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COUNCIL OF THE CITY OF PHILADELPHIA

COMMITTEE ON PUBLIC HEALTH AND HUMAN SERVICES

City Hall, Room 400
Philadelphia, Pennsylvania
Monday, November 10, 2025
10:00 a.m.

PRESENT:

CHAIR NINA AHMAD
VICE CHAIR QUETCY M. LOZADA
COUNCILWOMAN RUE LANDAU
COUNCILWOMAN QUETCY M. LOZADA
COUNCILMAN NICOLAS O'ROURKE

JULIAN SHAM, THE CLERK

1 P R O C E E D I N G S

2 CHAIR AHMAD: Good morning,
3 everyone. Welcome to Philadelphia
4 City Council, Committee on Public
5 Health and Service. I now note the
6 hour has come.

7 Mr. Sham, would you please
8 call the roll?

9 THE CLERK: Chair Ahmad.

10 CHAIR AHMAD: Present.

11 THE CLERK: Vice chair
12 Lozada.

13 COUNCILMEMBER LOZADA:
14 Present.

15 THE CLERK: Councilmember
16 Thomas, Councilmember Driscoll,
17 Councilmember Bass, Councilmember
18 Landau.

19 COUNCILMEMBER LANDAU:
20 Present.

21 THE CLERK: And
22 Councilmember O'Rourke.

23 COUNCILMEMBER O'ROURKE:
24 Present.

1 CHAIR AHMAD: I note for
2 the record that a quorum of this
3 committee is present and a hearing
4 is now called to order.

5 This is a public hearing of
6 the Committee on Public Health and
7 Human services considering testimony
8 on resolution No. 250849.

9 Mr. Sham, would you please
10 read the title of the bill?

11 THE CLERK: Bill No.
12 250849, amending Chapter 9-1100 of
13 Philadelphia code entitled Fair
14 Practices Ordinance, protections
15 against unlawful discrimination to
16 explicitly protect employees from
17 discrimination on the basis of
18 menstruation, perimenopause and
19 menopause, all under certain terms
20 and conditions.

21 CHAIR AHMAD: Before we
22 call up the first panel, I'll
23 recognize myself for some opening
24 remarks.

1 Good morning. As Chair of
2 City Council of Public Health and
3 Human Services Committee, I convene
4 this hearing because menopause and
5 years of perimenopause that often
6 proceeded is a normal life
7 transition that too many workplaces
8 still treat as taboo. The result is
9 stigma, silence and real barriers to
10 dignity and economic security for
11 thousands of Philadelphians.

12 Too many woman are working
13 without proper accommodation,
14 protection and support. That must
15 change. We must end the stigma and
16 taboo around menstruation,
17 perimenopause and menopause.

18 The legislation before us
19 makes it explicit in our code that
20 workers are protected from
21 discrimination based on
22 menstruation, perimenopause and
23 menopause, and that reasonable
24 accommodations are part of doing

1 business in a modern city.

2 These supports are
3 practical and low cost. Access to
4 bathrooms and drinking water, brief
5 flexible breaks, breathable
6 uniforms, temperature control to
7 manage hot flashes.

8 Let me be clear about
9 equity. Symptoms and stigma don't
10 fall evenly on our communities.
11 Black and Latina workers, hourly and
12 uniformed workers and people in
13 temperature extremes or bathroom
14 restricted jobs face the steepest
15 barriers. Research also shows Black
16 women are likely to experience
17 earlier menopause and more intense
18 vasomotor symptoms, so failing to
19 act deepens those inequities. Our
20 bill centers those realities.

21 We also need to connect the
22 dots on the current law. There's no
23 single Federal statute that
24 comprehensively protects workers

1 from discrimination related to
2 menstruation or menopause. Some
3 safe guards may apply, Title 7, the
4 ADA, Pregnant Workers Fairness Act
5 and many others, but coverage is
6 inconsistent and often unclear.

7 Local explicit protections
8 close that gap and remove the
9 guesswork for workers and employers
10 alike.

11 And to our small business
12 community. This is not about costly
13 mandates. Federal guidance
14 highlight straight forward steps,
15 fans or ventilation, darker or
16 breathable uniform options. The
17 ability to layer clothing, stocked
18 period products and brief scheduling
19 flexibility. That keeps valued
20 employees healthy and on-the-job.

21 Colleagues, no one should
22 have to choose between their health
23 and their paycheck, not in
24 Philadelphia. With your partnership

1 we can set a standard of respect and
2 practicality that matches our
3 values.

4 I look forward to today's
5 testimony and moving the protection
6 forward. Thank you.

7 Are there any members who
8 would like to offer opening remarks?
9 Not seeing any, Clerk, will you
10 please call the first panel to
11 testify on this bill.

12 THE CLERK: Dr. Aasta
13 Mehta, director of the division of
14 reproductive adolescent and child
15 health, Philadelphia Department of
16 Public Health.

17 DIRECTOR MEHTA: Good
18 morning, Chairperson Ahmad and the
19 members of the Committee for Public
20 Health and Human Services. My name
21 is Dr. Aasta Mehta and I serve as
22 the director of the Reproductive
23 Adolescent Child Health at the
24 Philadelphia Department of Public

1 Health.

2 Thank you for the
3 opportunity to provide information
4 on the medical and public health
5 considerations related to
6 menstruation, perimenopause and
7 menopause in the work force.

8 I want to thank
9 Councilmember Ahmad for there
10 leadership in elevating this
11 conversation and recognizing the
12 importance of reproductive health
13 across all stages of life. These
14 are often undiscussed aspects of
15 health that can affect peoples daily
16 lives and comfort in the workplace.

17 Menstruation, perimenopause
18 and menopause are normal
19 physiological processes that occur
20 across the reproductive life span.
21 While not illnesses, they can be
22 accompanied by symptoms that vary in
23 frequency, intensity and duration
24 among individuals.

1 Menstruation may involve
2 abdominal or pelvic cramping,
3 fatigue, mood changes and headaches.
4 Perimenopause, the transitional
5 period between menopause can last
6 several years and may include
7 irregular cycles, vasomotor
8 symptoms, such as hot flashes, sleep
9 disturbances and mood or cognitive
10 changes.

11 Menopause defined as a
12 susation of menstrual cycles for 12
13 consecutive months may also be
14 associated with hot flashes, night
15 sweats and changes of thermal
16 regulations and sleep patterns.

17 For most individuals these
18 stages do not significantly
19 interfere with work. For others
20 simple adjustments such as access to
21 restrooms, appropriate climate
22 control or scheduling flexibility
23 may help maintain comfort and
24 productivity.

1 From a public health
2 perspective increased awareness and
3 understanding of these reproductive
4 life stages can reduce stigma,
5 support open communication between
6 employers and employees and
7 contribute to inclusive and
8 equitable workplace practices.

9 Thank again, Councilmember
10 Ahmad and this committee for drawing
11 attention to this important topic
12 and for the opportunity to share
13 this information. I would be happy
14 to answer any questions you may
15 have.

16 CHAIR AHMAD: Thank you so
17 much, Dr. Mehta.

18 I'll start and I'll yield
19 the floor to my colleagues. From
20 your perspective, what guidance or
21 training would help employers and HR
22 professionals recognize when
23 accommodations are appropriate and
24 how to offer them respectfully?

1 DR. MEHTA: So I'm not an
2 HR person, so I don't think I would
3 have the best -- sort of practices
4 in terms of that. But I would
5 recognize that by naming these
6 things, we can start an open dialog,
7 and obviously the implementation
8 would be really important to think
9 about both from the employee and
10 employer perspective to make a
11 manageable workplace.

12 CHAIR AHMAD: Yes, I think
13 one of our issues is normalizing
14 this conversation and I think that
15 starts the process. I serve on a
16 body of 17 people, 10 of them men
17 and 7 women. And I think this is
18 the first time we're having
19 conversation and using these terms,
20 and I want to rest of Philadelphia
21 to see that we are going to be a
22 Philadelphia that makes the
23 workplace equitable for all
24 Philadelphians to do the work.

1 And those who menstruate
2 and have perimenopause and menopause
3 are important economic units in our
4 city and part of this bill to do --
5 is to signal that, that we are doing
6 that. So thank you for that.

7 Anybody have any questions?

8 Yes, I recognize
9 Councilmember O'Rourke.

10 COUNCILMEMBER O'ROURKE:

11 Thank you for your
12 testimony.

13 The amendment to the bill
14 includes if symptoms substantially
15 interfere with ones ability to
16 complete their job functions.

17 Can you speak to the
18 definition of "substantially
19 interfere?" Who defines that, how
20 is it defined, how will the
21 administration enforce that
22 definition?

23 DR. MEHTA: So from a
24 medical perspective that's a

1 difficult thing to provide. It's
2 really a patient and provider
3 conversation. So we don't have any
4 stage 1, stage 2, stage 3, there
5 isn't that kind of definition in the
6 medical realm. So it would be based
7 on that individual and their
8 conversation with their provider.

9 COUNCILMEMBER O'ROURKE:

10 Thank you.

11 CHAIR AHMAD: Anybody else?

12 All right. Thank you so much for
13 your testimony. I appreciate that.

14 And would you call the next
15 witness or the next panel, Mr. Sham?

16 THE CLERK: Dr. Robin Faye,
17 gynecologist at Jefferson Health.

18 The witness will be testifying
19 virtually.

20 DR. FAYE: Women need to
21 work in a supportive workplace at
22 some of the most trying times in
23 their lives. Most women menstruate
24 from their preteen years until the

1 age of 51.

2 During those years a
3 woman's relationship with their
4 menstrual cycle can vary widely.
5 Periods may come monthly or
6 unpredictably and the flow can be
7 light heavy. Cramps can be mild or
8 debilitating enough to disrupt
9 school, work and daily life.

10 For those who experience
11 significant menorrhagia, which is
12 heavy bleeding or dysmenorrhea
13 which are severe cramps, every month
14 becomes a physical and emotional
15 hurdle. Without a supportive
16 workplace and understanding
17 colleagues and supervisors, many
18 women feel compelled to push through
19 their symptoms in silence often at
20 the expense of their health,
21 productivity and well-being.

22 Perimenopause introduces a
23 new phase of complexity and its
24 transition when periods become

1 irregular and symptoms begin is very
2 difficult. Seventy to 80 percent of
3 women experience perimenopause. And
4 I am the co-director of the
5 menopause program at Jefferson, and
6 I can tell you that 23 percent of
7 them find it severe enough to
8 interfere with their daily
9 functioning and work performance.

10 Hot flashes, nights sweats,
11 sleep disruptions, mood changes and
12 cognitive fog can even make those
13 more routine tasks feel
14 overwhelming. Yet despite the
15 prevalence of these experiences
16 workplaces are rarely structured to
17 accommodate them it.

18 Without awareness, empathy
19 or flexibility women are again left
20 to endure quietly navigating a life
21 stage that is profoundly
22 physiologic, yet socially invisible.
23 If they discuss their periods they
24 often feel unprofessional.

1 For a young woman just
2 beginning her career, it can be
3 upsetting or humiliating to explain
4 to a new employer or co-worker that
5 she's physically struggling just
6 because of her period.

7 This vulnerability can
8 strain workplace relationships and
9 contribute to absentism and unfairly
10 create the impression that she lacks
11 drive or commitment. In reality
12 she's simply managing a medical
13 condition that deserves
14 understanding, not judgment.

15 And reasonable
16 accommodations and a culture of
17 empathy would not support her well-
18 being, but also strengthen moral,
19 productivity or retention for
20 everyone involved.

21 We've spoken about
22 workplace accommodations and this
23 would fit for both ends of
24 reproductive years and the post-

1 reproductive years.

