants is another opportunity  
11 for education but I think you're asking a broader  
12 question about allergies and beyond child care and I  
13 think that's something that we could think about and  
14 get back to you.

15 COUNCIL MEMBER MENIN: Great, I would appreciate  
16 that. Thank you very much. Thank you Chair.

17 CHAIRPERSON SCHULMAN: Okay thank you. I have a  
18 few questions to ask and then we're going to go to  
19 public testimony.

20 So, I'm going to ask about Intro. 1001. The text  
21 messaging system on child health. What type of child  
22 health guidance and reminders such as routine  
23 vaccinations does DOHMH provide to parents, if any?

24 ESTELLE RABONI: Good morning. Thank you for  
25 that question Council Member.

1 CHAIRPERSON SCHULMAN: Good morning.

2 ESTELLE RABONI: We provide information on our  
3 websites. We also work very closely with H+H and  
4 provide public information in that way. We have a  
5 texting service through early intervention and so we  
6 provide a lot of information with respect to  
7 milestones and vaccinations and things of that nature  
8 in those forums and that's really the ways that we  
9 communicate that information.  
10

11 CHAIRPERSON SCHULMAN: Does the Administration,  
12 either the DOHMH, DOE or other city agency provide  
13 reminders to parents on deadlines for registration  
14 for school, school based programs and child care? If  
15 so, through what mechanism?

16 ESTELLE RABONI: We don't do that and I would  
17 defer to New York City Public Schools on that.

18 CHAIRPERSON SCHULMAN: What type of communication  
19 and outreach does the Administration perform  
20 regarding the availability of subsidized child care  
21 in New York City?

22 ESTELLE RABONI: I would have to get back to you  
23 on that.

24 CHAIRPERSON SCHULMAN: Okay, please. Is there  
25 targeted outreach to communities that would benefit

1  
2 them the most? I mean you'll - you'll give us both,  
3 okay.

4 ESTELLE RABONI: Correct.

5 CHAIRPERSON SCHULMAN: How would the  
6 Administration develop and manage a citywide  
7 automated text messaging system for child health  
8 reminders? What agencies would be best suited to  
9 develop this system?

10 ESTELLE RABONI: We support the intent of the  
11 legislation; however, we don't think that we're the  
12 right agency for that kind of service. It would  
13 require a lot of coordination that we're not really  
14 set out to be able to execute.

15 CHAIRPERSON SCHULMAN: Okay, what training - I'm  
16 going switch now to Intro. Number 1056. What  
17 training if any do schools nurses and health  
18 personnel currently receive on the provision of  
19 LGBTQIA+ competent care?

20 ESTELLE RABONI: I would have to defer to New  
21 York City Public Schools on the training that they  
22 provide their staff.

23 CHAIRPERSON SCHULMAN: Okay, what potential  
24 barriers exist in ensuring all relevant staff receive  
25 consistent high quality training?

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ESTELLE RABONI: I'm sorry?

CHAIRPERSON SCHULMAN: So the school - alright, let me skip to something else because you're telling me to go to near public school, so we'll figure that out.

Intro. Number 1146, expanding Newborn Home Visiting Program. What are the existing neighborhoods or populations already served by newborn home visiting programs and what has utilization been?

ESTELLE RABONI: So, we're saturating over 75 percent of the TRIE neighborhoods and we currently are attempting to fill 59 vacancies for home visitors. We're as Dr. McNatt had mentioned in her testimony, we're attempting to hire people who are fluent in Mandarin and Cantonese. We're also attempting to fill these 59 vacancies and it can take us quite a bit of time to be able to onboard and train people to be prepared to conduct home visits. But we are committed to 100 percent saturation of the TRIE neighborhoods.

CHAIRPERSON SCHULMAN: Okay what metrics are used to track effectiveness?

1  
2 ESTELLE RABONI: Uhm, with Newborn Home Visiting  
3 Programs, we do assess reach, we assess the number of  
4 assessments that we provide whether mental health  
5 services or mental health needs. We assess the  
6 visits in terms of notes and things of that nature,  
7 what's offered to families and the number of visits  
8 that we conduct and the outcomes of those visits.

9 CHAIRPERSON SCHULMAN: Are there any current  
10 plans to expand the program?

11 ESTELLE RABONI: Yes, we would love to be able to  
12 saturate the TRIE neighborhoods by 100 percent and  
13 fill those 59 vacancies.

14 CHAIRPERSON SCHULMAN: Is there a mechanism for  
15 participants in the program to provide feedback on  
16 their experience?

17 ESTELLE RABONI: Absolutely and supervisors of  
18 home visitors also conduct check in calls with  
19 families of newborns and infants and also assess  
20 their experience of their interaction with a lead  
21 home visitor.

22 CHAIRPERSON SCHULMAN: How would the  
23 Administration scale up the Newborn Home Visiting  
24 program citywide under this bill? What staffing  
25

1  
2 funding or outreach challenges might limit program  
3 expansion?

4 ESTELLE RABONI: Many. There are many variables.  
5 There is variables in terms of space. At this point,  
6 I think we are running out of space to actually have  
7 lead home visitors be present in a city building.  
8 We're running out of space for storage of equipment,  
9 so we provide new families with car seats, with pack  
10 and plays, with cribs, diapers, and we are running  
11 out of space for that as well. So, in addition to  
12 just seating for new staff, we would also need  
13 storage space for all of the materials that we  
14 distribute.

15 CHAIRPERSON SCHULMAN: So, DCAS doesn't have any  
16 space?

17 ESTELLE RABONI: Uhm, they do uhm but we also  
18 require - we want to be nimble, so if we have things  
19 in storage, it might take some time to be able to  
20 have it in place so that we are able to distribute it  
21 as needed.

22 CHAIRPERSON SCHULMAN: Have you been in contact  
23 with DCAS or?

24 ESTELLE RABONI: I would have to get back to you  
25 on that and contact -

1  
2 CHAIRPERSON SCHULMAN: Yeah, get back to us  
3 because if need to - if we, the Council needs to  
4 contact DCAS about that, we can do that.

5 ESTELLE RABONI: Absolutely.

6 CHAIRPERSON SCHULMAN: Okay great. Uhm, does  
7 DOHMH or H+H provide standardized guidance to health  
8 care providers on how to work with and treat pregnant  
9 individuals who have opioid use disorder and the use  
10 of opioid agonist therapy?

11 ESTELLE RABONI: Yes, uhm, so as Dr. McNatt had  
12 mentioned in her testimony, we did release a health  
13 advisory in December of 2024 advising clinicians all  
14 over New York City of the data and recommendations to  
15 address the prevalence of overdose as a cause of  
16 pregnancy associated death in non-stigmatizing ways  
17 to approach substance use disorders in pregnant  
18 people and as a Department we are working with the  
19 state to provide revised non-stigmatizing guidance on  
20 CAPTA CARA. The federal regulation that requires the  
21 creation of safe care plans for newborns who may be  
22 impacted by substance use from their families or  
23 caregivers and supporting the birthing person.

24 The Department also has partnered with birthing  
25 hospitals and centers in the city to ensure



1  
2 understanding and implementation of the guidance and  
3 this guidance also includes conducting universal  
4 verbal screenings, using a validated tool for  
5 substance use, substance use disorders and comorbid  
6 mental health conditions with fully informed consent  
7 following New York State guidance. Also avoiding  
8 stigma in missed cases by not limiting substance use  
9 screening to pregnant people with disruptions in  
10 prenatal care and/or prior adverse pregnancy outcomes  
11 and ensuring that the toxicology or biologic testing  
12 should only be performed with fully informed consent  
13 and as a therapeutic tool of medical treatment for  
14 pregnant and post-partum people or their infant and  
15 finally encouraging clinicians to initiate  
16 buprenorphine or methadone for pregnant people with  
17 opioid use disorder as soon as possible. So, timely  
18 referrals to opioid use treatment prescribers can be  
19 made.

20 CHAIRPERSON SCHULMAN: What obstacles could  
21 impact effective outreach to both providers and the  
22 public?

23 ESTELLE RABONI: I'm sorry, could you repeat that  
24 question.  
25

1  
2 CHAIRPERSON SCHULMAN: What obstacles could  
3 impact effective outreach to both providers and the  
4 public?

5 ESTELLE RABONI: I would have to get back to you  
6 on that question.

7 CHAIRPERSON SCHULMAN: Okay, our neighborhood  
8 health service centers are already distributing  
9 opioid antagonists such as Narcan or offering similar  
10 education material.

11 ESTELLE RABONI: They are.

12 CHAIRPERSON SCHULMAN: Okay, alright, now I'm  
13 going to ask, I'm actually going to go back to Intro.  
14 1042. Who administers the mandated trainings for  
15 DOHMH inspectors?

16 CORINNE SCHIFF: Well, it depends on the  
17 training. So, as I noted with Council Member  
18 Sanchez, we do extensive training for our inspectors  
19 as they arrive as new employees and ongoing inhouse  
20 trainings that we conduct, that their supervisors,  
21 the child care of the Borough of Child Care conducts  
22 for those staff and then there are trainings that all  
23 city staff are required to take and then there are  
24 optional trainings for professional development for  
25 Health Department employees. So, it varies.

1  
2 CHAIRPERSON SCHULMAN: Does the Administration  
3 currently track and monitor the types of trainings  
4 provided to childcare inspectors?

5 CORINNE SCHIFF: So, the mandated trainings are  
6 tracked but optional trainings would not be.

7 CHAIRPERSON SCHULMAN: Interesting, okay. What  
8 challenges exist in reporting on the frequency type  
9 and substance of such trainings?

