

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CITY OF NEW YORK
BOARD OF HEALTH AND MENTAL HYGIENE

PUBLIC HEARING ON A PROPOSAL TO
REPEAL AND REENACT SECTION 81.50 OF
ARTICLE 81 OF THE NEW YORK CITY HEALTH CODE

125 Worth Street
New York, New York

November 27, 2007
10:00 a.m.

B e f o r e:

THOMAS FRIEDEN, M.D.
Health Commissioner, City of New York

ROSLYN WINDHOLZ, ESQ.
Deputy General Counsel, Department of
Health

LYNN SILVER, M.D.
Assistant Commissioner, Bureau of Chronic
Disease Prevention, Division of Health
Promotion and Disease Prevention

SIXTO CARO, M.D.
Member, Board of Health

ELLIOT MARCUS
Associate Commissioner, Bureau of Food
Safety and Community Sanitation

Reported by:

Yaffa Kaplan

Job No. 198714

| | |
|---|---|
| <p style="text-align: right;">Page 2</p> <p>1 Proceedings</p> <p>2 DR. FRIEDEN: Good morning, everybody.</p> <p>3 It's 10:00 and we are going to get started.</p> <p>4 Good morning. My name is Tom Frieden. I am</p> <p>5 Health Commissioner for New York City. With</p> <p>6 me is Roslyn Windholz, who is Deputy General</p> <p>7 Counsel at the Health Department. Also with</p> <p>8 me is Dr. Lynn Silver, who is Assistant</p> <p>9 Commissioner of the Bureau of Chronic Disease</p> <p>10 Prevention within the Division of Health</p> <p>11 Promotion and Disease Prevention. Later on</p> <p>12 this morning we will be joined by Dr. Sixto</p> <p>13 Caro, one of the Members of the Board of</p> <p>14 Health.</p> <p>15 All of these remarks are being</p> <p>16 transcribed. All of them will be reviewed by</p> <p>17 all members of the Board of Health and in</p> <p>18 addition, the Department of Health, the</p> <p>19 program will review and respond to all</p> <p>20 comments that are made by the public.</p> <p>21 We are here for a Public Hearing on a</p> <p>22 Proposal to Repeal and Reenact Section 81.50</p> <p>23 of Article 81 of the New York City Health</p> <p>24 Code. Note that the hearing does not</p> <p>25 constitute a formal meeting of the Board of</p> | <p style="text-align: right;">Page 4</p> <p>1 Proceedings</p> <p>2 Persons wishing to speak were asked to</p> <p>3 preregister. I will call on those who</p> <p>4 preregistered in the order in which they</p> <p>5 preregistered. If someone is not here when</p> <p>6 his or her turn comes, I will turn to the next</p> <p>7 person, and later we will call the names of</p> <p>8 those who may have missed their turn.</p> <p>9 Anyone may register now at the table in</p> <p>10 the vestibule if you wish to speak. People</p> <p>11 will be called after the preregistered</p> <p>12 speakers if they are registering now.</p> <p>13 Each speaker will be limited to speak</p> <p>14 for five minutes. I would like to take this</p> <p>15 opportunity to remind you that the purpose of</p> <p>16 this hearing is to elicit comments and</p> <p>17 information to assist the Board of Health in</p> <p>18 determining whether to adopt this proposal.</p> <p>19 While your questions or testimony can</p> <p>20 certainly raise questions you may have, we</p> <p>21 will not be responding to comments here today.</p> <p>22 Responses will be in the January meeting of</p> <p>23 the Board of Health, where the Department will</p> <p>24 formally respond to all comments.</p> <p>25 I will now call upon the first</p> |
| <p style="text-align: right;">Page 3</p> <p>1 Proceedings</p> <p>2 Health. The board will not be voting on any</p> <p>3 matter today, nor taking any other action.</p> <p>4 The purpose is to allow the public to testify</p> <p>5 or to present written comments on this</p> <p>6 proposal.</p> <p>7 Anyone wishing to submit written</p> <p>8 comments today should give them to the staff</p> <p>9 or the Secretary of the Board at the table in</p> <p>10 the vestibule outside this room. A transcript</p> <p>11 of the hearing is being taken and a copy of</p> <p>12 those minutes, as well as written comments</p> <p>13 submitted today or which have otherwise been</p> <p>14 submitted as comments to the Department, will</p> <p>15 be provided to the entire Board of Health for</p> <p>16 its consideration.</p> <p>17 Notice of this public hearing, along</p> <p>18 with the actual text of the proposal, was</p> <p>19 published in the City Record on October 26,</p> <p>20 2007. The notice advised the public to</p> <p>21 request a sign language interpreter or other</p> <p>22 form of reasonable accommodation for a</p> <p>23 disability, if necessary. No such request was</p> <p>24 received. Copies of the Notice of Intention</p> <p>25 are available at the table in the vestibule.</p> | <p style="text-align: right;">Page 5</p> <p>1 Proceedings</p> <p>2 registrant, who is Laurie Tansam, the</p> <p>3 Nutrition Coordinator at the Mount Sinai</p> <p>4 Hospital.</p> <p>5 MS. TANSAM: I have got my</p> <p>6 show-and-tell. Last time I just had a turkey</p> <p>7 sandwich. First, I wish to preface my</p> <p>8 comments by saying I am speaking on behalf of</p> <p>9 myself.</p> <p>10 In my introduction last year at the</p> <p>11 public hearing regarding the proposal to ban</p> <p>12 the use of transfat and to require caloric</p> <p>13 labeling on menus, I reviewed the two opposing</p> <p>14 theories of public health: Minimal government</p> <p>15 interference and social justice philosophy.</p> <p>16 The mission of public health is to assure</p> <p>17 conditions in which people can be healthy. To</p> <p>18 assure this required public policies that do</p> <p>19 result in government intervention. For</p> <p>20 example, the closing of food service</p> <p>21 establishments, hereafter referred to as FSEs,</p> <p>22 because of unacceptable infestation. We want</p> <p>23 the government to ensure that our food supply</p> <p>24 is safe, yet we want the freedom to purchase</p> <p>25 unhealthful food as identified in "Nutrition</p> |

Page 6

1 Proceedings
 2 in Public Health," a text edited by Sari
 3 Edelstein.
 4 The current proposal is an important
 5 first step by the government to help the
 6 public become an educated consumer, yet
 7 allowing the consumer the freedom to make what
 8 might be an unhealthful food choice. If that
 9 consumer has a significant weight problem and
 10 the particular menu item is especially
 11 calorically dense, and because it's only being
 12 applied to FSEs, which are one of a group of
 13 at least 15 doing business nationally under
 14 the same name, and offering for sale
 15 substantially the same menu items that are
 16 served in portions, the size and content of
 17 which are standardized, should not pose a
 18 burden, although Charles Hunt of the New York
 19 State Restaurant Association, thinks
 20 otherwise, as reported in the New York Sun on
 21 October 25th.
 22 The majority, if not all, of such
 23 establishments already have the nutritional
 24 information calculated, but what is of a
 25 concern to me today is that there must be a

Page 7

1 Proceedings
 2 next step so that eventually all FSEs will be
 3 required to post the caloric content of their
 4 menu items.
 5 The purpose of the proposed amendment to
 6 the Health Code, as indicated in the notice of
 7 public hearing for today, is to enable
 8 New Yorkers to make more informed, healthier
 9 choices, and reasonably be expected to reduce
 10 obesity; but this proposal does not go far
 11 enough especially as it relates to addressing
 12 obesity in some of our most obese
 13 neighborhoods, such as East Harlem. As per
 14 the New York City Department of Health and
 15 Mental Hygiene website, one-third of East
 16 Harlem adults -- 31 percent is overweight and
 17 another 31 percent is obese, which is the
 18 highest proportion of obese adults among all
 19 neighborhoods in New York City.
 20 So let me give you some statistics as
 21 per an Internet search. There are only four
 22 McDonald's in East Harlem, three Subways, two
 23 Burger Kings, and two Dominoes, and one each
 24 of Kentucky Fried Chicken, Popeye's, and
 25 Wendy's, as well as seven Dunkin Donuts. But

Page 8

1 Proceedings
 2 there are 35 Chinese FSEs, 24 Mexican, and 17
 3 pizzerias, which includes the two Dominos that
 4 for the most part would not fall under this
 5 new proposal.
 6 So this new proposal may not be very
 7 helpful to the residents of East Harlem until
 8 you take that next step, and which, by the
 9 way, Mr. Hunt, will definitely be more
 10 challenging to small businesses.
 11 But, Dr. Frieden, let me tell you that
 12 the City can help to educate such businesses
 13 to do their own nutrition analyses of menu
 14 items because of free tools that are available
 15 on the Internet. Furthermore, many of our
 16 universities have nutrition programs that
 17 require students to do field work, and then
 18 there are the multitude of graduates who have
 19 to do their internships and which requires
 20 they do a community rotation. We can send all
 21 of these students and interns to help such
 22 establishments when you are ready for that
 23 next step.
 24 And now for some show-and-tell.
 25 Contrary to what many might think, although

Page 9

1 Proceedings
 2 small independent FSEs might not have the type
 3 of standardization of recipes and portions
 4 that an establishment such as McDonald's has
 5 and, therefore, nutritional analyses of their
 6 menu items may not be so reliable, let me tell
 7 you that there is greater standardization than
 8 you think, and the task for such
 9 establishments to likewise make available the
 10 caloric content of their menu items is
 11 therefore realistic.
 12 For example, these Chinese egg rolls,
 13 the fried wontons and the rice were purchased
 14 at different times from the same
 15 establishment. I purchased them on Sunday, as
 16 well as yesterday, different times, and there
 17 is consistency in their portions, so a
 18 nutrient analyses of these items would be
 19 relatively accurate. These I think all
 20 weighed about four ounces. I think these were
 21 nine ounces. Here is a scale if you want to
 22 check it for yourself. The rice I think
 23 became a little dehydrated since Sunday. They
 24 weren't refrigerated last night so I think
 25 there is a half an ounce difference.

