

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HOSPITALS

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November 18, 2025

Start: 1:18 p.m.

Recess: 4:42 p.m.

HELD AT: Committee Room - City Hall

B E F O R E: Mercedes Narcisse,
Chairperson

COUNCIL MEMBERS:

Gale A. Brewer
Selvena N. Brooks-Powers
Carmen De La Rosa
Jennifer Gutiérrez
Kristy Marmorato
Francisco P. Moya
Vickie Paladino
Lynn Schulman

A P P E A R A N C E S (CONTINUED)

Dr. Natalia Cineas
NYCH+H, Senior VP, Chief Nurse Executive

Nancy Hagans
President NYSNA

Erin Dupree
GNYHA

Lester Marks
Mother Cabrini Health Foundation

Alizia McMeyers
NYSNA (NYCH+H Harlem Hospital)

Shaiju Kalathil
NYSNA (Montefiore - Bronx)

Johnaira Dilone-Florian
NYSNA (Montefiore - Bronx)

Flandersia Jones
NYSNA (Bronxcare Hospital)

Tammy Steele
NYSNA (Bronxcare Hospital)

Tracey Kavanagh
NYSNA (Flushing Hospital)

Michelle Jones
NYSNA (Flushing Hospital)

A P P E A R A N C E S (CONTINUED)

Ari Moma
NYSNA (Interfaith Med Ctr.)

Darla Joiner
NYSNA (Mt. Sinai Hospital)

Denash Forbes
NYSNA (Mt. Sinai Hospital)

Goodness Iheanachor
NYSNA (Mt. Sinai Hospital)

Irina Viruet
NYSNA (Mt. Sinai - Morningside)

Dalia Branford
NYSNA (Wyckoff Heights)

Diane Minnet (given by Jasmine Samuel)
NYSNA (Richmond U Med Ctr.)

Lisa Yeno
NYSNA (Richmond U Med Ctr.)

Rehana Lowtan
NYSNA (Brooklyn Hospital Ctr.)

Janelle Mathews
NYSNA (Brooklyn Hospital Ctr.)

Russel Pinsker
NYSNA (Maimonides Hospital)

A P P E A R A N C E S (CONTINUED)

Beth Loudin
NYSNA (NY Presbyterian Hospital)

Sophie Boland
NYSNA (NY Presbyterian Hospital)

Myriam Pagan Colon
SEIU 1199 (NY Presbyterian Hospital)

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SERGEANT AT ARMS: Mic, mic check, mic check.

This is a mic check on the Committee on Hospitals.

Today's date is November 18, 2025, in the Committee

Room, recorded by Walter Lewis.

SERGEANT AT ARM: Can everybody settle down?

We're getting ready to start. Everybody settle down please.

9 SERGEANT AT ARMS: Good afternoon and welcome to
10 the New York City Council Hearing of the Committee on
11 Hospitals. At this time, can everybody please
12 silence your cell phones? If you wish to testify,
13 please go to the back of the room to fill out a
14 testimony slip. At this time and going forward, no
15 one is to approach the dais. I repeat, no one is to
16 approach the dais.

17 Chair, we are ready to begin.

18 CHAIRPERSON NARCISSE: [GAVEL] Good afternoon.
19 I am Council Member Mercedes Narcisse, Chair of the
20 Committee on Hospitals. Thank you for joining us
21 today for this oversight hearing on the State of
22 Nursing.

23 Nurses are a vital part of the healthcare
24 workforce. Some may say the backbone of healthcare
25 structure, especially in our hospitals. Focusing on

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2 the needs of each individual patient. They promote
3 health, help prevent illness, and care for people who
4 are ill, disabled, or dying. As a registered nurse
5 myself, I understand well the important role we play
6 in keeping New Yorkers healthy and safe, and yet,
7 while our nurses diligently serve us, our city and
8 our state, often fail to serve we, the state often
9 fail to serve nurses.

10 There's a chronic understaffing at our hospitals,
11 linked to countless issues, including inadequate
12 compensation and on safe working environments. Lack
13 of funding for nursing programs and the prohibitive
14 course of education lead to less nurses entering the
15 workforce. Understaffing and the burnout, it causes
16 lead to the nursing leaving the workforce. And the
17 data clearly indicates that when there aren't enough
18 nurses, the health of New Yorkers suffers.

19 Further, with the passages of H.R. 1, also known
20 as one big, beautiful bill, which I call ugly bill
21 funding cuts will further strain hospitals,
22 especially safety net hospitals, leaving less funding
23 to pay the essential staff who are already too often
24 underpaid.

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I want to thank the representative from New York
City H+H, NYSNA, and Greater New York Health, of
course 1199, for being here today and adding their
voices to this vital discussion. I also want to
express my gratitude to our city's nurses. Thank you
all the nurses that are here. You rock this world
and you are keeping us all healthy. Thank you.

9 Thank you for your hard work. I should put my
10 hands too. They say once a nurse, always a nurse,
11 right? I thank you for you. Your passion and
12 determination to care for New Yorkers represent the
13 very best the city has to offer. And this Committee
14 and this Council will do its best to address the
15 systemic issues you face. I look forward to a
16 fruitful discussion and respectful discussion and I
17 hope our work here today will allow us to steer this
18 ship towards a healthier New Yorker.

19 Before we begin, I'd like to thank the Committee
20 Staff, Senior Legislative Counsel Rie Ogasawara,
21 which I thought I was not going to have today. She
22 is here and Legislative policy Analyst Joshua Newman
23 for their hard work in preparing for this hearing.
24 I'd like to also thank my staff for their hard work
25 for us to be here and continue providing the services

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2 in our district office. Uhm, I have Courtney here
3 with me and of course I have Juasheena, thank you and
4 of course Frank, my Deputy Chief and all my staff in
5 my office that are doing amazing work to keep this
6 city moving as well.

7 I would like to recognize that we have been
8 joined by my colleagues Lynn Schulman, Council Member
9 Brewer, we have Moya and Paladino online and of
10 course my colleague De La Rosa.

11 Now, we'll turn it over to hear testimony.
12 Before I do that, I'll turn it to the Counsel. Oh, I
13 forgot my colleagues have a statement. Chair for
14 Health, Lynn Schulman.

15 COUNCIL MEMBER SCHULMAN: Thank you very much.
16 Good afternoon everyone. I am Council Member Lynn
17 Schulman, Chair of the New York City Council's
18 Committee on Health. I want to thank Chair Narcisse
19 for inviting me to provide an opening statement for
20 today's Hospital Committee hearing. Everyone here is
21 committed to strengthening our city's healthcare
22 system and today, we are focusing on the lifeblood of
23 the system, our nurses.

24 Across the country, hospitals are still grappling
25 with staffing shortages and rising workloads, which

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2 New York has not been immune to but we have made
3 meaningful progress including giving nurses a real
4 seat at the table and shaping staffing plans.

5 This hearing is an opportunity to recognize those
6 gains while also confronting the challenges that
7 remain. Nurses deserve safe workplaces, fair
8 protections and staffing levels that let them do
9 their jobs without risking burnout. We must remain
10 vigilant about the potential impact of federal budget
11 cuts and Trumps big, beautiful bill, which could
12 jeopardize the progress we've worked so hard to
13 achieve. Many of the partners in this room, our
14 nurses, unions, hospital leaders, advocates, helped
15 guide our 2022 State of Nursing hearing. Your
16 insights then led to real improvements and your
17 voices today will help shape the next chapter of this
18 work and help ensure that every New Yorker receives
19 the high quality care they deserve. Thank you.

20 CHAIRPERSON NARCISSE: now, I will turn it over
21 to the Council to administer the oath to the
22 Administration. Thank you.

23 COMMITTEE COUNSEL: Do you affirm to tell the
24 truth, the whole truth, and nothing but the truth

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2 before this Committee and to respond honestly to
3 Council Member questions?

4 CHAIRPERSON NARCISSE: You may begin.

5 DR. NATALIA CINEAS: Good afternoon Chairwoman
6 Narcisse and the members of the Committee on
7 Hospitals. I am Dr. Natalia Cineas, Chief Nurse
8 Executive and Co-Chair of the Equity and Access
9 Council at New York City Health and Hospitals. Thank
10 you for the opportunity to testify today regarding
11 the state of nursing at New York City Health and
12 Hospitals.

13 While Health and Hospitals is only a piece of the
14 broader healthcare system and workforce in our city,
15 we are immensely proud of the impact we make. Our
16 team of about 9,600 nurses is at the core of our
17 mission to provide care to all New Yorkers. Nurses
18 at New York City Health and Hospitals are
19 consistently our first line of defense in our
20 hospitals, clinics, and nursing homes, providing
21 exceptional and empathetic care to our patients.

22 While the American Association of colleges of
23 Nurses reports that there is still a nationwide and
24 industry-wide shortage of nurses, I'm excited to
25 share updates on how Health and Hospitals has made

2 strides in hiring and retaining nurses despite the
3 challenges healthcare systems face across the
4 country. Regardless of these challenges, we continue
5 to uphold Health and Hospitals mission to provide
6 uninterrupted care and are excited to report that the
7 nurse turnover at Health and Hospitals in 2025, is
8 10.3 percent less than the national average of 16.4
9 percent. Down from 46 percent in 2019, this has
10 saved the public hospital health system more than \$88
11 million in turnover costs.

12 In 2024, Health and Hospitals hired over 3,400
13 nurses, replacing temporary nurses, helping save more
14 than \$150 million in recruitment costs.

15 Additionally, this effort provides the opportunity
16 for the health system to truly invest in its
17 workforce for the betterment of its patient
18 population.

19 Part of this investment is directly linked to our
20 collective bargaining agreement, which took effect on
21 July 31, 2023, and runs through 2028. With this
22 exciting contract in place, our nurses for NYC
23 Recruitment Campaign, has provided a roadmap to
24 encourage New Yorkers to apply for jobs throughout
25 the health system. Launched in 2024, and supported

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2 by social media advertising, this campaign showcases
3 the wide range of benefits the public health system
4 has for nurses, which includes the Nurse Residency
5 program, Nurse Fellowship programs, tuition
6 reimbursement, loan forgiveness and scholarship
7 programs.

8 In addition to this recruitment effort, we are
9 continuously focused on our efforts to engage the
10 future nurses of New York City. Through a \$400
11 million endowment with CUNY, we have also
12 strengthened our longstanding partnership to expand
13 career pathways for newly graduated nurses entering
14 our public health system. The five components of our
15 partnership with Hunter include the Preceptorship,
16 Student Clinical Rotation, Employment Opportunities
17 at New York City Health and Hospitals, Quality
18 Improvement EBP Projects, the Student Pipeline, and
19 the Residency program.

20 Each year, this partnership enables us to recruit
21 from a diverse pipeline of approximately 1,800 CUNY,
22 particularly Hunter Nursing Graduates and place them
23 throughout New York City Health and Hospitals.
24 Together, we are establishing an academic practice
25 collaboration that will support joint research,

2 enhance nurse leadership curricula, and promote
3 health equity through shared training led by CUNY
4 faculty, and our own nursing leaders.

5 In addition, our current nursing staffing now has
6 access to more than 50 advanced credit bearing
7 certificate and degree programs across CUNY campuses.