2 Flexible scheduling, remote
3 or hybrid work options, frequent
4 breaks, temperature controls, access
5 to private spaces, adjustment to
6 work load or physical tasks.

7 Supportive leave policies, improve
8 work environment and uniform options
9 for those specific jobs. Manager
10 education and awareness trainings.

11 And you asked the others about peer
12 support and employee resource
13 groups. Why this all matters?

14 Because culture dictates whether
15 women thrive or silently endure.

16 This reduces isolation and increase
17 retention.

18 For perimenopause or
19 menopause woman which is who I deal
20 with most, the impact can be just as
21 significant, sometimes even greater.
22 She's often at the peak of her
23 career, carrying years of expertise,
24 leadership and responsibility. She

1 may be up for a promotion or
2 managing a team, yet suddenly she
3 finds herself grappling with
4 symptoms that can undermined her
5 confidence and performance.

6 Cognitive changes such as
7 brain fog or slower recall can
8 reduce her productivity, not because
9 she's less capable, but because her
10 body is demanding more energy to
11 maintain equilibrium. Some
12 disruptive sleep, heighten stress
13 and burnout can follow especially
14 when she receives little support at
15 work.

16 Stigma makes this even
17 harder. Menopause becomes a taboo
18 subject in many workplaces sometimes
19 too personal to discuss openly. And
20 women become afraid of acknowledging
21 their symptoms will make them appear
22 weak, emotional or past their
23 professional prime.

24 Ensuring workplace

1 accommodations for women with
2 menstrual, menopausal and
3 perimenopausal symptoms should not
4 be optional in this world. It is an
5 urgent care matter of gender equity
6 and workplace justice. For long
7 women have been expected to perform
8 at full capacity while managing
9 menstrual and menopausal symptoms.
10 These experiences are not
11 weaknesses, they are not
12 biologically normal, predictable and
13 universal phases of a woman's life.
14 What is not normal is a workplace
15 culture that refuses to acknowledge
16 that.

17 Women make up half of our
18 workplace and our work force. They
19 deserve an environment that
20 recognizes their physiological
21 realities with the same legitimacy
22 granted to other health conditions.
23 Certain accommodations are basic,
24 evidence based supports enable women

1 to contribute fully and sustainably.

2 When workplaces fail to
3 provide these accommodations they
4 drive women out of the labor force,
5 limit their advancement and
6 re-enforce harmful stereotypes that
7 penalize women for simply being
8 women. But when employers step up,
9 when they listen, adapt and
10 eliminate stigma, women thrive.

11 Productivity rises,
12 retention improves and the
13 organization benefits from the
14 experience, stability and leadership
15 women bring throughout all stages of
16 their career.

17 Advocacy for menstrual and
18 menopausal equity is advocacy for
19 every woman. It is about creating
20 systems that no longer silence or
21 sacrifice to appear competent. This
22 is a call for action that I feel so
23 strongly about. Workplaces must
24 evolve, policies must change,

1 leaders must listen.

2 Supporting women's health
3 is not the right thing to do, it's
4 the smart thing to do and it's long
5 past due. Yet these women are
6 struggling because are failing.
7 They're struggling because the
8 workplace is failing them. Thank
9 you.

10 CHAIR AHMAD: Thank you so
11 much for that testimony, Dr. Faye.
12 I really appreciate the details you
13 have put in your written testimony.
14 It really gives us a really good
15 road map as we move on to making
16 sure we normalize the lived
17 experience of so many workers in
18 Philadelphia.

19 I have a question even
20 though you touched on it to just
21 give us a brief -- describe a brief
22 scenario of menopause symptoms
23 flare-ups in the workplace and what
24 type of accommodations one would

1 need just to serve as an example so
2 we can break it down.

3 DR. FAYE: If someone is
4 having a horrible night sleep where
5 they were having their hot flashes,
6 their night sweats, their sleep
7 disturbances, it might be one of
8 those nights in which they could
9 work for home, where they could do
10 their work instead of driving to
11 work and God forbid having -- where
12 they had a long drive that morning,
13 they could Zoom and they could work
14 from their computer from home that
15 day.

16 And we have found through
17 our pandemic that people worked more
18 hours when they worked at home, when
19 they didn't have to do that hour
20 drive to and from, when they
21 actually -- they take less time at
22 lunch. So therefore they literally
23 could work as hard or even harder
24 working for home.

1 CHAIR AHMAD: Thank you.

2 Do we have any questions
3 for this witness?

4 Yes, I recognize Vice Chair
5 Councilmember Lozada.

6 COUNCILMEMBER LOZADA:
7 Thank you for being with us this
8 morning. You just mentioned some of
9 the accommodations and in your
10 testimony you acknowledged some of
11 the issues especially for women who
12 have physically demanding jobs Or
13 those without control of their
14 schedules.

15 From a health equity
16 perspective, what strategies or
17 protections are most critical for
18 supporting these workers?

19 DR. FAYE: A private room
20 where they can rest briefly, a clean
21 bathroom close to their workplace.
22 Making sure that they have paid
23 leave if they needed it in order to
24 assure the fact that they were able

1 to have a short term leave without
2 penalty. They could have support
3 groups at work where they were
4 either mental -- there were
5 mentorships, there was a women's
6 health support team, there was
7 stress management, there was HR
8 where they would have either
9 coverage for therapy or medication
10 management.

11 There was the end of
12 dismissing their attitudes of you're
13 just hormonal, you're just getting
14 your period, is it hot in here? You
15 know, menopause support groups,
16 things like that.

17 COUNCILMEMBER LOZADA:

18 Thank you.

19 CHAIR AHMAD: Thank you,
20 Councilmember. Anybody else? Okay.

21 Thank you very much,
22 Dr. Faye, for your testimony, your
23 detailed testimony that you've
24 submitted and shared with us today.

1 And thank you for coming in remotely
2 actually exemplifying exactly the
3 scenario you told us.

4 Now, Mr. Sham, can you call
5 the next witness, is it a next
6 panel?

7 THE CLERK: Next witness on
8 the same panel.

9 CHAIR AHMAD: Same panel.
10 Okay.

11 THE CLERK: Ginny McGill
12 co-founder of the Women's Well and
13 director of public policy for
14 International Child's Birth
15 Association.

16 CHAIR AHMAD: Thank you.
17 Please state your name and begin
18 your testimony.

19 MS. MCGILL: Good morning.
20 My name is Ginny McGill. Good
21 morning, Councilmember Dr. Ahmad and
22 members of City Council, my name is
23 Ginny McGill and I am a West Philly
24 native and Resident who is also a

1 registered nurse in the field of
2 labor and delivery, a certified
3 school nurse who has worked right
4 here in Philadelphia and a certified
5 child birth educator.

6 I'm also the co-founder and
7 visionary of the Women's Well, LLC,
8 a Philadelphia based health
9 initiative that empowers, educates
10 and uplifts women and girls across
11 the life span.

12 It's an honor to speak
13 today in support of Bill No. 250849,
14 which recognizes menstruation,
15 perimenopause and menopause as
16 natural biological processes that
17 should never be the basis for
18 discrimination or workplace
19 disadvantage.

20 Women from a young age are
21 often made to choose between their
22 needs and the expectations placed
23 upon them, to push through
24 discomfort, to perform regardless of

1 pain and to minimize what their
2 bodies are experiencing.
3 Menstruation, perimenopause and
4 menopause are all part of the same
5 continuum of womanhood, yet they are
6 rarely treated with the
7 understanding or compassion in our
8 institutions, schools or workplaces.

9 As a school nurse I have
10 witnessed firsthand the impact of
11 menstruation on adolescents. For
12 many girls their first experience
13 with menstruation comes not with
14 celebration or education, but with
15 fear, shame and confusion.

16 I've seen students quietly
17 try to manage cramps or heavy
18 bleeding during class because they
19 are afraid to ask or speak up for a
20 bathroom break. I've had students
21 come to my office asking for
22 supplies because they didn't have
23 access to pads or tampons at home or
24 were too embarrassed to ask for

1 help.

2 For some menstruation
3 becomes not just a monthly
4 biological event, but a recurring
5 source of anxiety that affects
6 attendance, focus and self-esteem.
7 That same pattern of silence and
8 suppression follows women into
9 adulthood. The fear of not being
10 able to step away from one's duties
11 whether at school, work or home to
12 tend to our physical and emotional
13 needs become ingrained. Women learn
14 early on to deal with it. Quietly
15 to ignore pain and normalize
16 discomfort.

17 In the workplace that same
18 conditioning turns into stigma.
19 Women may hesitate to request
20 accommodations, fearing judgment or
21 professional repercussions.

22 That's why Bill 250849 is
23 so important. It acknowledges what
24 women have known all along

1 menstruation, perimenopause and
2 menopause are not inconveniences or
3 weaknesses, they are part of the
4 natural rhythm of life.

5 This bill offers not only
6 protection, but also dignity. The
7 right to restroom breaks, flexible
8 scheduling or temperature
9 adjustments without fear of being
10 labeled difficult or less capable.

11 Supporting this legislation
12 is not simply about equity for
13 women, it's about cultivating a
14 healthier more compassionate
15 workplace for everyone.

16 When employees feel
17 supported in their biological and
18 emotional well-being, productivity
19 increases, absenteeism decreases and
20 organizational culture improves.

21 As a public health
22 professional I see menstrual health
23 an indicator of overall health. The
24 same compassion we extend for our

1 other health conditions should apply
2 here, just as we make accommodations
3 for chronic illnesses or temporary
4 disabilities, we must make space for
5 the cyclical realities of women's
6 bodies.

7 As a community advocate and
8 newly appointed member of the
9 Mayor's advisory community
10 committee, I am committed to
11 continuing conversations that bring
12 women's health into policy, practice
13 and public dialog. Today's hearing
14 is a part of that necessary shift,
15 one that honor's women's full
16 humanity across all stages of life.

17 Menstrual equity is not
18 just about products or policies.
19 It's about permission, permission to
20 rest, to care for one's self, to be
21 seen and supported without shame.

22 Passing Bill No. 250849
23 sends a clear message that
24 Philadelphia values the health,

1 dignity and equality of its women
2 and all those who menstruate.

3 Thank you for the
4 opportunity to testify today and for
5 your leadership in making
6 Philadelphia a city that truly
7 supports women's well-being from
8 menstruation to menopause and
9 beyond.

10 CHAIR AHMAD: Thank you so
11 much for that powerful testimony.
12 What you said is exactly why we are
13 doing this bill. It is about
14 normalizing, it is about
15 acknowledging. It is about me as a
16 little girl going through exactly
17 what you mentioned about how to
18 manage this. There was no support,
19 there was nothing in my environment
20 told me this was fine, this is
21 normal.

22 And we need a massive
23 culture shift and I want
24 Philadelphia to be at the forefront

1 messaging to the rest of the world
2 that we acknowledge this reality and
3 that this is normal. And just as
4 you said, we look at many different
5 accommodations we make for other
6 conditions, and this should be just
7 a matter of course.

8 So I deeply appreciate the
9 fact that you're a school nurse and
10 you see our youngest, you know,
11 Philadelphians who start facing what
12 their biology will look like.

13 So a quick question about
14 -- you know, you described a
15 scenario even though you've gone
16 over it, describe a scenario where
17 this accommodation will be needed
18 during a school day for a young
19 person. What would that look like?
20 What do we need our school
21 administration to also be
22 acknowledging that, the school
23 nurse, all of those things, what
24 Could that look like in a best case

1 scenario?

2 MS. MCGILL: I was really
3 hoping you would ask that question.

4 So, you know, I've seen it
5 go wrong enough that I have my ideas
6 about what would work. So when a
7 young lady raises their hand to ask
8 a question about going to the
9 bathroom or such, it should never be
10 ignored, it should never be looked
11 passed, especially in the age range
12 of third to eighth grade because we
13 don't know what that child's need
14 is.