Page 10

1 Proceedings
 2 Anyway, but better yet, a number of
 3 items for sale in FSEs are purchased as ready
 4 to serve, such as the Jamaican beef patties,
 5 and they both weigh the same, which can be
 6 found in many FSEs throughout the City,
 7 including the bodegas and many pizzerias in
 8 East Harlem. This was prepared by a
 9 commercial food business and comes with a
 10 nutrient analysis and I think it was 310
 11 calories.
 12 In conclusion, the proposed amendment to
 13 the Health Code regarding the appearance of
 14 the caloric content of foods on menus and menu
 15 boards is an important first step; but you
 16 must continue to go further so that all FSEs
 17 will be required to post the caloric content
 18 on menus and menu boards, thus enabling all
 19 our residents to reap the benefits. Thank
 20 you.
 21 DR. FRIEDEN: Thank you. Thank you. We
 22 will now go to the second speaker, Ms. Margo
 23 Wootan.
 24 MS. WOOTAN: I thought I was going to
 25 get lunch.

Page 11

1 Proceedings
 2 Good morning. I am Margo Wootan. I am
 3 the Director of Nutrition Policy with the
 4 Center for Science in the Public Interest and
 5 we are based in Washington DC, though we have
 6 over 15,000 members here in New York, New York
 7 City.
 8 Among other things, the Center for
 9 Science in the Public Interest led the effort
 10 to get the law passed to require nutrition
 11 labeling on packaged foods. Then we worked to
 12 add transfat to those labels, and now are
 13 leading the national effort to require menu
 14 labeling at chain restaurants, and working
 15 with over 20 localities and states around the
 16 country on menu labeling policies.
 17 We strongly support the proposal before
 18 the Board of Health today to require calorie
 19 labeling at chain restaurants and urge you to
 20 adopt it. Nutrition labeling, as you know, is
 21 needed because Americans are eating out more
 22 than ever before, about twice as much as in
 23 the 1970s, so that now on average adults and
 24 children get about a third of their calories
 25 from eating out.

Page 12

1 Proceedings
 2 Requiring calorie disclosures on menus
 3 certainly isn't the only solution needed to
 4 address obesity, as you all know, and you are
 5 working on many other solutions, but it's an
 6 effective, low-cost way to support healthy
 7 eating and to help address obesity.
 8 Menu labeling is also needed because
 9 studies link eating out with eating more
 10 calories and with obesity, and I provided in
 11 my written testimony a summary of that
 12 literature. The big portion size in
 13 restaurants cannot only blow people's diets
 14 for the meal or for the day, but can blow
 15 their diets for the whole week. Just a couple
 16 of two-thousand calorie meals at a restaurant
 17 can lead to overeating over the course of the
 18 whole week.
 19 So, for example, one study in women
 20 shows that women who eat out more than five
 21 times a week eat on average 300 extra calories
 22 each day averaged out over the course of the
 23 week, compared to women who eat out less
 24 often.
 25 Restaurant meals typically are higher in

Page 13

1 Proceedings
 2 saturated fat and provide fewer nutrients,
 3 like fiber and calcium, than home-prepared
 4 meals. Although restaurants provide a range
 5 of options, it can be very difficult for
 6 people to make informed decisions without
 7 information. At Starbucks coffees range from
 8 10 calories to 800. When looking at a
 9 children's menu, parents might be surprised
 10 that a chicken tenders dinner has more
 11 calories than a dinner with baby back ribs.
 12 We found in a study that I did with Lisa Young
 13 and others at New York University that even
 14 well trained dieticians can't estimate the
 15 calorie content of popular restaurant meals.
 16 They typically underestimate and they
 17 underestimate the calories by a lot, by 200 to
 18 600 calories. And in studies done with
 19 consumers, they also show that individuals
 20 have a very hard time identifying the lowest
 21 calorie or healthiest options at restaurants.
 22 The Board of Health needs to require
 23 menu labeling because the current system of
 24 voluntarily labeling isn't working. About
 25 half of chain restaurants don't provide a

Proceedings

1 single shred of nutritional information to
 2 their customers at all, and those that do
 3 provide information, provide it in ways that
 4 are very difficult for people to use when they
 5 are ordering in the restaurant. So typically
 6 most provide information on websites, which
 7 means people have to have a computer and
 8 access to the Internet before they go out to
 9 eat; and since people are eating out on the
 10 run and for convenience, that doesn't work
 11 very well.

12 They also provide it on hard to find,
 13 hard to read brochures or pamphlets or on tray
 14 liners or fast food packages which people
 15 don't see until after they order. Yet
 16 restaurants know that the best place to
 17 communicate with their customers is through
 18 menus and menu boards. The Burger King
 19 Corporation wrote that, and I quote, "The menu
 20 board is the single most valued piece of real
 21 estate in a Burger King Restaurant. It's the
 22 most important way we communicate with our
 23 customers in the store about our products we
 24 offer and about their price. It is what our
 25

Proceedings

1 customers look at and it's what stimulates
 2 their decision to buy."

3 So I guess if at Burger King, and other
 4 restaurants, they are putting the price on
 5 posters back by the rest room, then it would
 6 be fine to put the nutrition information back
 7 there, but it's not. They communicate with
 8 their customers through menus and menu boards
 9 and that's where nutrition information needs
 10 to be.

11 Also providing this nutrition
 12 information on menus and menu boards helps to
 13 create a standard that consumers can rely on,
 14 familiarize themselves with and easily use.
 15 If some restaurants have posters, others have
 16 kiosks, others brochures, or stanchions, or
 17 tray liners, customers will have trouble
 18 tracking down nutrition information even if
 19 the restaurants provide it. They just won't
 20 know where to look.

21 We strongly support that the New York
 22 City proposal require nutrition information to
 23 be primarily on menus and menu boards since
 24 that's the most effective way to communicate
 25

Proceedings

1 the information with their customers. Also, I
 2 think we know that since half of chain
 3 restaurants are providing nutrition
 4 information, that it is feasible, practical
 5 and affordable for restaurants to provide menu
 6 labeling. You are merely asking them to take
 7 information that restaurants have on the
 8 website and put it on the menu, where people
 9 can see it.

10 So I hope you pass the proposal before
 11 you today and once again give New Yorkers this
 12 important tool to help them watch their weight
 13 for what's a growing and all too often
 14 problematic part of their diet. Thank you.

15 DR. FRIEDEN: Thank you very much. Our
 16 next speaker is Lisa Young, Adjunct Professor
 17 at New York University, and while she is
 18 coming up, I would like to also introduce
 19 Elliot Marcus, who is Associate Commissioner
 20 for the Bureau of Food Safety and Community
 21 Sanitation. And I previously introduced
 22 Dr. Caro, who has joined us on the podium.
 23 Thank you very much.

24 MS. YOUNG: Good morning. I am Lisa
 25

Proceedings

1 Young. I am a nutritionist in private
 2 practice, also author of "The Portion Teller
 3 Plan," a user-friendly weight loss guide, and
 4 an adjunct professor at New York University.

5 I am in support of New York City's
 6 Health Department's proposal to require chain
 7 restaurants to display the calorie content of
 8 standard food items on menu boards.
 9 Restaurants should post calorie information in
 10 a manner that is easy for consumers to read
 11 and to use as part of their purchasing
 12 decisions.

13 Obesity is currently a major public
 14 health concern in New York City and is caused
 15 by an imbalance of energy intake, calories in,
 16 and energy expenditure, calories out. People
 17 tend to eat more calories when they eat out
 18 than when they eat at home. Few people have a
 19 clue as to how many calories are in foods
 20 prepared by restaurants. In a study that I
 21 conducted with colleagues at NYU and the
 22 Center for Science in the Public Interest, as
 23 Margo mentioned, and I would like to
 24 acknowledge my collaborator, Margo Wootan, we
 25