10 CORINNE SCHIFF: So, our concern is because of  
11 the really the extensive nature of our training, we  
12 really want to reduce any administrative burden on a  
13 focus on reporting rather than a focus on conducting  
14 those trainings and our work to promote safe  
15 environments for children in child care.

16 CHAIRPERSON SCHULMAN: Are there current systems  
17 in place that track training compliance and if so,  
18 are all current DOHMH inspectors in full compliance?

19 CORINNE SCHIFF: There are different mechanisms  
20 for tracking mandatory trainings. I'm not able to  
21 say at this moment whether all of our staff are in  
22 compliance with all of the very many, many trainings  
23 that we take as city employees.

24 CHAIRPERSON SCHULMAN: Can you get back to us on  
25 that?

1 CORINNE SCHIFF: We'll get back to you.

2 CHAIRPERSON SCHULMAN: Okay great. Alright, that  
3 is all that the questions that we have. One.

4 COUNCIL MEMBER SANCHEZ: I just wanted to  
5 clarify. You might not have this information today  
6 but regarding just a follow up on the Chairs  
7 questions regarding administration of trainings. Can  
8 you share the universe of right as a fraction, the  
9 universe of providers that have DOHMH or license by  
10 DOHMH and how many of them took the specific training  
11 that you described around opioid yeah overdose  
12 prevention? Thank you.

13 CORINNE SCHIFF: Uh, on the second part, how many  
14 of the child care providers took the naloxone  
15 training that we offered? The 1,500, there were  
16 about 1,500 staff who took advantage of that training  
17 at our initial offering of it but I will say that we  
18 - those trainings are available on an ongoing basis  
19 from the Health Department and we have continued to  
20 remind providers of that availability and they can be  
21 taking this on their own.

22 DR. REBECCA LINN-WALTON: Yeah, just to add to  
23 that. So, we have a really easy to access portal. I  
24 know I've signed up before joining the Health  
25

1  
2 Department. I've signed up and gotten naloxone  
3 training on there, so we deliver it both in English  
4 and Spanish so far. If we find other people who can  
5 do training in other languages we look forward to  
6 expanding as well. We did 164 public trainings and  
7 also have worked very closely with about 1,000  
8 locations across the city who are trained to do  
9 trainings as well to make sure that they're readily  
10 available and that kits are available through our  
11 website and then also in local pharmacies in the  
12 settings that people are able to access training and  
13 really, just try to blanket the city with access and  
14 training.

15 COUNCIL MEMBER SANCHEZ: Okay, so it's 1,500 that  
16 you know of but it could be more and you don't have  
17 the universe of staff I guess if you're counting  
18 1,500 staffers?

19 CORINNE SCHIFF: I'm sorry, would you repeat the  
20 question?

21 COUNCIL MEMBER SANCHEZ: The number of total  
22 licensed child care facilities and then the number of  
23 staff.

24

25

1  
2 CORINNE SCHIFF: I don't have the number of  
3 staff. There are 2,200 child care centers. I don't  
4 know the staffing off the top of my head.

5 COUNCIL MEMBER SANCHEZ: Thank you.

6 COUNCIL MEMBER MENIN: Any other questions Council  
7 Member?

8 COUNCIL MEMBER SANCHEZ: No.

9 COUNCIL MEMBER MENIN: Okay, wonderful. Thank  
10 you so much to this panel. We really appreciate the  
11 Administration's testimony today. Thank you.

12 So, we're now going to move to public testimony.  
13 I'm now going to open the hearing for public  
14 testimony. I want to remind members of the public  
15 that this is a government proceeding and that decorum  
16 shall be observed at all times. As such, members of  
17 the public shall remain silent at all times. The  
18 witness table is reserved for people who wish to  
19 testify. No video recording or photography is  
20 allowed from the witness table. Further, members of  
21 the public may not present audio or video recordings  
22 as testimony but may submit transcripts of such  
23 recordings to the Sergeant at Arms for inclusion in  
24 the hearing record.

1  
2 If you wish to speak at today's hearing, please  
3 fill out an appearance card with the Sergeant at Arms  
4 and wait to be recognized. When recognized, you'll  
5 have two minutes to speak on today's legislation. If  
6 you have a written statement or additional written  
7 testimony you wish to submit for the record, please  
8 provide a copy of that testimony to the Sergeant at  
9 Arms.

10 You may also email written testimony to  
11 [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov) within 72 hours of this  
12 hearing. Audio and video recordings will not be  
13 accepted. We will now - okay great, so that - I'm  
14 going to call the first panel. Okay so the first  
15 person is Dina Hawthorne. And before you begin, I  
16 just really want to personally thank you for being  
17 here and sharing your story. You can just press the  
18 yes the button. That's right, thank you.

19 DINA HAWTHORNE: Thank you. Good morning,  
20 members of the Health Committee. Thank you Chair,  
21 although she's not here right now, Lynn Schulman for  
22 having me today and to our Council woman Julie Menin  
23 thank you so much for introducing Intro 895. Thank  
24 you to the New York City Department of Health for  
25 their work as well.

1  
2 My name is Dina Hawthorne and I am a health care  
3 professional, a special educator, a mother, the co-  
4 founder of the Elijah-Alavi Foundation, and  
5 President, and importantly I am Elijah-Alavi's  
6 mother.

7 November 3rd of 2017, I dropped my son off at a  
8 licensed child care center here in New York City,  
9 trusting they would keep him safe, based on their  
10 assurance. They shattered my trust when they gave my  
11 son, with a documented and known severe food allergy  
12 to dairy, a grilled cheese sandwich and worst they  
13 dismissed his symptoms. And although they assured me  
14 they knew how to act in the event of an emergency,  
15 they did not administer epinephrine, staff was not  
16 trained to recognize the signs of anaphylaxis, there  
17 was no urgency to act quickly.

18 My son Elijah-Alavi was only three years old, and  
19 he died based on what they failed to do, act quickly,  
20 identify the signs and symptoms of his food  
21 allergies. They were incapable of doing so. I  
22 buried my child over something that was and is  
23 preventable. I am here today, to urge you to take  
24 action. It is time we create standardized safety  
25 measures on how to act in the case of an anaphylaxis



1  
2 emergency and how the ability to identify the signs  
3 and symptoms of a food allergy reaction in infants,  
4 children, kids, in their learning environments, such  
5 as schools, day care centers, home day care space,  
6 after care, etc.

7 The Bill, Number 895 builds on the foundation of  
8 Elijah's Law by expanding its protections citywide.

9 I love this city. I was born in this city.

10 COUNCIL MEMBER MENIN: Please continue.

11 DINA HAWTHORNE: Okay thank you. Thank you to  
12 Council woman Julie Menin for your work in this  
13 important legislation. This critical legislation  
14 would require the Department of Education to stock  
15 weight-based dose epinephrine on all school premises.  
16 More importantly, mandate that all child care  
17 programs are equipped with stock weight-based dose  
18 epinephrine for children. And also ensure legal  
19 compliance and preparedness, trainings in how schools  
20 and centers respond to life-threatening allergic  
21 reactions.

22 This is important because when it's voluntary,  
23 they don't have to do it and so we thank you for  
24 considering this to be mandatory. This is a life-

1  
2 saving prevention policy. It ensures that every  
3 child is protected.

4 This legislation will give caregivers the tools  
5 and training to act and give parents assurance these  
6 facilities can actually take good care of their  
7 children and all other children in their temporary  
8 care. Food allergies can be fatal. Let's prevent  
9 temporary care becoming permanent sorrow like me.  
10 Passing Bill Number 895 is how we honor Elijah-  
11 Alavi's legacy, and not with words, but with action.  
12 I with a grieving heart and a passionate spirit, urge  
13 this Health Committee to pass this bill and help  
14 protect one of our most vulnerable population,  
15 children. Thank you for giving me this opportunity.

16 COUNCIL MEMBER MENIN: Thank you so much. I  
17 really can't thank you enough for having the courage,  
18 the bravery to fight on this issue. You are  
19 literally going to be saving countless of children's  
20 lives. You already have with Elijah's Law but you're  
21 continuing to do so by making this mandatory and by  
22 speaking out and I can assure you that we will honor  
23 Elija's memory by passing this law and to the Council  
24 and making sure that no other child in New York City  
25 suffers from the same fate.

1  
2 So, if it's okay, I'd love to ask you a few  
3 questions?

4 DINA HAWTHORNE: Yes.

5 COUNCIL MEMBER MENIN: First of all, the child  
6 care facility that Elijah was at, so they were aware  
7 that your son had a life threatening food allergy  
8 correct?

9 DINA HAWTHORNE: Yes, that is correct. Thank you  
10 for that question Council woman. Yes, they were  
11 fully aware and it was documented. He had an IEP as  
12 well.

13 COUNCIL MEMBER MENIN: And did they say that they  
14 new how to utilize an epi pen if needed?

15 DINA HAWTHORNE: Thank you for that question.  
16 Yes, they did.

17 COUNCIL MEMBER MENIN: And by passing this law  
18 Intro. 895 by making it mandatory that every single  
19 school and child care facility, whether it be a  
20 public, private or charter school would have to have  
21 the epi pens onsite as well as the training. What  
22 impact do you think that that is going to have in  
23 terms of preventing these horrible casualties?

24 DINA HAWTHORNE: Thank you for that question  
25 Council Member. They won't have to sit here in this

1 chair. A parent wouldn't have to sit here. When  
2 things are voluntary, that means you don't have to do  
3 it. When things are voluntary, it gives that crack,  
4 that loophole and unfortunately it allows for  
5 something that is preventable to be cast to the side  
6 and question if the importance of doing the things.  
7 So, taking care of children with food allergies is  
8 not going anywhere. And so, passing this bill will  
9 ensure that the training is happening and that  
10 there's a standardized practice of safety measures  
11 that are taken that's not put on the back burners of  
12 just the parents alone but also everyone involved  
13 because the children cannot speak for themselves.