15 She should access to go use
16 the bathroom, she should have access
17 to go see the certified school
18 nurse. And also when she gets to
19 those spaces, there should be access
20 of supply with ease. I daily would
21 be asked for products. I would have
22 young girls who would ask for
23 products. They didn't have any at
24 home and didn't have access to them

1 except they would come to school.

2 Sometimes parents would
3 call me ahead of time and say,
4 listen, my daughter is starting her
5 cycle today, I don't have any
6 products at home; would you be able
7 to supply them?

8 And the way that I supplied
9 them was through a donor's choose.
10 I personally had to advocate for
11 resources to bring them to the
12 school nurse office. There are some
13 initiatives taking place now in the
14 school health realm that's looking
15 to supply menstrual products for
16 young girls and that's important.
17 But ideally a young woman would be
18 able to raise her hand, go to the
19 bathroom or the nurse's office and
20 have access to supplies without
21 having to ask. It should be freely
22 available.

23 If she was to need anything
24 that would help her with her cramps,

1 she would have access to that.
2 supplies without having to ask, it
3 should be freely available. So that
4 would mean every school would need a
5 school nurse to provide those
6 medications. So that would be
7 probably another meeting we would
8 have to have.

9 And then with that, the
10 teachers would need to be able to
11 recognize that there's a certain
12 accommodation that needs to be made.
13 So that means in-service for
14 teachers so that they understand
15 early on in the beginning of the
16 school teachers, these are
17 expectations and ignoring this is
18 really contributing to inequities in
19 the schools.

20 And if there's any work
21 that the child has missed due to her
22 taking a nap or having to go home,
23 because I send many kids home
24 because they are really, really ill.

1 That work needs to be communicated
2 to the parent or guardian or
3 excused, so they can take care of
4 themselves and return to school in
5 their best condition possible.

6 CHAIR AHMAD: Thank you so
7 much for that. You know, you
8 mentioned in-service for teachers
9 and also for the general public to
10 know, this isn't something that you
11 say, hold it, just like you hold
12 urge to urinate. You don't know the
13 flow and what is going to happen.

14 So it's critical, out of
15 this comes training for our
16 workplaces, for our schools, all of
17 these spaces where we publicly go
18 are aware. I can't expect someone
19 who doesn't menstruate to know all
20 this, so we have to do some
21 education. So I would love for our
22 School District to take a lead.

23 And this is a lead not just
24 for teachers, for students who don't

1 menstruate. That is what we really
2 want to change -- the culture shift
3 is about everybody acknowledging
4 this. Young men in the classrooms,
5 everybody. So this is not a joke,
6 this is not something that children
7 have to be shameful about.

8 So I love your advocacy, I
9 hope we can work together on making
10 this happen. I'll yield the floor
11 to Councilmember Lozada, our vice
12 chair.

13 COUNCILMEMBER LOZADA:
14 Thank you so much for being with us
15 this morning. This is definitely an
16 important conversation.

17 I am a proud mom of a son
18 and daughter raised in a home where
19 there were three females. And this
20 is not a topic that we talked about
21 ever. I don't think that in any of
22 my family where there were females
23 was the conversation of menstruation
24 ever discussed.

1 And I see the difference in
2 my children because there was open
3 dialog about what this was, what is
4 a menstrual cycle and how do you
5 take care of it with my son and my
6 daughter.

7 Because I needed my son to
8 understand and become respectful,
9 sensitive, understanding of when his
10 sister was going through this
11 process and when she wasn't being
12 herself or when she didn't feel
13 good, what did it mean, and what
14 type of support did he need to give
15 her. I see the difference in my
16 children when I compare them to my
17 nephew and my nieces, right.

18 Can you share with me if
19 you have ever encountered a school
20 that maybe is doing some proactive
21 engagement around menstrual cycle
22 and products and all that? Because
23 we've talked a lot, this is not the
24 first time in Council that we talk

1 about period poverty and the need to
2 be able to collect items.

3 Has there been a school
4 that has said we're not going to
5 wait for the School District, we're
6 going to take proactive approach and
7 this is what we're going to do.
8 We're going to do education, we're
9 going to collect products, we're
10 going to be flexible. Is there a
11 school you have been able to work
12 with? And if so, what have been the
13 results?

14 MS. MCGILL: I'm so glad
15 you asked that question also.

16 So I worked in a school in
17 West Philadelphia, K through 8,
18 middle school, on 46th and Girard.
19 They currently don't have a school
20 nurse because I left last year to
21 pursue my masters in public health
22 full-time, which I'm just about to
23 complete.

24 One thing we did there that

1 was very powerful was when I saw the
2 need of the young girls they would
3 come to the office for different
4 reasons. It wasn't always for a
5 menstrual need, but sometimes it was
6 because they were curious about the
7 health care profession in general.
8 And me being a young black woman
9 from the area I created a safe space
10 that made them interested so they
11 would come and they would ask
12 questions.

13 And so from them asking
14 questions, what I did was decide to
15 start a -- not a obligatory, but a
16 middle school girls lunch group. It
17 was called Lunch Bunch. And through
18 that group I focused on healthy life
19 styles, healthy relationships, and
20 talked about menstrual cycle.

21 I took a pad that was
22 unused, of course, and I showed them
23 how to wrap it up and to toss it
24 away. It's something that is soiled

1 so it wouldn't be out for everyone
2 to see.

3 We talked about different
4 foods you can eat to decrease some
5 of the symptoms you may feel. We
6 talked about some of the medications
7 you can take. We talked about
8 physical health and how that
9 impacts.

10 So I carried on this
11 program for about two years until I
12 left. And even after I left I
13 continued to volunteer and run the
14 group once a week. The group
15 consisted of sixth through eighth
16 grade girls and there were maybe 12
17 to 15 girls week to week. I always
18 cox them to come with snacks and a
19 good time. Sometimes I would
20 volunteer to do a TikTok I didn't
21 know how to do, but I made myself
22 available to them. So creating that
23 safe space was paramount because
24 there was trust established.

1 From there I was able to
2 create a curriculum and also with
3 the support of my leadership at the
4 school, the school principal and
5 assistant principal who allowed me
6 to take that hour of time during
7 their lunch, not my lunch, their
8 lunch and have these lessons.

9 The girls looked forward to
10 coming. They came week to week. We
11 had celebrations throughout the
12 year. We talked about when a young
13 girl gets her menstrual cycle when
14 it starts, we looked at different
15 videos on YouTube that showed it as
16 a celebration versus a fear.

17 And so we opened the
18 conversation and I made it safe for
19 them to participate in the
20 conversation and learn and ask
21 questions because they had
22 questions. So I would like to say
23 that that program that we started
24 there, that is no longer in place,

1 unfortunately, because I'm not there
2 anymore. But it is one of the
3 initiatives of the Women's Well,
4 which is my organization. It was --
5 it was impactful. It was powerful.

6 The teachers, I would all
7 -- I would in-service them in the
8 beginning of the year and throughout
9 the year on different health topics
10 that included menstruation. And we
11 -- I also provided each teacher with
12 a bag of menstrual products so that
13 they didn't have to come to me and
14 miss out on that time in class, but
15 the teacher could give them. Male
16 and female teachers. Every teacher
17 in the building had access to
18 menstrual products.

19 And so with the support of
20 the leadership there, I was able to
21 keep that program going. And the
22 girls were more than excited to
23 attend and participate, and they
24 felt empowered more than anything to

1 ask the questions that they had,
2 that someone was there to answer. I
3 think school nurses are over -- the
4 role is oversimplified and
5 definitely -- thank you. There's a
6 lot to the role, but this is one
7 that if we advocate for it well, and
8 you'll be surprised, you'll go into
9 the school districts and there's a
10 lot of women's health nurses who are
11 now school nurses. So if you put
12 the call out, you may be surprised
13 to find out who has a particular
14 expertise, who also has
15 relationships with these students so
16 that we can start the conversation
17 early, make it comfortable, so that
18 they know how to advocate for their
19 needs as they grow up in the
20 workplace.

21 COUNCILMEMBER LOZADA: Thank
22 you for that. Thank you so much.
23 And I agree. Part of the education
24 process, have we ever thought about

1 including some of our young men in
2 the conversation? Right? Again, I
3 grew up in a house where we didn't
4 have this conversation. We weren't
5 even supposed to talk to the guys
6 about what was happening or what we
7 were experiencing, or why are we
8 feeling the way that we were
9 feeling?

10 And I think that we have to
11 take that stigma away, you know,
12 that fear of having a conversation
13 with, you know, starting off in your
14 home, where your siblings are
15 understanding what your -- what his
16 sister is going through. Just
17 making it normal conversation,
18 right, as opposed to something that
19 has to be so secretive. And so have
20 you all ever engaged our young men
21 about, you know, we're talking to
22 them about sex, right? We're
23 talking to them about all these
24 other things, but are we also

1 including them in the conversation
2 about menstruation and how it
3 impacts their sister, their mother,
4 their auntie, their girlfriend,
5 their wife?

6 MS. MCGILL: Again, thank
7 you for that question. I think for
8 me it was a capacity issue versus
9 not wanting to engage the young men
10 in the school, because I certainly
11 see the need for our young men to
12 participate in this conversation and
13 be, you know, be active participants
14 too. I think that including young
15 men is -- it only works if young men
16 are included too, because, you know,
17 we are together in community. I
18 personally have not engaged young
19 men. I do see a space for it. I
20 engage with male nurses who I often
21 ask, "Hey, is this something that
22 you would participate in?" Because I
23 believe in, you know, having access
24 to people who look like you, who you

1 share common characteristics with.

2 And me as a young woman, having that

3 conversation with young boys, I

4 don't take it off the table, but

5 they quickly write me off, right?

6 COUNCILMEMBER LOZADA:

7 Right.

8 MS. MCGILL: For different

9 reasons. And so there is a need

10 there, there is a gap to be filled.

11 I think that, again, if we put the

12 call out for male healthcare

13 professionals to have this

14 conversation with young men, also, I

15 do think it would be well received.

16 Right now I'm working in other -- in

17 a different capacity as an intern

18 for my public health program in two

19 different schools in Philadelphia.

20 We teach health education there, but

21 the topics are very regimented to

22 what I'm supposed to talk about.

23 How I would love to talk about

24 menstrual -- the menstrual cycle. I

1 just have to stick to topic.

2 But there are spaces in the
3 schools, but those spaces are gaps
4 and people aren't necessarily
5 filling those gaps, and school
6 nurses are inundated with the other
7 task. For me, it was just like, I
8 am this child. I went to Philly
9 Public Schools, this is me. So I
10 have to do this. I have to find
11 time. So I do hope to engage young
12 men in the conversation as well.
13 And if there's a space, I'm your
14 girl.

15 COUNCILMEMBER LOZADA: Thank
16 you. Thank you so much.

17 CHAIR AHMAD: And thank you.
18 Before I go to Councilmember
19 O'Rourke who has a question, I want
20 to acknowledge that Councilmember
21 Cindy Bass has joined us.
22 Councilmember O'Rourke?

23 COUNCILMEMBER O'ROURKE:
24 Thank you very much, Madam Chair.

1 And thank you, Ms. McGill, for your
2 -- for your testimony, your
3 expertise, and sharing it publicly,
4 what so many experience in silence.
5 It's helpful for me, as a man, to
6 hear these things and to learn of
7 them. I think we've already lost
8 Dr. Faye, but she spoke about how
9 menstruation and menopause symptoms
10 can detrimentally affect a woman's
11 work life. You spoke and talked
12 about your experience as a school
13 nurse supporting girls who were
14 menstruating. Would you be able to
15 share additional data when the
16 cumulative effects a woman's
17 biological cycle has over the course
18 of her life, like at school or
19 throughout her career or anything
20 like that, that could be helpful for
21 us?