8 Today, New York City Health and Hospitals employs
9 more CUNY educated nurses than any other health
10 system in New York City.

11 At Health and Hospitals, it is our goal to ensure
12 that staff across the system feel confident, feel
13 prepared to transition from student to
14 professionalism, to professional nurses. Through the
15 Nurse Residency program, newly graduated nurses
16 automatically participate in a 12 month initiative,
17 which offers specialized training, education, and
18 mentorship to support that transition.

19 With the penultimate goal of job retention, this
20 program is structured on essential areas such as
21 ethics, decision making, clinical leadership,
22 communication, patient safety and evidence based
23 practices. Since the launch in 2019, the program has
24 served over 2,000 participants across all 11 acute
25 care sites, as well as post-acute care, Gotham

2 health, and Correctional Health Services. This
3 investment aims to cultivate a dedicated and skilled
4 clinical workforce as clinicians pursue this career.

5 Additionally, our Nursing Clinical Ladder Program
6 creates a clear pathway for internal advancement,
7 offering outstanding nurses the opportunity to take
8 their careers to the next level by learning.

9 Launched in 2020, and co-developed with the New York
10 State Nurses Association, this program promotes
11 professional development and shared governance and
12 enhances patient care delivery by recognizing nursing
13 expertise through three progressive tiers.

14 Participants receive professional coaching through
15 experienced leaders, which validates their skills,
16 boosts engagement, and strengthens professional
17 growth and portfolios.

18 Alongside these clinical based professional
19 development programs, New York City Health and
20 Hospitals will offer professional advancement
21 opportunities through the Nurse Leader Academy. This
22 Academy launching in early 2026, will be available to
23 both new and experienced nurses and will provide
24 programming informed by a system-wide needs
25 assessment and national nursing leadership

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2 competencies. It will offer intensive workshops to
3 develop systems thinking and prepare nurse leaders
4 for the evolving healthcare environment. The goal of
5 the program is to equip current and future leaders
6 with skills, knowledge and perspective needed to
7 become transformational leaders throughout their
8 nursing careers at New York City Health and
9 Hospitals.

Throughout our nurses' tireless efforts to uphold the value and mission of our healthcare system, we have been honored to see their hard work recognized in various formats. Most recently in October, 16 of our nurses were recognized at the health system's fourth annual Doctoral Circle of Excellence event, which honors nurses who have earned a Doctor of Nursing Practice, Doctor of Health Administration, Doctor of Philosophy, Doctor of Public Health, or Doctor of Education in nursing. We have previously honored 146 other nurses at Health and Hospitals who have reached this level of distinction. Only 2.7 percent of all registered nurses across the country have a doctoral degree, and we are proud to be part of that representation. Additionally, Health and Hospitals nurses are recognized through the DAISY

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2 Award, an internationally recognized honor for
3 extraordinary patient and resident care. Recipients
4 are nominated and selected by patients, residents,
5 families and colleagues.

6 In September, we proudly presented five of our
7 registered nurses for the DAISY Award, and our Chief
8 Nursing Officer for the Post Acute care received the
9 DAISY Lifetime Achievement Award for her dedication
10 to nursing through active mentoring, role modeling,
11 advocating for her patients and residents and
12 promoting the positive image of nursing.

13 As public service professionals, our awardees
14 continue to prove that our nurses will always provide
15 esteemed care for their patients, no exceptions.

16 As part of our ongoing commitment to fostering a
17 positive and supportive work environment for our
18 nursing workforce, I want to highlight two
19 accomplishments that reflect the strength of our
20 nursing culture. This summer, New York City Health
21 and Hospitals Metropolitan became the first
22 healthcare system - became the first healthcare
23 organization worldwide to receive the Pathway to
24 Excellence with Distinction Designation, which New
25 York City Health and Hospitals Carter became the

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2 United States first and only long term care facility
3 to earn Pathway to Excellence with Distinction
4 designation. Recognized by the American Nurses
5 Credentialing Center, this designation recognizes the
6 highest performing pathway organizations around the
7 world and is based on validation from the nursing
8 workforce.

9 I am pleased to share here with the Council that
10 in a survey of 350 nursing professionals, 96 percent
11 respondents confirmed that Health and Hospitals
12 Carter promotes a culture of excellence, in person
13 centered care, and created a positive practice
14 environment.

15 Health and Hospitals continuously aims to deliver
16 high quality health services with compassion,
17 dignity, and respect to all, without exception. It
18 goes without saying that our nurses are an integral
19 part of helping reach this goal and we are committed
20 to ensuring that they have the tools they need to
21 succeed.

22 Thank you to the Committee for the opportunity to
23 testify and for your continued support of Health and
24 Hospitals. I look forward to answering your
25 questions, any question you may have. Thank you.

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2 CHAIRPERSON NARCISSE: First, I have to say thank
3 you for being here Dr. Cineas and what you presented.
4 I want to say congratulations for all your accolades
5 and much success with that but having said that, we
6 have some key questions that we want to ask today
7 about the state of nursing in our city.

8 Starting the shortage that we're having. I see
9 you doing a lot of progress. You have a lot of
10 nurses being put in the pipeline. I love that because
11 that's something that I was talking about for a long,
12 long time, the resident nursing. That's all good.

13 Uhm, now the shortage in New York State. If
14 we're looking ahead, we're going to be shortened by
15 40,000 nurses in the state and 4.1 million by 2030.
16 So, the numbers you're doing, you're doing good but
17 we need to push numbers to make sure that we have
18 enough nurses in the hospital that we serve.

19 Uhm, let's share the Comptroller's Office
20 reported that the number of nurses who are full time,
21 equivalent increased by 1,517 or 18 percent between
22 June 2023 and March 2024. Does this increase cover
23 the nurse staffing needs of New York City Health and
24 Hospital facilities or uh New York City Health and
25 Hospital facilities struggling to fill vacancies?

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DR. NATALIA CINEAS: Thank you for your question.

Yes, the increase covers nursing staffing across New York City Health and Hospitals in all of our needs.

New York City Health and Hospitals is not struggling to fill vacancies for our RN's.

7 CHAIRPERSON NARCISSE: You're not struggling, so
8 therefore you have enough staff to cover it. Uhm,
9 can you provide data on the current number of nurses
10 employed at New York City Health and Hospital
11 facilities? And how many nursing vacancies are you
12 currently facing? What is the current turnover rate?

13 DR. NATALIA CINEAS: Thank you. As of November
14 2025, there are 9,250 nurses at New York City Health
15 and Hospitals. The current vacancy rate is two
16 percent and the current turnover is 10.3 percent.

17 CHAIRPERSON NARCISSE: 10 point-

18 DR. NATALIA CINEAS: 10.3 percent.

19 CHAIRPERSON NARCISSÉ: Is that a good number?

20 DR. NATALIA CINEAS: Yes.

21 CHAIRPERSON NARCISSÉ: Compared to the statewide?

22 DR. NATALIA CINEAS: Correct and actually it's
23 16.4 percent.

24 CHAIRPERSON NARCISSE: I think you mentioned it
25 somewhere in there.

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2 DR. NATALIA CINEAS: I did in my opening
3 statement.

4 CHAIRPERSON NARCISSE: I like to repeat things to
5 make sure we are correct. Does New York City Health
6 and Hospital feel that there is not high enough
7 supply of nurses to meet the demands of hospital? If
8 not, why does the shortage continue to persist?

9 DR. NATALIA CINEAS: New York City Health and
10 Hospitals, we feel we have enough needs to meet -
11 enough nurses to meet the demand and we're really
12 proud of the amount of nurses that want to work at
13 New York City Health and Hospitals.

14 In 2024, we hired 3,417 nurses. So, nurses
15 really want to work for our system and we're really
16 proud of that.

17 CHAIRPERSON NARCISSE: So, you have enough
18 nurses?

19 DR. NATALIA CINEAS: Yes, yes.

20 CHAIRPERSON NARCISSE: The only thing I wish I
21 could have some - because I have some complaints but
22 we're moving forward. Since introducing the helping
23 healers that we talk about right? Uh, the program in
24 2018, I think we started, you started. Has New York
25 City H+H seen any changes to the rate of nurses

2 reporting anxiety, burnout, depression, or other
3 challenges to their mental and emotional health?

4 DR. NATALIA CINEAS: So, the data around those
5 diagnoses and symptoms are confidential but we have
6 seen an increase in terms of the use of our wellness
7 rooms, which we're really proud of. We have 20
8 wellness rooms across our system, 11 in our acute
9 care sites, 5 within post-acute care and 4 within
10 Gotham. We've seen over 571,010 visits within our
11 wellness rooms. So, that means that the nurses are
12 really utilizing these services that we are providing
13 them to mitigate those issues that you mentioned,
14 such as anxiety, depression and burnout.

15 CHAIRPERSON NARCISSE: So, in that again, you're
16 doing excellent.

17 DR. NATALIA CINEAS: Yup.

18 CHAIRPERSON NARCISSE: Okay. Uhm, giving the
19 significant cost of living in New York City, as well
20 as the increasing burden of student debt that nursing
21 students face, are there any initiatives run by which
22 you have some that you already spoke about, New York
23 City Health and Hospital to help nurses enroll in
24 nurse coops, loan repayment program or other

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2 financial assistance services? Does H+H itself run
3 any similar program internally?

4 DR. NATALIA CINEAS: Yes, run by our Chief
5 Learning Officer, we have a plethora of programs that
6 nurses can take advantage of including what you
7 mentioned. So, Nurse Corp., the National Health
8 Service Corp., the federal government also provides
9 student loan forgiveness through the Public Service
10 Loan Forgiveness program and our nurses are able to
11 take advantage of that.

12 Most recently, we also launched the Behavioral
13 Health Nursing Career Ladder, where non-nurses can
14 become nurses through a grant, which we have funding
15 for \$600,000, and so, we're really proud of the 24
16 non-nurses who are taking advantage of this program
17 to become nurses. So, support staff are able to
18 become nurses.

19 CHAIRPERSON NARCISSE: Okay. This question if
20 you know it, you'll answer it. If not, you can say
21 no. How much does it cost to have a basic bachelor's
22 degree in nursing?

23 DR. NATALIA CINEAS: I would have to look at the
24 latest stats in terms of tuition.

25 CHAIRPERSON NARCISSE: Okay, no roughly?

2 DR. NATALIA CINEAS: It depends what school you
3 go to.

4 CHAIRPERSON NARCISSE: Let's say you go to CUNY.
5 Roughly, you don't have to be specific.

6 DR. NATALIA CINEAS: Yeah, we'd have to get back
7 to you on that because tuition has really changed
8 since I was in school, so I don't want to guess.

9 CHAIRPERSON NARCISSE: okay because I will try to
10 see if I can understand based on what you - helping
11 because sometimes I have learned that from a Senator.
12 He told me somebody can say I'm taking care of you,
13 give me a penny a day and another person give me a
14 thousand a day and they both can say they're helping
15 me out.

16 DR. NATALIA CINEAS: Right.

17 CHAIRPERSON NARCISSE: But it's just like I need
18 to be specific on numbers because the number is a
19 lot.

20 DR. NATALIA CINEAS: Understood, well what I can
21 share with you is that for individuals who are taking
22 advantage of our behavioral health career ladder,
23 there's no tuition for them, right? We cover
24 everything and if a nurse at New York City Health and
25 Hospitals wants to pursue academic development and go

2 to CUNY with their NYSNA tuition reimbursement, they
3 do not have to pay for anything. We covered that in
4 the last contract and that includes a doctoral
5 degree, which we're really proud of with our
6 partnership with NYSNA.