14 COUNCIL MEMBER MENIN: Right.

15 DINA HAWTHORNE: And so to make it mandatory, it  
16 would allow the parents to have that assurance that  
17 their children are safe and that there are important  
18 protocols in place to ensure that safety.

19 COUNCIL MEMBER MENIN: Absolutely and as you and  
20 I have discussed, one of the challenges with food  
21 allergy is when your child is going through  
22 anaphylactic shock, they to your point cannot  
23 communicate that. They can't breathe and they can't  
24 communicate what is happening to them.  
25

1 Council Member, do you have any questions?

2 COUNCIL MEMBER SANCHEZ: No, I just want to join  
3 in thank you so much for your advocacy. My son is  
4 three years old and I just can't imagine what you  
5 lived through but you're saving my son's life and  
6 you're saving so many families, so thank you for this  
7 advocacy.  
8

9 DINA HAWTHORNE: Thank you.

10 COUNCIL MEMBER MENIN: Thank you Dina so much for  
11 being with us today. We really appreciate it. Thank  
12 you.

13 DINA HAWTHORNE: Thank you for having me.

14 COUNCIL MEMBER MENIN: Okay, I'm going call the  
15 next panel. Judith Naraine, Catherine Trapani,  
16 Denise Carter-Pruden if you could please come down.  
17 Thank you.

18 CATHERINE TRAPANI: Thank you very much Council  
19 Member. Unfortunately, Ms. Naraine I believe had to  
20 leave but I'm happy to be here and with gratitude to  
21 members of the Health Committee. I know you have a  
22 lot on your agenda today and very important issues.  
23 My name is Catherine Trapani and I am the Assistant  
24 Vice President for Public Policy for Volunteers of  
25 America Greater New York. We have six emergency

1  
2 domestic violence shelters and one tier two domestic  
3 violence shelter and we serve a large number of  
4 survivors in our family and women shelters across New  
5 York City.

6 I'm here to speak about Intro. 29. In 2002 we  
7 partnered with Dr. Edie Zusman in safe living space  
8 to start a ground breaking initiative implementing  
9 routine brain injury screening for all survivors of  
10 domestic or intimate partner violence at our seven  
11 domestic violence shelters. Using a trauma informed  
12 approach and protocols developed in consultation with  
13 safe living space, staff assesses, all head of  
14 households arriving at our DV shelters for histories  
15 and symptoms of brain injury. Those with positive  
16 signs are connected to brain injury specialists and  
17 partner hospitals who are able to provide diagnostic  
18 services and treatment. Over half of our survivors  
19 are reporting some constellation of a history of  
20 injuries associated with TBI's and symptoms and it is  
21 clear to us that broader screening protocol would  
22 help many more survivors understand their injuries  
23 and get the care that they need.

24 I want to make clear with respect to Commissioner  
25 DeCarli's earlier testimony that strangulation is

1  
2 certainly a leading cause of TBI in survivors but  
3 it's not the only one. Many of our survivors report  
4 shaking which causes a whiplash effect and could  
5 result in TBI being thrown into walls and blows to  
6 the head and neck, so I apologize for the graphic  
7 testimony but I feel it's necessary to build on the  
8 good work. We are members of the strangulation round  
9 table and we partner with ENDGBV but we want to go  
10 further. Majority Leader Farias bill would go  
11 further; Intro. 29 would require the city to provide  
12 training to first responders and service providers  
13 about the connection between DV and traumatic brain  
14 injury and I think would have a really profound  
15 effect. I do want to state for the record that we  
16 are submitting written testimony with a letter of  
17 support signed by certain anonymous survivors that  
18 couldn't be here to tell their stories, as well as  
19 service providers, legal providers and others. So,  
20 we do - we've built a really strong coalition that  
21 I'm quite proud of and so I really thank you for  
22 hearing this bill on a very busy day and welcome my  
23 colleague Denise to talk about what happens at the  
24 program level. Thank you.

25 COUNCIL MEMBER MENIN: Thank you.

1  
2 DENISE CARTER-PRUDEN: Oh good. My first time  
3 here. I've never been to City Hall, so this is  
4 indeed a pleasure and thank you to the members of the  
5 Health Committee this afternoon. My name is Denise  
6 Carter-Pruden. I manage 120 bed facility in the  
7 Bronx. It is a domestic violence shelter. I've  
8 worked with VO for the last 23 years and the last 10  
9 years I've ran DV programming. I'm honored to be  
10 here this morning in front of this Committee to talk  
11 about what it means for our DV survivors to be  
12 identified as having suffered brain trauma.

13 As I said, I've been at VOA for the last 23 years  
14 and over the last few years, we've taken a unique  
15 approach to working with survivors where we not only  
16 assess for the psychological trauma of abuse but also  
17 for signs of brain trauma. Survivors begin to  
18 understand - I'm so sorry.

19 So, often survivors who come into our shelters  
20 have been told by their partners that they're crazy.  
21 That their injuries they suffered weren't bad. That  
22 they're exaggerating. That they're stupid,  
23 disorganized, bad parents, anything under the sun.  
24 Alright, in DV situations, abuse is routinely  
25



1  
2 minimized and dismissed and it's after effects are  
3 also minimized and dismissed.

4 Survivors suffering from brain fog, tiredness,  
5 headaches, anxiety, were made to question what their  
6 bodies are telling them and to ignore the signs and  
7 symptoms. Our survivors on a daily base, they put on  
8 a really brave face, not for their kids but for  
9 shelter staff, for themselves, for people they  
10 encounter. When you are able to work with a survivor  
11 to discern what some of their symptoms may be due to  
12 - that some of their symptoms maybe due to a brain  
13 injury it can be transformative.

14 COUNCIL MEMBER MENIN: Can I just ask you to wrap  
15 up please?

16 DENISE CARTER-PRUDEN: Okay thank you.

17 COUNCIL MEMBER MENIN: Thank you so much.

18 DENISE CARTER-PRUDEN: Uhm, so just quickly I'm  
19 going to run to the last segment of this. Within the  
20 last two months, clients KJ, MW, and CS have been  
21 strangled, hit on the head with fist and objects.  
22 They've lost consciousness, loss of memory and  
23 difficulty recalling events. They were referred to  
24 proper screening by VOA due to conversations around  
25 TBI.

1  
2           So, we're grateful to the City Council for  
3 hearing this legislation today and hope that you can  
4 move this bill forward, so more survivors like KJ NW,  
5 and CS can get the help that they desperately need.

6           COUNCIL MEMBER MENIN: Thank you very much. No  
7 questions? Thank you. Thank you to this panel.  
8 Thank you very much. I'm now going to call the next  
9 panel Jade Donnelly, Heather Butts, Tahalia Joseph,  
10 Bob Pezzolesi. Okay, please begin. Thank you.

11           JADE DONNELLY: Well thank you to Chair Schulman  
12 and members of the Committee on Health. We're  
13 grateful to be here to speak on the expansion of the  
14 Newborn Home Visting program. I would also like to  
15 give a special thanks to Council woman Selvena  
16 Brooks-Powers for championing this this issue.

17           I'm Jade Donnelly, Director of Community Affairs  
18 at Nyasha's Promise. Nyasha means grace, mercy and  
19 kind hearted, which guides everything we do. Since  
20 2023, we've partnered with medical and holistic  
21 professionals to host maternal health workshops and  
22 community baby showers to support expecting mothers  
23 experiencing homelessness in New York City.

24           We have worked with shelters, hospitals and  
25 social workers to bring resources, education and

1 celebration to pregnant mothers in transition. We  
2 applaud Speaker Adrienne Adams for creating the  
3 maternal health steering committee, a key move  
4 towards meaningful systemic accountability and  
5 equitable maternal outcomes. This a powerful example  
6 of leadership rooted in care and it brings hope to  
7 the many families who have been overlooked for far  
8 too long.

9  
10 Many mothers face pregnancy and postpartum with  
11 no support. There is a deep mistrust of  
12 institutional systems for fear of punishment,  
13 surveillance or family separation. We fully support  
14 expanding the Newborn Home Visiting Program in  
15 communities of color and especially shelters. For  
16 many timely support is lifesaving, not optional. We  
17 want to stress that for this program to work, it must  
18 be rooted in trust. No mother should have to choose  
19 between care and keeping her family safe.

20 If we claim this program exists to help, then it  
21 must deliver on that promise explicitly. For us,  
22 that means no waiting consequences and absolutely no  
23 risk of harm. The city must invest in maternal  
24 health. Not doing so means being complicit in  
25 maternal death. Nyasha's Promise firmly believe that

1  
2 it is our and our city's moral duty and public health  
3 necessity because the cost of inaction is measured in  
4 lives.

5 Thank you for your time and leadership and for  
6 protecting some of New Yorks most vulnerable. I'm  
7 happy to answer any questions.

8 COUNCIL MEMBER MENIN: Thank you. Yes, please  
9 begin, you just press the button and the red light  
10 will appear. Thank you.

11 HEATHER BUTT: Sorry about that. Hello, thank  
12 you to members of the Committee for the opportunity  
13 to speak today. My name is Heather Butt and I am the  
14 Chair of the Staten Island Hunger Taskforce, a  
15 coalition dedicated to addressing food security for  
16 all Staten Islanders. Today, I am here to express  
17 strong support for Intro. 1172, which would establish  
18 a pilot pet food pantry for 12 months. Food  
19 insecurity impacts not only individuals and families  
20 but also pets. For many, pets are family.