22 MS. MCGILL: Did you say
23 data?

24 COUNCILMEMBER O'ROURKE:

1 Uh-huh.

2 MS. MCGILL: Okay. I have
3 lots of numbers in my head, but
4 those numbers, I don't have.

5 COUNCILMEMBER O'ROURKE:
6 Okay.

7 MS. MCGILL: What I will say
8 is this stigma starts early. Okay?
9 And I will -- I -- there were more
10 young ladies at the school who were
11 unaware of not only this process,
12 but the effects it could have on
13 their later, you know, educational
14 attainment, financial attainment,
15 hands down. There were more young
16 ladies who had no idea of this than
17 there were. So I can imagine that
18 that cycle continues unless there's
19 someone to interrupt it. And with
20 us knowing that 50 percent of the
21 workplace consists of women, I would
22 argue that more than 50 percent of
23 those women are women who continue
24 to carry that stigma. Also, I don't

1 have the knowledge to understand
2 that this is a natural process that
3 isn't handled naturally in the
4 workplace.

5 And so I think that it's a
6 -- it's a huge issue. And one of
7 the -- I remember sending a girl
8 home to -- with explicit
9 instructions to her parent to have
10 her daughter checked out for
11 endometriosis, because I was very
12 concerned that she had a really more
13 serious health condition. That
14 every month I was sending her home.
15 She was missing full days, with an
16 S, of school because of her cycle,
17 to the point where she would come to
18 me in the morning and say, "I know
19 my cycle is starting today, I know
20 I'm going to see you later." And I
21 said, "I'm here."

22 So while I don't have
23 explicit numbers for how this
24 affects women in the workplace and

1 beyond adolescents and the
2 initiation of the menstrual cycle, I
3 do see that based on the number of
4 women, including myself, right? I'm
5 a woman who grew up in Philly. My
6 mom never had that conversation with
7 me. So it was something I had to
8 learn along the way. And has my
9 women's health training helped?
10 Absolutely. And has forced me to
11 learn more about this process and
12 how I can overcome it, so I can
13 share it with others, for sure. I
14 think it's a large enough issue that
15 this legislation is not only
16 relevant, but timely and needed. So
17 I'll say -- I'll say that.

18 COUNCILMEMBER O'ROURKE:

19 Thank you very much.

20 CHAIR AHMAD: Thank you.

21 I'll go to Councilmember Rue Landau.

22 COUNCILMEMBER LANDAU: Thank

23 you so much. I've more a statement

24 than a question. I want to thank

1 you so much for your testimony.

2 Also, I thank the doctor and really
3 looking forward to the rest of the
4 speakers. So I'll only take a
5 moment.

6 This -- bringing light to
7 the issues of menopause and
8 menstruation, particularly in
9 school, is so incredible. And I'm
10 really, really appreciative of this
11 conversation. Normalizing it is the
12 answer, making sure we have enough
13 period of products, absolutely the
14 answer. It is -- it would take a
15 weight off of all of the kids who
16 are going through this. But I
17 wanted to thank you in particular.
18 I heard you talk about girls who are
19 menstruating and others. And I want
20 to just thank you for leaving that
21 space open for the transgender and
22 non-binary people as well, which
23 might be confusing to some people,
24 but not confusing to them. Like,

1 they very much could be menstruating
2 and need the products and the
3 support as well. So thank you.

4 MS. MCGILL: Yes. Thank
5 you.

6 CHAIR AHMAD: Thank you for
7 your testimony. Mr. Sham, do we
8 have any more witnesses for this
9 panel?

10 THE CLERK: None for this
11 panel.

12 CHAIR AHMAD: So please call
13 the next witness for the next panel.
14 Thank you.

15 THE CLERK: Elizabeth
16 Kukura, Associate Professor of Law,
17 Drexel University, and Dr. Abigail
18 Wolf, Professor of Clinical
19 Obstetrics and Gynecology,
20 University of Pennsylvania.

21 MS. KUKURA: I'm so excited
22 to see you.

23 CHAIR AHMAD: Please state
24 your name -- please state your name

1 and begin your testimony.

2 MS. KUKURA: Sure. Good
3 morning, Chairperson Ahmad and
4 members of the Committee on Public
5 Health and Human Services. My name
6 is Elizabeth Kukura. I'm Associate
7 Professor of Law at Drexel
8 University Kline School of Law,
9 where my research focuses on health
10 discrimination and health equity,
11 particularly in the area of
12 reproductive health. So I'm here to
13 testify in support of Bill No.
14 250849.

15 Although most people have
16 heard of menopause, as we've talked
17 about already this morning, many do
18 not understand what it is or how it
19 is commonly experienced. Menopause
20 is the complete cessation of
21 menstruation for one year in someone
22 who previously menstruated. Average
23 age of menopause is 51 in the United
24 States. Perimenopause, the

1 transitional period leading to
2 menopause, can start in the mid to
3 late 40s.

4 And these are, for many, a
5 period of career achievement and
6 advancement and earnings potential
7 before older age. In biological
8 terms, menopause reflects the
9 declining production of two
10 reproductive hormones that play
11 essential roles in ovulation and
12 reproductive processes, namely
13 estrogen and progesterone. As the
14 body produces less of these
15 hormones, menstruation becomes
16 increasingly unpredictable with some
17 people experiencing shorter or
18 longer menstrual cycles and lighter
19 or heavier menstrual bleeding than
20 in the past.

21 And this transition can
22 produce a variety of symptoms, as
23 we've heard. This includes hot
24 flashes, night sweats, unexpected

1 heavy bleeding, and many others,
2 including headaches, tingling
3 extremities, itchy skin, joint pain,
4 muscular stiffness, panic attacks.
5 Thank you. And others.

6 Research suggests that up
7 to 75 percent of North Americans
8 going through perimenopause
9 experience hot flashes, most
10 commonly persisting for between six
11 months and two years, with
12 approximately 15 percent of women
13 experiencing the most severe form of
14 hot flashes, which can continue
15 indefinitely. As many as 40 percent
16 experience heart palpitations during
17 perimenopause, and 60 percent report
18 poor sleep.

19 Troublingly, and we heard
20 about this a little bit already,
21 research shows that the health
22 impacts of menopause are not felt
23 equally across different racial and
24 ethnic groups. For example, Black

1 Americans tend to experience more
2 symptoms for longer periods of time
3 and with less relief than their
4 white counterparts. In a 25-year
5 longitudinal study called the Study
6 of Women's Health Across the Nation,
7 white women experienced hot flashes
8 for an average of six-and-a-half
9 years, Latinas for 8.9 years, and
10 Black women for 10.1 years.

11 Both menstruation and
12 menopause are marked by silence and
13 stigma, stemming in part from what
14 scholars refer to as the menstrual
15 concealment imperative, or the idea
16 that women and girls feel compelled
17 to hide their menstruation to appear
18 more competent or more attractive.
19 The silence and stigma that applies
20 to menopause are further compounded
21 by ageism, including the perception
22 that disclosing one's menopause will
23 result in less respect. Silence and
24 stigma keep people from getting the

1 help and support they need, both in
2 and out of the workplace. Research
3 suggests just barely a third of
4 women discuss their symptoms with
5 their healthcare providers.

6 In law, federal anti-
7 discrimination law recognizes
8 pregnancy discrimination as a form
9 of sex discrimination and provides
10 guidance on when employers must
11 accommodate pregnant employees. But
12 there's been much less attention to
13 menopause-based discrimination.
14 People have difficulty managing
15 their symptoms at work. They face
16 ridicule, hostility, a lack of
17 privacy, demotion, and even
18 termination.

19 And importantly, a 2023
20 Mayo Clinic study found that
21 menopause causes an annual loss of
22 workplace productivity in the U.S.
23 of approximately \$1.8 billion in
24 missed days of work, reduced hours,

1 involuntary or voluntary
2 terminations, and retirement.
3 Overall, the research makes clear
4 there is tremendous variation in the
5 length and severity of symptoms
6 across the population, which means
7 that a one-size-fits-all approach
8 that's inadequate. Instead,
9 measures that account for
10 individual-specific health needs are
11 necessary, and this bill takes that
12 approach by requiring reasonable
13 accommodations for an employee's
14 needs related to menstruation, but
15 also temporary menopause or
16 menopause. And this is a framework
17 that employers are used to working
18 with in other areas of anti-
19 discrimination protection.

20 Finally, I'd like to
21 acknowledge the important research
22 conducted by my colleagues,
23 Professors Bridget Crawford and
24 Emily Gold Waldman, both of Pace

1 University School of Law, and Naomi
2 Cahn of the University of Virginia
3 School of Law, whose co-authored
4 book called Hot Flash. I recommend
5 to anyone looking to learn more
6 about this topic, and particularly
7 its legal dimensions.

8 The book analyzes the many
9 ways that menopause affects
10 individuals, workplaces, healthcare,
11 and society. As the authors argue,
12 "Understanding menopause's multiple
13 intersections with everyday life and
14 law is crucial to achieve a more
15 robust economy and inclusive
16 society." And that's a quote.

17 So given the historical
18 silence around menopause and the
19 stigma attached to menstruation,
20 perimenopause, and menopause,
21 there's a tremendous need for laws
22 like the one under consideration
23 today. In order to ensure that
24 menopause doesn't prevent anyone

1 from living their lives fully as a
2 productive, equal, and respected
3 member of society. Thank you very
4 much.

5 CHAIR AHMAD: Thank you for
6 your testimony. We'll hear from
7 Dr. Wolf, and then we'll ask
8 questions once she's done. Thank
9 you so much.

10 Please state your name and
11 begin your testimony.

12 MS. WOLF: Hello. My name
13 is Abigail Wolf. I am the Clinical
14 Professor of Obstetrics and
15 Gynecology at the University of
16 Pennsylvania and the Chair of
17 Obstetrics and Gynecology at
18 Pennsylvania Hospital, Penn
19 Medicine. Thank you very much for
20 giving me the opportunity to be
21 here. I'm very excited to have --
22 to have this opportunity to speak on
23 Bill 250849.

24 I think many of my

1 colleagues have already talked about
2 what menopause is and how it can
3 affect the life in the workplace. I
4 wanted to talk for a minute about
5 opportunities to treat the symptoms
6 of menopause. I think one of the
7 challenges that we see is that as
8 there is this menopause moment that
9 we are hearing much, much more from
10 people who have a lot of opportunity
11 to make money off of women and take
12 advantage of the -- of the silence
13 that already exists around
14 menstruation and around menopause.

15 And so the importance of
16 employees having access to
17 reproductive care to -- and to have
18 the ability to take the time to go
19 and to see a physician or an APP
20 provider is really so important.

21 When we talk about how do we treat
22 menopause, we're talking about not
23 changing the fact that menopause is
24 happening, because everybody who is

1 born with ovaries will eventually
2 reach menopause, whether it's from
3 the natural aging process, from side
4 effects of medication, or from
5 surgery.

6 However -- and each person
7 who experiences menopause
8 experiences it differently. And so
9 understanding that there are lots of
10 ways to respond to the situation of
11 low estrogen, I think is really
12 important. And having employers
13 understand that their employees
14 don't need to talk to them about
15 their menopause symptoms; they just
16 need to receive compassionate and
17 respectful care.