7 CHAIRPERSON NARCISSE: Thank you. I'm going to
8 go in the workplace culture because you said how well
9 the folks are looking for help mentally and the
10 burnout right that I'm concerned about.

11 Giving the many hospital locations in the Gotham
12 Health Center facilities that are run by H+H right,
13 how do H+H administrators ensure that empathy,
14 competent and respectful people are selected to run
15 each facility and what mechanisms are available to
16 allow changes to leadership in situations where a
17 manager is acting improperly?

18 DR. NATALIA CINEAS: So, we're very fortunate to
19 have mission driven individuals at New York City
20 Health + Hospitals. We ensure that all new employees
21 take modules on bias cultural competency,
22 communication, LGBTQIA+ health, language access,
23 disability, and effective communication as I
24 mentioned and also interreligious awareness but
25 there's a lot of training for nurse leaders and

2 there's also annual competencies to ensure that they
3 are leading the right way to ensure that we are
4 promoting healthy work environments for our staff.

5 CHAIRPERSON NARCISSE: Does H+H contract with any
6 travel nurses? And if so, under what consensus has
7 the reliance on travel - are we relying on travel
8 nurses in the year since COVID-19 pandemic? Because
9 I know you rely on a lot of traveling nurses.

10 DR. NATALIA CINEAS: So, we've done an amazing
11 job - I'm sorry.

12 CHAIRPERSON NARCISSE: I was just going to say,
13 how many travel nurses are under contract with H+H as
14 of the most recent uhm, headcount?

15 DR. NATALIA CINEAS: Thank you. So, we've done
16 an amazing job recruiting nurses. In 2024, we
17 recruited over 3,000 nurses, so we were able offboard
18 a majority of our agency nurses. So, within the
19 model areas of our acute care sites, we only have a
20 little bit over 200 agency nurses right now that are
21 really used to trained more of our nurses. And in
22 case a nurse is on medical leave, etc., to make sure
23 that we have adequate staffing.

24 CHAIRPERSON NARCISSE: So, how many of the
25 traveling nurses are you using right now?

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2 DR. NATALIA CINEAS: Over 200, a little bit over
3 200. In the model area, so that's acute care.

4 CHAIRPERSON NARCISSE: In what timeframe we
5 talking about? Within a month?

6 DR. NATALIA CINEAS: Currently right now across
7 our system.

8 CHAIRPERSON NARCISSE: Yeah.

9 DR. NATALIA CINEAS: And we can get you the
10 information across the enterprise. We can get you
11 detailed information but we've significantly reduced
12 travelers and temps.

13 CHAIRPERSON NARCISSE: You reduced, okay.
14 Floating nurses pool, right? Does H+H have a pool of
15 floating nurses who can be called to fill any on
16 anticipating vacancies? Are floating nurses on a
17 different pay structure than nurses in a permanent
18 fixed position?

19 DR. NATALIA CINEAS: Yes. We have 73 float
20 nurses across our system who are able to be utilized
21 in med surge, critical care and ED and they are a
22 valuable asset of our teams. The nurses are really
23 happy that we now have float nurses. They've
24 expressed joy in having them and they've been able to
25 really help fill in holes in terms of staffing and

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2 overtime needs and they do get paid \$10,000 more than
3 nurses.

4 CHAIRPERSON NARCISSE: \$10,000 more?

5 DR. NATALIA CINEAS: Yes.

6 CHAIRPERSON NARCISSE: How many floating nurses
7 you said again? Sorry, before I continue the
8 question.

9 DR. NATALIA CINEAS: 73 active floating nurses
10 currently.

11 CHAIRPERSON NARCISSE: Are floating nurses hired
12 based on specialty or are all floating nurses
13 expected to fill vacancies for any nursing position
14 regardless of specialty?

15 DR. NATALIA CINEAS: They are hired based on
16 specialty.

17 CHAIRPERSON NARCISSE: So, what are the specialty
18 that we're talking about?

19 DR. NATALIA CINEAS: Med surge, ICU, and
20 emergency department.

21 CHAIRPERSON NARCISSE: How has the floating nurse
22 pool helped to maintain staffing? I think you spoke
23 about it a little bit. Has it improved the workload
24 for nursing to address understaffing concerns?

25

2 DR. NATALIA CINEAS: Absolutely, they have been
3 able to help, yes.

4 CHAIRPERSON NARCISSE: Yeah okay. Okay how do
5 you decide whether to adopt new technologies?
6 Because we talk about technologies, AI, and we are
7 out there talking about it. So, how do you decide
8 whether to adopt new technologies, including AI tools
9 and how do you evaluating their impact on patient
10 safety and nurse workload?

11 DR. NATALIA CINEAS: currently, we have a work
12 group which focuses on hearing the voice of the
13 nurse. So, our nurses are integral to deciding what
14 tools we use and -

15 CHAIRPERSON NARCISSE: Let me stop you. The
16 nurses decided which tools - so we expose them to the
17 tools you do in service and for them to decide?

18 DR. NATALIA CINEAS: Well, we're beginning an AI
19 nursing work group right now and the goal of that is
20 to have the voice of the nurse at the table to talk
21 about their concerns and what can help mitigate those
22 concerns. For example, documentation. So, we have a
23 nursing AI work group that we are launching that will
24 be part of the larger steering committee of AI. So,
25 it's really important to hear from our nurses in

2 terms of their reservations, where they need help,
3 and so, we're collaborating and empowering our nurses
4 to have a voice at the table with AI.

5 CHAIRPERSON NARCISSE: Okay. All joke aside; I
6 don't want no AI or robotic person come to take care
7 of me. The nurses have to decide what is the best
8 things that they can collaborate which technology
9 that improve patient care, patient health, patient
10 wellness.

11 Uhm, how is your executive compensation
12 determined in light of planned federal cuts? Will
13 executive compensation be reduced? Because we talk
14 about all the CEO, COO's and meanwhile the nurses
15 that are actually delivering the care, feel like
16 they're not part of the wealth that are being
17 distributed over their head. And in the meanwhile,
18 they are struggling.

19 DR. NATALIA CINEAS: Right, so our goal is to
20 remain vigilant and understand what is happening and
21 to be adaptive to adapt as change happens to ensure
22 that we're able to care for our patients.

23 CHAIRPERSON NARCISSE: Okay. How many times has
24 a hospital failed to meet its published staffing
25 ratios in the last year?

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2 DR. NATALIA CINEAS: That is not data that I
3 have.

4 CHAIRPERSON NARCISSE: You don't have it?

5 DR. NATALIA CINEAS: No.

6 CHAIRPERSON NARCISSE: But it's existed I hope?

7 DR. NATALIA CINEAS: Well, there are portals that
8 the nurses who are experiencing inadequate staffing
9 can submit their concerns and that is reviewed with
10 the nurses and with NYSNA at the local level. So,
11 there is a conversation and reviewable staffing based
12 on the guidelines that are posted on the unit. So,
13 there is a review. There is a portal where nurses
14 can share if the needs are unmet.

15 CHAIRPERSON NARCISSE: Hmm, hmm. How many unsafe
16 staffing complaints have been filed by nurses in the
17 last year?

18 DR. NATALIA CINEAS: Each site manages that
19 independently within their portals and protest
20 assignments are managed locally at Health and
21 Hospitals with a CNO and with NYSNA locally.

22 CHAIRPERSON NARCISSE: Okay, so you don't have a
23 compiled data where we can see how many of the
24 complaints from the head of H+H?

25

2 DR. NATALIA CINEAS: There are individual
3 complaints that are episodic and there is the portal
4 as well but that is all managed locally. I do not
5 have a cumulative number.

6 CHAIRPERSON NARCISSE: Okay. Uhm, I don't know,
7 I'm going to pass it for my colleagues who have some
8 questions and I'll come right back. I think Chair
9 Schulman, yeah, thank you.

10 COUNCIL MEMBER SCHULMAN: Thank you. Uhm, I have
11 an important question for you. So, during the last
12 nine months, Health + Hospitals management has been
13 interpreting nurses sick leave policy differently
14 than they had in the past. For the last 40 years,
15 consecutive sick days used for the same illness were
16 counted as one occurrence. However, H+H is now
17 counting each day as an individual occurrence. This
18 means that nurses could be penalized multiple times
19 for the same illness such as the flu or COVID. My
20 understanding is the reasoning for it is because
21 there's been an abuse in the system but my question
22 is, wouldn't it be better to address the abuse than
23 punish everyone with an unfair policy?

24

25

2 DR. NATALIA CINEAS: We care for our nurses and
3 we understand that they may be ill. We want our
4 nurses to use their time when they are ill.

5 COUNCIL MEMBER SCHULMAN: Okay.

6 DR. NATALIA CINEAS: And we are actively taking a
7 look at all of our policies.

8 COUNCIL MEMBER SCHULMAN: So, I'm going to ask
9 you to please take a look at this in terms of instead
10 of a sick time counting as three different
11 occurrences for the same illness that accounts as one
12 and that was the policy. So, if you could just take
13 a deep dive into that. I did send a letter to H+H
14 about this this week, so please take a look.

15 DR. NATALIA CINEAS: Thank you.

16 COUNCIL MEMBER SCHULMAN: Thank you. That's the
17 only question.

18 CHAIRPERSON NARCISSÉ: And that's the question I
19 was about to ask because I have a specific complaint.
20 People call me for that and nurses are concerned and
21 I can tell you right now, I've been hearing from
22 Kings County, from different - Coney Island,
23 different places and you're a nurse too, so you can
24 understand that. And then there are things that
25 happen when you have families and then you have one

2 incident. You have little kids like myself, I have a
3 lot of kids. I had four, so I had to run around and
4 then for somebody to tell me one, now one occurrence
5 it's just like I cannot be sick and then we could be
6 sick too. As a matter of fact, we're exposed to so
7 much. When we have a cold, we don't want to expose
8 our patients, so think about that one. So, next, I'm
9 going to pass it. Thank you Chair. Gale Brewer.

10 COUNCIL MEMBER BREWER: Thank you very much.

11 Years ago, when Roosevelt was Roosevelt, there was
12 housing for nurses and that's a big challenge for all
13 of us but particularly for those working in the
14 hospital system. So, what is H+H doing about housing
15 or nurses in particular?

16 DR. NATALIA CINEAS: Housing has not come up as
17 an active issue but we will more than happy to take
18 that back for conversation.

19 COUNCIL MEMBER BREWER: Take it back where? I
20 really feel very strongly about it. It's a huge
21 issue. It makes a difference for people whether they
22 stay here or go elsewhere. So, you haven't brought
23 it up? Nobody's brought it up; it doesn't even exist
24 as an issue?

25

2 DR. NATALIA CINEAS: No, the majority of the
3 nurses that we recruit are CUNY graduates and that
4 has not come up in our exit interviews or in the
5 recent nine months, no.

6 COUNCIL MEMBER BREWER: How about child care that
7 is shift related? Sometimes you need more than nine
8 to five or ten to six or nine to six. What about
9 child care? No discussion of child care either?