| | |
|---|--|
| <p style="text-align: right;">Page 18</p> <p>1 Proceedings</p> <p>2 found not even trained nutritionists were able</p> <p>3 to determine the calories in restaurant meals.</p> <p>4 Without knowing how much a food weighs and how</p> <p>5 a food is prepared, it is virtually impossible</p> <p>6 to correctly estimate its calorie content.</p> <p>7 Particularly problematic is the fact</p> <p>8 that portion sizes have ballooned in recent</p> <p>9 years and these large portions are providing</p> <p>10 consumers with many more calories. While</p> <p>11 conducting research on portion sizes, I found</p> <p>12 that the increase in the prevalence of obesity</p> <p>13 has occurred in parallel to an increase in the</p> <p>14 portion sizes of foods eaten away from home,</p> <p>15 suggesting that larger portions may be</p> <p>16 contributing to the obesity epidemic. Portion</p> <p>17 sizes offered by fast food chains, for</p> <p>18 example, are two to five times larger than</p> <p>19 their original size and have increased</p> <p>20 considerably since the 1970s. Larger portions</p> <p>21 contain more calories than small portions and</p> <p>22 they also encourage people to eat more and to</p> <p>23 underestimate those calories.</p> <p>24 Finally, despite public health</p> <p>25 initiatives encouraging the food industry to</p> | <p style="text-align: right;">Page 20</p> <p>1 Proceedings</p> <p>2 consumers on the relationship between portion</p> <p>3 size and calories and perhaps encourage them</p> <p>4 to purchase smaller sizes. Thank you.</p> <p>5 DR. FRIEDEN: Thank you very much.</p> <p>6 Bill Thompsen, Vice President for</p> <p>7 Advocacy of the American Health Association.</p> <p>8 Is Mr. Thompsen or Dr. Thompsen here?</p> <p>9 Judith Wylie Rosett, American Heart</p> <p>10 Association.</p> <p>11 MS. WYLIE-ROSETT: Good morning. I am</p> <p>12 Judith Wylie Rosett and I am speaking on</p> <p>13 behalf of the American Heart Association.</p> <p>14 Thank you for the opportunity to testify in</p> <p>15 support of the reenactment of 81.50 of the New</p> <p>16 York City Health Code.</p> <p>17 The American Heart Association is the</p> <p>18 largest voluntary health organization</p> <p>19 dedicated specifically to reduction of</p> <p>20 disability and death due to heart disease and</p> <p>21 stroke, which are the number 1 and number 3</p> <p>22 causes of death nationally. To achieve the</p> <p>23 mission, the Heart Association funds a variety</p> <p>24 of activities to reduce risk. The American</p> <p>25 Heart Association supports the calorie</p> |
| <p style="text-align: right;">Page 19</p> <p>1 Proceedings</p> <p>2 reduce portion sizes, food portions at fast</p> <p>3 food chains continue to increase according to</p> <p>4 a recent research that I published in the</p> <p>5 Journal of Public Health Policy with my NYU</p> <p>6 colleague, Mary Ann Nissel. Rather than</p> <p>7 reducing portion sizes, we also found that the</p> <p>8 top fast food chains are engaged in sleight of</p> <p>9 name. McDonald's and Wendy's, for example,</p> <p>10 have dropped fattening sounding descriptors</p> <p>11 such as super size, biggy, and great biggy,</p> <p>12 and replaced them with the terms small, medium</p> <p>13 and large. So the former biggie soda at</p> <p>14 Wendy's, for example, this soda which was a</p> <p>15 biggy is now called a medium. And last year</p> <p>16 the company introduced a new 42-ounce drink</p> <p>17 called large, with the slogan "A whole river</p> <p>18 of icy cold refreshment." Name changes such</p> <p>19 as these are unlikely to help with weight</p> <p>20 maintenance and may even confuse consumers to</p> <p>21 believe they are eating less than they</p> <p>22 actually are.</p> <p>23 Requiring chain restaurants to post the</p> <p>24 calories of its menu items would hopefully</p> <p>25 dispel such myths, as well as educate</p> | <p style="text-align: right;">Page 21</p> <p>1 Proceedings</p> <p>2 information on the label at the point of</p> <p>3 purchase as outlined in 81.50 and to allow</p> <p>4 consumers to make informed choices as they</p> <p>5 purchase foods in restaurants.</p> <p>6 This policy is an important part of a</p> <p>7 more comprehensive plan to reduce obesity in</p> <p>8 New York City. Obesity is of concern</p> <p>9 particularly in relation to cardiovascular</p> <p>10 disease because it raises blood cholesterol</p> <p>11 and triglyceride levels, lowers the good HDL</p> <p>12 cholesterol, all of which relate to heart</p> <p>13 disease and also increases the risk of</p> <p>14 diabetes. And it also -- obesity also has an</p> <p>15 independent risk with relation to heart</p> <p>16 disease.</p> <p>17 And of particular concern is obesity in</p> <p>18 children. Obese children between the ages of</p> <p>19 five and ten are more than twice as likely to</p> <p>20 have one cardiovascular risk factor. And the</p> <p>21 core of children who are obese also will</p> <p>22 present with two or more cardiovascular risk</p> <p>23 factors.</p> <p>24 The obesity rate in New York City has</p> <p>25 risen dramatically, which has been monitored</p> |

Page 22

1 Proceedings
 2 by the Health Department. Both minority and
 3 low-income residents, the rates are even
 4 higher and one in four New Yorkers is now
 5 obese.
 6 With children, of particular concern is
 7 the kindergartners, where 20 percent are obese
 8 and 19 percent are overweight, which means
 9 that half of kindergartners are at risk. For
 10 the first time in children today, children
 11 will be predicted to have a shorter life span
 12 than their parents. And if this current trend
 13 continues, the Institute of Medicine expects
 14 that by 2010, obesity will surpass tobacco as
 15 the leading cause of death in the United
 16 States.
 17 We know that the risk can be reduced
 18 through healthy eating and physical activity
 19 and it's been well over a decade since
 20 nutrient labeling has been enacted in terms of
 21 consumer products, and between 70 and 85
 22 percent of American adolescents, college and
 23 adult populations read labels when they are
 24 available at the point of purchase in the
 25 supermarkets.

Page 23

1 Proceedings
 2 Unfortunately, when it comes to
 3 purchasing food out of the home, this is not
 4 available. People typically underestimate the
 5 calories, as previous testimony has indicated,
 6 and buy larger portions than they are aware
 7 of. Not surprising that the more frequently
 8 people are eating out is associated with an
 9 increased rate of obesity.
 10 While the Heart Association acknowledges
 11 that there is not yet conclusive data to show
 12 how consumers will respond to menu labeling,
 13 there are several published studies that
 14 suggest that this, indeed, is the case. In
 15 2006, a paper in the American Journal of
 16 Public Health concluded that when objective,
 17 quantifiable information was provided,
 18 consumers had more unfavorable attitudes about
 19 the less healthy items and their purchase
 20 intentions for the items diminished. A
 21 similar conclusion was reached 20 years -- 30
 22 years earlier, in 1976, in a cafeteria study.
 23 Based on these preliminary data, the
 24 American Heart Association believes providing
 25 calorie information at the point of service in

Page 24

1 Proceedings
 2 restaurants will help consumers purchase fewer
 3 calories and reduce the rate of obesity and
 4 the associated diseases.
 5 Our recommendations to the policy are as
 6 follows: We endorse the requirement that
 7 chain restaurants post calorie information on
 8 menus and menu boards at the point of
 9 purchase. It would be ideal to have calorie
 10 information available more widely, but the
 11 American Heart Association acknowledges that
 12 casual and fine dining restaurants will be
 13 forthcoming later on potentially.
 14 We acknowledge the provision of allowing
 15 restaurants to provide calorie ranges in
 16 instances where consumer choices of flavors
 17 are available.
 18 We support the continuing research into
 19 the most effective way for transmitting this
 20 information on menu labels.
 21 And finally, we recommend that a
 22 consumer education campaign accompany the
 23 labeling to increase consumer choices.
 24 The American Heart Association
 25 enthusiastically supports the Board's proposal

Page 25

1 Proceedings
 2 to reenact 81.50 of the New York City Health
 3 Code. We believe it strikes a fair balance
 4 between information needed by consumers and
 5 the cost of implementing such a plan. Our
 6 desired outcome is all New York City residents
 7 have information they need to make informed
 8 choices about foods and beverages that they
 9 consume. These regulations are not about
 10 controlling what consumers choose, but giving
 11 them information to make informed choices.
 12 Thank you again for your time and
 13 attention. The American Heart Association
 14 looks forward to continuing working with you
 15 to reduce the rate of obesity and chronic
 16 diseases in New York City.
 17 DR. FRIEDEN: Thank you very much.
 18 Let me please remind all speakers to
 19 please leave a copy of your remarks with the
 20 people outside. It will help us with the
 21 transcription.
 22 Is Assembly Member Felix Ortiz here or a
 23 member of his staff who is testifying on his
 24 behalf? All right.
 25 Justin Wilson, Senior Research Analyst

Page 26

1 Proceedings
 2 for the Center for Consumer Freedom.
 3 MR. WILSON: Good morning. Before I
 4 begin, I would like to thank the Board for
 5 offering me this opportunity to address its
 6 consideration of mandating nutritional
 7 information on restaurant menus. My name is
 8 Justin Wilson. I am a Senior Research Analyst
 9 at the Center for Consumer Freedom, which is a
 10 nonprofit organization that promotes personal
 11 responsibility in consumer choice. In that
 12 capacity, I spent the last three years
 13 studying the costs, causes and potential
 14 policy solutions to the nation's burgeoning
 15 waistline, and after examining thousands of
 16 studies and writing two books on the issues,
 17 it's clear to me that the policy proposed
 18 today is based on a series of false
 19 assumptions and unproven theories that will
 20 not only have little impact on the City's
 21 obesity rates, but will no doubt expose the
 22 City restaurant community to untold frivolous
 23 lawsuits and liability.
 24 To begin, I challenge the Board's
 25 assertion that restaurants in general and

Page 27

1 Proceedings
 2 chain restaurants in particular are a
 3 disproportionate contributor to the City's
 4 growing waistline. As the Board plainly
 5 states, only one-third of the calories
 6 consumed in the City are from restaurants and
 7 only 10 percent of those restaurants meet the
 8 Board's definition of a chain restaurant.
 9 Thus, calories consumed in the City's chain
 10 restaurants can only come from as little as
 11 three percent of the total New Yorker's diet.
 12 More importantly, the Board's analysis
 13 seems to ignore the complicated relationship
 14 between food, exercise, and the numerous other
 15 factors that significantly contribute to the
 16 increased rates of obesity. And recent
 17 research suggests that while excess eating can
 18 be a factor, it's only one among many.
 19 I am left asking how can the Board
 20 contend that just three percent of calories
 21 are the predominant cause of obesity, and I am
 22 left to conclude that the bottom line is
 23 simple it can't.
 24 It would also appear that Dr. Frieden
 25 recognizes that menu labeling won't work. In