18 There has been, over the
19 last 10 years, a real increase in
20 our understanding about how to treat
21 menopause, and to treat the
22 vasomotor symptoms. There remains a
23 significant amount of misinformation
24 around the risks of menopausal

1 treatment. And so there are many
2 women who go without treatment that
3 would make their lives so much
4 better, so much easier to manage,
5 make them so much more productive,
6 because of fears that are
7 continually produced mostly through
8 social media.

9 Of course, in order to get
10 access to the FDA-approved
11 medications that improve the life of
12 people in menopause, these people
13 have to have insurance coverage that
14 will pay for these medications. One
15 of the real challenges is that
16 although my insurance may cover
17 estrogen, that doesn't mean that
18 it's going to cover the type of
19 estrogen or the delivery mode that I
20 need for my symptoms. And so
21 attention to the insurance contracts
22 and the medications that are covered
23 is certainly an important part of
24 understanding how menopause can be

1 managed.

2 We often hear, I think,
3 about decreasing triggers. And some
4 of my colleagues have said that.
5 And absolutely, having the room be
6 cooler, certainly addressing things
7 like uniforms for people who -- for
8 safety reasons, need to wear
9 uniforms that cover their skin, but
10 also really suffer with the
11 sweating, and the overheat feeling
12 that comes from wearing those
13 uniforms and having hot flashes
14 inside. There is more technology,
15 and the more that the employers can
16 identify what is the technology that
17 works in our setting, the better
18 that our -- all of our colleagues
19 can live in a place where they feel
20 comfortable and are able to safely
21 wear the uniforms that they need to
22 keep them safe in the workplace.

23 Along with insurance
24 coverage, there is a component of HR

1 that I think is very important.

2 When I had -- first had my children
3 was the first time I knew that there
4 was such a thing as care management,
5 that my employer had a program that
6 would help me find a daycare center,
7 would help me organize when I had a
8 sick day, what to do with my
9 children.

10 And there are many
11 employers who have these agreements
12 with organizations through the
13 lifespan. I think many women who
14 are at the age when menopause
15 happens don't feel that they can
16 reach out to these organizations to
17 ask for help, but they are a real
18 resource for people who are at this
19 age to find assistance with taking
20 care of your parents, assistance
21 with managing the challenges of
22 having adult children, the
23 challenges of the world as we see
24 it. And so I think increasing the

1 information about what the resources
2 are that the employer offers and
3 making sure that those are available
4 to everyone.

5 I certainly agree with what
6 has been said, that the more we all
7 talk about menopause, that we
8 understand that it is natural. It
9 is part of -- if we're so lucky, we
10 will get to that -- half of us will
11 get to that point. And the more
12 that we provide education also to
13 the healthcare providers, so school
14 nurses, physicians, all the people
15 who come into contact with people
16 who reach menopause, can be helpful
17 to provide empathetic,
18 compassionate, and accurate
19 information regarding menopause and
20 its management. Thank you.

21 CHAIR AHMAD: Thank you for
22 your testimony. We will now do a
23 round of questions. I'll start with
24 Dr. Kukura. Thank you again for

1 both your detailed testimony.

2 Quick question about the --
3 you mentioned widespread
4 misunderstanding and silence
5 surrounding menopause. What role
6 should educational institutions,
7 public health agencies, and other
8 entities play in improving the
9 awareness both for general public
10 and for healthcare providers? If
11 you could just speak to that.

12 MS. KUKURA: Yeah, I think
13 there's -- I mean, there's a huge
14 role, you know, whether we're
15 talking about, you know, through
16 human resources in, you know, a
17 setting that has a human resources
18 department that is interfacing with
19 employees and providing education on
20 other benefits and also support for,
21 you know, work-life balance, for
22 taking advantage of health and other
23 benefits that are available.
24 There's a huge role that employers

1 can play through those mechanisms in
2 increasing the -- in the
3 normalization process, right? This
4 is just having conversations,
5 hearing the language, understanding
6 that this is normal just the way,
7 you know, any other kind of
8 preventive care, cancer care, having
9 a baby, all of these things that are
10 part of the lives that we live.

11 You know, there are --
12 menopause and menstruation are not
13 alone as aspects of women's health
14 that are misunderstood, poorly
15 understood, and not talked about
16 enough, right? So it is also part
17 of a broader conversation around
18 childbirth experiences and the kinds
19 of challenges that people have
20 there, right? The kinds of health
21 complications that can result after
22 a delivery, even a successful
23 healthy delivery. And so I think
24 it's important to understand, you

1 know, both when we're talking about
2 discrimination on the basis of
3 menopause, right? That it is a
4 product of a number of things.
5 There's that intersectional quality
6 where we're talking about race --
7 we're talking race, we're talking
8 about sex, we're talking about age.
9 Sometimes for some people,
10 disability, right? If it's, you
11 know, if they're experiencing
12 symptoms in a way that is impacting
13 their lives like that. And these
14 experiences intersect with so many
15 other aspects of our health and
16 daily life and should be part of the
17 conversation in the same way.

18 CHAIR AHMAD: So I hear our
19 HR training needs to go -- undergo
20 some changes along with other
21 spaces, but for a workplace, I think
22 that we would look to lean on our
23 medical personnel outside of this to
24 hopefully assist workplaces to start

1 normalizing this. Clearly, that's
2 an outcome we should look for in
3 order to normalize this.

4 Finally, pregnancy is now
5 -- there's conversation around it,
6 even though there's some places
7 where we don't completely look at
8 the whole spectrum, but this would
9 be a place we've done it and change
10 the workplace conversation, so we
11 know the path to do that, and maybe
12 -- and that's where we'll lean on
13 all of you to help us, at least in
14 Philadelphia, how we can be a role
15 model for the rest of the country.
16 Thank you so much.

17 A question for Dr. Wolf.
18 It's very nice to see you.

19 MS. WOLF: Nice to see you.

20 CHAIR AHMAD: So you
21 mentioned, I think it was you or I
22 can't remember who, that a third of
23 the women discuss menopause symptoms
24 with their healthcare providers.

1 What do we, in the medical field,
2 outside of the, you know, HR and the
3 workplace, what changes do we need
4 in the -- in -- so that we can close
5 that gap?

6 MS. WOLF: This is a very
7 challenging question. I think
8 certainly some of it is around
9 education: educating providers about
10 the -- what menopause is and how --
11 what different kinds of symptoms
12 people experience, and also
13 educating them about various
14 different options for treatment.
15 You know, last week a new medication
16 that's a non-hormonal treatment for
17 hot flashes came out. That's so
18 exciting, but it's really hard for
19 everybody, all the providers across
20 the city, to stay up to date with
21 every piece of information. So
22 that's part of it.

23 I think part of it is also
24 educating patients in advance that

1 their providers are safe placed to
2 have this conversation. And I think
3 there is a challenge in the way that
4 insurance coverage works. I think
5 one of the things that we can say is
6 that people who can afford to pay
7 for a private consultation can have
8 an hour with a menopause provider.
9 And that is really offers that
10 opportunity to delve into your
11 history and what the options are.

12 For many people, their
13 insurance covers one GYN visit a
14 year with no copay. And once they
15 start to -- if they need to come
16 back to talk about menopause,
17 there's a copay. And honestly, we
18 have very little time given the
19 reimbursement for women's health in
20 general. It's very challenging to a
21 lot more than 15 minutes for each
22 patient.

23 CHAIR AHMAD: So I hear
24 insurance companies need to also

1 normalize this in how they pay for
2 services. And it's, you know --
3 clearly there's a lot of information
4 coming to us, but getting it from
5 our medical establishment can really
6 sort of counteract all the social
7 media clips that we see. And people
8 are -- so, I mean, I think, I'm not
9 saying every medical personnel
10 should be on social media, but we
11 have to kind meet people where they
12 are. So as a public health
13 committee, we are looking to see how
14 do we inform our communities to be
15 aware and ask for this? And so this
16 is where the insurance companies
17 might change if we have enough
18 people asking for this, and, you
19 know, advocating for this for
20 themselves, including all of you.
21 So thank you so much. Anybody have
22 a question? Councilmember Quetcy
23 Lozada.

24 COUNCILMEMBER LOZADA: Thank

1 you for being with us today. You
2 know, in today's world, we have
3 women who are fierce participants of
4 the workforce. You mentioned -- I
5 think it was Dr. Wolf who mentioned
6 that one in 10 women have left jobs
7 due to menopause symptoms. I'm not
8 really sure which one of you
9 mentioned it, but can you expand on
10 what types of workplace conditions
11 or barriers most often lead to that
12 decision, and have you seen their
13 departure in one industry more than
14 in another?

15 MS. WOLF: That's a great
16 question. I'm going to -- I'm going
17 to go to pregnancy for just a
18 minute. I have a patient who just
19 quit her job working at an unnamed
20 fast food store --company --
21 restaurant, where she was -- as she
22 got bigger, the uniform didn't fit.
23 She had to stand, there was no
24 option for seating. It's hot. And

1 just like in menopause, pregnant
2 women, their temperature goes up,
3 and they find all of those things
4 really unbearable. And so she's a
5 perfect example of someone who left
6 the workforce because she didn't
7 feel like she could negotiate
8 through how to -- how to make it
9 work. And it was easier to go. And
10 I think I see that very commonly in
11 patients who have -- who are hourly
12 workers who work in places where
13 there's things like heavy lifting,
14 or other places where the work is
15 very physical.

16 MS. KUKURA: Yeah. And I
17 mean, I think where these cases
18 sometimes do come to court under,
19 you know, federal anti-
20 discrimination claims, we see types
21 of facts around uncontrolled
22 bleeding, right? If there's a -- if
23 there's an incident of flooding that
24 becomes publicly known, because it's

1 impossible to control. There's one
2 case, where, you know, somebody bled
3 in a meeting, cleaned it up
4 immediately, but then was written up
5 and eventually, you know,
6 effectively terminated, forced out,
7 because there was no respect and no
8 understanding for what -- how this
9 experience was beyond her control
10 and how she -- it wasn't a symptom
11 -- it wasn't a feature of her poor
12 hygiene, right, it was just the
13 reality of this transitional period,
14 right, of going through
15 perimenopause and menopause. But I
16 do think there are differences,
17 right?

18 I don't -- I don't know
19 that we have data on specific
20 sectors, but certainly, jobs that
21 are, you know, professional jobs
22 where people maybe already are used
23 to some flexible hours where they're
24 working remotely part of the time,

1 they do a lot of their work on Zoom,
2 right? There are more opportunities
3 in one's own, you know, workday to
4 self-accommodate needs that might
5 come up related to menstruation or
6 to perimenopause and menopause. And
7 it really is service workers, retail
8 workers, contingent workers, right,
9 who are often, you know, have much
10 stricter policies around bathroom
11 breaks. Even the ability to go take
12 a sip of water, to take some
13 medication to aid with symptoms,
14 uniform restrictions, which can be
15 for safety, but can also be for the
16 commercial presentation of the
17 business, right, and very little
18 flexibility there to accommodate
19 somebody's vasomotor symptoms, you
20 know, during menopause.

21 CHAIR AHMAD: Thank you.

22 Councilmember -- Sorry.

23 Councilmember Rue Landau.

24 COUNCILMEMBER LANDAU: Thank

1 you. Thank you both so much for
2 this super helpful, both from the
3 legal and the medical angles. First
4 a comment that probably about six
5 years ago, we amended the Fair
6 Practices Ordinance to include
7 reasonable accommodations for
8 pregnant people. So under -- for,
9 on a legal standard for the person
10 at the fast-food place that was
11 terminated, or felt that they had to
12 go, they had to have -- their
13 employer was obligated to
14 accommodate their pregnancy, give
15 them a larger uniform, a stool,
16 water breaks, bathroom breaks, and
17 if not, you're violating our law.
18 So I just wanted to make sure that
19 that was really clear. And, you
20 know, maybe as Council we can do a
21 better job also of reminding people
22 of that along with this provision as
23 well.