10 DR. NATALIA CINEAS: So, our nurses are able to
11 do self-scheduling to ensure that we are flexible
12 with their scheduling and they're really taken
13 advantage of that to ensure that they're available
14 for their shifts. And so, we worked in collaboration
15 with the nurses for self-scheduling.

16 COUNCIL MEMBER BREWER: Okay, so I'm also saying
17 though, if you need more nurses, which I assume you
18 do, then housing and child care would seem to be
19 something that would be on the list, no?

20 DR. NATALIA CINEAS: With the self-scheduling -

21 COUNCIL MEMBER BREWER: We're trying to recruit
22 more people, right? Is that a fact? We're trying to
23 get more nurses, yes?

24 DR. NATALIA CINEAS: We have hired over 3,000
25 nurses and we've done a great job with recruitment

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2 and we allow self-scheduling for flexibility to
3 ensure that the nurses are available for their
4 shifts.

5 COUNCIL MEMBER BREWER: Okay, and what's your
6 retention rate? Do you have that information?

7 DR. NATALIA CINEAS: Sure, so our turnover rate
8 is 10.3 percent so the difference of that, I would
9 have to do the math.

10 COUNCIL MEMBER BREWER: Okay but you're saying
11 that you are able to retain for as long as you wish.
12 That's not an issue, retention?

13 DR. NATALIA CINEAS: No, our retention rate of
14 our nurse residency program since the inception of
15 the program in 2019 is 87.7 percent. So, we're
16 retaining our new nurses.

17 COUNCIL MEMBER BREWER: Okay, are there any
18 issues that do come up in the exit interviews from
19 CUNY or Columbia or anybody else that need to be
20 addressed or all the exit issues addressed?

21 DR. NATALIA CINEAS: Thank you so much for your
22 question. So, one thing that came up in the exit
23 interviews were individuals leaving because of
24 proximity to their hospital. And so, what we did was
25 ensure that on the internet, nurses are able to see

2 all of the vacancies within all boroughs. So, now
3 they're able to apply for jobs because as a new
4 graduate, you may not know the hospitals within
5 Manhattan or the hospitals in Queens or the Bronx.
6 And so, we've made a greater transparency for our
7 vacancies on our Nurses for NYC Campaign on the
8 internet and that has really helped nurses understand
9 all of the vacancies within our system. So, that's
10 really helped reduce the turnover of nurses leaving
11 because of proximity to where they live.

12 COUNCIL MEMBER BREWER: Okay, is it easy to
13 transfer from Metropolitan to Kings or something? Is
14 that hard to do?

15 DR. NATALIA CINEAS: That is not hard to do
16 because we have systemwide job fairs where all
17 hospitals are in one room.

18 COUNCIL MEMBER BREWER: Okay and then finally,
19 uhm, what is your you know I know you're recruiting
20 and you have lots of good programs that you listed
21 but what is your vacancy rate?

22 DR. NATALIA CINEAS: Our vacancy rate is two
23 percent.

24 COUNCIL MEMBER BREWER: Two percent and your
25 retention rate you feel is satisfactory also?

2 DR. NATALIA CINEAS: Yes.

3 COUNCIL MEMBER BREWER: Okay so, I mean I would
4 just offer that I understand what you're saying but
5 my understanding is there's still a lot of need for
6 more nurses and we do need to come up with housing
7 and child care. And I think even though that may not
8 be on your list of exit, I think that I mean I think
9 Dr. Katz would agree with you I mean, you know spent
10 lots of time with him. That those are two issues
11 that should be looked at because you can't get child
12 care necessarily in the middle of the night for a
13 shift. So, I just urge you to add those to your
14 list.

15 DR. NATALIA CINEAS: Thank you.

16 COUNCIL MEMBER BREWER: Thank you.

17 CHAIRPERSON NARCISSE: Uhm, you done?

18 COUNCIL MEMBER BREWER: Yes.

19 CHAIRPERSON NARCISSE: Uhm, moving forward, how
20 have you mentor providers develop policies and
21 procedural changes to address the complaint that
22 we've been talking about or any complaints in the
23 hospitals?

24 DR. NATALIA CINEAS: Can you repeat the question?

25 I'm sorry.

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2 CHAIRPERSON NARCISSE: Okay. How have you - what
3 are some coming complaints? Because we want to know
4 what are the complaints and how are you addressing
5 them. What are the top complaints that you have?

6 DR. NATALIA CINEAS: From nurses?

7 CHAIRPERSON NARCISSE: From the nurses.

8 DR. NATALIA CINEAS: Our top complaints from
9 nurses, you know I don't want to make things up. I
10 feel that our nurses are really happy with the
11 changes that they've seen over the last few years at
12 Health and Hospitals. We have over 200 professional
13 governance counsels where nurses are empowered to
14 speak up so that we understand what they need. You
15 know they talked about things such as documentation
16 issues that we are working on with them, within the
17 nursing informatics workgroup. We are taking a look
18 at transport policies. So, it's really a
19 collaborative effort and we're really proud of the
20 collaboration that we've done and we see it in our
21 five pathway to excellence designations where we're
22 fostering positive practice environments. And so,
23 we're doing everything we can to listen to our nurses
24 24/7.

25

2 CHAIRPERSON NARCISSE: And you - how do you
3 incorporate that in policies and different things to
4 make sure those things are being addressed? It's
5 just like you talk about it but there is things in
6 place.

7 DR. NATALIA CINEAS: Absolutely, so we have
8 fireside chats. We have town halls where the nurses
9 are able to weigh in on what's working, what's not
10 working and those are translated into policies, yes.

11 CHAIRPERSON NARCISSE: Okay. Hospitals are
12 supposed to submit actual staffing levels to the
13 State Department of Health. Can you commit to
14 working with the department to publish those actual
15 staffing levels daily for the public on the
16 Department of Health website?

17 DR. NATALIA CINEAS: Yes, that is an expectation
18 that all of the staffing guidelines are posted on
19 every unit every day.

20 CHAIRPERSON NARCISSE: How do hospitals determine
21 what services to close or reduce?

22 DR. NATALIA CINEAS: That's an iterative process
23 where we continue to ensure that our patients have
24 the services they need. And so, that is an exercise
25 done by the local CEO's, finance and operations but

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2 our goal is to ensure that all patients are able to
3 receive the care they need in our boroughs.

4 CHAIRPERSON NARCISSE: What service closures are
5 planned in the immediate future and how many of them
6 are directly linked to the federal cuts?

7 DR. NATALIA CINEAS: There are no services
8 planned from my knowledge.

9 CHAIRPERSON NARCISSE: No, none. How do you
10 assess impact on your communities, particularly on
11 patients that may not have other nearby options for
12 care? Do you offer guidance on this?

13 DR. NATALIA CINEAS: Yes, so we ensure that we
14 are looking at our community health needs assessments
15 on an ongoing basis, including all of our nurses are
16 able to review the community health needs assessments
17 to ensure that we're doing community work as well as
18 in patient work. So, that's an iterative process.

19 CHAIRPERSON NARCISSE: There has been recent
20 reporting on Black maternal mortality rates in our
21 city and the severity of disparities inflicted on
22 this patient. Yet, the hospital have constantly
23 reduced services across the city.

24 How do you justify this? And what have you done
25 especially to address these issues?

2 DR. NATALIA CINEAS: So, our goal is to ensure
3 patients have the services they need. We've done a
4 great job in educating all of nurses within our
5 maternal health service lines. We're really proud of
6 that work. We've seen an increase of the nurses
7 competency rates and we're really proud of the work
8 that we're doing to ensure patients safety related to
9 all patients within maternal child health service
10 lines.

11 CHAIRPERSON NARCISSE: So, you're not reducing
12 services on that line?

13 DR. NATALIA CINEAS: Not from my knowledge, no.

14 CHAIRPERSON NARCISSE: Now, do by any chance you
15 know that H+H have offshore account investment?

16 DR. NATALIA CINEAS: I'm unable to speak to that.

17 CHAIRPERSON NARCISSE: Okay. Because there's an
18 investment according to some sources of that being
19 done, so the question is, if there is investment off
20 shore, are we going to use the investment to provide
21 the care to meet the cuts that are coming from this
22 ugly bill? You understand H.R. 1?

23 DR. NATALIA CINEAS: I understand your question.

24 CHAIRPERSON NARCISSE: Okay, so just relate the
25 questions and then how we gonna address that if

2 there's investment, are we using the profit of some
3 investment line to cover some of the cuts? Some
4 people are interested in that.

5 DR. NATALIA CINEAS: Thank you. I can take that
6 back to team.

7 CHAIRPERSON NARCISSE: Okay. What is the average
8 - oh no, you're not - you're not - you don't know
9 about investment so I'm not going to push on the
10 investment.

11 What is the average top line percent increase in
12 the reimbursement for all services, inpatient and
13 outpatient bargaining with the five largest insurers
14 in New York, Fidelis Care, Health First, Etna or
15 former Blue Cross Blue Shield?

16 DR. NATALIA CINEAS: Thank you. Because the
17 contracts are constantly being renewed, I would like
18 our finance team to provide you with that
19 information.

20 CHAIRPERSON NARCISSE: Hmm, hmm. How many
21 layoffs are anticipated at your hospital over the
22 next year? Who has job title will be laid off? How
23 does the hospital determine when to answer to the
24 layoff and who will be laid off first?

2 DR. NATALIA CINEAS: So, our goal is that our
3 mission will not - we know that our mission will not
4 change due to these cuts and we will not back away
5 from serving New York City. We're committed to
6 maintaining stability and safety for our system, for
7 our patients and for our staff. And the goal will be
8 to ensure that we are providing the best care to our
9 patients.

10 CHAIRPERSON NARCISSE: Okay, let's talk about the
11 active shooter. Some nurses feel like in the modern
12 time it's not going to be the last one. We hope it
13 will be never I mean, never happen but there was an
14 active shooter incident right and outside the
15 emergency department. I know myself in the ER, I
16 would probably be very concerned about that. It
17 happened at Mount Sinai. Nurses have had testified
18 to the patient safety issues that are endemic to your
19 facilities. Can you outline specific measures you
20 have taken to improve patient and caregiver safety in
21 your facilities in the past year?

22 DR. NATALIA CINEAS: Thank you.

23 CHAIRPERSON NARCISSE: How have you created
24 policies ever since?

2 DR. NATALIA CINEAS: Thank you. We are committed
3 to ensuring that our facilities are safe for staff
4 and patients. All staff are required to take
5 workplace violence prevention online trainings, which
6 include training on active shooter scenarios
7 specifically. All facilities conduct active shooter
8 training programs. In some places in collaboration
9 with local NYPD precincts. Each facility does a
10 security assessment that is updated annually.
11 Additionally, there's a lot of work taking place
12 right now as it relates to de-escalation training for
13 nurses, for the interdisciplinary workgroups to work
14 with physician partners and behavioral health teams.
15 We also recently revised protocols in partnership
16 with hospital police.

17 CHAIRPERSON NARCISSE: Okay and about at the
18 bedside, are we concerned about that?

19 DR. NATALIA CINEAS: Yes.

20 CHAIRPERSON NARCISSE: Violence against nurses.

21 DR. NATALIA CINEAS: Yeah, so the nurses take
22 special training. So, they take a PMCS training and
23 they also take a communication training. That's
24 three hours during orientation. So, we make sure at

2 the onset of employment the nurses have the resources
3 and tools to function on inpatient units. Thank you.