Page 28

1 Proceedings
 2 a recent interview on 60 Minutes, he told
 3 Leslie Stahl that there is little scientific
 4 evidence to suggest that menu labeling is
 5 effective. Dr. Frieden, of course, is not
 6 alone in questioning the effectiveness of his
 7 own policy. In fact, numerous clinical trials
 8 and observational studies have come to the
 9 same conclusion. Providing nutritional
 10 information does not influence an individual's
 11 caloric intake or obesity levels.
 12 A recent study in the Journal of the
 13 American Dietetic Association determined that
 14 studies suggest that the recent legislation
 15 advocating for greater labeling of restaurant
 16 food may not be particularly effective in
 17 combating the obesity epidemic if people are
 18 not looking at existing food labels and are
 19 not able to use this information for nutrition
 20 planning.
 21 And researchers from the University of
 22 Vermont write that despite the growing push
 23 for such legislation to be developed, there
 24 has been no research demonstrating the impact
 25 that food labeling will have on consumer

Page 29

1 Proceedings
 2 behavior with respect to eating out.
 3 More important to this debate is the
 4 detrimental effect mandatory menu labeling
 5 will have on New Yorkers' eating habits, as
 6 well as the city's restaurants. Better put,
 7 the Board should be careful what it wishes
 8 for. Former Food and Drug Administration
 9 Commissioner Lester Crawford suggested looking
 10 at packaged food labeling as a model for
 11 restaurant menu labels. He recently observed
 12 that what we did in making nutritional
 13 labeling mandatory did not help obesity. In
 14 fact, some people will say it hurt.
 15 Beyond the fact that nutritional
 16 information on packaged food has had little to
 17 no effect on obesity rates, Crawford is
 18 reflecting on a phenomenon called "the health
 19 halo," which was coined by the incoming
 20 executive director of the USDA Center for
 21 Nutrition Policy and Promotion, Dr. Brian
 22 Wansink. Dr. Wansink's research indicates
 23 that consumers eat compensation calories after
 24 eating a meal they perceived to be healthy.
 25 For instance, in one of his studies Subway

| | |
|---|--|
| <p style="text-align: right;">Page 30</p> <p>1 Proceedings</p> <p>2 customers ultimately ate more calories than</p> <p>3 those who ate at McDonald's. Wansink explains</p> <p>4 that if customers believe they ate this nice</p> <p>5 healthy lunch, they are more likely to eat</p> <p>6 snacks and eat more calories later in the day.</p> <p>7 Beyond the potential for creating</p> <p>8 compensation and counterproductive health</p> <p>9 haloes around certain menu items, the Board's</p> <p>10 menu labeling mandate fails to provide a</p> <p>11 realistic litigation safe harbor for</p> <p>12 restaurant recipe variance. Specifically, the</p> <p>13 proposal fails to explicitly outlaw private</p> <p>14 action against restaurants by trial lawyers,</p> <p>15 as many other proposals have done, for</p> <p>16 example, in Washington DC. As I am sure you</p> <p>17 are aware, there is a cadre of lawyers,</p> <p>18 including some from the Center for Science in</p> <p>19 the Public Interest, that have demonstrated</p> <p>20 their eagerness to sue restaurants for a</p> <p>21 variety of dubious legal claims, including the</p> <p>22 failure to post nutrition information.</p> <p>23 It also fails to provide a realistic</p> <p>24 safe harbor to account for recipe variance.</p> <p>25 Unlike packaged foods, which enjoy a 20</p> | <p style="text-align: right;">Page 32</p> <p>1 Proceedings</p> <p>2 Abraham Jelin, Vice President of the</p> <p>3 New York Chapter 2 of the American Academy of</p> <p>4 Pediatrics.</p> <p>5 DR. JELIN: Good morning. Thank you for</p> <p>6 the opportunity to speak to you on this</p> <p>7 important matter. My name is Abraham Jelin.</p> <p>8 I am the Vice President of New York Chapter 2</p> <p>9 of the American Academy of Pediatrics, and</p> <p>10 Co-Chairman of the AAP New York City Youth</p> <p>11 Advocacy Committee. I am Associate Chairman</p> <p>12 of Pediatrics and Chief of Pediatric</p> <p>13 Gastroenterology at the Brooklyn Hospital</p> <p>14 Center.</p> <p>15 Today I am speaking for the nearly 1,000</p> <p>16 AAP members who practice in New York City and</p> <p>17 confront the obesity epidemic every day. We</p> <p>18 support the adoption of 81.50 because it</p> <p>19 proactively addresses one of the root causes</p> <p>20 of that epidemic. Critics of this amendment</p> <p>21 suggest that posting calories in fast food</p> <p>22 restaurants has not been shown to influence</p> <p>23 obesity. They suggest that fast food is not</p> <p>24 the only culprit and is being unfairly singled</p> <p>25 out.</p> |
| <p style="text-align: right;">Page 31</p> <p>1 Proceedings</p> <p>2 percent legal cushion, restaurants do not rely</p> <p>3 on assembly lines to prepare their food. As a</p> <p>4 recent study by the Center for Science in the</p> <p>5 Public Interest found out, restaurant nutrient</p> <p>6 content can vary by as much as 50 percent or</p> <p>7 more. And it's a completely legitimate</p> <p>8 process during the preparation of a meal.</p> <p>9 Finally, I am concerned that this policy</p> <p>10 does not set a willful negligence standard for</p> <p>11 violating the statute. Without addressing the</p> <p>12 proposal's numerous deficiencies, the Board</p> <p>13 risks exposing the City's restaurants to a</p> <p>14 legal quagmire that will likely result in</p> <p>15 undue financial hardship on the businesses,</p> <p>16 which already operate on small profit margins.</p> <p>17 If the Council is serious about having</p> <p>18 an impact on obesity rates, politically</p> <p>19 expedient solutions that ignore the numerous</p> <p>20 causes of obesity will surely fail.</p> <p>21 DR. FRIEDEN: Thank you. Thank you.</p> <p>22 And I would again remind all speakers to, if</p> <p>23 you would make a copy of your remarks</p> <p>24 available to the individuals in the vestibule,</p> <p>25 it will facilitate transcription.</p> | <p style="text-align: right;">Page 33</p> <p>1 Proceedings</p> <p>2 It's true there are many factors</p> <p>3 contributing to the current explosion of</p> <p>4 overweight children and adults in this city.</p> <p>5 Those factors include food choices people make</p> <p>6 at home and when eating out, and also includes</p> <p>7 inadequate levels of physical activity. These</p> <p>8 in turn are influenced by the media and the</p> <p>9 physical environment.</p> <p>10 The causality of obesity is very</p> <p>11 complex. It may not be as well understood as</p> <p>12 we would like and so a simple solution is not</p> <p>13 readily apparent. To be effective, we must</p> <p>14 address this epidemic in a multipronged</p> <p>15 manner. Posting caloric content in fast food</p> <p>16 restaurants will not alone solve the problem,</p> <p>17 but it will contribute positively to the</p> <p>18 solution. For this reason, we applaud the New</p> <p>19 York City Department of Health and Mental</p> <p>20 Hygiene for taking action and urge the</p> <p>21 adoption of this amendment.</p> <p>22 We have all heard alarming statistics</p> <p>23 attesting to the dramatic increase of</p> <p>24 overweight and obese New Yorkers. I would</p> <p>25 like to take a different approach in</p> |