24 I wanted to go back to

1 menopause for a second and say, out
2 of -- I'm still got a whole crew of
3 friends from high school, and all of
4 us have talked about menopause a
5 lot. No one taught us about it. We
6 didn't understand it. We've all had
7 to help each other understand it.
8 It's been pretty amazing to watch
9 how people go through this at
10 different times and in different
11 ways without, like, we have no idea
12 why. It's just bizarre. And -- but
13 having that group that you can
14 actually talk to has been really
15 helpful and share information with.
16 And I think knowing that what we
17 keep hearing over and over again
18 today, that people all menstruate
19 differently. They go through
20 menopause differently. Those two
21 things might not go hand in hand.
22 If you had very heavy periods, it
23 doesn't mean your menopause is going
24 to go be bad. If you had very light

1 periods, it doesn't mean you're
2 going to have an easy way through
3 menopause. It is really important
4 to get that out there.

5 But Dr. Wolf, in
6 particular, I wanted you to talk a
7 little bit more about folks with
8 early menopause. As somebody -- I
9 know folks who've had cancer in
10 their 30s. Can you talk a little
11 bit about this? Because this would
12 be something that employers could
13 not understand?

14 MS. WOLF: Yes. I think
15 that there are -- there are many
16 reasons that people will go through
17 menopause earlier than expected.
18 And I do think that in even in
19 places where the culture kind of
20 understands that women in their 50s
21 are going to go through menopause,
22 can be very -- can be much more
23 rigid around people who are younger,
24 and sort of send the message that

1 they don't believe this person who
2 is having symptoms, because how
3 could they? They're not -- they
4 don't look like us. So how could
5 they possibly be having menopausal
6 symptoms?

7 And I do think that that is
8 a place where, again, this sort of
9 being respectful, treating people
10 respectfully and asking rather than
11 assuming is something that is really
12 so important. I do also think that
13 those are patients, for me,
14 patients, those are people who do
15 need access to care because it's so
16 important that they do have access
17 to understanding some of the
18 treatments that can, particularly,
19 in people who have premature
20 menopause, cause significant
21 problems down the road like
22 osteoporosis and heart disease that
23 actually can be prevented by using
24 estrogen earlier in the menopause

1 transition.

2 COUNCILMEMBER LANDAU: Thank
3 you. I got two messages from both
4 of you. One is to believe people,
5 believe your employees, believe your
6 colleagues, believe your family
7 members when they're telling you
8 what's going on with them or just
9 even need a break, believe them.
10 And the second thing is that we all
11 need to lobby our insurance
12 companies to make sure that our
13 contracts include any kind of
14 helpful accommodations for people
15 both during menstruation and
16 menopause. I say this to our
17 unions, and just other employee
18 groups around the city that this is
19 a great place to advocate. Thank
20 you so much.

21 CHAIR AHMAD: Thank you,
22 Councilmember. I will go to
23 Councilmember Cindy Bass.

24 COUNCILMEMBER BASS: Thank

1 you. Thank you, Madam Chair. Good
2 morning, everyone. And my apologies
3 for running a little -- a little
4 behind schedule this morning. So I
5 want to thank you all for being here
6 on this very, very important topic.
7 And I really am sad that I missed
8 the earlier part of the program,
9 because I wanted to make mention,
10 Madam Chair, and I'm hoping that I
11 know the administration has left the
12 room, this space. But I'm hoping
13 that if they did not address this
14 matter that they would provide in
15 writing to you and to the committee
16 some information related to a bill
17 that we passed in June of 2021,
18 which mandated city facilities to
19 provide feminine hygiene products,
20 and district health centers, and
21 libraries, and recreation centers,
22 and other city facilities. And so
23 this is a bill that, you know, I put
24 forward. We had full support from

1 council, and we'd like to know that
2 it actually is being implemented
3 right now. And if not, we want to
4 know why. So thank you so much for
5 that.

6 I also wanted to, again,
7 say thank you for being here on this
8 powerful topic. You know, often we
9 talk about -- we always talk about,
10 you know, especially when, you know,
11 when, you know, you first get your
12 cycle, you know, young ladies, oh,
13 you know, they, you know, they've
14 crossed over, they, you know, gone
15 into adulthood, you know, they're
16 gone into womanhood, whatever. And
17 it's interesting because there's no
18 conversation like that that says
19 you're going into menopause, or any
20 of the steps that are happening that
21 lead you to that eventual outcome.
22 And so it's very, you know, I think,
23 you know, if you're -- if you're not
24 sort of dealing with it or connected

1 to it in any meaningful way, then
2 you just are really perplexed as to
3 what menopause is, what's the
4 problem?

5 And it's so funny because I
6 had a male friend of mine say
7 recently, he was like, you know,
8 people just need to just deal with
9 the symptoms. And just -- and I was,
10 I almost, you know, I -- listen, I
11 didn't want to catch a case on it,
12 right? So but it -- but it was just
13 like, I really wanted to like choke
14 him out. Like, "You have no idea
15 what you're talking about." And I
16 did say that. "You have no idea
17 what you are talking about," because
18 often, you know, men think that this
19 is just something that, you know,
20 you know, it's an inconvenience,
21 it's a discomfort, and have no idea
22 about the entire reproductive system
23 and all of the challenges that we
24 face through a lifetime. You know,

1 from the beginning to the end. It's
2 -- you know, it's constant. You
3 know, there's concerns, issues, you
4 know, things that need to be
5 addressed.

6 And so much of the time,
7 you'll see, particularly in
8 Washington, something that drops me
9 insane, is you'll see, you know,
10 some bill signing, whether it's, you
11 know, saying that women don't have
12 the right to access, you know, this
13 type of care or that type of care,
14 or, you know, abortion. But you'll
15 often see, you know, a man signing
16 it, and you'll see him surrounded by
17 other men making the decision for
18 women's bodies, which is just so
19 incredibly outrageous. And the idea
20 that they think that that picture of
21 what they are presenting is okay.
22 They think that the, you know, the
23 photo op, it -- there's nothing
24 wrong with it, and there's something

1 very, very wrong with it. So I just
2 really wanted to thank you all for
3 being here. You know, women are --
4 our bodies are so complicated,
5 childbirth is so complicated.

6 But what happens, you know,
7 throughout the entire term of our
8 cycle, whether it's the beginning of
9 mid -- or the beginning of getting a
10 cycle, or menopause and, you know,
11 eventually tweetering out, the
12 question is, you know, why is this
13 like a secret? Why can't we talk
14 about it more openly? Why is it
15 kind of like something unnatural, or
16 something dirty, something, "Oh, you
17 shouldn't talk about that, you
18 shouldn't mention it." Yes, we
19 should talk about it, and we should
20 talk about it loudly. And we have
21 to talk about it more and more with
22 those who are going to be getting a
23 cycle, and those who are on the
24 opposite side, who are going to be

1 connected to someone who has a cycle
2 in their life and needs to support
3 to be able to manage and navigate
4 and go through these times.

5 So I just want to thank you
6 for all of your work, and I look
7 forward to even doing more on this
8 topic with Madam Chair. And the one
9 thing I did want to lastly mention
10 is a resolution that we in this
11 council body pass this year in 2025
12 in February, in which we honor the
13 work of Pan-African Sisterhood
14 Health Initiative, which is founded
15 by Maisha Sullivan-Ongoza. And so
16 they do an incredible amount of work
17 around healthiness, around period
18 poverty, around those sorts of
19 issues being -- women taking care of
20 women. And so I just really wanted
21 to give them a shout out as well.

22 So thank you, Madam Chair.

23 CHAIR AHMAD: Thank you,
24 Councilmember. And if there are no

1 more questions for this panel, I
2 thank you for your information. And
3 please look for us to be following
4 up with you for further support and
5 as we move forward on this. Thank
6 you.

7 MS. WOLF: Thank you.

8 MS. KUKURA: Thank you very
9 much.

10 CHAIR AHMAD: Clerk, would
11 you call the next panel, please?

12 THE CLERK: Cathy Scott,
13 former president of District Council
14 47, Dr. Deborah Roebuck, Founder and
15 Chief Executive Officer of Going
16 Thru The Change, and Monica Harmon,
17 Southeastern Pennsylvania Black
18 Nurses Association.

19 CHAIR AHMAD: Please, state
20 your name and begin your testimony.

21 MS. SCOTT: Good morning,
22 Chair Ahmad and members of the
23 Public Health and Human Services
24 Committee. My name is Catherine

1 Scott, and I am the retired
2 president of AFSCME District Council
3 47. I am testifying in support of
4 Bill No. 250849, which adds
5 menstruation, perimenopause, and
6 menopause to the list of
7 reproductive health issues protected
8 against employer discrimination, and
9 for which employers are obligated to
10 make reasonable accommodations if
11 requested by the employee. I
12 believe this is a big step forward
13 to openly discuss women's
14 reproductive health issues, which
15 have been a taboo topic for too
16 long, and to assist women in
17 remaining in the workforce as
18 productive employees. The
19 Philadelphia Commission for Women is
20 interested in these issues too.

21 As a retired union leader,
22 I am always focused on the
23 implementation of protective
24 policies. Unfortunately, many

1 medical practitioners are not
2 trained in identifying symptoms nor
3 adequately equipped to counsel women
4 who are going through the change,
5 regarding resources available to
6 them. This is mostly attributable
7 to medical -- I believe, to medical
8 schools not educating them on
9 women's reproductive issues. As
10 someone who has gone through the
11 change myself and with an excellent
12 healthcare benefit provided by my
13 union, I didn't know that there was
14 such a thing as perimenopause, much
15 less what the symptoms were.

16 I had very severe symptoms
17 of both perimenopause and menopause.
18 So I did what all women did when
19 during my time, and soldiered
20 through it, just like we're told to
21 do. Since the legislation requires
22 the employee to request the
23 accommodation, it is important that
24 a mechanism be developed to truly

1 make these accommodations known to
2 employees. I think that the role of
3 the Department of Public Health in
4 the promulgation of regulations
5 related to the accommodations needs
6 to be clear. Also, any regulations
7 which are written to enforce the
8 legislation should have clearly
9 stated timelines to comply with a
10 request. Since presently, some
11 Americans with Disabilities Act
12 requests by employees are delayed
13 for many months or years without a
14 response from the employer. The
15 more discussion of reproductive
16 issues in the public square, the
17 better it is for everyone, since
18 they will have been seen as natural
19 stages of life. I commend Chair
20 Ahmad for proposing these
21 protections, and I would request
22 that the committee support -- vote
23 to support this bill. Thank you for
24 the opportunity to testify.

1 CHAIR AHMAD: Thank you.

2 We'll hear from the rest of the
3 witnesses and then ask questions.
4 Please state your name and begin
5 your testimony.

6 MS. ROEBUCK: Good morning.
7 My name is Dr. Deborah Roebuck. I
8 just want to say I'm from West
9 Philadelphia and a block captain, so
10 I'm out there in the community.

11 I am the founder and also
12 the CEO of Going Thru The Change,
13 but I want you to know that I'm also
14 known as the menopause whisper. I
15 am a nurse by background and the
16 former maternal and infant health
17 administrator for the Department of
18 Health for over 20 years. I'm
19 retired now. Okay. But also, I am
20 a lifelong advocate for women's
21 wellness, especially workforce
22 equity. I'm here today in strong
23 support of Bill 250849, which
24 explicitly protects employees from

1 discrimination based on
2 menstruation, perimenopause, and
3 menopause. And I also want to
4 include postmenopausal for women.