4 CHAIRPERSON NARCISSE: Oh, I have been joined by
5 my colleagues CM Marmorato and Gutiérrez. Thank you.

6 Uhm, okay, do you as a nurse, would you feel
7 comfortable declining any intake, like any kind of
8 like detail, you go to ICU and you're a medical
9 nurse. Can a nurse decline an assignment if they
10 feel like they're not comfortable?

11 DR. NATALIA CINEAS: Our nurses are trained to
12 care for specific patient populations and our nurses
13 are empowered to always speak up if they feel
14 uncomfortable for a patient assignment.

15 CHAIRPERSON NARCISSE: Can they feel comfortable
16 for real to say no and no repercussion, nothing?

17 DR. NATALIA CINEAS: Yes because we ensure that
18 floating happens in specific areas where they have
19 the training. So, they are encouraged to speak up,
20 yes. And they are also able to submit different
21 documents and escalate to leadership if there's a
22 concern.

23 CHAIRPERSON NARCISSE: Okay, because some nurses
24 feel like they might have repercussion if they come
25 to work and they send them - they float them other

2 places that they're not comfortable. So, all your
3 nurses is across training? So, everyone trained for
4 everything?

5 DR. NATALIA CINEAS: No, they're trained for
6 specific areas to ensure that they're practicing
7 safely.

8 CHAIRPERSON NARCISSE: Okay. I'm reaching to let
9 you go because I've been putting you here to ask a
10 lot of questions. Okay, probably my last. Treat to
11 Target program, the most recent Mayor's Management
12 Report described the Treat to Target program, which
13 is a nurse led chronic management program focused on
14 providing intensive support to help primary care
15 patients who are diagnosed with diabetes to reach
16 their blood sugar and their blood pressure goals.
17 What type of feedback have nurses had on
18 Administrating, administering this program and has it
19 been successful in prioritizing patients who require
20 more guidance to control their blood sugar? How do
21 nurses get assigned or volunteer to become part of a
22 specialized program such as this Treat to Target
23 initiative?

24 DR. NATALIA CINEAS: Thank you for the question.
25 So, nurses are hired into the program. We've

2 received positive feedback from nurses who work
3 within this program. They're empowered to work
4 closely with patients to help them manage their
5 chronic conditions and we've seen success in helping
6 patients reach their target goals. We're proud to
7 share that we have seen over 63,000 completed Treat
8 to Target visits in the last year alone. Thank you.

9 CHAIRPERSON NARCISSE: Thank you so much. I
10 think, I believe you answered my questions and I'm
11 looking forward as a nurse, what I'm hoping, I like
12 to hope, that you're going to hold it dear to your
13 heart. Once a nurse, always a nurse and making sure
14 that the nurses are feeling safe, they're feeling
15 that their needs are being addressed, and they're
16 financial situation too because this is a calling but
17 we have to pay the bill and we know that is very
18 challenging in New York City.

19 So, I'm hoping that because you're a doctor, a
20 nurse doctor, that you're going to do everything you
21 can and I'm hoping that the nurses feel comfortable
22 in the environment that they have to work. So, I
23 thank you Dr. Cineas for being present and thank you
24 for answering the questions and one more thing I want
25 to ask you, since I'm going to have NYSNA coming to

2 testify and some others, I will recommend that you
3 stay with us for a little longer so you can hear the
4 testimony. So, you can do your very best to address
5 the needs that we have over our head. Because if the
6 nurse is not comfortable, we're all not comfortable
7 because that's our care. Thank you for your time.

8 DR. NATALIA CINEAS: Thank you.

9 CHAIRPERSON NARCISSE: The next person I'm going
10 to call is Nancy Hagans, President for the public
11 testimony. Oh, this part. Give me a second Nancy.

12 Okay, I now open the floor to public testimony.
13 Before we begin I have to lay out some rules. I
14 remind members of the public that this is a formal
15 government proceeding and that decorum shall be
16 observed at all times. As such, members of the
17 public shall remain silent at all times. The witness
18 table is reserved for people who wish to testify. No
19 video recording or photography is allowed from the
20 witness table. Further, members of the public may
21 not present audio or video recording as testimony but
22 may submit transcripts of such recording
23 to the Sergeant at Arms for inclusion in the hearing
24 record. If you wish to speak at today's hearing,
25 please fill out an appearance card with the Sergeant

2 at Arms and wait for your name to be called. Once
3 you have been recognized, you will have two minutes
4 to speak. I'm going to change it to three to give
5 you more time, to speak on today's hearing, Oversight
6 topic on the State of Nursing.

7 If you have a written statement or additional
8 written testimony you wish to submit for the record,
9 please provide a copy of that testimony to the
10 Sergeant at Arms. You may also email written
11 testimony to testimony@council.nyc.gov within 72
12 hours of this hearing. Audio and video, I mean
13 recordings will not be accepted.

14 When you hear your name, please come up to the
15 witness panel and for that, now I can call the
16 President of NYSNA Nancy Hagans. You're so
17 respectful. I love nurses. Most people clap. They
18 ignore us but you follow the rules. Thank you. You
19 may begin, thank you.

20 NANCY HAGANS: Okay, good afternoon Madam Chair.
21 Good afternoon Committee. Thank you for having us
22 here. My name is Nancy Hagans and I've been a nurse
23 at Maimonides Medical Center for over 30 years and
24 I'm also the President of the New York State Nurses
25 Association, New York largest union and professional

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association for registered nurses. And I'm also the Co-President of National Nurses United. The largest and fastest growing union for RN's in the country.

I'm here to speak about the health care crisis that we are facing in our city every day. Nurses are currently waging a battle to defend quality patient care on two fronts. The first front is against the federal Trump Administration and its attacks on our most vulnerable patients, and on our health care funding.

The second front is against our city's own private hospitals, which are fighting against all the gains that nurses have made to stabilize the workforce and improve and protect patient care. Nurses have been sounding the alarm for months about the pending federal health care cuts. Medicaid and affordable care act cuts will mean fewer insured patients, high insurance premium, and less hospital funding. Before these cuts were even passed, we saw the federal administration try to bully our hospitals and to cutting care for our trans patients. We saw them bullying immigrant New Yorkers by reversing the longstanding policy of a hospital being a sensitive location, free of ICE enforcement actions.

2 Nurses and our union allies have spoken out
3 against these policies and urge our hospitals to do
4 more to protect our vulnerable patients. As a proud
5 Haitian immigrant, I have seen firsthand the negative
6 health impacts when patients delay care because they
7 are afraid of coming to the hospital. We want ICE
8 out of our hospitals. We cannot carry out a mission
9 of caring for all people unless hospital
10 administrators actively protect our immigrant
11 patients and have clear policies and procedures for
12 staff to follow.

13 We want our hospitals that have cut gender
14 affirming care for trans youth and adult patients to
15 follow the New York State civil rights law and
16 protect and restore care for these patients. We want
17 our elected officials to have our backs when it comes
18 to protecting all New Yorkers, and we also want them
19 including our New York City Council Members to
20 continue to fight alongside us to reverse health care
21 cuts and fill the gaps in hospital funding. We know
22 some hospitals will be stretched much more than
23 others. Safety net hospital like Maimonides Medical
24 Center where I currently work is under resourced.
25 New York State recently announced transformation

2 grant AMI stabilized in the funding for important
3 safety net hospitals, like Maimonides.

4 This is an important necessary step. Our city
5 cannot afford to lose more hospitals or hospital
6 services. We cannot have a healthy and driving city
7 without providing access quality care for all. And
8 nurses cannot deliver that quality care if a hospital
9 failed to listen to the frontline nurses.
10 Unfortunately, we are facing employers who are all
11 too eager to cut back on safe staffing and nurses
12 wages and benefits. And on negotiations with
13 Maimonides Medical Center, administrators want to
14 reduce nurse staffing, cancel our shift at will, and
15 make other changes that will honor nurses retention
16 and patient care. They want to erase decades of
17 benefits that we have won. That have helped us
18 recover nurse staffing levels after the COVID-19
19 pandemic, and that makes retired health costs more
20 affordable, most affordable.

21 Safety nets are trying to reverse again nurses
22 have made that have helped our staff safely and
23 deliver quality care for all. We need greater state
24 and city investment in our safety net hospitals but
25 those hospitals administrators must also be

2 accountable. They must invest in safe patient care
3 in return. The large wealthy academic medical
4 centers can most afford to weather the federal storm.
5 These are the hospitals whose financial position has
6 recovered from the pandemic and is better than it was
7 two years ago, and when we last negotiated our
8 contracts. However, wealthy hospitals like New York
9 Presbyterian, wasted no time to cut services and
10 frontline staff. Even before the federal healthcare
11 were passed.

12 Wealthy hospitals like Mount Sinai, waste no time
13 rolling out a virtual nurse and in ambient listening
14 from artificial intelligence. They are investing
15 onto millions of dollars to replace real nurses with
16 artificial caring and one of the main advantage they
17 side is being able to bill the patients more. Yet,
18 they have continuously, continuously failed to
19 address nurses workplace safety concerns. We were
20 very fortunate that the active shooter incident at
21 Mount Sinai last week did not end in even more
22 tragedy. The hospital was unprepared. I spent some
23 time with Mount Sinai members that day after the
24 shooting. They were shaken, they were angry because
25 management didn't do anything to help them and we

2 know that the nurses deserve better and all nurses
3 and patients deserve better; to work and care in a
4 safe environment.

5 Wealthy hospital like Montefiore in the Bronx are
6 investing in major expansion. Mergers in acquisition
7 of hospitals upstate, all while squeezing their
8 patients in the hallways and reducing healthcare
9 services here in the city. These wealthy hospitals
10 continue to prioritize their profits over our
11 patients.

12 New York hospital prices are already some of the
13 highest in the nation and growing fast. These high
14 costs are not being reinvested back into patient
15 care. People are already struggling to afford to
16 live in New York City. We know they will struggle to
17 afford healthcare because of federal cuts. New York
18 City hospitals should not make it harder on our
19 patients. They should not take the advantage of the
20 federal chaos and carelessness to increase their
21 profits at the expense of our patients.

22 NYSNA contract campaign is about 20,000 nurses
23 and 12 private sector hospitals. We care for New
24 York. We are trying to protect patient quality care
25 in every zip code, in every borough in this city, and

2 all of our 12 hospitals from the safety net hospital
3 to the large academic medical centers.

4 When I became a nurse, I became a patient
5 advocate. Now we are calling on our allies to
6 advocate alongside for enough nurses and hospital
7 resources to care for all New Yorkers who needs us.
8 This is such a critical time for the health of our
9 city. We need to show New York and the country who
10 we are. We value and we are willing to defend.

11 Thank you.

12 CHAIRPERSON NARCISSE: Thank you so much for your
13 testimony and like we said, uhm the nurses work is
14 not about the nurses, it's about the care for New
15 Yorkers because we're willing to put our lives at
16 risk. That what we said all the time, so I'm happy
17 to have you to advocate to make sure New York city is
18 a healthy city. So, thank you for your work.