21 We are urging the pilot program to take place in  
22 Staten Island New York. Our pantries have seen a  
23 growing number of clients struggling to feed both  
24 themselves and their pets. When forced to choose  
25 between putting food on the table and feeding a pet,

1  
2 some have excruciatingly difficult choices to make  
3 which can involve surrendering an animal. This can  
4 be emotionally devastating. By supporting Intro.  
5 1172, the City Council is taking a step to keep  
6 families from making such difficult decisions.

7 A pet food pantry will provide free, reliable  
8 access to pet food for those that need it. The pilot  
9 requires reportable requirements which will also give  
10 valuable data, usage cost and impact. We urge the  
11 Council to pass Intro. 1172 and to choose Staten  
12 Island as the site of the pilot program. Staten  
13 Island is ready and eager to host the pet pantry.

14 Thank you for your leadership in this fight for  
15 food security.

16 CHAIRPERSON SCHULMAN: Thank you, next.

17 BOB PEZZOLESI: Good afternoon. I am Bob  
18 Pezzolesi with the Interfaith Public Health Network  
19 and I'm speaking in strong support of Resolutions  
20 290, 294 and 442. The leading causes of death,  
21 disease and preventable disability in New York are  
22 driven in large part by unhealthy diets. To build a  
23 healthier New York, we must adopt sustainable  
24 strategies to reduce consumption of ultra processed  
25

1  
2 foods and beverages, particularly those high in added  
3 sugar, sodium and harmful chemical additives.

4 Each of these resolutions rightly urges the FDA  
5 to strengthen its role in protecting the public from  
6 these preventable harms. We thank you Chair Schulman  
7 and all the resolution sponsors and co-sponsors for  
8 their leadership on these. With respect to added  
9 sugars, we look forward to the DOHMH implementation  
10 of the Sweet Truth Law this October, which will  
11 require warning icons for high sugar items on chain  
12 restaurant menus.

13 Relatedly, Resolution 442 supports this effort by  
14 calling on the FDA to require chain restaurants to  
15 disclose added sugars and the nutrition information  
16 and this would allow for fuller, more effective  
17 implementation of the Sweet Truth Act. Notably,  
18 industry leaders like McDonalds and Dunken already  
19 provide this information voluntarily, demonstrating  
20 that it is both feasible and overdue.

21 Resolution 290 takes a complimentary approach by  
22 urging the FDA to require warning labels on sugar  
23 sweetened beverages, which remain the single largest  
24 source of added sugars in New Yorkers diets.

25 Additionally, growing bipartisan concern over

1  
2 chemical additives in foods highlights the FDA's  
3 ongoing failure to adequately evaluate the safety of  
4 many substances.

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

13 On behalf of our multifaith, multisector  
14 coalition we look forward to continuing our  
15 collaboration with the Council, the Center for  
16 Science and Public Interest and other partners to  
17 advance policies that protect and improve the health  
18 and wellbeing of all New Yorkers.

19 CHAIRPERSON SCHULMAN: Thank you very much.  
20 Next.

21 TAHALIA JOSEPH: Do I just press the button? Can  
22 you hear me? Today I'm going to speaking on  
23 Resolution 0116 2024, the Resolution calling upon the  
24 New York State legislature to pass and the governor  
25 to sign legislation that will establish the Medical

1  
2 Debt Relief Fund and allow taxpayers to make a  
3 donation to such fund under personal tax returns.

4 My name is Tahalia. I'm named after Mahalia  
5 Jackson if you just switch the M to a T. I am a  
6 mother, a health justice champion and a New Yorker.

7 I'm here today to explain why this Resolution is  
8 crucial from a reproductive perspective. I have the  
9 luxury of choosing whether or not to use birth  
10 control as a woman of childbearing age, regardless of  
11 whether you have public or private insurance, this is  
12 a privilege. I took advantage of this luxury by  
13 getting an IUD, which is also called an enter uterine  
14 device. It was liberating and practical for my way  
15 of life at the time. However, when it came time to  
16 have it removed, I ran into a number of complications  
17 that resulted in medical debt.

18 Despite several office visits, provider changes  
19 and health care facility visits, the issue remained  
20 resulting in significant medical debt. My  
21 reproductive health was temporarily placed on hold  
22 due to this medical debt. Failure to undergo  
23 appropriate reproductive care such as an IUD removal  
24 could have resulted in fatal repercussions such as  
25 infection or loss of reproductive organs. This



1  
2 medical debt relief fund resolution is critical  
3 because it will lessen the difficulty associated with  
4 postponing reproductive health care and help women  
5 who are unable to pay for reproductive care when  
6 their insurance does not cover specific procedures.

7 This is why the decision to make a donation to  
8 this fund is beneficial and much needed. Thank you  
9 for having me here to speak on Resolution 0116 2024.  
10 Thank you.

11 CHAIRPERSON SCHULMAN: I want to thank the panel.  
12 Thank you very much for your testimony. Okay now  
13 we're going to have uhm - Otoniel Feliz, okay, Zoila  
14 alright. Before you start, Council Member Sanchez is  
15 going to read a statement.

16 COUNCIL MEMBER SANCHEZ: Thank you Chair. I will  
17 read in Spanish, then in English. SPEAKING IN  
18 SPANISH [01:57:34]- [02:00:33].

19 In English, Nicholas Feliz Dominici was a happy  
20 child full of love for his family. When his dad  
21 arrived from home, arrived from work every day, he  
22 would zoom to the door and give him a big hug. His  
23 siblings loved him dearly, the twins, Otoniel, Zoila.  
24 They all dotted on their beloved one year old baby  
25 brother and now it's been 650 days since Nicholas,

1  
2 the beloved son of Zoila and Otoniel died in his  
3 daycare following fentanyl exposure. Three other  
4 children were exposed that day as well and thankfully  
5 recovered.

6 After an international chase, the criminals who  
7 took Nicholas's life were apprehended and in the time  
8 sense have been federally sentenced to nearly 100  
9 years in prison with more charges pending with the  
10 Bronx District Attorney and Nicholas's name will  
11 forever live at the intersection of Kings Bridge Road  
12 and Kings Bridge Terrace but we need more. I founded  
13 the West Bronx Community Safety Partnership which  
14 unites area elected officials and over 100  
15 organizations to collectively impact safety in our  
16 community and today, we're moving a package of bills  
17 to protect children in child care facilities.

18 These bills will expand outreach efforts so  
19 parents know their rights, will train inspectors,  
20 will conduct outreach to ensure staff are trained on  
21 overdose prevention and reversal, and they would  
22 establish an antagonist program to help prevent  
23 overdose deaths in child care centers.

24 Earlier today as a direct result of the advocacy  
25 of the parents of Nicholas, the Department of Health

1 testified that inspectors are now trained to look for  
2 narcotic, paraphernalia and the antagonists will have  
3 been distributed to all sites on a one time basis.

4 Today, finally I thank Zoila and Otoniel who  
5 through their unimaginable grief are working to  
6 protect other families. I went to Nicholas's funeral  
7 services when my child was one year old as well. I  
8 stood by his parents during the burial. We are now  
9 family and I will not stop fighting. I know this  
10 Council will not, even after passing these bills to  
11 ensure that Nicholas's family and Nicholas's legacy  
12 continues to protect other children for generations.  
13 Thank you Chair Schulman and thank you Speaker Adams.

14 CHAIRPERSON SCHULMAN: Okay uhm, go ahead.

15 OTONIEL FELIZ: Hi, good morning. Good morning.  
16 My name is Otoniel Feliz; I'm the father of Nicholas  
17 Dominici. As a family, we tried to turn our pain in  
18 purpose. Trying to do something in the community to  
19 represent our son's name. Like, what we're doing  
20 right now supporting the law to make changes who  
21 support the community because Nicholas case is not  
22 supposed to happen like that. Any children are not  
23 supposed to face danger like this. It's preventable  
24 but at the moment this happened, where it doesn't  
25

1  
2 have any regulation is supposed to allow to make any  
3 changes but now we have Pierina Sanchez and Council  
4 Members trying to do something different, try to  
5 change how our children are taken care of in the  
6 daycares, even in the schools as well.

7 Any children is not supposed to face any danger  
8 and especially our day cares. Day cares is supposed  
9 to be a place to be safe, to be healthy, to be happy  
10 but it doesn't happen with my son and the other  
11 children in the room with Nicholas on that day. 650  
12 days today, it's like the time is flying but for us,  
13 it's like this happened yesterday. The reason we  
14 every day wake up and we try to go ahead finding  
15 purpose, finding old dreams is because we're still  
16 alive. We still have family or some waiting at home  
17 for us and we we're trying to do the best every day  
18 like Nicholas is here. Nicholas is not here as a  
19 human. His body is not here but we feel his spirit  
20 with us, that's why I feel the power to go ahead to  
21 wake up on my bed and face this room right now and  
22 put my words to try to make changes. Because our  
23 children have to be protected. Our children have to  
24 have any person in charge of them got to be the right  
25 person because criminals is not supposed to take care

1  
2 of children to cover any dark business. So, as a  
3 city, we have to make changes to make sure the person  
4 who is in charge of any children in the city is the  
5 right person for this. And for example, we was  
6 facing a federal case with Nicholas because this  
7 happened and we discover the person who was in charge  
8 of Nicholas had over 8 grade. It's like the person  
9 close to 40 years who got on the school on the last  
10 time our route to 12 years.

11 So, this person wasn't on the school, wasn't  
12 prepared, wasn't ready to take care of children  
13 because education, culture, preparation, got to be  
14 the very one for any person who is taking care of  
15 children because a day care center member - the  
16 person in charge of the day care got to be like a  
17 doctor. Got to be ready, got to be prepared to take  
18 care of any children.