5 Through my education and
6 awareness work, I discover that many
7 women are silently struggling, often
8 experiencing symptoms they cannot
9 name and have never connected to
10 menopause. I'm going to tell you,
11 in workshops and trainings I do
12 within the community or in different
13 workplaces, this is a really -- a
14 concern, because I'll be honest with
15 you, they tell me I thought I was
16 going crazy. Okay?

17 I meet women who think
18 they're simply tired or they're
19 losing focus, when in reality they
20 are navigating a hormonal journey, a
21 transition, and they oftentimes
22 don't even want to talk about it in
23 the workplace, they don't even know
24 if there's a way to get workforce

1 support when they're working every
2 day, and then also, I -- I want you
3 to understand that according to
4 Forbes and also Stanford's Longevity
5 Center, by 2030, over half of the
6 women in the workforce will be at
7 some stage of menopause.

8 These women are not only
9 employees, but they're leaders,
10 they're caregivers, they're mentors,
11 they're community anchors. Many
12 belong to what we would call the
13 sandwich generation, caring for both
14 aging parents, and also growing
15 children. Okay? Maintaining their
16 professional roles all at the same
17 time. When workplaces do not
18 acknowledge this stage of life, the
19 impact ripples throughout the
20 office. And I'm talking about inter
21 generational. That discussion needs
22 to be talked about too.

23 It affects the family, the
24 community, public health. I often

1 write what I call tips and tricks
2 series like in LinkedIn, where women
3 will share stories, but people don't
4 hear their stories. So I put it in
5 social media, and where women are
6 talking about, "Okay. I have a hot
7 flash. I'm in the boardroom," "I'm
8 in a meeting," "I'm experiencing
9 brain fog," "I'm doing a
10 presentation." Or they quietly step
11 away from their jobs they love
12 because no one understands them. I
13 mean, really silently they have
14 resigned. Okay? Legislation, well,
15 this legislation will change that.
16 Bill 250849, doesn't just
17 create accommodations, it creates
18 awareness, dignity, equity. It
19 assures that women don't have to
20 choose between their health and
21 their livelihood. Philadelphia has
22 the opportunity to lead the nation
23 by affirming that menopause is not a
24 taboo, it's a transition, and that

1 the transition deserves
2 understanding, compassion, and
3 workplace support. I just want to
4 thank Councilmember Ahmad for your
5 vision, and to the committee overall
6 to ensure that every woman's journey
7 through be administration, or all
8 the way through menopause, is met
9 with fairness and respect. And I
10 thank you for allowing me to share
11 my testimony.

12 CHAIR AHMAD: Thank you so
13 much. We'll hear from our final
14 witness and then ask questions.
15 Please state your name and begin
16 your testimony.

17 MS. HARMON: Sure. Hello,
18 everyone. My name is Monica Harmon.
19 First, let me thank Councilmember
20 Ahmad and the esteemed members of
21 the Committee on Public Health and
22 Human Services of the Philadelphia
23 City Council for the opportunity to
24 speak on behalf of menstruating,

1 perimenopausal, and menopausal women
2 in support of Bill No. 250849. I'm
3 a West Philadelphia native as well,
4 born and raised, went through the
5 Philadelphia school system, and I am
6 a proud professional public health
7 nurse of over 25 years.

8 My specialties in public
9 health and nursing education, and
10 I'm the current president-elect of
11 the Pennsylvania Public Health
12 Association, and the co-chair of the
13 Pennsylvania Nursing Workforce
14 Coalition Nurse Diversity Council,
15 as well as holding memberships and
16 other professional and community-
17 based organizations and boards, such
18 as the Southeastern Pennsylvania
19 Area Black Nurses Association, where
20 we are aimed at advancing population
21 health, healthcare delivery, and the
22 nursing discipline.

23 Through all of my
24 professional accomplishments, I have

1 been a menstruating, perimenopausal,
2 and a menopausal woman. Those
3 facts, in and of themselves, are not
4 remarkable because they are the
5 regular life changes of women.
6 However, since age 10, I suffered
7 through monthly painful menstruation
8 or dysmenorrhea, the severe
9 abdominal cramping, nausea,
10 vomiting, and other symptoms
11 experienced on one to two days per
12 month, limited my activities,
13 causing me to miss school days, and
14 ultimately led to secondary
15 dysmenorrhea exhibited by fibroids
16 and endometriosis. Perimenopause,
17 the period of transition between
18 menstruation and menopause was
19 compounded for me with fibroids and
20 endometriosis requiring two
21 myomectomies, that is the surgery to
22 remove fibroid tumors from the
23 uterus and heavy bleeding and
24 fatigue.

1 Ultimately, after
2 consultations with the fibroid
3 center and multiple diagnostic
4 tests, I elected to undergo a
5 hysterectomy just five weeks ago to
6 treat 39 years of dysmenorrhea,
7 limited activity, and fatigue. I am
8 now in menopause, or as my mentor,
9 friend, and colleague says, this
10 stage in my life is "Me No Pause."
11 Thank you, Dr. Roebuck.

12 MS. ROEBUCK: Okay.

13 MS. HARMON: This is my
14 menopause whisperer. So why am I
15 sharing my story of menstruation,
16 perimenopause, and menopause with
17 you today? You are probably
18 thinking that she has accomplished a
19 lot despite these challenges. And
20 you're right. The issue is that I
21 had to manage and often in silence.
22 Policies and bills such as Bill No.
23 250849, regarding menstruation,
24 perimenopause, and menopause are

1 needed to support individuals
2 throughout their reproductive and
3 hormonal life cycles. These
4 policies focused on workplace
5 accommodations, healthcare access,
6 and education. And they also
7 recognize that symptoms of irregular
8 bleeding, heavy flows, and other
9 perimenopausal and menopausal
10 symptoms can impact daily life and
11 work, necessitating tailored support
12 structures and improve the quality
13 of life for these individuals, and
14 ultimately, increase productivity
15 across all sectors.

16 So I'm asking for
17 considerations for awareness,
18 education, paid sick leave, flexible
19 work options, diagnosis, hormonal
20 and other treatments, routine
21 women's healthcare, menopause
22 diagnosis, lifespan, and systemic
23 support must be included in these
24 policies, excuse me, to address the

1 full spectrum of experiences from
2 menstruation, to perimenopause, to
3 menopause. I applaud you, the
4 members of the Committee on Public
5 Health and Human Services of
6 Philadelphia City Council to make a
7 difference in the lives of girls and
8 women by supporting Bill No. 250849
9 today. Thank you.

10 CHAIR AHMAD: Thank you so
11 much to all of you for your very
12 impactful, excuse me, testimonies.
13 I want to just tell Dr. Roebuck that
14 I was in that -- I was a sandwich-
15 generation person, taking care of my
16 parents and my young children,
17 working full time, and having to
18 deal with my normal biology. That
19 gave me a lot of angst as I lived
20 through it. So that is a reality
21 for many of us, right? And to Cathy
22 Scott's point, it's not just putting
23 this bill out, it is about
24 accountability around it.

1 And I think talking to
2 different segments who would be
3 implementing this, and keep -- and
4 having the awareness and education.
5 We can't just ask for
6 implementation, we actually need
7 education. That's going to be
8 really critical, and I -- this is
9 where we have to lean on all of you
10 because you have learned how to tell
11 those stories. Telling those
12 stories, and I -- getting on social
13 media, that is critical to give
14 examples when I'm having a brain
15 fog, what do I do? Do I have
16 already, you know, sorts of measures
17 put in place to support me when that
18 happens? So does my workforce know
19 that and prepare -- and are prepared
20 to step in when I need it in a
21 boardroom? That means all the
22 boardroom members also need to know
23 this, right? And as we know, most
24 of corporate boardrooms are white

1 men. That's still the case. And so
2 we want to start this initiative to
3 really reach from, you know, from
4 the fast-food workplace all the way
5 to the boardroom off that fast food
6 workplace that is making money off
7 of our workers without giving them
8 the benefits that they need to be
9 fully functional regardless of what
10 they are -- which stage of life
11 they're in.

12 So I appreciate all of you.

13 A question about the silent -- so
14 this is about educating the
15 employers, but we also have to
16 educate employees and just the
17 general public why women are
18 suffering in silence. Why we don't
19 know these stages of change, which
20 means education much early on, our
21 health education, our awareness,
22 which needs doctors to be talking
23 about this when they see their young
24 patients, to know this is when

1 you're coming up, having these
2 conversations, and us demanding that
3 these conversations are interspersed
4 along the way.

5 So we don't have people
6 thinking something's wrong with me,
7 I'm not strong enough, I'm feeling
8 weak, or this is my fault, instead
9 of, this is my biology, right? So
10 that's what I'm hoping we can all
11 collectively work to make sure that
12 we talk about implementation in many
13 fronts. And education starting very
14 early on, you know, Councilmember
15 Lozada had to leave for another
16 meeting, but she mentioned how she
17 raised her son.

18 We need -- that's what we
19 need to do. We need families,
20 parents, everybody to have this
21 awareness. So no woman ever, at any
22 point in her reproductive cycle
23 thinks there's -- she's doing
24 something wrong. And so I thank you

1 all for your testimony. Any
2 questions for our panel? We have a
3 question from Councilmember
4 O'Rourke.

5 COUNCILMEMBER O'ROURKE:
6 First of all, good morning to all.
7 Ms. Cathy Scott, it's always good to
8 see you.

9 MS. SCOTT: Good to see you.

10 COUNCILMEMBER O'ROURKE:
11 Thank you so much Dr. Roebuck and
12 Ms. Harmon for your testimonies this
13 morning. A quick question,
14 Dr. Roebuck, any kin to the late
15 Great Jim Roebuck, you said West
16 Philadelphia? Not at all? So I
17 apologize for presuming.

18 Thank you for your
19 testimony and for your work. Your
20 -- what you explained was very
21 enlightening for myself and
22 something that my staff actually
23 noted particularly around the
24 sandwich generation, caring for both

1 parents and children. I feel like
2 that's even happening younger and
3 younger now. And so it's growing.
4 In addition to passing this
5 important bill, I am curious how
6 else the Council can actually
7 support the caretaking
8 responsibilities of this growing
9 generation.

10 MS. ROEBUCK: Let me just
11 say, it doesn't -- it doesn't even
12 matter. Let me go back to this.
13 During COVID I learned how to use
14 social media, and I started talking
15 about menopause. I had so many
16 people say to me, I'm here at the
17 computer teaching my grandchild and
18 doing education, but I'm trying to
19 get an appointment to also take care
20 of my parent. It gave them the
21 flexibility to be able to do that.
22 Working at home, being able to do
23 Zoom meetings and what have you.

24 But now, people are back in

1 the office. People are not aware of
2 their benefits, how to make use of
3 that, because I'll be honest with
4 you, no matter what you say to me,
5 and I was at a meeting talking with
6 a judge, and she, all of a sudden, I
7 got to go home, I got to take care
8 of the grandkids, I got to do this.
9 I got -- it doesn't matter. There
10 needs to be, number one, awareness
11 that this woman whose menopausal is
12 in essence the navigator in that
13 family, and that you need to give
14 her compassion. If I need to go
15 home, I know that woman's going to
16 feel as though I might lose my job.

17 But if I have so many hours
18 that I can be flexible working with
19 my family, doing these different
20 things, even in the fact of
21 educating the community and even the
22 family, because oftentimes when you
23 talk about menopause, people just
24 think that woman alone. It is the

1 family that needs to work together.

2 And many husbands, I just got
3 finished doing something at my
4 church for married couples, because
5 the pastor said, you know, there's
6 problems in the family.

