



Testimony

of

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New York City Department of Health and Mental Hygiene**

before the

New York City Council Committee on Health

on

Access to Childhood Vaccines in New York City

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250 Broadway
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Good morning, Chair Schulman and members of the Committee. I am Dr. Alister Martin, the Health Commissioner at the New York City Department of Health and Mental Hygiene. This is my first hearing as NYC's doctor and Health Commissioner, and it is an honor to represent the Mamdani administration and the Health Department today. I am looking forward to working closely with this Council in the weeks and months ahead. I am joined by Dr. Tristan McPherson, the Acting Medical Director of Disease Control and the Medical Director of the Bureau of Communicable Diseases; Dr. Bindy Crouch, the Assistant Commissioner of the Bureau of Immunization; and Amaka Anekwe, Director of Strategic Nutrition Initiatives.

I would like to take this opportunity to tell you a bit about myself. I found public health in the emergency room: first, as a sick kid waiting to see a doctor. My mom raised me as a single parent working two jobs, and when she came home at night and I was sick, there was no pediatrician to call. So she and I would spend long hours in ER waiting rooms. Years later, I was the one wearing the white coat. I was acutely aware that many of my patients were like my mom and me. They were in the ER not because of an acute health emergency, but because every other system had failed them and it was the one place left to turn.

During medical school, I realized I had a choice to make: I could complain about how often our health care system fails people, or I could try to change the circumstances that put people there to begin with. I have spent my career working to make those changes.

One of the clearest examples of avoidable health outcomes are vaccine-preventable illnesses. As an emergency physician during the COVID-19 pandemic, I saw firsthand that when patients lack access to safe and effective vaccines, the consequences are devastating. I placed more breathing tubes than I can count, many of them in patients who simply could not access the vaccines that might have saved them. In my work as a nonprofit executive, I built public health programs that helped hundreds of thousands of patients receive reliable health information and helped thousands more access vaccines they might not have otherwise received.

Today, we are facing a resurgence of cases better left in history: we have the resources to stop life-threatening diseases before they begin. Everyone deserves access to those resources. I am grateful for the opportunity to testify today on the evolving state of vaccine access for children in New York City.

We are living through an extremely difficult time for public health. When it comes to vaccination and broader disease control infrastructure, we have faced dangerous, unfounded changes to recommendations from the Advisory Committee on Immunization Practices, or ACIP; the federal government's overhaul of the childhood vaccination schedule; and the withdrawal of the United States from the World Health Organization. We have also seen the defunding, undermining, and near dismantling of the Centers for Disease Control and Prevention and systematic federal misinformation and disinformation campaigns against vaccines that undermine public trust.

In January, Secretary Robert F. Kennedy Jr. announced unprecedented and unilateral changes to the CDC's pediatric immunization schedule. Some of the vaccines that were universally recommended have been moved to risk-based recommendations or shared clinical decision making. Vaccination decisions are already made between a patient, their family, and their health care provider. The new recommendations do not change that. What they do is create confusion and a false impression that these vaccinations are only beneficial to select populations. We know

that is not the case. These changes were made behind closed doors with no rationale or scientific justification.

The good news is that in NYC, families will still be able to access the full range of childhood immunizations as recommended by the American Academy of Pediatrics to protect their children, with no out-of-pocket costs.

The real damage was not to take away access to vaccines, which continue to be available and covered through the Vaccines for Children program and commercial health insurance. The immediate consequence of federal changes was to create confusion about and sow distrust in vaccines—both among the public and for health care providers. Unfortunately, these actions mean that we can no longer rely on the federal government to make transparent, evidence-based decisions about vaccines that protect the health of our children and communities every day.

Let me be clear: there is no new scientific evidence to support the change in federal guidance. We have decades of evidence showing that vaccines offer the best protection for children, families, and communities. New York's vaccination requirements for school and child care attendance are set in state law and the NYC Health Code and they remain the same as they were prior to federal actions.

Today, 97% of students attending public and charter schools in grades pre-K through 12 are in compliance with immunization requirements. That said, there is always more work to be done. For instance, while 95% of six-year-olds have completed their MMR vaccine series, only 61% of two-year-olds in New York City have received all doses of the seven recommended vaccines. We are committed to increasing vaccine confidence and uptake, especially in our youngest children and in neighborhoods with the lowest vaccination coverage.