| | |
|--|---|
| <p style="text-align: right;">Page 34</p> <p>1 Proceedings 2 highlighting the urgency of the problem, an 3 approach that reflects my clinical practice. 4 I want you to get a feel for what it's like on 5 the front lines. The field of pediatric 6 gastroenterology includes caring for children 7 with liver disorders in addition to intestinal 8 ones. It is in this aspect of my practice 9 that I confront the obesity epidemic. 10 Everyone is familiar with the fact that 11 obesity has contributed to the skyrocketing 12 numbers of adults and recently children with 13 Type 2 diabetes and its complications. You 14 are all aware of the other medical problems, 15 like heart disease, stroke, cancer, and the 16 myriad of psychological problems that have 17 been associated with being overweight. 18 The liver disease associated with 19 obesity doesn't attract the same press 20 attention that those other, more well known 21 disorders attract, except that is only for us 22 pediatric gastroenterologists. The livers of 23 overweight individuals can become infiltrated 24 with fat and then become inflamed because of 25 that infiltration. That inflammation can and</p> | <p style="text-align: right;">Page 36</p> <p>1 Proceedings 2 of alcohol liver disease. 3 This sibling, after being counseled by 4 me and his endocrinologist, is actually 5 starting to lose weight. His three younger 6 siblings, however, have BMIs well over the 7 97th percentile for their age. Because of 8 their age, they are much less cooperative in 9 complying with the recommended diet and 10 exercise regimen. 11 Their mother, who is also somewhat 12 overweight, is frustrated and worried about 13 her kids. Her efforts to cajole and entice 14 her younger children to eat properly and 15 exercise have met with failure. When I speak 16 with these children they giggle and laugh. At 17 their age, their understanding of the 18 seriousness and the consequences of their 19 condition is lacking, as is their cooperation. 20 Foods available in school and promoted on TV 21 commercials undermine mom, their mom's efforts 22 to alter her children's behavior. 23 The opportunity for them to exercise is 24 limited by the distance they travel to school, 25 the inability to play outside, and the absence</p> |
| <p style="text-align: right;">Page 35</p> <p>1 Proceedings 2 often does cause scar formation and ultimately 3 cirrhosis, which can lead to liver failure and 4 potentially liver transplantation. 5 I have been in practice now for 30 6 years. I am staggered by the recent explosion 7 in the number of children that I see with 8 fatty livers. I am not going to cite more 9 statistics, but will try to bring home the 10 seriousness of this epidemic by citing a few 11 real case histories. I want to skip the 12 global picture in an effort to highlight the 13 issues by describing the children I see every 14 day and the travails they face. 15 I take care of one family of four 16 children. The oldest brother is 14. He has 17 diabetes and requires insulin and an oral 18 hyperglycemic agent. His BMI is elevated. He 19 has evidence of nonalcoholic fatty liver 20 disease. This is the current nomenclature 21 describing liver disease seen in obese 22 individuals. It reminds us that these liver 23 problems, although not directly related to 24 alcohol, not related at all to alcohol, 25 unfortunately can have the same consequences</p> | <p style="text-align: right;">Page 37</p> <p>1 Proceedings 2 of physical education at school. It isn't 3 even safe for them to walk up and down the 4 stairs in their apartment building. All four 5 of these kids have evidence of nonalcoholic 6 steatohepatitis, which indicates their livers 7 are not only filled with fat, but inflamed. 8 If we are not successful in getting them to 9 lose weight and subsequently decrease the 10 risk, they may go onto the cirrhosis that can 11 lead to ultimately liver failure. 12 DR. FRIEDEN: That's five minutes, so if 13 you can wrap up, that would be good. 14 DR. JELIN: I won't tell you about the 15 other girl who has difficulty losing weight. 16 She is the only one in her family and 17 essentially has given up because of her poor 18 self-image, that she gets negative feedback 19 both at home and school. These are the 20 typical children I see every day. I feel 21 stymied by the lack of effective tools to 22 treat them and their obesity. The key is 23 prevention, and preventing them from becoming 24 overweight in the first place. 25 As the AAP has asserted in a recent</p> |

1 Proceedings
 2 policy statement, prevention of overweight is
 3 critical because long-term outcome data for
 4 successful treatment approaches are limited.
 5 We would agree with the critics that
 6 there is no one cause of obesity, so we must
 7 address each contributing factor in an effort
 8 to prevent the current crisis from becoming a
 9 catastrophe. We have to address the role that
 10 schools, the media, the environment, genetics,
 11 and yes, food that is eaten away from home and
 12 in restaurants is playing in engendering
 13 obesity in our children.
 14 We believe this amendment does provide a
 15 tool that will enable parents and adolescents
 16 to make healthy choices when they eat out. As
 17 pediatricians, we are committed to the concept
 18 of preventive care, whether providing
 19 immunizations, anticipatory guidance to
 20 prevent childhood injury.
 21 DR. FRIEDEN: You need to finish.
 22 DR. JELIN: I am finished.
 23 Offering information about the caloric
 24 content in City restaurants at the time of
 25 purchase, not afterwards on a napkin or

1 Proceedings
 2 MR. INZETTA: Good morning. Thank you
 3 for the opportunity to speak. I will offer
 4 comments consistent with those which I offered
 5 last year regarding the previous regulation,
 6 however, based somewhat more now on our
 7 experience in dealing with that previous
 8 regulation.
 9 The concept of providing nutritional
 10 information to customers is something that is
 11 not new to us. Long before this issue came
 12 before the Board of Health, in fact 30 years
 13 before that, Wendy's began providing
 14 nutritional information to its customers and
 15 we still do. We have done so in a variety of
 16 ways over the years, depending upon what it is
 17 the customers feel that they think is the best
 18 venue so that information can be given to
 19 them.
 20 Currently we provide that information in
 21 two ways. One is, of course, on the website,
 22 which they can access at any point in time,
 23 home, office, at their leisure. And another
 24 is on a full and complete nutritional
 25 information poster which is placed at or near

1 Proceedings
 2 placement, and not prior to entering the
 3 restaurant on a website, is a similar
 4 preventive measure.
 5 We applaud the New York City Department
 6 of Health and Mental Hygiene for promulgating
 7 this amendment and urge that it be formally
 8 adopted. Thank you for your time.
 9 DR. FRIEDEN: Thank you very much. If
 10 you will make the full copy of your remarks
 11 available, I will make sure that all the Board
 12 members can get a copy.
 13 Let me reiterate for those of you just
 14 joining us that this is an opportunity for the
 15 Board of Health to hear all comments from the
 16 public, that all of the comments will be
 17 reviewed by the entire Board, that all of the
 18 comments will be reviewed and responded to one
 19 by one by the Department in its memo to the
 20 Board prior to its next hearing.
 21 If you wish to comment, but haven't
 22 preregistered, you may do so outside.
 23 Mark Inzetta, Assistant General Counsel
 24 and Chief Compliance Officer, Wendy's
 25 International.

1 Proceedings
 2 the point of sale in Wendy's restaurants.
 3 Our issue with current regulation as it
 4 is written, as it is interpreted and as it is
 5 likely to be enforced, is that the regulation
 6 suggests that alternate means are available to
 7 comply with the regulation, which means there
 8 are alternate means in which you can provide
 9 merely caloric information to customers to
 10 comply with the regulation. We have on
 11 numerous occasions tried to secure alternate
 12 means to comply with that regulation. One of
 13 those means is to provide full and complete
 14 nutritional information at the point of sale
 15 in a readable and clearly visible poster prior
 16 to anyone's purchase of the product. These
 17 means of alternative compliance have been
 18 routinely rejected.
 19 So our issue is with the rigidity and
 20 the inflexibility of the way this regulation
 21 is likely to be interpreted, if there are, in
 22 fact, true alternate means of compliance which
 23 do not entail complying fully and completely
 24 with the one and only method prescribed by the
 25 Board of Health to provide this information.

Page 42

1 Proceedings
 2 We have no issue with providing our customers
 3 full and complete nutritional information at
 4 the point of sale. In that way we feel our
 5 customers can make informed choices.
 6 Our issue is not with the providing of
 7 information. It has never been with the
 8 providing of information and we still remain
 9 fully and completely committed to providing
 10 all of that information to our customers at
 11 all points in time.
 12 DR. FRIEDEN: Thank you very much.
 13 Sheila Weiss, Director of Nutrition
 14 Policy, Health and Safety Regulatory Affairs,
 15 National Restaurant Association.
 16 MS. WEISS: Good morning. My name is
 17 Sheila Weiss. I am a registered dietician and
 18 Director of Nutrition Policy at the National
 19 Restaurant Association. I would like to thank
 20 the New York City Board of Health for this
 21 opportunity to testify before you regarding
 22 the proposal to repeal and reenact 81.5 of the
 23 New York City Health Code.
 24 While we represent our nation's
 25 restaurants, we are here today on behalf of

Page 43

1 Proceedings
 2 your local restaurants, many of which are
 3 franchisees and small business owners. We
 4 certainly applaud New York City's Board of
 5 Health in its effort to address food and
 6 nutrition issues; however, we do not support
 7 this proposal as introduced.
 8 We strongly oppose any regulation that
 9 requires the industry to post information
 10 directly on menus or menu boards and makes no
 11 allowance for alternative compliance. This
 12 especially is concerning because the
 13 department has no research or evidence to
 14 support this restrictive approach as being
 15 better and more effective.
 16 Considering that the ordering,
 17 preparation and delivery processes for
 18 restaurant food is uniquely different than
 19 purchasing packaged foods in a grocery store,
 20 the restaurant industry should be given
 21 flexibility in how we provide such information
 22 to our customers. This flexibility will also
 23 allow restaurants to provide much more
 24 comprehensive nutrition information that
 25 addresses a much broader range of dietary

Page 44

1 Proceedings
 2 concerns.
 3 Many restaurants are already providing
 4 nutrition information to their customers
 5 through the use of kiosks, posters, signs,
 6 brochures, tray liners, packaging, and
 7 customized receipts. Any nutrition labeling
 8 initiative should allow restaurants to retain
 9 flexibility in selecting the format that works
 10 best for their customer preferences and
 11 particular business concept.
 12 For some, posting nutrition information
 13 directly on the menu or menu board may work.
 14 For others, an alternative format may be more
 15 suitable for the customer. The bottom line is
 16 that one size does not fit all. If the true
 17 goal is to provide customers with more
 18 information, then efforts to restrict that
 19 information to menus or menu boards are
 20 misguided.
 21 Without any data to support the
 22 imposition of such a sweeping change and
 23 tremendous burden on the industry, the
 24 National Restaurant Association urges you to
 25 reconsider this proposed regulation. The

Page 45

1 Proceedings
 2 restaurant industry's objective has always
 3 been to provide a wide variety of food options
 4 to accommodate the needs of diverse consumers.
 5 It's important that the New York City Board of
 6 Health examines its role and responsibilities
 7 in addressing the public health problem with
 8 the understanding that our diverse population
 9 needs recommendations that are clear and
 10 relevant to modern life. Consistent positive
 11 messages that promote healthier thinking and
 12 lifestyle will always be more successful.
 13 The restaurant industry believes it can
 14 play a valuable role in serving as a point of
 15 dissemination for consumer-focused nutrition
 16 information in a meaningful way. Our industry
 17 has been successful because we have listened
 18 to our millions of customers and responded to
 19 their needs.
 20 We would encourage the City to
 21 reconsider this regulation and allow its
 22 restaurants to retain flexibility in selecting
 23 the format that works best for their
 24 particular business concept and customer
 25 preferences. We look forward to cooperating