19 Thank you for paying attention and then I hope  
20 all the words and all the regulation in purpose right  
21 now, make it count and make the Nicholas name alive.  
22 Thank you.

23 CHAIRPERSON SCHULMAN: So, thank you. I want to  
24 - uhm, I'm so sorry for your loss.

25 OTONIEL FELIZ: Thank you.

1  
2 CHAIRPERSON SCHULMAN: And I want you to know  
3 there are people here from the Department of Health  
4 who are listening to this testimony and we're going  
5 to make sure that we - we already have spoken to  
6 them. They've already made some changes in their  
7 training but we're going to make sure that things  
8 like this don't happen again and that you know we'll  
9 make sure that your child is going to be remembered  
10 in a way that he helped to make changes for this, so  
11 that other children don't suffer the same  
12 consequences and you have a wonderful Council Member  
13 who is a colleague of mine and you know we're going  
14 to make sure that that happens, okay?

15 OTONIEL FELIZ: Yeah, thank you.

16 CHAIRPERSON SCHULMAN: You're welcome.

17 OTONIEL FELIZ: I want to put something facing  
18 right now because I work for an airline at JFK  
19 Airport, to first touch any international bag, I have  
20 to go to the screening by the state and by the  
21 federal on Port Authority. So I just touching bags,  
22 loading planes and I have to be screening deeper but  
23 this person who was taking care of our children's and  
24 they don't have this screening. We want these to  
25 make it count and we screen every person who are

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going touch children's because I think if Port Authority take care about bags for the passengers, as a city, we have to take care about who is going to touch any children in the city.

CHAIRPERSON SCHULMAN: Totally understood.  
Totally understood. Thank you very much .

OTONIEL FELIZ: Thank you.

ZOILA DOMINICI: SPEAKING IN SPANISH [02:08:13]-  
[02:08:15].

INTERPRETER: Hello, I'm Zoila Dominici, I'm Nicholas's mother.

ZOILA DOMINICI: SPEAKING IN SPANISH [02:08:22]-  
[02:08:25].

INTERPRETER: As a mother, it's very hard to be here.

ZOILA DOMINICI: SPEAKING IN SPANISH [02:08:29]-  
[02:08:36].

INTERPRETER: Because he's not here. It's very hard as a mother to be here and him not being here, but I also don't want things to continue like this.

ZOILA DOMINICI: SPEAKING IN SPANISH [02:08:45]-  
[02:08:49].

INTERPRETER: When he died, Nicholas was one year and nine months old.

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ZOILA DOMINICI: SPEAKING IN SPANISH [02:08:52]-  
[02:09:00].

INTERPRETER: He was one year nine months when I  
took him to the day care while I looked for work to  
give him a better future.

ZOILA DOMINICI: SPEAKING IN SPANISH [02:09:07]-  
[02:09:11].

INTERPRETER: It wasn't easy for me to trust in  
somebody that I hadn't seen before.

ZOILA DOMINICI: SPEAKING IN SPANISH [02:09:16]-  
[02:09:21].

INTERPRETER: But that day happened what no  
mother wishes for them to happen.

ZOILA DOMINICI: SPEAKING IN SPANISH [02:09:26]-  
[02:09:29].

INTERPRETER: I went to pick him up and Nicholas  
wasn't no longer in the day care.

ZOILA DOMINICI: SPEAKING IN SPANISH [02:09:32]-  
[02:09:36].

INTERPRETER: He was already at the hospital  
without life.

ZOILA DOMINICI: SPEAKING IN SPANISH [02:09:40]-  
[02:09:44].



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INTERPRETER: But I'm here for him today and because of him I have continued going on.

ZOILA DOMINICI: SPEAKING IN SPANISH [02:09:49]- [02:09:55].

INTERPRETER: It hasn't been easy to wake up every day and see that his bed is empty.

ZOILA DOMINICI: SPEAKING IN SPANISH [02:10:00]- [02:10:04].

INTERPRETER: Sometimes I dream that they call me from the hospital to say that he woke up.

ZOILA DOMINICI: SPEAKING IN SPANISH [02:10:09]- [02:10:13].

INTERPRETER: But in order to not fall into madness I have had to keep my mind busy.

ZOILA DOMINICI: SPEAKING IN SPANISH [02:10:18]- [02:10:30].

INTERPRETER: But to not make a story long, I just want this to get better. To make things better and that no other mother has to go through this.

ZOILA DOMINICI: SPEAKING IN SPANISH [02:10:39].

INTERPRETER: Thank you.

CHAIRPERSON SCHULMAN: Thank you very much. Uhm, tell her that we've already, we already talked to the Department of Health and there are people here from

1  
2 the Department of Health that are listening to her.  
3 She understands English or?

4 INTERPRETER: Yeah, she does.

5 CHAIRPERSON SCHULMAN: Okay, okay. So, we're  
6 going to do what we can okay to make sure that  
7 Nicholas is remembered in a special way that we can  
8 make sure that that doesn't happen again, okay?

9 ZOILA DOMINICI: Thank you. SPEAKING IN SPANISH  
10 [02:11:15]- [02:11:18]. Thank you Chair.

11 OTONIEL FELIZ: Thank you. Have a good day.

12 CHAIRPERSON SCHULMAN: Okay next panel is Nadira  
13 Pittman, Sarah Fajardo, oh sorry, couldn't read it.  
14 Liliana De Lucca, Denise Gibbs, and Christopher Leon  
15 Johnson.

16 CHRISTOPHER LEON JOHNSON: Alright, can I go?  
17 Hello Chair Schulman, Chairs Ariola. My name is  
18 Christopher Leon Johnson, I'm here to show my support  
19 for Robert Holden's bill to support pet pantry's. I  
20 believe that this should start in Staten Island  
21 because there's a lot of pet issues over Staten  
22 Island, the forgotten borough. I believe that if we  
23 start in Staten Island, it's going to work everywhere  
24 else. I believe that the other four boroughs already  
25 have enough - it's a big population but if we start

1 in Staten Island it gives the hope of this working.  
2 I believe that people that don't have a lot of money  
3 or who have to choose from paying their rent or  
4 paying their cat food; trust me that happens in real  
5 life. They shouldn't be in that position. I believe  
6 that just like we all care about humans and the city  
7 and the government, the federal and the state does  
8 whatever they can do to feed people that are  
9 disenfranchised like in the local with the food  
10 pantries like a campaign to fight hunger in city  
11 harvest, I believe that they should be able to do  
12 this for the people that have pets, like through the  
13 ACPCA or ACC when these pet related pet nonprofits.  
14 That's what I believe. I think that should happen  
15 the most, the most in City Council. I believe that  
16 this bill with Robert Holden is a commonsense bill  
17 and it should go through unanimously.

18 Like I said, they need to allocate at least, for  
19 now at least like \$1 million and give it to these  
20 nonprofits to help do this program with the help of  
21 the City Council and the speaker Adrienne Adams or  
22 our next Speaker Julie Menin, I know it can be off  
23 record with that but I'm calling the City Council to  
24 really make this happen. Try to get it introduced,  
25

1  
2 passed through by this year because I don't think  
3 that uhm whoever would be Council Member for next  
4 year will be able to reintroduce this bill, so I  
5 think it should just go through a fast track prior at  
6 the end of the year. So, I got to go, I got to go  
7 outside and let these people say and give as much  
8 time as they can. So, thank you so much. I support  
9 Bob Holden's bill.

10 CHAIRPERSON SCHULMAN: Thank you. A couple  
11 things. One is that I'm a Co-sponsor of the bill.  
12 Two is that the reason why we're hearing it today is  
13 so that we can get it passed before the end of the  
14 session.

15 CHRISTOPHER LEON JOHNSON: Yes.

16 CHAIRPERSON SCHULMAN: So, I just want to let you  
17 know but thanks I appreciate that.

18 CHRISTOPHER LEON JOHNSON: Alright, thank you,  
19 thank you. Thank you so much.

20 CHAIRPERSON SCHULMAN: Okay, next.

21 LILIANA DE LUCCA: Hello, my name is -

22 CHAIRPERSON SCHULMAN: You have to - hold on,  
23 hold on. Just so everybody knows because we have to  
24 be out of here by one, everybody has two minutes.  
25 So, if your testimony is longer, you can submit it to

1  
2 us and we'll read - everything is read by the  
3 Committee staff. So, just wanted to let you know.  
4 Thank you.

5 LILIANA DE LUCCA: Yes, my name is Lilibiana De  
6 Lucca. I'm here to speak about a condition that is  
7 spreading very rapidly and it's effecting thousands  
8 of people in the city and the State of New York.  
9 This condition is called Havana Syndrome. The Havana  
10 Syndrome occurs when technology is being used  
11 illegally on people for reasons of testing weapons  
12 and testing advanced technology without consent.

13 Those who are testing these weapons and  
14 technologies on the victims, they are from the free  
15 intelligence centers of New York from the  
16 intelligence fusion center of the City of New York.  
17 The Intelligence Fusion Center of the Hudson Valley,  
18 Rockland County New York and the Intelligence Fusion  
19 Center of the State of New York.

20 This is causing brain lesions on the victims of  
21 these condition. Brain lesions that amount to  
22 traumatic brain injury and that cannot be reversed.  
23 So, in the way that thousands of people are being  
24 used for these testing of these weapons and  
25 technologies, people - it effects their health and uh

1  
2 it's something that cannot - there's no treatment for  
3 it.

4 CHAIRPERSON SCHULMAN: Okay.

5 LILIANA DE LUCCA: It's being done illegally  
6 against defenseless victims. And I know that you  
7 passed -

8 CHAIRPERSON SCHULMAN: We, we - the two minutes  
9 is up so do you want to summarize?

10 LILIANA DE LUCCA: There's just one comment. I  
11 know that you passed the post act where the Council  
12 received lists of weapons including electronic  
13 weapons.