19 Uhm, I want to talk to you about the debt because
20 I think from Administration, I was talking about the
21 money part because we know after you finish school,
22 you owe so much right? Uhm, are there nurses that
23 are enrolled in loan repayment programs, such as the
24 National Health Services Coop Loan Repayment program
25 or the nurses across New York Loan Repayment program?

2 Does NYSNA have experts who are able to provide
3 guidance to nurses who are seeking financial
4 assistance for their student debt or other uhm needs?

5 NANCY HAGANS: I know the Loan Repayment program
6 is based on where you work. I believe if you work in
7 the health uhm, H+H and you may be able to be on the
8 health free payment program. Like someone like
9 myself who works in a private institution. That was
10 not something that we could take advantage of.

11 That's for us, it's more for - it all depends on
12 where you work as a nurse.

13 CHAIRPERSON NARCISSE: So, not when we - the
14 nurses have been out in the hospital, they've been
15 out in the financial part.

16 NANCY HAGANS: Yes and I know a young lady
17 speaking up when she was trying to go to NYU to do a
18 program. She was talking to me and by the time she
19 did the count in 15 months, it's \$150,000.

20 CHAIRPERSON NARCISSE: That's a lot of money.

21 NANCY HAGANS: Yes.

22 CHAIRPERSON NARCISSE: When it comes to workplace
23 culture, much of the atmosphere in the workplace is
24 reliant on competent and empathetic leadership.

25 Three of their ways for nurses to report good or bad

2 management practices to the administrators of the
3 hospital or hospital system. We know we would put
4 good things too. So, how do we do that, good or bad?

5 NANCY HAGANS: I don't view it as good at all
6 because I mean, I will give you an example that we
7 have a hotline that if something is going on you need
8 to report it. They so call it a whistle blower
9 policy but there's no such policy. You go to work
10 one day, something is going in your real practice,
11 even when you're calling management and it's sad that
12 you get yelled at or they'll say to you, you do the
13 best that you can. And there's not a process where I
14 would say as a nurse over 35 years that I could say
15 that we, you know we've been empathetic or anyone is
16 listening to us.

17 I'll give you an example. Look at what happened
18 at Mount Sinai last week and you would think
19 management would come there and provide services for
20 the patients, for the nurses who were very shaken
21 because as a nurse, you work on the most vulnerable
22 patients. That active shooter - anything could have
23 happened to the nurses and the patients as well who
24 were stagnant and there was no one and the nurses
25 said to me what they were told, "if you have a

2 problem, call your manager." And they had a chaplain
3 and as NYSNA, as a family, we united, we went there.
4 We wanted our siblings, our colleagues to feel that
5 we are here. We understand you because as a nurse,
6 when you go to work now in this city, it's become one
7 of the most dangerous situations you could be because
8 there is no safety or any resource being provided to
9 us.

10 CHAIRPERSON NARCISSE: Thank you. Now, since
11 you're a nurse, I know I can ask you for the nurses
12 that's on the floor right? Do they feel comfortable
13 declining to take in an optional overtime shift, if
14 the workplace is understaffed?

15 NANCY HAGANS: If you're working understaffed, if
16 you're working on med unit, I'll give you an example,
17 you came in, you are supposed to have five patients.
18 Now, you have ten or it's someone calling out and
19 then the next shift, by the time you're ready to go
20 home, you're mentally and physically demoralized.
21 So, then how do you expect that person to come the
22 next day to take an extra shift? And it's not safe.
23 It's not safe patient care and what the hospitals
24 need to do is still hire more nurses, so we could
25 provide better care.

2 CHAIRPERSON NARCISSE: Do those things happen
3 often?

4 NANCY HAGANS: Yes.

5 CHAIRPERSON NARCISSE: If I have to ask you how
6 often do you hear that? How often that happens in
7 the hospital setting?

8 NANCY HAGANS: Every day, almost every day that
9 I'll get a phone call even when I'm off and say you
10 know what? We came into today, then we only have
11 three nurses instead of five and then at the end of
12 the shift, there's a [INAUDIBLE 01:09:15], would you
13 like to stay an extra four hours? Would you like to
14 stay an extra three hours? And then it's very
15 difficult to provide care to the patients.

16 CHAIRPERSON NARCISSE: Or my timing was not that
17 often, I can tell you that much, except if there's a
18 snow storm, things like that, then you have to push
19 another four hours. NYSNA website include a
20 statement on the practice of retaining floating
21 nurses who can be called open to fill sudden or
22 unanticipated fluctuation in staffing. Does NYSNA
23 represent individuals who are considered floating
24 nurses? If so, what kind of feedback have you
25 received from floating nurses about their assignment?

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2 NANCY HAGANS: Well in our contracts, you know
3 you could either be a float nurse or you could have a
4 med surg or critical care nurse and like I said to
5 people, a nurse is not a nurse. If you're a nurse,
6 if you needed brain surgery, you would not go to an
7 orthopedic surgeon. So, if you're a med surg, you
8 should not be expected to work in a critical care
9 area and you know vice a versa. A nurse is not a
10 nurse. I'm an adult critical care nurse. If you ask
11 me to go work in a pediatric, I would not be a
12 service to that patient. It would not be a service
13 to myself; a nurse is not a nurse.

14 So, what we say, a nurse need to work in their
15 particular areas and expertise and that's how you
16 would deliver safe, proper, patient care. I mean
17 management tried all the time you know. I'll give
18 you a little in service for an hour or so and then
19 that's when we come in as a nurse, you need to stand
20 up and fill out assignment. And also, you should not
21 be working in a situation where you're not only going
22 to compromise a life of the patients, you're also
23 going to compromise you and your livelihood as well.

24 CHAIRPERSON NARCISSE: It is difficult because I
25 know I would not be comfortable from ICU to go to uhm

2 - I mean from med surg to go to ICU and just coming
3 in and thinking it's okay unless I have some training
4 to understand it. Like for myself, I was going all
5 over. I spent two years here, two years there
6 because I wanted to know everything. You know when
7 you're young, that's what you do but uhm, to go there
8 and not having that training, it can be scary.

9 Uhm, I have some of my colleagues that want to
10 ask some questions, let me pass it on before I
11 continue. I have some more questions for you. Uhm,
12 Marmorato.

13 COUNCIL MEMBER MARMORATO: Thank you Chair. So,
14 I am from the Bronx and I will tell you that
15 Montefiore is really working on expanding their
16 hospital in the Bronx at two different locations. We
17 just rezoned one area on the Jacobi campus and then
18 they're looking to expand on the Einstein Campus as
19 well, which is very exciting. So, it's going to be
20 almost as if there's a new hospital there.

21 So, so I just want to touch on what NYSNA's
22 stance is on nurses that are found to be impaired on
23 the job during their shift. Where do you guys stand
24 with that?

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2 NANCY HAGANS: Can you elaborate when you say
3 impaired because if I go to work and I don't - I
4 didn't take a break, for like -

5 COUNCIL MEMBER MARMORATO: Substance abuse, like
6 impairment.

7 NANCY HAGANS: I mean we - I mean all we know, we
8 know substance abuse you know, it's an illness and
9 uhm, if your colleague and you - you know witness
10 somebody is impaired, it's up to all of us to make
11 sure that that person would be removed from the
12 situation. We also want to support that nurse or
13 colleagues to a treatment program to a different step
14 in. That's what needs to be done because mental
15 illness is not taken very serious in this country and
16 this city and substance abuse is also an illness and
17 we need to address it the same way if you had high
18 blood pressure, if you had diabetes, it needs to be
19 treated accordingly.

20 COUNCIL MEMBER MARMORATO: Well, would a nurse
21 lose their license if it's - uh do you have to report
22 it to the state?

23 NANCY HAGANS: Well, usually the employer you
24 know report it to the state and then our goal is not

25

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2 to have any nurse, I'm a nurse myself and no one
3 would want a nurse to go to work while impaired.

4 COUNCIL MEMBER MARMORATO: Yeah, okay so you
5 don't support them maintaining their job then?

6 NANCY HAGANS: Absolutely after they go to
7 rehabilitations -

8 COUNCIL MEMBER MARMORATO: I'm sorry.

9 NANCY HAGANS: After we have been - are you able
10 to hear me?

11 COUNCIL MEMBER MARMORATO: I can't hear that well
12 anyway. Okay, okay thank you so much. Thank you
13 Chair.

14 CHAIRPERSON NARCISSE: No problem. I have a
15 question, a follow up that I didn't finish with you
16 with uhm the hospital administration. Do you feel
17 your hospital administration takes your input into
18 account when making decisions that affect the nurses
19 around staffing, closures or any you know difficulty
20 or things that are going on within the structure?

21 I'm going back to Mount Sinai what just took
22 place. In light of the terrible tragedy that just
23 took place. Do you feel that your hospitals are
24 taking sufficient measures to address patient safety

25

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2 and of course the frontline workers, caregivers? Do
3 you feel like they -

4 NANCY HAGANS: It's funny we had negotiation
5 yesterday and we shop about hospital safety. The
6 hospital where we have about 20 open, 20 doors people
7 could get in and out and what they said to us, we're
8 going to have security come and explain it to you.
9 And security when you have an issue, they are nowhere
10 to be found. As far as the hospital asking you
11 questions, normally they'll implement something and
12 then once you find out sometimes from the doctors or
13 from hearsay, and that's when they come back to you
14 and say, well, by the way, what do you think? It's
15 usually after the fact.

16 CHAIRPERSON NARCISSE: How is AI now currently
17 being used in the hospital? How are you - are you
18 concerned for the future of the patients and the
19 nurses?

20 NANCY HAGANS: Absolutely. As we said, every
21 patient is a human being. Every patient is a human
22 touch. You could have AI to help you with certain
23 things to enhance the care, to monitor somebody's
24 vital sign but artificial intelligence should not be

25

2 a way to care for our patients. Human beings is a
3 human being to take care of.

4 First of all, AI is also you know culturally bias
5 and it's not built to address everybody's situation.
6 You have a patient that walked in. Some people could
7 walk around as an example, with a blood pressure of
8 150/90. That could be normal for me. For you, it
9 could be considered hypertensive. So, the machine is
10 going to say by the way, Nancy's blood pressure is
11 150/90. Let's give them some medication. We need
12 somebody to come in and access the patients. We
13 cannot treat numbers and artificial intelligence is
14 artificial care and we need real human beings. We
15 need nurses who are well trained to care and assess
16 for our patients.

17 CHAIRPERSON NARCISSE: I'm going to pass it onto
18 my colleagues who have some questions.

19 COUNCIL MEMBER GUTIÉRREZ: Thank you Chair and
20 thank you so much Ms. Hagan's. I just want to
21 acknowledge in your testimony and just applaud you
22 for your leadership with wanting ICE out of
23 hospitals. I think I just want to uplift. I want
24 them - I too want them out of our hospitals. I too
25 want to remove all barriers for any New Yorker to

2 seek access in care, so that's getting ICE out of our
3 hospitals, Rikers, schools, etc.. But thank you so
4 much for your leadership and for your stance on that.
5 I had two questions. One was just uhm, going off of
6 what Chair Narcisse asked related to AI. Are you
7 familiar with - I guess what is the process. Like,
8 I'm the Council's Tech Chair and a lot of the ways
9 that we are made aware of AI in city government is
10 after the fact, after it's already been piloted,
11 after it's already been used for you and for you know
12 your fellow nurses, what is that process like? Are
13 you brought into the fold? Are you part of the
14 conversation? Are there and I agree with you, I
15 think every patient should be met with a human being
16 for all the reasons that you highlighted. Uhm, but
17 what is that process like? I know in instances that
18 you highlighted in your testimony, these are in the
19 city's private hospitals where you know some of these
20 administrators jumped the gun and you know
21 essentially replaced nurses with some of these
22 services. Are there instances where hospital
23 administrators are working with different leadership
24 teams of staff at the hospitals to inform them, like
25 hey, we're working with an AI company. We think this

2 tool; we think this could be really useful. Are
3 there instances where that happens?