Page 46

1 Proceedings
 2 with the Board of Health and providing insight
 3 regarding the diverse nature of the restaurant
 4 industry and the consumers we serve. Thank
 5 you again for this opportunity.
 6 DR. FRIEDEN: Thank you.
 7 Charles Hunt, Executive Vice President
 8 of the New York City State Restaurant
 9 Association.
 10 Jennifer Pomeranz, Director of Legal
 11 Initiatives at Yale University.
 12 MS. POMERANZ: Thank you. My name is
 13 Jennifer Pomeranz. I am the Director of Legal
 14 Initiatives at the Rudd Center for Food Policy
 15 and Obesity, which is at Yale University. I
 16 am going to cut my comments short so I can
 17 respond to Justin Wilson's.
 18 But so my original comments are based on
 19 the best public health evidence that menu
 20 labeling restaurants that serve what is
 21 commonly called fast food is an excellent
 22 public health strategy, especially in New York
 23 with its twin epidemics of obesity and
 24 diabetes.
 25 The prior rendition of the New York City

Page 47

1 Proceedings
 2 menu label law based compliance on previous
 3 disclosure of nutrition information by
 4 restaurants. However, Judge Howell of the
 5 Southern District of New York found that this
 6 aspect of the regulation violated the
 7 preemption provisions of the Nutrition
 8 Labeling and Education Act, commonly referred
 9 to as the NLEA, because it was based on
 10 voluntary disclosures. The NLEA regulates the
 11 use of voluntary nutrient and content claims.
 12 The Court found that because New York City's
 13 regulation was based on previous voluntary
 14 disclosure, it triggered the voluntary claim
 15 part of the NLEA and as such it was
 16 preemptive.
 17 However, the NLEA does not preempt
 18 mandatory nutrition labeling requirements for
 19 restaurants, and Judge Howell expressly stated
 20 that the City has the power to mandate
 21 nutrition labeling by restaurants. This is
 22 because the NLEA exempts restaurants from
 23 mandatory nutrition labeling and allows states
 24 and locales to enforce mandatory nutrition
 25 labeling standards for restaurants. Both the

Page 48

1 Proceedings
 2 FDA and Senators and Representatives who
 3 supported the NLEA have said that restaurants
 4 are -- I'm sorry, that states and locales are
 5 free to mandate nutrition labeling for
 6 restaurants, and even Judge Howell agreed. He
 7 said that regulation that requires restaurants
 8 to provide nutrition information will pass the
 9 NLEA's preemption standards. And he explained
 10 that locales can enact regulations that impose
 11 a blanket mandatory duty on all restaurants
 12 meeting a standard definition. The one he
 13 suggested was ten units nationally and this is
 14 the common definition used in all the
 15 proposals across the country.
 16 New York City has, is using the
 17 definition of 15 units nationally, and this is
 18 exactly a standard definition under
 19 Judge Howell's decision. Based on compliance
 20 of the number of units nationally is the most
 21 common triggering mechanism and it's found to
 22 be an effective way to deal with menu
 23 labeling, and this is because targeting chain
 24 restaurants really serves the public health
 25 purpose of menu labeling because these

Page 49

1 Proceedings
 2 restaurants are ubiquitous and the food they
 3 serve is associated with a higher intake of
 4 calories, saturated fat, carbohydrates, and
 5 added sugars, and also is associated with
 6 lower intakes of micronutrients.
 7 Studies show that consuming fast food is
 8 positively associated with excess energy
 9 intake, weight gain, insulin resistance, and
 10 an increased risk of obesity and Type 2
 11 diabetes.
 12 Because New York City is mandating
 13 compliance based on the number of units of
 14 restaurants, it's amply corrected and
 15 addressed the narrow grounds that the Court
 16 found that the original regulation violated
 17 the preemption provisions.
 18 And in terms of what Justin Wilson
 19 testified to, that parade of horrors that he
 20 stated, I would like to respond by saying,
 21 first of all, the Supreme Court has explicitly
 22 said that health departments are allowed to
 23 solve public health problems piecemeal, which
 24 is what this menu labeling law is doing.
 25 And second, his calculation of 3 percent

Page 50

1 Proceedings
 2 of calorie intake of all of New Yorkers is
 3 inaccurate because certain groups have a very
 4 high intake of fast food, while other groups
 5 in New York City have a very much lower
 6 intake. So the 3 percent is actually a
 7 meaningless number.
 8 And third, he would like to scare the
 9 Department of Health over frivolous lawsuits.
 10 He didn't actually name any frivolous
 11 lawsuits, but the only lawsuits that occurred
 12 in the last rendition of 81.50 was by the
 13 Restaurant Association, so I would like to
 14 point that out. Thank you very much.
 15 DR. FRIEDEN: Thank you.
 16 MeMe Roth, President of the National
 17 Action against Obesity.
 18 MS. ROTH: I am MeMe Roth. I am with
 19 the National Action Against Obesity, as well
 20 as a member of the Center for Science in the
 21 Public Interest's National Alliance for
 22 Nutrition and Activity. Also, I am part of
 23 the Columbia University and the Institute for
 24 Integrative Nutrition Health Counselor
 25 Program. And I also live and work here in New

Page 51

1 Proceedings
 2 York City, which means I eat out at a lot of
 3 restaurants.
 4 Part of the National Action Against
 5 Obesity's mission is to expel junk food from
 6 our nation's schools and child care centers.
 7 We also are working toward eliminating obesity
 8 and disease accelerating substances from the
 9 food supply. And finally, and most pertinent
 10 to today's proceeding is National Action
 11 Against Obesity's efforts to eradicate
 12 second-hand obesity. That's obesity passed
 13 from one generation to the next and across the
 14 culture.
 15 I don't need to quote obesity statistics
 16 and obesity-related disease statistics to
 17 anyone in this room. You know we Americans
 18 are eating ourselves sick and we all suffer
 19 from the effects. Thankfully, Mayor
 20 Bloomberg, Dr. Thomas R. Frieden, and the
 21 entire New York City Department of Health are
 22 willing to help. When I say we Americans, and
 23 we all suffer from the effects, I really mean
 24 we, as in me too. When you look at me, you
 25 might not realize it, but you are looking at

Page 52

1 Proceedings
 2 obesity. I come from a long line of obesity
 3 parents, grandparents, aunts and uncles. The
 4 so-called fat genes run strong in my family.
 5 I have needed to watch my weight since age 12.
 6 Of course I was extra vigilant during my two
 7 pregnancies and, sadly, I seem to be getting
 8 older; that cruel slowing metabolism is doing
 9 the same thing right along with me.
 10 I say all this because regardless of
 11 this potential risks and strikes against me, I
 12 consider myself to be someone who lives in
 13 defiance of obesity. How am I doing it?
 14 Well, there is no magic diet. Instead I rely
 15 on information. I read every word on
 16 nutrition labels and I am grateful to be
 17 warned that something might contain transfat
 18 or high fructose corn syrup. And yes, I
 19 exercise daily and eat loads of vegetables and
 20 whole grains and lean protein.
 21 But vital to my success in keeping
 22 health is arming myself with every bit of
 23 information I can. And like everyone else,
 24 maintaining weight for me is the same equation
 25 as Lisa Young said it earlier, energy-in,

Page 53

1 Proceedings
 2 energy-out calories. I intend to keep living
 3 in defiance of obesity. I never understood
 4 the notion that prevention is optional. I
 5 would like to lower my risk for disease and
 6 premature death and I certainly don't want to
 7 pay higher health insurance premiums or cause
 8 anyone else to.
 9 What I am asking for today is that you
 10 make it just a little bit easier for me to
 11 take personal responsibility for my health by
 12 boldly and ubiquitously posting calories on
 13 menu boards and on menus right alongside the
 14 price. When I intend to buy a meal, I need to
 15 know how much it will cost, not just in terms
 16 of my wallet but my waistline. It is vital
 17 that I and New York City citizens like me have
 18 all of the information necessary to make
 19 informed decisions about food.
 20 Please respect my health and my right to
 21 have all the necessary information possible to
 22 make the best decisions for myself and for my
 23 children. I would like the obesity cycle of
 24 my family to end with me.
 25 It's imperative that we make many, many

1 Proceedings
 2 changes in the effort to reverse the obesity
 3 health crisis. Displaying calories alongside
 4 menu items is a small, yet important, change
 5 that will impact all New Yorkers, saving
 6 lives, health and quality of life. We
 7 wholeheartedly endorse this, what you have
 8 before you today. And I thank you for
 9 listening to my remarks.

10 DR. FRIEDEN: Thank you.
 11 Arlene Spark, Associate Professor and
 12 Coordinator of the Nutrition and Food Science
 13 Unit at Hunter College. Is Arlene Sparks
 14 here?

15 Fern Gale Estrow. Is Fern Gale Estrow
 16 here?

17 Amy Schwartz, Public Health Association
 18 of New York City.

19 MS. SCHWARTZ: Good morning. Thank you
 20 for this opportunity to speak before you on
 21 such an important proposal. I am Amy
 22 Schwartz. I am Executive Director of the
 23 Public Health Association of New York City and
 24 I am pleased to deliver this testimony in
 25 support of this measure on behalf of both my

1 Proceedings
 2 While no single intervention can by itself
 3 reverse these alarming trends, each specific
 4 measure helps to create an environment that
 5 supports efforts by New Yorkers to reduce the
 6 consumption of unhealthy food.