14 CHAIRPERSON SCHULMAN: Right, we, we, I have to -  
15 I'm sorry, we have to go onto other people but thank  
16 you. Thank you for your testimony.

17 LILIANA DE LUCCA: Yeah, I wanted to mention that  
18 the use of these weapons -

19 CHAIRPERSON SCHULMAN: Okay, you can, you can -  
20 we have to - that's - thank you. Alright, next.

21 DENISE GIBBS: Good afternoon.

22 CHAIRPERSON SCHULMAN: You have to put the uh-  
23 you have to press the button. Thank you.

24 DENISE GIBBS: Alright, good afternoon. My name  
25 is Denise Gibbs, fondly known as [INAUDIBLE 02:17:48]

1 justice. I thank you for allowing me to be here.

2 I've enjoyed this morning. I am a retired assistant  
3 Superintendent of schools. I did supervise the  
4 nurses and so I'm very familiar with the epi pen and  
5 it's really sad to hear what has happened and what's  
6 been going on but I commend you all for the work that  
7 you do.

8 I am talking about repealing section 3024 of the  
9 Cures Act, the 21<sup>st</sup> Century Cures and the reason I  
10 wanted to bring that to our attention. If I asked  
11 the question, can you as an American citizen be  
12 experimented on without your consent, most likely you  
13 would say no, if we asked that to the general public.  
14 However, this section bypasses that right. This  
15 section allows a medical institution to hold an  
16 internal review board or an institutional review  
17 board meeting without the consent of the patient. If  
18 they find that number one, it will be minimal risk to  
19 the patient. Number two, it will be a benefit to  
20 society and they can include the patient in an  
21 experiment which could include implanting them and  
22 also communicating with the devices that they implant  
23 into the people.  
24

1  
2       So, it's - I'm just encouraging us to look at  
3 that Act again 3024 of 21<sup>st</sup> Century Cures Act and to  
4 repeal it because no one - I don't think that the  
5 general population knows that they can be  
6 experimented on without consent and I don't think  
7 anyone in this room would like to be a part of an  
8 experiment considering the kinds of experiments we've  
9 had in the past.

10       CHAIRPERSON SCHULMAN: Thank you. Next.

11       SARAH FAJARDO: Good afternoon Chair Schulman.  
12 Thank you for the opportunity to testify today. My  
13 name is Sarah Fajardo and I serve as the Senior  
14 Director of Community Outreach and Advocacy for the  
15 Korean American Family Service Center. For over 35  
16 years KAFSC has worked to support immigrant survivors  
17 of gender based violence, offering safety, healing  
18 and hope through culturally and linguistically  
19 accessible services.

20       I'm testifying today in support of Intro. 29, a  
21 bill requiring a training program for first  
22 responders and an awareness campaign regarding DV  
23 related traumatic brain injuries.

24       At KAFSC we see firsthand how trauma from gender  
25 based violence, domestic violence, sexual violence



1  
2 and child abuse intersects with deep rooted stigma  
3 around domestic violence and accessing supports for  
4 mental health and immigrant communities. Our clients  
5 primarily Korean and other immigrant - Asian  
6 Immigrant women often face isolation, shame and fear  
7 when seeking help.

8 Many have never spoken about their trauma until  
9 they walked through our doors. Language barriers,  
10 immigration concerns, and a lack of culturally  
11 responsive care and the mainstream health and mental  
12 health systems leave them with nowhere else to turn.  
13 That's why KAFSC's trauma informed mental health  
14 services are so essential. We provide trauma  
15 informed counseling, bilingual case management and  
16 clinical support tailored specifically to the  
17 cultural needs of the community.

18 Our mental health team is often the first and  
19 only point of access for survivors seeking help and  
20 the need is growing. The CDC estimates that  
21 approximately 38 million women have experienced  
22 intimate partner violence in their lifetime and an  
23 estimated 60 to 92 percent of survivors have  
24 experienced facial or head injuries. Even mild neuro  
25 trauma can compromise cognitive functioning.

1  
2 TBI injuries are often undiagnosed for many  
3 reasons, including fear from survivors about safety  
4 implications of seeking help, restrictions by  
5 abusers, on access to health care or other services  
6 and an already existing stigma in many AIP  
7 communities related to seeking mental health  
8 services. We deeply support this public awareness  
9 campaign and training and we urge the Committee to  
10 pass it swiftly.

11 CHAIRPERSON SCHULMAN: Thank you very much.  
12 Okay, thank you to this panel. You're excused.

13 Okay, Maryiln Galfin. We have, we have a lot of  
14 people online testifying but you're the last in  
15 person.

16 MARYILN GALFIN: Maryiln Galfin, Voices of the  
17 Shelter Animals. We support many of the bills today  
18 and we'll submit a longer testimony.

19 We strongly support Council Member Holden's  
20 Intro. 1172, the pet food pantry bill. It's  
21 critically needed as many New Yorkers facing  
22 financial hardship should not be forced to choose  
23 between feeding their families or their beloved pets  
24 or having no recourse but surrendering their pets to  
25 a kill shelter.

1  
2 Along with lack of access to other lifesaving  
3 resources like affordable vet care, spay, neuter, dog  
4 training and so on, economic euthanasia rises. The  
5 city must invest in the lifesaving solutions and  
6 legislative initiatives. Right now, we are in the  
7 midst of the biggest homeless animal crisis.

8 Abandonment, community care, shelter over population.

9 The city needs to declare this a state of emergency

10 and implement emergency protocols. This cannot

11 continue as business as usual. Council Member

12 Schulman, after speaking to you face to face, your

13 office has still been nonresponsive to my calls and

14 emails. The ACC is in your purview and you can take

15 immediate steps to help the shelter animals.

16 I sent you policy suggestions that could change

17 as soon as today and animal welfare initiatives but

18 still no response. Right now in real time, there's

19 about 30 animals on the out risk, which is a kill

20 list. This weekend, this past weekend ten loving

21 adoptable dogs including puppies had their lives

22 taken from them. We can't go around saying this is

23 humane euthanasia. This is killing. We're in a

24 crisis. There will always be people issues but the

25 city can not continue to turn their backs on these

1  
2 animals. I had to send videos and bios to all  
3 Council Members and if they haven't already looked at  
4 it, I ask them to please look at these hot breaking  
5 reality and the gravity of this tragic situation.  
6 Advocates have long asked for Department of Animal  
7 Welfare and Animal Welfare Committee and other animal  
8 welfare initiatives, nothing, zero. This crisis  
9 cannot continue to be put out of site out of mind.  
10 We need an emergency taskforce, in my opinion, a  
11 townhall meeting for community to work together and I  
12 would like the Council to consider legislative  
13 initiatives I have sent to everyone.

14 No one convinced me the city cannot be doing  
15 better. It's simply there's not a will to do that.  
16 Again, I implore that this City Council and City  
17 Government take this seriously and enforce and have  
18 like I said, a community meeting and let's get  
19 together on working on this. I shouldn't have a  
20 folder of animals killed and keep growing that list.

21 CHAIRPERSON SCHULMAN: Alright, thank you very  
22 much.

23 MARYILN GALFIN: We have solutions and I ask that  
24 you please have a conversation with me.

25 CHAIRPERSON SCHULMAN: Thank you very much.

1  
2 MARYILN GALFIN: Thank you.

3 CHAIRPERSON SCHULMAN: Okay, we're now going to  
4 switch to virtual testimony at this time. Okay,  
5 please wait for your name to be called to testify and  
6 please select unmute when prompted. Also, I just  
7 want to reiterate to please keep your testimony to  
8 two minutes. We have a number of people who are  
9 testifying virtually and we need to - uhm, there's  
10 another hearing in this room at one o'clock so thank  
11 you very much for your cooperation and I'm going to  
12 call Jenna Riemenschneider. Sorry if I mispronounce.  
13 Uhm, are you online?

14 JENNA RIEMENSCHNEIDER: I am.

15 CHAIRPERSON SCHULMAN: Okay.

16 SERGEANT AT ARMS: Starting time.

17 JENNA RIEMENSCHNEIDER: Good afternoon. Thank  
18 you for the opportunity to testify. My name is Jenna  
19 Riemenschneider. I'm the Vice President of Policy  
20 and Advocacy at the Asthma and Allergy Foundation of  
21 America, also known as AAFA.

22 AAFA is the nation's oldest and largest patient  
23 advocacy organization serving over 100 million people  
24 in the US with asthma or allergic disease including  
25 more than 20 million people with food allergies. I'm

1 here in support of Council Member Menin's  
2 Introduction Number 895, which would require New York  
3 City Schools and child care programs to stock  
4 epinephrine. About six percent of children and  
5 adolescents in the US have food allergies with  
6 infants and toddlers ages 0-4 having a higher rate  
7 than any other age group. This is the equivalent to  
8 at least one student in every classroom with food  
9 allergies.  
10

11 Exposure to an allergen can cause severe  
12 reactions including anaphylaxis and in rare cases,  
13 death because there is no cure for food allergies  
14 preparedness and immediate access to epinephrine are  
15 essential to saving lives. Epinephrine is the only  
16 treatment for anaphylaxis.

