



Testimony

of

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Commissioner

New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Health

on

FY 2018 Preliminary Budget

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Good morning, Chair Levine and members of the Committee. I am Dr. Mary Bassett, Commissioner of the New York City Department of Health and Mental Hygiene. I am joined by Dr. Oxiris Barbot, First Deputy Commissioner and Sandy Rozza, Deputy Commissioner for Finance. Thank you for the opportunity to testify on the Department's preliminary budget for fiscal year 2019.

I'm looking forward to working together to improve the health of all New Yorkers. As this is our first budget hearing together, I would like to share a bit of background on the Department and the principles that guide our work. Our organization covers a wide range of health topics and I'm proud to say that the Department's staff represents the very best in their fields. Our policies and programming – on topics as varied as tobacco, restaurant grading, rats and HIV – are widely considered to be the gold standard nationally and internationally. And while the work we do is guided by data and science, under my tenure as Commissioner, we have adopted a values-based approach to public health, one where equity is central to our work. In this great city, your zip code should not determine your health. Core to our values at the Department is our conviction that every New Yorker and every community should have the opportunity to live their healthiest lives.

The focus on equity is critical because although we are making measurable progress in helping New Yorkers live healthier lives, the data show that Black and Latino residents often experience higher rates of disease than other New Yorkers. It's important to note that this is not due to biological differences by race. Indeed, we are quite literally all human. Instead, structural racism and a long history of racial and economic inequality have led to these inequities in health. We know that racism, sexism, xenophobia and other forms of discrimination affect physical and mental health outcomes. And we know that where you live, learn, work and play matters. By acknowledging these realities and focusing on the social determinants of health, such as housing, education and transportation along with more traditional public health issues, the Department has adopted strategies that make our work more effective. Chair Levine, I know that you and Speaker Johnson share these beliefs, and I was gratified that your first hearing focused on our Center for Health Equity and its leadership in this endeavor.

HIGHLIGHTS

I will now turn to some programmatic highlights before discussing the fiscal year 2019 preliminary budget. The Department had a busy 2017. We are proud to have made several recent announcements regarding capital projects, including last week's grand re-opening of the Chelsea Sexual Health Clinic and the selection of a location for the Bronx animal shelter. We also released the LGBTQ Bill of Rights, which reiterates that health care providers and their staff are legally obligated to provide LGBTQ people with high quality health care. It is both wrong and illegal to provide lower quality of care because of sexual orientation, gender identity or gender expression.

In 2017, we also launched the Maternal Mortality and Morbidity Review Committee, which brings together health care providers, community-based organizations, researchers and first responders to review maternal deaths and "near misses" to collectively learn from these tragedies. Severe maternal morbidities are pregnancy-related complications that threaten the health of the mother. These represent one of the starkest health disparities in our city. A Black woman with a college degree or higher is more likely to have serious complications during childbirth than a White woman with less than a high school education. The review committee will increase our vigilance

and understanding of these events, and is just one of the Department's efforts to address this very serious public health issue.

Finally, together with the Council, we worked to pass a package of tobacco-related bills that keeps New York City at the forefront of tobacco control in the nation. Tobacco use remains the leading cause of preventable deaths in the United States and there are still more than 850,000 adult smokers in New York City. These new laws will help decrease the number of smokers by 160,000 by 2020, saving many lives and bringing New York City's smoking rate to a historically low 12 percent.

CITY BUDGET

I will now turn to the preliminary budget. The Department currently has approximately 6,000 employees and an operating budget of \$1.6 billion, of which \$700 million is City Tax Levy. The remainder is federal, State and private dollars. In the fiscal year 2019 preliminary plan, the Department received an additional \$3.5 million for Co-Response expansion under NYC Safe, \$1.1 million for a Comprehensive Drug and Alcohol Misuse Program to help address substance use issues among LGBTQ youth and \$1.0 million to implement the Neighborhood Rat Reduction Plan.

Last summer, the Mayor announced the City's Neighborhood Rat Reduction Plan, a \$32 million, multiagency initiative that builds on the Department's existing and successful rat reduction programs and focuses on neighborhoods with the highest burden of rat activity. For fiscal year 2019, the Department has been allocated \$1.0 million to hire staff, purchase rat-resistant waste receptacles known as "big bellies," develop a widespread public awareness campaign and stand up "stoppage teams" to plug rat burrows. Through the plan, we are implementing innovative rat prevention, inspection and control approaches with our sister agencies. We are looking forward to conducting a robust evaluation of these efforts and anticipate seeing measurable declines in rat activity in the targeted areas.

And though we have a separate budget hearing on this later today, I want to acknowledge our ongoing work to address mental health and substance misuse. We are now in the third year of the City's ThriveNYC initiative and beginning the second year of HealingNYC. Just yesterday, the Mayor and First Lady announced an additional \$22 million per year to address the opioid epidemic. This will include funds for the Department to expand the Relay peer intervention in hospitals program, establish the End Overdose Training Institute to train New Yorkers on how to administer and distribute naloxone and expand crisis response services to address the health needs of individuals referred to us through law enforcement and first responders.

STATE AND FEDERAL

We are grateful for this continued funding from the City, but reductions in resources at the state and federal levels have deep and tangible effects on the services we are able to provide to the public. As the Governor and Legislature finalize the State's fiscal year 2019 budget this month, I would like to flag for you two areas of concern for the Department. First, over the past 10 years, funding for tuberculosis control efforts has declined by nearly 50 percent, including a 20 percent State reduction last year and a proposed reduction in fiscal year 2019. This is particularly concerning because for the first time in several decades, we are seeing an increase in TB cases in

New York City – there was a 23 percent increase in the first four months of calendar year 2017 compared to the same period in calendar year 2016.

Additionally, there was a 20 percent State cut to School-Based Health Center grants in fiscal year 2018. Through these centers, students can access comprehensive medical care, dental, vision and mental health services at no out-of-pocket cost. As a result of this budget reduction, School-Based Health Centers have already begun to close and as many as 20 may be forced to close their doors at the end of the current school year. Given the uncertainty at the federal level, now is not the time to cut health care services provided by these safety net institutions. I am thankful that the Assembly addressed these concerns in their one house budget bill. I encourage you to speak to your State colleagues about the need for robust public health funding by both the City and State to keep New Yorkers healthy.

Finally, I'll turn to the current environment at the federal level. Through policy proposals and proposed budget cuts in the tens of millions, the White House has made it clear that it does not share our mission of protecting the health of all New Yorkers. The words “diversity,” “fetus,” “transgender,” “vulnerable,” “entitlement,” “science-based” and “evidence-based” have been chided as “bad” words by this federal administration, but they will remain at the core of what we do at the Department, day in and day out. As public health experts, it is our job to acknowledge and address health inequities. It is our job to use evidence-based approaches to prevent the leading causes of death, including heart disease and cancer. Despite continued attacks on the Prevention and Public Health Fund, it is our job to respond to disease outbreaks. As Washington tries to dismantle the Affordable Care Act and Medicaid, it is our job to ensure that everyone, regardless of immigration status, has access to health care. And it is our job to speak out as people continue to die due to lax gun control laws and the inability of the Centers for Disease Control and Prevention to conduct research on the subject. Regardless of what terms Washington deems permissible, we will continue to serve vulnerable populations, embrace diversity and use evidence and science-based solutions to protect and promote the health of all 8.5 million New Yorkers.

We are able to do this work because of the rich network of local elected officials, community-based organizations and members of the public with whom we work. I want to thank the Mayor and City Council for sharing our commitment to public health, and I look forward to the next four years of partnership. I am happy to take questions.