As we face an avalanche of federal mis and disinformation and unscientific changes to vaccination guidance, we have positioned ourselves as a fortified counterweight. We will adhere to the child and adolescent immunization schedule put forward by the American Academy of Pediatrics. To ensure our city has clear instructions, we sent out guidance to over 47,000 New York City healthcare providers endorsing the AAP's childhood vaccination schedule and offering resources to answer questions from families.

When the United States withdrew from the World Health Organization this January, the New York City Health Department became the first municipal health department in the country to join the World Health Organization's Global Outbreak Alert and Response Network (GOARN). Our membership ensures we can access and share critical information and resources across hundreds of public health institutions worldwide.

The United States adopted a dangerous isolationist approach by leaving the World Health Organization. The Centers for Disease Control and Prevention is the nation's health department and a critical federal hub of information that is normally deeply connected to the World Health Organization. We have watched it get progressively weakened over the last year. We cannot protect against what we do not know.

To help fill that void, we also joined the Northeast Public Health Collaborative: a coalition of Northeastern states and cities, including our colleagues at the New York State Health Department, that have formed a regional alliance to share information, resources, and communication strategies across state lines. Vaccine and vaccination policy and access is a

central focus of the Collaborative. The Health Department continues to maintain situational awareness, anticipate further actions, and develop strategies to make our policies and programs more resilient.

While we respond to federal changes, we are always advancing our day-to-day operations and impact. That includes:

- Distributing more than 2.5 million doses of pediatric vaccines annually to healthcare providers across the city through the Vaccines for Children program;
- Monitoring and publicizing vaccination coverage through the Citywide Immunization Registry and the Childhood Vaccination Data Explorer available on our website;
- Providing access to immunization records through our My Vaccine Record application and 311;
- Monitoring for vaccine-preventable disease through our robust surveillance system;
- Acting swiftly to identify people infected with measles, tracing those who may have been exposed, and implementing isolation and quarantine protocols to prevent spread in our communities;
- Tailoring our vaccination outreach to communities with the lowest coverage to support equitable uptake;
- Helping to ensure that children in day cares and schools have all required vaccines;
- Encouraging New Yorkers to get their children vaccinated and talk to their provider if they have any questions;
- And continuing to recommend that everyone six months and older get this season's flu and COVID-19 shots.

Across all of our vaccination work, we have a deep understanding of just how important it is to build trust at the ground level. That is why perhaps the most concerning part of the volatile federal changes is the deliberate creation of confusion. We are the oldest and largest local Health Department in the United States, and in the absence of federal leadership, we have become a source of truth for the nation. Our intent is to earn the trust of New Yorkers—and anyone seeking reliable information. How? By being consistent, reliable, and accessible.

We are prioritizing public health education through the New York City Health Department's communication channels. We recently invested one million dollars in a paid media campaign promoting vaccine uptake, with a focus on engagement in ZIP codes with low vaccination coverage. That campaign launches next week and will run in English, Spanish, Haitian Creole, Russian, Ukrainian, and Yiddish, so New Yorkers can receive critical health information in their own language. As major public health disruptions unfold in Washington, we are also disseminating rapid response messaging on social media and in the press.

Turning to the legislation under consideration today, Introduction 260 would require NYC Public Schools and the Health Department to develop and distribute informational materials about vaccines to parents of students. Introduction 693 would require the Health Department to

implement a plan to educate the public regarding the benefits and importance of vaccination for children and youth, provide outreach, and report to the Council. We support both of these bills and look forward to further conversations with the Council about existing efforts that meet this need.

Introductions 196-A and 547 by Councilmember Feliz relate to modifying the sodium warning and the design of the required high-sugar warning symbol in chain restaurants. We appreciate Councilmember Feliz meeting with our team to provide context on the impetus for these bills. We previously worked with Council on groundbreaking legislation requiring chain restaurants to post added sugar warning labels on menus. Regarding high sodium content, the City already requires chain restaurants to provide New Yorkers with a warning label for menu items with high sodium. We appreciate the sponsor's thoughtfulness in trying to further address chronic disease inequities and healthy decision making when consuming fast food products. We are still evaluating the impacts of these bills and how to best accomplish our shared goals. As we discussed with the Councilmember, we are aligned in trying to provide New Yorkers with the information they need to make healthy decisions. We look forward to continuing the conversation about how we can best accomplish this and working together across the five boroughs.

Thank you, Councilmembers, for your attention to this issue. The New York City Health Department is informed by 220 years of public health leadership, and vaccination is responsible for some of the greatest increases in life expectancy in human history. We will continue building on that legacy, no matter what challenges come our way. I look forward to working with you to make that happen. Thank you. I am happy to take any questions.