

**Testimony**  
**of**  
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**New York City Department of Health and Mental Hygiene**  
**before the**  
**New York City Council**  
**Committee on Health**  
**And**  
**Committee on Mental Health, Disabilities, and Addictions**  
**on**  
**The FY2026 Preliminary Budget**

**March 24, 2025**  
**City Hall**  
**New York, NY**

Good morning, Chair Schulman, Chair Lee, and members of the committees. I am Dr. Michelle Morse, Acting Commissioner of the New York City Department of Health and Mental Hygiene. I am joined today by our Chief Financial Officer, Aaron Anderson, and members of the senior leadership team. Thank you for the opportunity to testify today on the Department's Preliminary Budget for fiscal year 2026. At the Health Department and across New York City government, we have a responsibility to serve all our city's residents, regardless of immigration status, race, ability to pay, employment status, or primary language. We are grateful to have a Council so focused on the health and wellbeing of all New Yorkers.

The Health Department has a 220-year long history of serving New York City. Today's hearing falls on World Tuberculosis Day, and TB provides an apt example of our historic impact. In 1850, when the Department was in its infancy, tuberculosis was the leading cause of death in New York City—and the average age of death was twenty.

Since 1904, we've provided tuberculosis treatment at our clinics. Today, we are the main clinical provider for TB in New York City: we treat nearly half of all TB patients in the city and 75% of multi-drug-resistant cases. In recent years, tuberculosis cases have been ticking up again. We confirmed 839 cases of TB in 2024—the highest rate in the city since 2008. We've contained outbreaks before, and we can do it again.

TB is of course just one example. The New York City Health Department has been at the forefront of the HIV/AIDS crisis of the 1980s and 90s; the COVID pandemic response, including our historic vaccination campaign, which saved the lives of an estimated 48,000 New Yorkers; and the facilitation of safe and legal abortions for people nationwide who lost their constitutional right to end a pregnancy in 2022.

For 220 years, this agency has been a leader in public health—a field that has changed the course of human history. Public health can be a difficult story to tell because our greatest successes are crises averted. For instance, since Congress established the Vaccines for Children program in 1994, the CDC estimates that childhood vaccinations have prevented 508 million illnesses, helped avoid more than 1.1 million deaths, and saved nearly 2.7 trillion dollars in total societal costs in the United States.

Routine childhood vaccinations have effectively eliminated diseases like polio and measles in this country. The recent increase in measles cases in the United States is a sobering reminder of how important it is to continue this life-saving work.

There is perhaps no currency more valuable than time. By consistently investing in the health of this city, we have given generations of New Yorkers decades of more life. Over the last 120 years, life expectancy in New York City has increased from the early forties to the early eighties.

However, in a society stratified by race, class, geography, and more, we are facing vast inequities in time that mirror historic inequities in resources. In New York City, life expectancy can vary by more than a decade from one neighborhood to the next. For instance, residents in SoHo live to nearly 88, while those in Brownsville, Brooklyn die almost 12 years younger at 76. That is

unacceptable, and we are working to change it. Ultimately, we're working to give every New Yorker as much time as possible with the people they love.

At the Health Department, all of our work ladders up to one principal goal: to equitably raise New Yorkers' life expectancy to its highest-ever level of 83 years by 2030. Our HealthyNYC campaign was launched not as a singular Health Department initiative, but as an overarching framework for how New York City should approach health.

We didn't do it alone. Thank you to Chair Schulman and to this Council for unanimously passing legislation last year that codified HealthyNYC into law. This local law holds the Health Department accountable to extend and improve the lives of New Yorkers for years to come.

Our most recent set of data indicates that we are moving in the right direction. But as we gain back some of the time we lost in the pandemic, we've maintained the pre-existing inequities in lifespan. Black and Latino communities die younger than their white and Asian neighbors. Despite citywide gains, Black New Yorkers are dying more than five years earlier than white New Yorkers. I want to take a moment to delve into what's driving both the increase in life expectancy and the persistence of racial inequity.

First, we can take pride in the fact that we're gaining back years largely because COVID-related mortality has dropped so dramatically. Our 2024 data shows that COVID deaths have dropped by 96% since 2020—and hospitalizations are down 76%. That drop is in and of itself an enormous victory. But what stands out to me is that overall numbers have declined *and* the racial inequity in mortality rates has narrowed significantly.

That was no accident. When we realized that Black and Latino New Yorkers were getting vaccinated at lower rates, the Health Department created the Public Health Corps: a community health worker-led initiative focused on vaccine outreach in priority neighborhoods. As government, we recognized we weren't the right messengers. The Public Health Corps ensured that people of color were getting information about and access to vaccines from trusted community members in the language, location, and approach they wanted.

Our COVID recovery trajectory is proof that we can make meaningful, equitable, and rapid change when we have the political will to work across sectors and take a whole-of-government approach. And, when we appropriately invest in public health.

Unfortunately, extreme racial inequities persist among other causes of death in our city. There is perhaps no starker example than maternal mortality. We recently published our latest five-year analysis of maternal mortality in New York City. That data found that Black women and Black people who give birth are six times more likely to die of a pregnancy-related cause than their white counterparts.

I'm grateful for the support of this Council on maternal health—especially Speaker Adams, who leads the City Council Steering Committee on Maternal Mortality, which I have the honor of serving on. Maternal mortality is among our top strategic priorities because it so clearly highlights the health risks of systemic racism.