17 In fact, children often experience their first  
18 anaphylactic reaction at school or in child care  
19 settings sometimes without a prior diagnosis. That's  
20 why it is so critical that these environments are  
21 prepared with stock epinephrine. AAFA has long  
22 advocated for policies like this across the country  
23 but this isn't just about policy, it's about  
24 preventing tragedies. As you heard from Dina  
25 Hawthorne, the death of Elijah, a three year old who

1  
2 passed away after being given his allergen at a  
3 Harlem day care in 2017 is a heartbreaking reminder  
4 of the urgent need for stronger safeguards in every  
5 setting where children learn and grow. We're proud  
6 to support this Introduction alongside the Elijah  
7 Alavi Foundation, which honors Elijah's legacy by  
8 advancing lifesaving policies like this one in New  
9 York and nationwide. When the schools and child care  
10 programs are equipped with stock epinephrine, they  
11 are prepared to save lives. Studies and real world  
12 events show that stock epinephrine programs work.  
13 They reduce emergency response time and increase -

14 SERGEANT AT ARMS: Thank you so much. Your time  
15 has expired.

16 CHAIRPERSON SCHULMAN: Can you just summarize the  
17 end? Go ahead.

18 JENNA RIEMENSCHNEIDER: Sure, and they increase  
19 confidence in staff and protect children at risk, so  
20 ultimately this is good all around.

21 So, we thank you for considering this and making  
22 families safer in New York City.

23 CHAIRPERSON SCHULMAN: Thank you very much for  
24 your testimony. Alright, next is Chris Martinez. Is  
25 Chris Martinez there?

1  
2 CHRIS MARTINEZ: Thank you so much. I appreciate  
3 everything Jenna just said. My name is Chris  
4 Martinez and I am President and CEO of the Foundation  
5 for Asthma and Allergy Impact and Rescue. I want to  
6 appreciate or want to thank everyone for allowing me  
7 to testify today in support of 895, which again  
8 requires New York City to provide epinephrine both in  
9 the school setting as well as in child care programs.

10 We are a national nonprofit committed to ensuring  
11 every child is rescued at school, healthy at home and  
12 connected to care and in addition to providing many  
13 schools, epinephrine, we operate a program called  
14 rescue, the largest school based asthma intervention  
15 in the country. We work directly with schools to  
16 stock life saving medication, train staff, and track  
17 the impact both from a health standpoint as well as  
18 economically.

19 In Illinois alone, this program has returned more  
20 than double the states investment, saving over \$4  
21 million and avoiding emergency costs and  
22 hospitalizations. This debt approves that  
23 preventative medicine in the school setting reduces  
24 health emergencies and saves health care costs in the  
25 process. Or as we often say, it saves both kids and



1  
2 cash. An epinephrine is no different, anaphylaxis is  
3 fast, frightening and often unexpected. Even in  
4 children with no documented allergies.

5 According to an NIH article from 2018, based on  
6 scientific simulations of another very large city,  
7 the Chicago public school system where over 372,000  
8 students are looked at, a universal stock only model  
9 of epinephrine provides "superior value" over a sort  
10 of combination model where children who already have  
11 their own prescription, bring their own in and a  
12 stock is provided to fill the gap.

13 The ability to respond immediately without delay  
14 is not a luxury or a necessity and it is the most  
15 cost effective way to keep students safe as well. So  
16 by passing 895, New York City will lead with  
17 compassion, with science, and with fiscal  
18 responsibility. This is a smart lifesaving cost  
19 saving policy that will protect our most vulnerable  
20 children in our greatest city. Thank you for your  
21 time.

22 CHAIRPERSON SCHULMAN: Thank you. Thank you very  
23 much for your testimony. Okay, next is Renia Butler.

24 RENIA BUTLER: Good morning. Good afternoon.  
25 Whatever time it is. Uhm, my name is Renia Butler.

1  
2 I am a food allergy parent, advocate and Ali and I am  
3 here today to share a piece of my personal journey  
4 and to testify in strong support of Elijah's Law,  
5 bill number 85, which requires New York City to  
6 provide epinephrine to schools and child care  
7 centers, which I believe should not only be  
8 considered but swiftly passed.

9 In 2018, I gave birth to my first child at nine  
10 months old. She was diagnosed with life threatening  
11 food allergies to all of the top A allergens, milk,  
12 egg, wheat, soy, shell fish, fin fish, peanuts and  
13 tree nuts. As new parents, my husband and I were  
14 stunned and paralyzed by the weight of this diagnosis  
15 and unsure of what is truly meant for our family.

16 It wasn't until I came across Thomas Silvera and  
17 Dina Hawthorne on social media that I began to  
18 understand the gravity of our new reality. The  
19 unimaginable tragedy they endured. The preventable  
20 loss of their beloved son Elijah due to improperly  
21 trained child care staff, shook us to our core.

22 Since then, the Elijah Alavi Foundation and  
23 countless organizations have taken that pain and  
24 transformed it into purpose. Their tireless advocacy  
25 has saved lives and continues to protect children.

1  
2 Mine, yours, and the other 3.2 million children in  
3 the US living with life threatening food allergies.  
4 Elijah's Law represents a critical step forward in  
5 protecting these vulnerable children and ensuring  
6 emergency preparedness in schools and child care  
7 settings.

8 Requiring these institutions to stock epinephrine  
9 auto injectors is one of the most effective evidence  
10 measures we can take. It empowers teachers,  
11 administrators, child care staff to respond quickly  
12 and confidently because when an allergic reaction  
13 happens every second counts.

14 On behalf of the Elijah Alavi Foundation,  
15 Sabastian and the sweet spirit of their son Elijah  
16 Silvera, please act with urgency. The lives of our  
17 children depend on it. Thank you.

18 CHAIRPERSON SCHULMAN: Thank you very much.

19 Nadia Swanson.

20 NADIA SWANSON: Hello. Thank you Chair Schulman.  
21 My name is Nadia Swanson. I am a Director of  
22 Advocacy and Global Programs at the LA Center. AFC  
23 and the New York City political advocacy coalition  
24 are in support of Intro. 628, 629 and 56. Culturally  
25 responsive care training to the trans community need

1  
2 to be normalized part of required core education and  
3 onboarding trainings, received along with caring for  
4 people with diverse races and abilities. These  
5 trainings cannot be limited to only sexual and gender  
6 health clinic staff. It needs to be for all staff  
7 that a patient will interact with across all  
8 specialties and settings.

9 Trans adults and kids need to be affirmed  
10 regardless of the type of care they are receiving.  
11 Trans New Yorkers already suffer from  
12 disproportionate lack of access to health care due to  
13 make an already difficult situation of navigating  
14 that system feel impossible. We don't go or just  
15 delay care.

16 As a nonbinary person who has chronic illness,  
17 I'm misgendered every time I go to the doctors office  
18 and almost never asked how to address me. It is  
19 something I have learned to accept and roll off my  
20 back in order to care but that's a privilege. For  
21 most trans people, it's not that easy and it's  
22 nothing that we should have to endure just to get  
23 primary care or lifesaving screening, psych specialty  
24 providers.

1  
2 For the youth we serve at AFC, a quarter of our  
3 youth report that intake but they do not have the  
4 source for medical care. If they don't have access  
5 to medical care, they'll stay unhoused for longer and  
6 they are twice as likely to experience early death.

7 Lastly, I want to name the three budget asks for  
8 New York City Trans and Queer Provider Advocacy  
9 Coalition and it's 80 plus members have that would  
10 directly benefit the goal of increasing affirming  
11 health care. We need the Speakers Trans Equity  
12 Initiative to increase to \$10 million so that trans  
13 leaders can actually receive the funding intended for  
14 them. This includes the trans equity consulting  
15 group that was mentioned before that was founded by  
16 Cecili Jentili(SP?) who go that fund in the first  
17 place.

18 \$15 million for a gender affirming care  
19 contingency fund and \$10 million for LGBTQ on housed  
20 youth. Thank you very much.

21 CHAIRPERSON SCHULMAN: Thank you very much.  
22 Michelle Villagomez.

23 MICHELLE VILLAGOMEZ: Hello everyone, before I  
24 begin I want to express our deep gratitude to you for  
25 considering so many critical measures to protect the

1 health and wellbeing of women, children and  
2 vulnerable New Yorkers. We're honored to be included  
3 in this important hearing and thank you for  
4 recognizing the intersection between human and animal  
5 welfare. Thank you for the opportunity to testify in  
6 strong support of Intro. 1172, which would establish  
7 a city run pet food pantry and pilot. We commend the  
8 Council and thank you Chair Schulman and Council  
9 Member Holden for recognizing the growing need for  
10 pet food assistance across New York City. For this  
11 program to succeed it must be implemented with  
12 dedicated new funding. Running a pet food pantry is  
13 not free. It requires resources for food source and  
14 transportation, storage and staffing and outreach.  
15 Without proper funding, this effort could  
16 unintentionally strain animal care centers of New  
17 York City or other essential animal services. Pet  
18 food insecurity is a real and growing crisis.  
19 According to the Mayor's Office of Food Policy, \$17.5  
20 percent of New Yorkers, over 1.5 million people faced  
21 food insecurity in 2023, outpacing the national  
22 average. For families with pets, this often means  
23 choosing between groceries, medicine, rent or feeding  
24 a beloved companion.  
25

1  
2 Since the pandemic, the ASPCA's community  
3 engagement team has provided food directly to  
4 struggling pet owners in all five boroughs. Through  
5 our partnership with the Food Bank for New York City,  
6 we've helped distribute nearly 3 million pet meals.  
7 Still we cannot meet the need. We urge the Council  
8 to allocate at least \$1 million in the city budget  
9 for this pilot. This investment will allow for  
10 adequate staffing, food purchasing and smart  
11 distribution, ideally in collaboration with existing  
12 food pantries or municipal service hubs to reduce  
13 stigma and improve access.

14 This pilot can help keep families together and  
15 reduce shelter intakes. With the right support and  
16 community input, this program can be a powerful tool  
17 for equity, pet retention and public health.