4 NANCY HAGANS: Well, I could you know testify on
5 the place where I work and normally that you would
6 hear a rumor, oh they're going to pilot this
7 particular you know project and sometimes, I'll give
8 you an example, a few months ago, they were piloting
9 a mission to read the price on burn pressure in the
10 ICU and the nurses came in that weekend and the
11 pharmaceutical company was there and already
12 connected to the patients but no one knew about it.
13 No one was trained. So, they gave me a phone call
14 and I went to the hospital and I said, what's going
15 on here? Oh, we're just piloting this particular
16 reading for pressure. Which is great but it would
17 have been better if there were conversations, if
18 there were some kind of you know protocol. Who is
19 going to be part of that? What do we do? What if
20 the machine stopped working? How do we go back to
21 monitor that patient?

22 As I stated earlier, a lot of times the hospitals
23 want to come on with everything with AI, but we're
24 not part of the decision making and we need to be
25 part of the decision making because it's effecting

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2 how we care for our patients. And we are the one at
3 the bedside delivering care all the time. You bring
4 this machine; it look great but what do we do with
5 it? How does it work? Is it going to work on every
6 patient?

7 COUNCIL MEMBER GUTIÉRREZ: So, you weren't
8 trained.

9 NANCY HAGANS: No, there was no training. So,
10 they ended up listening to me and pulled it until we
11 had training and had conversation. But so many
12 times, this is what we have to do.

13 COUNCIL MEMBER GUTIÉRREZ: Right, right and this
14 uhm and unfortunately it sounds like you have to make
15 that demand with every single new tool, with every
16 single new technology, which is just unfair and even
17 more of a challenge for retaining nurses. Are there
18 instances where uhm, nurses are leaving or forced out
19 because of AI technology?

20 NANCY HAGANS: Well, it comes to a time nurses
21 are living the profession period because of the way
22 we treat it. If you look at the amount of nurses
23 that are licensed in the State of New York and the
24 amount of nurses that are working, because we are
25 mentally and physically demoralized, we don't have

2 enough staffing. And then a lot of times, you know
3 my colleagues will say, all they want you to do is
4 click on that computer, click on that computer in
5 order for them to generate their revenues and then,
6 your away from the bedside and then you're expected
7 to do more tasks with less staffing.

8 So, nurses are leaving the professional, not you
9 know for everything and you know our condition of
10 work. But the working condition is not really great
11 and that is one of the reasons in our contract
12 campaign. We are putting strong language and we got
13 to AI. The AI should not be replacing our nurses.
14 They should not be the one to care for our patients
15 because we need real nurses at real time at the
16 bedside to care for our patients.

17 COUNCIL MEMBER GUTIÉRREZ: Excellent, count me
18 in. I'm supportive and I know the Chair is as well.
19 Just one more question. I think about two years ago,
20 we had a similar hearing with Chair Narcisse. This
21 was before the bargaining and there was just as many
22 nurses there then as there are today. And it sounds
23 like in many ways not a lot has changed. I remember
24 a focal point being care, enough nurses so that you

2 would not be working more than the required shifts so
3 that you can care per patient at a safe ratio.

4 Of course, the testimony that we had just you
5 know 20 minutes ago, sounded very different, very
6 positive, very flowery. What can you tell me that
7 you think that we have gotten right in the last two
8 years and where are the areas where we should
9 prioritize? I get it from your testimony; nurses
10 need to be respected hands down. We need more
11 nurses. What about the marketing campaign do you
12 think has worked to recruit more? What can we be
13 doing differently? How can we communicate
14 differently? What are their languages do we need to
15 include? What are some of those things that you
16 think could be really, really useful?

17 NANCY HAGANS: We recruit and return this is we
18 have to make the working condition better and start
19 with the safe nurse, patient ratios. And we've had
20 the staffing loss since 2021 and the Department of
21 Health is not doing their jobs. It's a struggle.

22 Our spot of you know citywide to have to work
23 with Department of Health and others to make sure
24 that we were compliant with the nurse to patient
25 ratios according to the law. We couldn't get

2 anywhere because it was made of nurses and the
3 management side. And I felt as part of that
4 Committee, that the Department of Health, they were
5 not doing their jobs. They were not helping. So,
6 right there, we need the Department of Health to do
7 their jobs. We need the hospitals to hire and retain
8 more nurses by providing a much better working
9 condition.

10 Where are you going to work, unless you're able
11 to take your break without having another nurse
12 taking care of your patients while that person have
13 double duty and when a nurse call in sick, like we
14 talked earlier. Once incident should not be - no one
15 should be penalized for not feeling well and coming
16 to work. And if you come to work and you have a
17 tragedy, you need to be able to take the next day off
18 in order to recover and able to be. Because if
19 you're not mentally feeling well, then you can't go
20 to work and deliver for your patients because I tell
21 - your brain is part of your bodies, an organ. It
22 also needs to be looked at and taken care of. That's
23 working in a better condition, able to go home, able
24 to be rested and also able to make a required living

2 in order to take care of loved ones and have good
3 medical coverage and proper retiree health.

4 COUNCIL MEMBER GUTIÉRREZ: Thank you. Thank you
5 Chair.

6 CHAIRPERSON NARCISSE: You're welcome. Uhm, I
7 know you're very passionate about the profession for
8 nursing. Do you feel the states staffing law is
9 sufficient to address your concerns around staffing?
10 Do you feel that the hospitals are transparent about
11 how they set staffing levels and standard in your
12 facilities that you cover?

13 NANCY HAGANS: Well, the state staffing law, when
14 we first started it was a beginning but we need to
15 make it - well, it needs to national to begin with
16 but you know we're going to focus right now with the
17 State Staffing law. It needs to be more - I wouldn't
18 say straight but it needs to address the situation.
19 It also needs to hold the hospitals accountable. And
20 the hospital where I work at, they're not transparent
21 with the staffing ratios. Then if you go in you
22 know, there's a sign that oh, today we have five
23 nurses on. Today, you're supposed to have three
24 PCT's and everyone else but if you go around and
25 rounds, that staffing is not at the level that it

2 requires to be. And they're not transparent and it
3 always someone calling in sick but you're supposed to
4 have enough nurses. If one person call in sick in a
5 department, the whole department should not fall
6 apart. If we have one sick call in the Department of
7 Medicine, it's like the whole place is falling apart
8 because they have to pull from another unit and that
9 unit is going to get other patients from ED.
10 Everything is backwards because the staffing level is
11 not up to par. They never prepared the anticipation
12 that you know somebody may not feel well tomorrow.
13 Then you need to have enough of nurses to replace a
14 float pool that could replace a sick, holiday, two
15 sick. One call should not make the whole place on
16 fire. This is you know a staffing shortage but you
17 cannot have staffing shortage all the time. If you
18 have someone going on a leave, you already know.
19 There needs to be you know measures in order to
20 replace the nurses.

21 CHAIRPERSON NARCISSE: That's the ripple effects
22 that we're talking about.

23 NANCY HAGANS: Yes, always.

24

25

2 CHAIRPERSON NARCISSE: Uhm, what are the risks to
3 patients and public health when hospitals are not
4 appropriately staffed?

5 NANCY HAGANS: Well, as I said, more nurses
6 better care. So, if you come in with pneumonia and
7 then you prescribe antibiotics and then the nurses
8 work in short, instead of me giving you your
9 medication in one hour, then it took me five hours,
10 then you'll end up staying longer in the hospital and
11 it costs the hospital more and you end up not getting
12 out of bed. Now the patients end up with pneumonia.
13 The patient end up with a bed sore. These are all
14 the effects of short staffing. As a nurse, I want to
15 go work. I want to be able to provide safe patient
16 care but it's impossible to ask a nurse to care for
17 ten patients. And say that you know everything is
18 going to be addressed and then they're a mess. It
19 could cost somebody else's life you know. Their mess
20 could cause somebody to stay in the hospital ten days
21 longer and their mess could end up; the person end up
22 with a bed sore. The person end up with pneumonia.
23 Now the person is more in the hospital and there's
24 more - it's a ripple effect like you said.

2 When you know short staffing does not save
3 lives. Safe staffing saves lives and we need to have
4 enough staff across the city in every zip code, in
5 every hospital in order to care for our patients. In
6 order to make sure that everybody is taken care of
7 safely.

8 CHAIRPERSON NARCISSE: Okay, if you have three
9 demands right now to improve the nurses life, what
10 would it be?

11 NANCY HAGANS: Say it again.

12 CHAIRPERSON NARCISSE: Three demands.

13 NANCY HAGANS: Three demands.

14 CHAIRPERSON NARCISSE: To reach us to our
15 destination. A better place for nurses.

16 NANCY HAGANS: Staffing, hire more nurses, better
17 condition to return nurses, provide proper medical
18 coverage for nurses.

19 CHAIRPERSON NARCISSE: Now, I just said three,
20 you're laying it on me.

21 NANCY HAGANS: You know I have a cousin who says
22 to me all the time, be careful cuz because I do home
23 care and most of my patients who are crippled in beds
24 and cannot get out of bed are retired nurses.

2 Because by the time we retire, we're not good to
3 ourselves.

4 CHAIRPERSON NARCISSE: For DOHMH. Uhm, if I ask
5 you, do you have any recommendations for Department
6 of Health? Now, even though it's H+H but what they
7 can do in that incorporated world that we live in?

8 NANCY HAGANS: Department of Health, do your
9 jobs. Hold the hospital accountable for the
10 staffing, language -

11 CHAIRPERSON NARCISSE: That's one of my colleague
12 question. What do you think they should do?

13 NANCY HAGANS: Do their job.

14 CHAIRPERSON NARCISSE: Do their job, okay. Uhm,
15 what can I say Madam President. I want to say thank
16 you for your time and I think I have a lot of my
17 colleagues that are going to continue to testify.
18 So, thank you so much for your support and for your
19 advocacy, for your leadership, and for your passion
20 and compassion to care. Thank you for your time.

21 NANCY HAGANS: And thank you for having us and
22 giving us this opportunity to testify today.

23 CHAIRPERSON NARCISSE: Thank you.

24 NANCY HAGANS: Thank you.

25

2 CHAIRPERSON NARCISSE: You see, nurses follow
3 rules. They don't clap, so I appreciate you guys.
4 Thank you Administration that stayed, Dr. Cineas,
5 thank you for your time, appreciate you.