Another element of our work aims to reach as many people as possible by focusing on chronic and diet-related diseases, which continue to be the leading cause of death across all racial groups in New York City. We recently released a citywide report that details our existing and proposed new work on chronic disease prevention. It calls attention to the structural and environmental causes of chronic disease and seeks to address them directly. That requires a whole-of-government response, with a focus on neighborhoods with the most unjust health outcomes.

Our chronic disease plan was a collaboration across 22 city agencies and offices. We're partnering with several of those agencies—including NYC Public Schools, Health + Hospitals, and NYC Parks—to launch and expand upon programs that recognize that fundamental needs like income, affordable housing, and access to outdoor space directly impact our health.

Our Neighborhood Health Action Centers, which are located in neighborhoods with the highest rates of premature death in the city, are a critical part of driving our resources to areas with the highest need. I believe wholeheartedly in the potential of this work.

That, of course, is the reason we're all here today. Every piece of our work at the Health Department requires sustained funding to be successful.

In public health, we often see a 'boom and bust' cycle of funding, where money swells during emergencies and dries up in the aftermath. We are no longer in the COVID funding boom. Our pandemic response was bolstered with temporary federal funding. But much of the life-saving work funded by pandemic-era grants that will soon expire remains critical for the health of New Yorkers.

Public health risks continue. COVID-19 is no longer our most urgent concern, but chronic disease, avian flu, and vaccine-preventable diseases are threats today. We are at risk of losing the funding that equips us to prevent outbreaks, should they occur, and respond immediately.

We are entering a public health funding 'bust' while facing unique infectious disease threats and insecurity in our federal funding under the current administration.

Now, I'll turn explicitly to our preliminary budget.

The Health Department has approximately 7,000 employees. 2024 marked the second consecutive year in which hiring outpaced staff departures. We are successfully rebuilding our capacity in the wake of staffing shortages caused by pandemic burnout.

We have an operating budget of 2 billion dollars for fiscal year 2026. About one billion of our funding is City Tax Levy; the rest is supported by federal, state, and private funding.

Last fall, the city announced additional disbursement of the opioid settlement funds. The Health Department's investments in our harm reduction and treatment programs will total approximately \$24 million annually by fiscal year 2026. Reducing overdose deaths is a major HealthyNYC goal, and we are grateful to have the funds to make meaningful progress. The preliminary budget allows us to begin to execute on our HealthyNYC goals.

At the state level, the Governor's fiscal year 2026 Executive Budget for New York proposes significant investments in mental health, maternal health, and the wellbeing of children and

families—all of which align with our HealthyNYC goals. We're glad to see the Governor's Executive Budget increase support for NYC mental health services, facilities, and workforce.

The Health Department also supports Governor Hochul's proposed expansion of the child tax credit, the guaranteed income program for pregnant people, and the Safety-Net Hospital fund.

We're excited, too, about the proposed 450 million in capital funding and 100 million in operating support for the SUNY Downstate Medical Center. While we're pleased to see these proposed public health investments, existing state budget proposals fail to address a key issue that undermines the health of New York City in particular: Article 6.

Article 6 determines the state's contribution to public health services provided by local health departments. And in 2019, New York City was the only jurisdiction in the state to have its matching funds for Article 6 cut from 36% to 20%. In the years since, we have lost upwards of 90 million dollars a year in state public health funding. We are pushing to have our matching funds restored in this year's budget. I am grateful to have Commissioner McDonald's support on this issue. I want to thank Chair Schulman, too, for her advocacy with state colleagues. I am asking for the support of all Council members on this issue.

Finally, I'll speak to the federal budget.

As is the case for local health departments throughout the United States, a portion of our budget is federally funded. Federal funding makes up about 20% of our budget, which amounts to 600 million dollars. The majority of that funding goes toward emergency preparedness and infectious disease control.

Historically, that money has been in place through a collection of grant agreements and contracts that represent commitments the federal government made to New Yorkers. As State Health Commissioner McDonald underscored in his testimony earlier this year, we expect the federal government to honor those commitments.

In light of the White House Directive to federal agencies asking them to reduce staff and funding, I sent a letter to HHS Secretary Kennedy and Acting CDC Director Monarez. In it, I urged them to preserve national public health infrastructure that has more than proven its worth for decades. The health of local jurisdictions is heavily dependent on a strong CDC. More than 80% of the CDC's domestic budget supports local communities through state and local health departments.

We are preparing for what might come next. Health Department staff have assessed our federal funding portfolio and are preparing for different scenarios. We are actively planning for how to best maintain core public health services, including infectious outbreak prevention. I'm grateful for the opportunity to testify on the preliminary budget today. The investments we're discussing represent the lifeblood of public health in this city. This money translates to more and better-quality years of life for our family, friends, and neighbors.

We are part of a field that has transformed and rewritten human history: childhood vaccinations in the United States have saved more than a million lives in the last thirty years alone.

We're heading into what promises to be a very challenging period for public health—it is absolutely imperative that the New York City Health Department continues to build on our legacy of leadership in the field. No matter what lies ahead, we are committed to protecting and promoting the health of every New Yorker, without exception.

Thank you to the staff at the Health Department for their invaluable efforts in pursuit of that goal.

Thank you to the Speaker, Chairs Schulman and Lee, and members of the committees for your dedication to the health of our city. I look forward to our continued partnership in advancing our HealthyNYC goals.

Thank you again for the opportunity to testify, I am happy to take your questions.