18 Thank you so much for being so progressive and  
19 realizing that pets are part of our families. Thank  
20 you.

21 CHAIRPERSON SCHULMAN: Thank you so much. The  
22 next person is Meghan Carroll.

23 MEGHAN CARROLL: Hi there. My name is Meghan  
24 Carroll and I serve as a community engagement  
25 coordinator for the ASPCA's community engagement

1 team. I appreciate the opportunity to speak to you  
2 today about this issue that directly effects  
3 thousands of New York City residents and their  
4 ability to care for and remain with their beloved  
5 pets. Our programs mission is simple yet deeply  
6 impactful to keep people and pets together whenever  
7 possible. We know from research and firsthand  
8 experience that the human animal bond plays a  
9 powerful role in both physical and mental wellbeing.  
10 For many of our clients, their pet is not just an  
11 animal, they are a source of companionship, emotional  
12 support and unconditional love.

14 Maintaining that bond can be life changing,  
15 especially for those already facing significant  
16 personal and financial hardship. Through the ASPCA's  
17 Community Engagement Program, we offer a variety of  
18 support services including the provision of pet food,  
19 however, given the scale of need across all five  
20 boroughs, our current capacity only allows us to  
21 provide pet food on a one time basis per household.

22 This typically covers an approximately two weeks  
23 of supplies, enough to offer short term relief but  
24 far from sustainable solutions. Every day we receive  
25 referrals from social service agencies and nonprofit



1  
2 organizations seeking urgent support for their  
3 clients. The stories we hear are heartbreaking.  
4 Many pet owners reach out directly because they do  
5 not have enough food to last until their next  
6 paycheck. Some have already run out of food, pet  
7 food entirely and these moments of desperation, I've  
8 heard clients express that they've had to share their  
9 own meals with their pets or worse, skip meals all  
10 together, simply to ensure that their pets are fed.

11 Time and time again, they tell me "I'll go  
12 without food if it means I don't have to surrender my  
13 pet." These stories are not isolated incidents.  
14 They reflect a widespread and growing need for  
15 ongoing access to pet food in our communities.  
16 Wanting to do more, I began researching pet food  
17 pantries across New York City to better support the  
18 clients that we serve.

19 Unfortunately, this search only revealed how  
20 limited and inaccessible these resources can be.  
21 With an estimated over 200,000 pet owning households  
22 living in poverty in New York City, it is clear that  
23 demand vastly out spaces supply. The lack of  
24 accessible pet food assistance -

25 CHAIRPERSON SCHULMAN: Can you please wrap it up?

1  
2 MEGHAN CARROLL: Yup. In closing I urge the  
3 Council to consider the growing need of more  
4 sustainable city supported pet food assistance  
5 programs by expanding access to the critical  
6 resources, we can support the wellbeing of both  
7 people and animals across New York City keeping  
8 families full reducing shelter overcrowding and  
9 honoring the profound connection between humans and  
10 their pets. Thank you for your time.

11 CHAIRPERSON SCHULMAN: Thank you very much and if  
12 you have longer testimony, you can submit it to us at  
13 [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov). Okay, next is Kalman  
14 Bokow.

15 KALMAN BOKOW: Hi, good afternoon. My name is  
16 Kalman Bokow and I am the Development Coordinator for  
17 India Home. A nonprofit organization that is  
18 dedicated to addressing the needs of and empowering  
19 South Asian Indo Caribbean senior immigrant community  
20 in New York City. Thank you very much to Council  
21 Member Lynn Schulman for holding this Health  
22 Committee Hearing. In the course of providing  
23 essential services for South Asian seniors in Queens,  
24 India Home recognizes the growing problem of food  
25 insecurity in our community.

1  
2 A 2021 needs assessment by the coalition for  
3 Asian American Children and Families found that 51  
4 percent of Asian Americans in New York needed help  
5 accessing food and 85 percent recently changed their  
6 food habits.

7 South Asian were the most effected but 75 percent  
8 of Bangladeshi's and 74 percent Nepali's reported  
9 difficulties of obtaining food. India Home is  
10 committed to addressing food scarcity in our  
11 community. We currently serve daily congregate and  
12 home delivered meals as well as run two different  
13 food pantries which operate a total of six times a  
14 month. However, the continued operation of our  
15 current food pantry program places a significant  
16 burden on our team requiring four staff and six  
17 volunteers each week to manage distribution,  
18 packaging and crowd control.

19 With rising demand and stretched capacity, we are  
20 urgently seeing a more sustainable solution. We're  
21 looking to create an exploratory coalition of New  
22 Yorkers and nonprofits with the support of New York  
23 City Council members to investigate the possibility  
24 of creating a new AI food pantry initiative based on  
25 a model currently operating in Singapore. The

1  
2 deployment of AI food pantries would offer a more  
3 effective way to combat food insecurity. While  
4 current food pantries including most of the 561  
5 operating in New York are only open once a week for  
6 two hours at a time, each one only serves an average  
7 of 2,371 people. With a coalition, we could  
8 successfully produce a pilot model that is scalable  
9 and replicable and could be duplicated across the  
10 city.

11 The current AI food pantries operating in  
12 Singapore are open 24/7 without the need of human  
13 labor and include features such as AI based inventory  
14 tracking, smart shelves, real time restocking, secure  
15 facial recognition, or at based entry and restocking  
16 systems. Over time this model could save New Yorkers  
17 millions of dollars a year while reducing waste. We  
18 would like to invite the Health Committee and  
19 interested New Yorkers to discuss the creation of a  
20 pilot model including designing a budget and supply  
21 chain and follows what avenues are funding.

22 Food insecurity in New York must be addressed  
23 using cutting edge at practical means and we have the  
24 opportunity to make New York the first city in the  
25

1 country to reshape how cities support the move  
2 vulnerable. Thank you for your time.

3  
4 CHAIRPERSON SCHULMAN: Thank you very much. Uhm,  
5 next person is Naima Dahir. Sorry if I  
6 mispronounced.

7 NAIMA DAHIR: Hello, my name Naima Dahir and I am  
8 here on behalf of the Arab American Family Support  
9 Center. AAFSC provides culturally and linguistically  
10 competent, trauma informed, multigenerational, social  
11 services to New York City's growing Arab, middle  
12 Eastern, North African, Muslem and South Asian  
13 communities. Each year we serve over 4,000 survivors  
14 of domestic and gender based violence. Many of whom  
15 come to us as the only trusted resource available to  
16 them.

17 Through our antiviolence program, we offer safety  
18 planning, legal assistance, housing support and the  
19 basic tools survivors need to escape abuse and  
20 rebuild their lives. We strongly support Council  
21 Member Farias's bill Intro. 29, which will require  
22 training for first responders and service providers  
23 to recognize domestic violence related traumatic  
24 brain injuries. This legislation heightens a  
25 critical but often overlooked issue. The connection

1  
2 between domestic violence and TBI's, which too often  
3 go undiagnosed to limited awareness amongst survivors  
4 and frontline professionals. At our family justice  
5 center sites across all five boroughs, we regularly  
6 support survivors living with the long term effects  
7 of traumatic brain injury.

8 In one recent case, a survivor was unable to  
9 recall key events surrounding her abuse due to a  
10 brain injury. A stark example of the consequences of  
11 missed and delayed diagnosis. Currently recognitions  
12 of TBI's is vital, not only in preventing further  
13 harm but also interrupting cycles of violence and  
14 providing meaningful paths to healing. This issue is  
15 especially urgent for immigrant communities.

16 Survivors of domestic violence, many of whom face  
17 immense trauma now contend with an environment of  
18 heightened fear driven by xenophobic rhetoric and  
19 harmful immigration policies.

20 These conditions have eroded trust in public  
21 systems and have made it harder for survivors to come  
22 forward, many choosing to stay in unsafe situations  
23 rather than risk interacting with authorities for  
24 fear of deportation or family separation. Federal  
25 policy change and proposed funding cuts, such as

1  
2 reduction to the Office on Violence Against Women  
3 further threaten essential programs like ours.

4 Against this black drop, legislation like Intro. 29  
5 is not only timely, it is essential. Community based  
6 organizations like AAFAC -

7 CHAIRPERSON SCHULMAN: Can you just -I need you  
8 to wrap it up. Thank you.

9 NAIMA DAHIR: We are strongly responding to these  
10 challenges but we need your support so we want to uhm  
11 ask your support in supporting this legislation.

12 Thank you so much for the opportunity.

13 CHAIRPERSON SCHULMAN: Thank you so much and  
14 again if you want to submit longer testimony, you can  
15 do that at [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov), okay. Thank  
16 you.

17 NAIMA DAHIR: Thank you.

18 CHAIRPERSON SCHULMAN: Alright, I'm going to call  
19 out some names. If you're there, let us know please.

20 Sharon Leslie Brown, Eric Lee, Armando Rodriguez,  
21 Alex Stein. No hands online. Anyone in the room  
22 that hasn't yet testified that wants to testify for  
23 the Health Committee hearing? No, okay.

24 I want to thank everyone for their testimony.  
25 There was a lot of legislation that was heard today.

1  
2 We really appreciate everybody who has testified both  
3 in person and online and there's some very  
4 significant legislation here, so we're very  
5 appreciative of everyone that participated and we're  
6 going to take a look at it and see what we're able to  
7 bring to the floor for a vote and I will tell you  
8 that one of the things that I'm most proud of is the  
9 legislation to create a pilot program for a pet  
10 pantry along with Council Member Holden. And with  
11 that, I am adjourning this hearing. Thank you very  
12 much. [GAVEL]

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C E R T I F I C A T E

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



Date August 31, 2025