7 Deborah, can you teach a
8 Sunday school class? I winded up
9 teaching three weeks and giving a
10 voice to a opportunity that demands
11 issues. How can I help her? So
12 we're talking in the workplace, it's
13 talking about within the family, and
14 also gathering women coming
15 together, sharing their stories, not
16 feeling as though my story is only
17 mine.

18 No, you find out it is many
19 women, and what are the solutions?
20 How can I help? What did you do?
21 What did you do? How can I help?
22 Because I'll be totally honest with
23 you, I talked to too many women that
24 said they cannot get GYN

1 appointments. And if they do get a
2 GYN, it's six months to a year away.
3 So what are they supposed to do in
4 the meantime?

5 So it is a community issue,
6 a public health issue, and that we
7 all need to be aware, but we all
8 need to work together.

9 COUNCILMEMBER O'ROURKE:
10 Thank you. It sounds like what
11 could have been beneficial is if we
12 had retained some of the learnings
13 that we got from COVID, that working
14 from home probably actually was a
15 benefit, at least for a certain
16 subset of folks.

17 And it seems like we may
18 have missed that window, but thank
19 you for raising that point. If
20 there's ever anything in particular
21 that we can do beyond this wonderful
22 piece of legislation that will be
23 passed, please feel free to share
24 with the Council. Some member, I'm

1 sure, would be very excited to help
2 take this up and then push it
3 forward. We do need to create not
4 just alongside the culture, we also
5 need to create legislation that
6 allows for a different sort of
7 reality for folks who are dealing
8 with this transition, with the
9 change as the -- as the -- as the
10 saints call it.

11 Ms. Harmon, I wanted to
12 say, first of all, I heard you say
13 that you were just recently had a
14 procedure, so praying for total
15 recovery.

16 MS. HARMON: Thank you.

17 COUNCILMEMBER O'ROURKE:

18 Yes, ma'am. In that -- as you -- as
19 you continue to proceed. Thank you
20 for sharing your experience with us
21 today. What would it have meant for
22 you if this bill had been law as you
23 were building your career?

24 MS. HARMON: Wow. Well,

1 first thank you for the well wishes
2 for recovery. I can say that after
3 I've hurt -- had my surgery, I
4 actually feel like Monica again, and
5 I haven't felt like her in a long
6 time. So thank you.

7 COUNCILMEMBER O'ROURKE:

8 Yes, ma'am.

9 MS. HARMON: And it was due
10 to this whole perimenopausal
11 experience. So I recently left a
12 job that I loved. It was my -- it
13 was meant for me, but the brain fog
14 and the demands that were put on me,
15 and even when I was vocal about this
16 is what I'm going through, it didn't
17 matter. So what it would have meant
18 for me is that I would've been able
19 to say there's legal backing for
20 this. I would've been empowered to
21 go to HR, maybe use my employee
22 assistance program.

23 I also would've been
24 empowered that instead of powering

1 through my day, which is what I
2 often did, and even the evenings,
3 when you work in a community, it's
4 not Monday through Friday,
5 9:00-5:00, you have to meet the
6 community where they are, right?

7 And so it's also being able
8 to say, push back on my workload.
9 Can someone else do this, right? I
10 had a -- I led a very small team. I
11 was over two different health
12 centers, right? So if someone else
13 was absent, I was that employer,
14 right? If you're going through
15 something, handle your business,
16 take care of your family, because I
17 understood that if employees were
18 allowed to take care of their
19 families, they would also take care
20 of the work that needed to be done.

21 COUNCILMEMBER O'ROURKE:
22 Right.

23 MS. HARMON: For me. But I
24 didn't have that person that I --

1 that looked out for me. So having a
2 bill like this would bring the
3 awareness. I think it would
4 encourage employers to think about
5 the whole person that works for
6 them, right? Because if your people
7 feel whole, and they feel that
8 they're heard, they're going to do
9 their very best for you. And I
10 think we all win if we do that.
11 Thank you.

12 COUNCILMEMBER O'ROURKE:
13 Thank you for sharing your story. I
14 much appreciate it. Thank you very
15 much.

16 CHAIR AHMAD: Thank you. Do
17 we have any other questions?

18 COUNCILMEMBER LANDAU: I
19 just -- I don't have a question, but
20 I just -- Oh, I'm sorry. Go ahead,
21 Cathy.

22 MS. SCOTT: Oh, I'm sorry.
23 If I could add.

24 COUNCILMEMBER LANDAU:

1 You're good.

2 MS. SCOTT: Okay. I think
3 also the decision to add to what
4 Monica just said, the decision of
5 whether a reasonable accommodation
6 can be made is left to people in the
7 employer's employee that are not
8 necessarily competent to make those
9 decisions, which is one of the
10 reasons why I asked or stated in my
11 testimony, that I think it needs to
12 be clear what the role of the
13 Department of Public Health or some
14 advisory role from a medical
15 practitioner would be helpful in
16 assisting people who are requesting
17 those accommodations, who might not
18 necessarily be able to communicate
19 as clearly as they need to in that
20 kind of a circumstance, what a
21 reasonable accommodation is.

22 I know under the ADA,
23 there's supposed to be an
24 interactive meeting, you know, where

1 the manager, I guess, and the
2 employee sit down and discuss what
3 the doctor is recommending would be
4 an accommodation.

5 And again, if you don't
6 have a practitioner who is
7 necessarily clear on what the
8 availability is for different types
9 of accommodations, and you have an
10 employee left to your devices of
11 trying to negotiate what might be an
12 accommodation, it sort of sets
13 things up for perhaps outcomes that
14 are not the best outcomes.

15 So I think that one of the
16 things that the -- that the
17 committee can consider is what types
18 of -- beyond the legislation, what
19 types of additional education of HR
20 people, managers, and when they need
21 to get advisory information from
22 people that they realize maybe they
23 don't have the expertise to make
24 that decision to make sure that the

1 request for an accommodation has
2 been really vetted to see whether
3 the employer can accommodate the
4 person.

5 COUNCILMEMBER O'ROURKE: So
6 more training amongst those who are
7 employers or what have you?

8 MS. SCOTT: Well, that, but
9 also determining who's the best
10 person to be making this decision.

11 As Monica said, because of her
12 background, when her employees came
13 to her, she understood and was able
14 to make reasonable accommodations
15 for them, but did not get that
16 support from her own administration.

17 So too much of it, I think,
18 is in -- is up to the individual who
19 has the determination as to what's a
20 reasonable accommodation, and that
21 might not be the best person to be
22 making that decision.

23 COUNCILMEMBER O'ROURKE:

24 Okay.

1 CHAIR AHMAD: Yes. Are we
2 -- oh, sorry. Go ahead.

3 COUNCILMEMBER O'ROURKE: No,
4 thank you. No. Yes. Thank you.

5 CHAIR AHMAD: I -- yeah, we
6 hear you loud and clear and to have
7 a role for either public health with
8 a panel who they can go to for
9 advice and HR should have that. So
10 the implementation phase of this, we
11 are going to work with the
12 administration to see why, which is
13 why you'll hear we are doing an
14 amendment to this bill later when we
15 go into our public part of the
16 hearing is about giving enough time
17 for this to actually be properly
18 executed.

19 So we hear you loud and
20 clear, and I'm sorry that Monica
21 didn't get the kind of support she
22 needed, but Monica's back, so that's
23 good.

24 But the -- what the -- what

1 all of your testimony has spoken to
2 is the resilience we need to muster
3 up every time, whether it's dealing
4 with menstruation, perimenopause, or
5 menopause, or even post menopause.

6 And I think this speaks to
7 that we have been silently just
8 taking this burden. Silent no more
9 is the answer right now for all of
10 us, that we are going to be loud and
11 proud and ask for what is the norm,
12 so that the norm changes.

13 And we challenge every part
14 of society to get on board about
15 understanding these different phases
16 in our -- in our reproductive life
17 that everybody should know. So I
18 come from --

19 THE CLERK: Everybody,
20 excuse me.

21 CHAIR AHMAD: Okay. We need
22 to evacuate. Suspend the meeting
23 and we'll come back.

24 (Off the record.)

1 CHAIR AHMAD: The committee
2 will now come to order.

3 Thank you everyone for
4 bearing with us during this
5 disruption. Everybody's safe. It
6 was a toaster. It was a bagel in a
7 toaster that got too fried.
8 Everybody's safe.

9 So, Clerk, would you please
10 call the next panel to testify on
11 this bill?

12 THE CLERK: There are no
13 additional panels.

14 CHAIR AHMAD: Okay.
15 Hearing none, we will now go into
16 transition to our public comment
17 section -- session. Please note
18 that the time limit for each speaker
19 is three minutes.

20 Mr. Sham, would you call
21 the first speaker for public
22 comment?

23 THE CLERK: There are no
24 speakers on the public comment list,

1 Madam Chair.

2 CHAIR AHMAD: Well, thank
3 you. We lost our public testimony
4 witness but she provided her
5 testimony in writing, so we'll put
6 that in our record. Okay. There
7 are no speakers on this panel -- on
8 this public testimony section, so I
9 want to thank all our witnesses for
10 joining us today. Now we will
11 temporarily end the public hearing
12 and go into public meeting.

13 I will note, for the
14 record, that a quorum of the
15 committee is present. Hold on.

16 The Chair recognizes
17 Councilmember Cindy Bass for a
18 motion on the amendment to Bill No.
19 250849.

20 COUNCILMEMBER BASS: Thank
21 you, Madam Chair.

22 I offer an amendment to
23 Bill No. 250849. A copy of the
24 amendment has been circulated to all

1 members of the committee. I move
2 that the amendment to Bill No.
3 250849 be adopted.

4 COUNCILMEMBER LANDAU:
5 Second.

6 CHAIR AHMAD: It has been
7 moved and -- it has been moved and
8 properly seconded that the amendment
9 to the Bill No. 250849 be adopted.
10 All those in favor of the motion
11 will signify by saying aye.

12 COUNCILMEMBERS: Aye.

13 CHAIR AHMAD: Aye. All
14 those opposed? In the opinion of
15 the chair, the ayes have it. The
16 motion carries, and the amendment to
17 Bill No. 250849 has been adopted.
18 The chair recognizes Councilmember
19 Cindy Bass for a motion on Bill No.
20 250849 as amended.

21 COUNCILMEMBER BASS: Thank
22 you, Madam Chair. I move that Bill
23 No. 250849 as amended be reported
24 from this committee with a favorable

1 recommendation and further move that
2 the rules of Council be suspended to
3 permit first reading of this bill at
4 the next session of Council.

5 COUNCILMEMBER LANDAU:

6 Second.

7 CHAIR AHMAD: It has been
8 moved and properly seconded that
9 Bill No. 250849 as amended be
10 reported from this committee with a
11 favorable recommendation and further
12 move that the rules of Council be
13 suspended to permit first reading of
14 this bill at the next session of
15 Council. All those in favor of the
16 motion will signify by saying aye.

17 COUNCILMEMBERS: Aye.

18 CHAIR AHMAD: Aye. All
19 those opposed? In the opinion of
20 the chair, the ayes have it. The
21 motion carries. Bill No. 250849 as
22 amended will be reported from this
23 committee with a favorable
24 recommendation with the request that

1 the rules of Council be suspended to
2 permit first reading at the next
3 session of Council.

4 This concludes the business
5 before the Committee of Public
6 Health and Human Services today.
7 Thank you very much for all who
8 attended and testified and sat
9 through our hearing. Thank you.

10 (Public meeting for the Committee of Public Health and
11 Human Services concluded at 12:25 p.m.)

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C E R T I F I C A T I O N

I hereby certify that the proceedings and evidence are contained fully and accurately in the notes taken by me of the above case, and this copy is a correct transcript of the same.

Samanda J. Rios

Samanda J. Rios
Court Reporter
Notary Public of PA & DE

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