7 Posting calories in chain restaurants
 8 will help consumers make more informed,
 9 healthier choices for themselves and their
 10 families. It is a common sense measure that
 11 poses no risk to anyone and imposes only
 12 minimal responsibility on food service
 13 businesses that have long profited from
 14 promoting unhealthy foods.

15 Since 1977 adult caloric intake has
 16 increased 200 calories per day. Recent
 17 research reports show that chain restaurants
 18 are an important and growing source of the
 19 types of food most often associated with
 20 calorie intake and increased obesity. Because
 21 people consume one-third of their daily
 22 calories away from home, and because chain
 23 restaurants are the most popular destination
 24 for diners, it's important that calories be
 25 posted clearly and prominently in chain

1 Proceedings
 2 organization and the New York State Public
 3 Health Association.
 4 Each of us is an affiliate, an
 5 independent affiliate of the American Public
 6 Health Association, the national organization
 7 of public health professionals. Together we
 8 are the largest representation of public
 9 health professionals devoted to promoting and
 10 protecting the public's health throughout the
 11 city and the state.

12 We would also like to recognize and
 13 thank the New York State Healthy Eating and
 14 Physical Activity Alliance for contributing to
 15 this testimony. PHANYC and the New York State
 16 Public Health Association enthusiastically
 17 support New York City's proposal to repeal,
 18 modify and reenact 81.50 for calorie posting.

19 As we all know, growing rates of obesity
 20 and its associated epidemic of diabetes
 21 threaten to undermine health gains made in New
 22 York City in recent years. Some experts even
 23 warn that, absent intervention, the rising
 24 rates of obesity and diabetes may shorten the
 25 life span of our children and grandchildren.

1 Proceedings
 2 restaurants.
 3 Studies have shown that providing easy
 4 access to calorie information at the point of
 5 purchase affects the choices people make,
 6 causing them to consume 15 percent fewer
 7 calories. By providing calorie information
 8 prominently at New York City chain
 9 restaurants, the proposed legislation will
 10 help reduce the incidence of obesity and other
 11 health problems caused by poor nutrition, thus
 12 benefiting children in New York City, their
 13 parents, and taxpayers who are now paying for
 14 the medical costs associated with obesity.

15 Thus, on behalf of New York City's
 16 public health professionals, the Public Health
 17 Association of New York City, and the New York
 18 State Public Health Association, we
 19 enthusiastically support 81.50 and support
 20 New York City's efforts to protect the health
 21 and well-being of its residents. We applaud
 22 your efforts.

23 DR. FRIEDEN: Thank you.
 24 James Salermos, Vice President of
 25 Operations at Carvel Corporation.

Page 58

1 Proceedings
 2 MR. SALERMOS: Good morning. I am here
 3 representing the approximately 75 franchisees
 4 that do business within New York City under
 5 the Carvel label. Just as a little bit of
 6 history. As the master franchisees focused
 7 brands, we have always offered nutritional
 8 information. We were one of the first ones to
 9 have on our menu boards that nutritional
 10 information is available upon request, and the
 11 brochures are in all of our stores.
 12 The reason I am here today is that when
 13 this was first brought up over the summer, we
 14 were able to find a process for submitting
 15 alternate calorie labeling displays and we
 16 followed that as best we could and we came up
 17 with a poster. We submitted a poster that
 18 would be in a prominent place in the stores,
 19 very visible to the customer. The reason that
 20 we wanted to do that is that all our
 21 franchisees are all independent owners and
 22 operators, and for them to have to incur the
 23 expense of changing out the menu boards every
 24 time we change an ingredient or menu item, not
 25 only does that put them at a disadvantage over

Page 59

1 Proceedings
 2 their local competitors that are not part of
 3 their chains, it also puts them at a
 4 disadvantage over the rest of the franchise
 5 chains.
 6 So any store that has happens to be a
 7 franchise of any type that operates within the
 8 five boroughs of New York City is being held
 9 to a different standard than the rest of that
 10 chain.
 11 My concern is that when we submitted all
 12 of that, we were basically told that it's not
 13 acceptable, and that the letter states, that
 14 we received back from Mr. Marcus, states that
 15 basically there was no -- there was no give or
 16 take. It was just basically that it had to be
 17 on the menu boards. So the letter basically
 18 stated what the original proposal was.
 19 So I guess my request is that as part of
 20 this you consider the alternate calorie
 21 labeling displays as an option for this
 22 proposal because, as I said, we are very --
 23 it's not a question of not sharing
 24 information. We have always been able to do
 25 it. As a matter of fact, one of our largest

Page 60

1 Proceedings
 2 competitors immediately pulled their
 3 nutritional information off their website when
 4 you guys -- when this all started. And we
 5 just wanted to make sure it's a fair playing
 6 field for everyone, so we want to make that
 7 request. Thank you very much.
 8 DR. FRIEDEN: Thank you.
 9 Rebecca Sparks.
 10 MS. SPARKS: Good morning. I am the
 11 mystery guest with no affiliation, so I will
 12 explain who I am. First I want to thank
 13 Commissioner Frieden and the New York City
 14 Department of Health and Mental Hygiene for
 15 persevering in the initiative to post calories
 16 on menu boards in chain restaurants.
 17 I am Rebecca Sparks, I am a registered
 18 dietician. I work at New York University's
 19 Department of Nutrition Food Studies and
 20 Public Health, and I am a nutrition educator
 21 and Chair of the New York City Nutrition
 22 Education Network, mostly known as NYCEN, and
 23 I speak on their behalf today.
 24 NYCEN was founded in 1998 as a
 25 member-driven collaborative comprised of

Page 61

1 Proceedings
 2 individuals representing over 40 nutritional
 3 and health related organizations. We are
 4 dedicated to educating and supporting the
 5 network of members who seek to improve the
 6 food and nutrition environment for a healthier
 7 New York City. We value opportunities to
 8 enhance nutrition education practices that
 9 embrace cultural competency, empowerment,
 10 critical thinking, and a full range of
 11 literacy levels, and believe menu labeling
 12 supports this.
 13 To make informed decisions, one must
 14 have access to information. NYCEN supports
 15 the Department of Health's groundbreaking
 16 regulation to post calorie information
 17 directly on menu boards and this support
 18 continues for Article 81.50. We urge others
 19 to continue to support this important tool for
 20 community health and nutrition education. The
 21 changes encompassed in the proposed amendments
 22 are precisely the type of actions NYCEN
 23 members support in their efforts to improve
 24 New Yorkers' health through food and nutrition
 25 initiatives and education.

Page 62

1 Proceedings

2 The Board's proposal is firmly rooted in

3 numerous science-based studies that have

4 demonstrated that the majority of the populace

5 is incapable of accurately assessing the

6 caloric content of meals prepared outside the

7 home. Providing New York City residents with

8 the basic caloric information at the point of

9 purchase will finally provide consumers with

10 the needed means to make informed food choices

11 when it can influence their decision making.

12 Nutrition educators can also emphasize

13 the importance of moderating caloric intake

14 with the aid of specific calorie counts for

15 popular standardized fast food menu items

16 conspicuously posted and readily available at

17 the point of purchase. The changes in the

18 amendment are significant steps forward in

19 combating the dual threats of obesity and

20 other diet-related chronic diseases.

21 Specifically, NYCEN supports providing

22 consumers with the basic caloric information

23 they need for portions, the size and content

24 of which are standardized in plain sight at

25 the point of purchase by clear and conspicuous

Page 63

1 Proceedings

2 posts on menu boards and menus. This readily

3 available caloric information will finally

4 provide consumers with tools to make informed

5 food choices at the time and place the

6 information can influence their decision

7 making.

8 The focus in New York City on food

9 service establishments that are one of a group

10 of 15 or more doing business nationally under

11 the same name and offering for sale

12 substantially the same menu items and the use

13 of standardized menu items and posting their

14 calorie counts based on these standardized

15 recipes acts to counter typical consumer

16 assumptions.

17 Studies have shown that people tend to

18 underestimate the calories of food choices.

19 By posting the calories clearly on menu

20 boards, people will have a better opportunity

21 to make informed choices. Calorie information

22 has been required for years in pamphlets that

23 are often not available on poster boards, that

24 are inconvenient or difficult to read, or on

25 websites that are not readily available to all

Page 64

1 Proceedings

2 consumers, much less at the time they are

3 eating.

4 The percentage of overweight and obese

5 New Yorkers continues to rise, especially

6 among low-income children. Studies have shown

7 that these children who are obese are more

8 likely to become obese adults. The health

9 risk and social burden that these children

10 already have so early in life needs to be

11 addressed in any way possible. The financial

12 cost of obesity and diet-related diseases will

13 soon become overwhelming for individuals,

14 insurance companies, and the general public.

15 Clearly, it is past time to try a different

16 approach.

17 We commend the Health Department's

18 support for public health. Rather than insult

19 the community that frequents fast food -- am I

20 done? -- restaurants, we totally support this

21 proposal, and I will just leave it there and

22 we applaud your taking this step forward.

23 Thank you.

24 DR. FRIEDEN: Thank you very much and

25 please do leave a full copy of your testimony.

Page 65

1 Proceedings

2 Sharon Adakas, Columbia University.

3 Assembly Member Felix Ortiz.

4 MR. ORTIZ: I will take five minutes to

5 take my glasses out, Commissioners. Thank you

6 very much and I apologize for the delay, for

7 being a little late and screwing your schedule

8 this morning. But I would like just to thank

9 you and commend you, Commissioners, for taking

10 the risk of working on an issue that is so

11 passionate, and I am talking passionate about

12 when it comes to child obesity. And I know

13 the Mayor is taking his time out to make sure

14 this issue should get addressed. And I really

15 commend the Board of Health for taking the

16 steps and challenging what is contemplated on

17 the court decision.

18 I do believe that this new proposal, it

19 does make more sense in the direction of the

20 discussion that contemplated the court

21 decision, and I won't go into great detail

22 because I believe people already went over

23 obesity and its complications, complicated

24 heart diseases and so on. But I would like to

25 mention and be on the record that we are

Page 66

1 Proceedings
 2 expending close to \$3.5 billion in Medicaid in
 3 New York State to treat the results of
 4 childhood obesity and the problem with obesity
 5 in our state.
 6 As we all know, we are spending close to
 7 \$117 billion a year throughout the country
 8 when it comes to address the issue of obesity.
 9 That is an astonishing number where we are
 10 talking about health care escalating cuts in
 11 America, and also in New York State,
 12 specifically going down to New York City.
 13 I think that what you are doing here
 14 today, it is a historical moment that every,
 15 as you know, every not only state, but every
 16 country is watching what is happening here in
 17 New York City today, just because of your
 18 initiative and your vision to make sure that
 19 this issue should get addressed.
 20 Saying that, I would like to just point
 21 out a couple of things. Number one, I was
 22 invited to go to Zurich on a summit on health
 23 issues and it happened to be that obesity and
 24 this issue was on part of the agenda. And I
 25 said, well, I happen to know the Commissioner

Page 67

1 Proceedings
 2 and if you don't understand my accent, he will
 3 because he speaks Spanish. I have a good
 4 relationship. That was tough to talk in
 5 Zurich with my accent, but that was a good
 6 thing. At least in America most of the time I
 7 can say my accent is from the South and people
 8 believe it. Zurich, it's very difficult to
 9 say my accent's from the South because then I
 10 have to find Puerto Rico and right in the
 11 corner, the south of Puerto Rico where I was
 12 born and raised.
 13 But saying that, I do believe that the
 14 prevention of childhood obesity is not just on
 15 the hand of the Health Department, but it's in
 16 the hands of all of us working together. That
 17 includes businesses, government, public
 18 sector, nonprofit organizations, non-charity
 19 organizations, including philanthropic,
 20 academia, and I know you have from
 21 universities here. We need to talk and really
 22 debate this issue.
 23 We talk about banning transfat. We talk
 24 about putting the calories on the menu or the
 25 menu boards. The opposition will say it will

Page 68

1 Proceedings
 2 cost them so much money. Let me say this to
 3 you, wait until I get my proposal next week
 4 about alcohol and substance abuse, which I am
 5 on the chair, so you probably heard some of
 6 the comments.
 7 Well, I do believe that spending \$25,000
 8 or \$50,000, whatever the cost is, which is
 9 less than a million dollars, that's for sure,
 10 \$100,000, we will -- we will recuperate that
 11 money by doing the right thing. And corporate
 12 America decides to move forward. The problem
 13 with corporate America is that they continue
 14 to packet the people in Washington and they
 15 continue to lobby hard in Washington, and our
 16 friends in the US Senate, who is taking the
 17 initiative to include some of these items in
 18 their agenda, has been excluded.
 19 Well, I think that we do face you,
 20 Commissioner, and the Commissioners sitting
 21 here, and those of us who are fighting hard to
 22 ensure that menu labeling and the transfat get
 23 their perspective. We saw in the State of
 24 California, where I was happy and pleased to
 25 say that I testified there as well, and was

Page 69

1 Proceedings
 2 there trying to -- I cannot say lobby, but
 3 trying to make sure that the bill gets passed,
 4 and the bill passed in California and got
 5 appealed because of the opposition.
 6 But this issue doesn't have a political
 7 party. This issue is an issue that is
 8 impacting Hispanic, as well as Caucasian,
 9 Asian, as well as African American, in a
 10 different inequality of states. But when you
 11 look today to UK and you see to UK that they
 12 are now concerned about the obesity epidemic
 13 that is happening due to the fact of our
 14 friends in McDonald's, Burger King, Kentucky
 15 Fried Chicken and others, and you go to China,
 16 like I was invited to another summit in China
 17 on health issue, and you see people in China
 18 looking completely different. And I know
 19 China probably took my five minutes, but
 20 looking completely different. And now they
 21 fight back because they never experienced
 22 diabetes, they never experienced
 23 cardiovascular problem at the rate that they
 24 are experiencing today.
 25 With that, I would like to close. I

1 Proceedings
 2 would like to thank you for giving me the
 3 opportunity. I'm sorry for being late, but I
 4 guess I am here to express strong support
 5 about the new initiative, the new proposal
 6 that you are proposing, and I will be there on
 7 the fight with you together. Thank you.
 8 DR. FRIEDEN: Thank you. And as with
 9 the other speakers, please make a copy of your
 10 remarks available to the staff, which will
 11 include all of them for the Board.
 12 MR. ORTIZ: I will, sir. Thank you.
 13 DR. FRIEDEN: Bill Thompson, Vice
 14 President of Advocacy for the American Heart
 15 Association.
 16 MR. THOMPSEN: Thank you, Commissioner.
 17 Dr. Judith Wylie Rosett spoke for us.
 18 DR. FRIEDEN: Thank you, Tom.
 19 Charles Hunt, Executive Vice President
 20 of the New York State Restaurant Association.
 21 Ariene Spark from Hunter College.
 22 Fern Gale Estrow.
 23 Sharon Akadas, Columbia University.
 24 That completes our list of registrants
 25 for the public hearing. We have one person

1 Proceedings
 2 signed up today so far, yes, Gitit Arial --
 3 sorry if I got your name wrong.
 4 MS. ARIAL: My name is Gitit Arial and I
 5 am a Hunter student, an intern and doing my
 6 internship with Fern Gale Estrow, and I was
 7 sort of asked to do it by her for my own
 8 experience, and I took the advantage of asking
 9 my friends and people that I work with about
 10 this whole idea, and I think I am going to
 11 bring the public voice here.
 12 Currently, as well as being a
 13 nutritionist, I am a waitress in an Irish bar
 14 and restaurant and I asked my customers, as
 15 well as my friends, about this whole law and
 16 we kind of had the same idea of what we want
 17 to do and what we think it's going to help us
 18 with.
 19 From my experience, people do not
 20 realize what is the caloric intake they are
 21 consuming and there is nothing better than
 22 demonstration or the numeric number to show
 23 them what exactly they eat. And so everybody
 24 I asked without the background in nutrition
 25 said that they will be happy to know what is

1 Proceedings
 2 in there and what they eat. Not necessarily
 3 that they are not going to eat any more, but
 4 they will make the right decision to eat, or
 5 they will know what they consuming, and
 6 therefore they will make a better decision for
 7 the rest of the day or for the rest of their
 8 weekly meals.
 9 My friends always said they go and eat
 10 salad and, therefore, they are eating healthy
 11 salad. They don't know the calories in salad
 12 is probably as much as a hamburger. So I
 13 think it's a better way for us to show them
 14 and educate them of what is there and what is
 15 available for the price they are paying.
 16 And I think that coming from Israel and
 17 Israel is following the States of everything
 18 they are doing; it will be a great opportunity
 19 to develop it to other countries as well, when
 20 they see that you can post the numbers and
 21 people know what they are eating. That's it.
 22 DR. FRIEDEN: Thank you.
 23 That completes our list of both
 24 preregistered and speakers who have signed up
 25 during this hearing.

1 Proceedings
 2 Are there any other people who wish to
 3 speak now?
 4 All right, the public hearing remains
 5 open until 1 p.m. to accept other hearings,
 6 but we will adjourn.
 7 MS. WINDHOLZ: Come back at 12:00. It's
 8 now 11:20. We will adjourn until 12:00 and if
 9 there are other comments, we will begin them
 10 after 12:00.
 11 (Recess taken.)
 12 MS. WINDHOLZ: It's 12:00, so we are
 13 going to call the meeting back to order. I
 14 don't have anybody else here to speak.
 15 Because this schedule is to go until 1:00, we
 16 are going adjourn now and just in case anyone
 17 shows again, we are going to come back at 1:00
 18 in case anyone shows up, and if not, we will
 19 close the hearing then.
 20 (Recess taken.)
 21 MS. WINDHOLZ: I am going to call this
 22 hearing back to order. It's 1:00, there is no
 23 one else here to testify. So at this time I
 24 am going to close the hearing. It's 1:00.
 25 Thank you.

1 Proceedings
2 (Time noted: 1:00 p.m.)
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

1
2 CERTIFICATE
3 STATE OF NEW YORK)
4 : ss.
5 COUNTY OF QUEENS)
6

7 I, YAFFA KAPLAN, a Notary Public within
8 and for the State of New York, do hereby
9 certify that the within is a true and accurate
10 transcript of the proceedings taken on
11 November 27, 2007.

12 IN WITNESS WHEREOF, I have hereunto set
13 my hand this 28th day of November, 2007.
14

15
16 _____
17 YAFFA KAPLAN
18
19
20
21
22
23
24
25