6 Next is Erin Dupree, Lester Marks from Mother
7 Cabrini Health Foundation. Thank you, you may begin.

8 ERIN DUPREE: Good afternoon. My name is Dr.
9 Erin Dupree of Greater New York Hospital Association,
10 which represents every public and voluntary hospital
11 in New York City. As an OBGYN, I can literally still
12 remember my first days as a resident. Ops, could you
13 hear me or should I start over? Can you restart the
14 clock please?

15 CHAIRPERSON NARCISSE: Oh, your time. You said
16 my time. Could you set the time? Alright, so you
17 got your full time. Thank you.

18 ERIN DUPREE: We're on, okay. Good afternoon.
19 My name is Dr. Erin Dupree of Greater New York
20 Hospital Association, which represents every public
21 and voluntary hospital in New York City. As an
22 OBGYN, I can still remember my first days as a
23 resident and what I learned from the nurses on labor
24 and delivery who was sick, who was about to deliver.
25 The instincts were amazing. Personally, and

2 professionally, I am grateful for the amazing nurses
3 that I have worked with or that have cared for me and
4 my family.

5 The one big, beautiful bill act represents the
6 largest, federal healthcare cuts in modern history.
7 The estimated impacts are 1.5 million New Yorkers
8 projected to lose health insurance coverage, \$8
9 billion total revenue loss to New York hospitals
10 which represents seven percent of hospitals total
11 operating revenue. And what are the consequences of
12 that? Nearly 60 percent of hospitals already had
13 negative operating margins in 2023. About 30 New
14 York City hospitals rely on subsidies to stay open.
15 This puts 34,000 hospital jobs at risk statewide.
16 Financially fragile hospitals could close or reduce
17 services which effects all patients.

18 Despite financial challenges, hospitals continue
19 to collaborate to strengthen care delivery and the
20 working conditions for staff. One of those examples
21 is through the New York State Hospital Clinical
22 Staffing Committee Law enacted in 2021. It was a
23 result of collaboration between Greater New York
24 Hospital Association 1199, NYSNA, CWA, and others.
25 It requires hospitals to form clinical staffing

2 committees, equally represented by management and
3 frontline staff. The Committees design staffing
4 plans based on patient acuity and other local needs.

5 Greater New York has met with NYSNA to share best
6 practices and strengthen working relationships, which
7 has actually led to our joint focus on workplace
8 violence prevention. The workplace violence
9 prevention bill was developed with emergency
10 physicians, the unions and legislators. It requires
11 hospitals and nursing homes to conduct annual risk
12 assessments and prevention plans and maintain at
13 least one law enforcement or security officer in
14 emergency departments with some limited exceptions.
15 And importantly, ensure the active involvement of
16 frontline staff in the assessment and planning of
17 workplace violence prevention. It's passed with the
18 Assembly and the Senate and Greater New York urges
19 the governor's signature.

20 There are many workforce challenges. Hospitals
21 prioritize staffing needs but the chronic staffing
22 challenges, especially among the safety nets, do
23 persist. To expand requirement and improve
24 attention, hospitals do offer competitive
25 compensation benefits, flexible scheduling, mentoring

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2 programs, on and on. They're working to reduce or
3 eliminate mandatory overtime and they build
4 partnerships with nursing schools and community
5 organizations to build those pipelines of talent.
6 Hospitals are exploring how to leverage new
7 technology, so nurses can actually focus on patient
8 care. Looking patients in the eye instead of doing
9 data entry and documentation, right?

10 We support various programs and development
11 initiatives that funds residency programs, loan
12 forgiveness, and tuition incentives and we appreciate
13 the New York City funded nurse residency programs for
14 the New York alliance for healthcare. Hospitals
15 maintain good faith negotiations; however, the
16 current fiscal environment can't be ignored. With a
17 state budget uncertainty and rising wages,
18 threatening financial fragile hospitals without
19 targeted support, wage competition could deepen the
20 workforce shortages and the safety net institutions.

21 Thank you for the opportunity to testify.

22 Greater New York and our member hospitals remain
23 committed to protecting and supporting the healthcare
24 workforce, especially nurses. Thank you.

25

2 CHAIRPERSON NARCISSE: Thank you. You see
3 because of the noise I give you extra time today.

4 ERIN DUPREE: Thank you.

5 CHAIRPERSON NARCISSE: Yeah.

6 LESTER MARKS: Good afternoon Chair and members
7 of the Committee, my name is Lester Marks. I am the
8 Vice President Strategy and Impact at Mother Cabrini
9 Health Foundation. Our mission to provide grants to
10 improve the health and wellbeing of vulnerable New
11 Yorkers both through the health outcomes of diverse
12 communities, eliminate barriers to care, and bridge
13 gaps in health services.

14 In 2024, the Mother Cabrini Health Foundation
15 partnered with the Center for Health Workforce
16 Studies at SUNY Albany to conduct a mixed method
17 study of New York State hospitals to better
18 understand the issues related to persistent RN
19 recruitment and retention challenges.

20 As you can imagine, the report found major
21 factors that contribute to persistent shortages
22 including challenges with new RN preparedness,
23 unsupportive work environments, workplace violence,
24 burnout, experience gap and generational differences.

25

2 As a result of this report, in our ongoing
3 research in May of 2025, the Mother Cabrini Health
4 Foundation launched a \$51 million investment to
5 empower nursing professionals across New York State.
6 The goal is to help reduce burnout, address workforce
7 shortages, and improve patient care in 13 New York
8 State hospitals serving the high need populations.

9 This was the first of its kind investment from
10 the foundation and really focused on safety net
11 hospitals that served the most vulnerable at risk
12 populations. It will help hospitals achieve industry
13 leading frameworks in nursing excellence, establish
14 innovative programs to support frontline nurses, and
15 help recent nurse graduates transition into the
16 profession. This hospital received somewhere between
17 one and five million, over five years to pursue
18 either magnet recognition or pathways to excellence
19 or also help to establish or grow a nurse residency
20 and virtual nursing program and I'm really excited
21 about this initiative and while it's in its early
22 stages and early months. We look forward to learning
23 with the hospitals who were able to fund with - fund
24 direct through this program with and share with the
25 entire field of what we've learned, what the

2 hospitals will learn and work to expand knowledge to
3 ultimately improve patient care throughout New York
4 State. So, we thank you for your time today and
5 attention on this important issue.

6 CHAIRPERSON NARCISSSE: First I have to say thank
7 you for the work that you're doing. Are you
8 partnering with NYSNA by any chance?

9 LESTER MARKS: We have not partnered with NYSNA
10 on this specific one but we certainly have you know I
11 think been in touch through the years and certainly
12 would love to have conversations.

13 CHAIRPERSON NARCISSSE: I think that's how you
14 started by NYSNA. This is the union that come out
15 there for the nurses. So, I would love to see that
16 partnership, like you know explore it because they
17 really have concern and you kind of want answers to
18 their concerns in that. So, I want to say thank you.

19 LESTER MARKS: Thank you and we partnered with
20 Greater New York and also partnered with Haines on
21 this as well to help kind of provide hospitals with
22 the support throughout the state. So, thank you.

23 CHAIRPERSON NARCISSSE: Thank you. I appreciate
24 the work. This is great work.

25 LESTER MARKS: Thank you.

2 CHAIRPERSON NARCISSE: And Erin, I want to say
3 thank you for the recommendation and all the things
4 that we need to do. So, appreciative and thank you
5 for the partnership with those that can actually make
6 sure that New York City health is being addressed. I
7 appreciate your time.

8 Since I don't have a question but if I do, I will
9 follow up with you because since we're short in time,
10 I see so many papers around me and uhm I want to say
11 thank you for your time and I'm going to read this
12 again to make sure if I have any questions I can
13 follow up as well. But thank you for your work.

14 ERIN DUPREE: Thank you very much.

15 CHAIRPERSON NARCISSE: Appreciate it, appreciate
16 it. Uhm, the next panel is Alizia McMeyers from H+H
17 Hospital, New York State Nurses Association, Johnaira
18 Dilone-Florian, Montefiore Bronx Hospital, New York
19 State Nurses Association, Shajiu Kalathil, Montefiore
20 Bronx, New York State Nurses Association. You may
21 begin.

22 ALIZIA MCMEYERS: Hi, my name is Alizia McMeyers.
23 I currently sit on the Board of Directors as a
24 Southern Regional Director. I've been a nurse for

2 over 33 years and I currently work at Harlem
3 Hospital.

4 Madam Chair, thank you. I just want to say thank
5 you for your support. You reached out to us and we
6 came to you during the summer time for our
7 reinterpretation of the sick hall and I'm sad that
8 Madam Brewer and Assembly Woman Schulman left before
9 we could say thank you for their support. It means a
10 lot and we need H+H to say that three or more
11 occurrences still equals one.

12 Anyway, like I said, I want to thank the City
13 Council for giving us the opportunity to share our
14 thoughts and concerns about the state of nursing in
15 New York City. As the Vice President of the local
16 bargaining unit at Harlem Hospital, nurses bring a
17 number of issues and concerns to me. One of the
18 foremost is being staffing. Everyone knows our
19 staffing numbers were decimated post pandemic and
20 while there have been mass hirings, especially at
21 Health and Hospitals and you heard the numbers and
22 the Mayorals, there are times when it's still simply
23 not enough. The acuity of patients are higher; they
24 are coming in sicker. On paper, our staffing numbers
25 look sufficient, however, that acuity is not taken

2 into account. And say if I'm a nurse on a med surg
3 unit and the staffing is supposed to be one to six
4 and my colleague is overwhelmed, burnt out, stressed,
5 and she didn't come into work today, I have to now
6 share that with someone else, that's one to nine and
7 if someone else is going on break, that could be
8 anywhere from 1 to 15 or 18 patients. So, by the
9 end of my shift, I'm also stressed. So, it's like
10 we're tackling more patients because there is so much
11 more that we have to do for our patients and we work
12 with ancillary staff but if they're floated someplace
13 else, you have to pick up those duties as well.

14 Nurses are experiencing extreme stress and
15 burnout because we care for these patients. We want
16 to give them our best but we need the resources to do
17 so.

18 Like I said, H+H has made great efforts to hire
19 more nurses, but they can't retain them. I sit on my
20 recruitment and retention and recognition council.
21 We've had 18 hiring events just for Harlem Hospital
22 alone, hiring over 60 nurses but half of them did not
23 stay because they're burnt out, they're stressed and
24 they're overwhelmed and we know, sometimes they also
25 come to Harlem or H+H specifically to get their

2 experience because the private hospitals tell them,
3 oh no, we can't take you. But if you go over to the
4 public hospitals, get your experience six months to a
5 year, we'll be more than happy to take you and we
6 work for other facilities with higher pay, where they
7 feel safer and better respected. So, we find
8 ourselves on a never ending hamster wheel and I'm
9 sure that everywhere.

10 But I hope we continue to work with the city and
11 the state to ensure safe staffing in every hospital
12 and I just want to say and I know my time is up. DOH
13 is serving hospitals, so I know that a chief nurse
14 said that she's unfamiliar with that but I know
15 Harlem Hospital was surveyed because of the protest
16 of assignments and the Department of Health
17 complaints.

18 CHAIRPERSON NARCISSE: Thank you.

19 SHAIJU KALATHIL: Good evening. My name is
20 Shaiju Kalathil and I've been a Nurse at Montefiore
21 since 2013. I work as a case manager on a med surg
22 floor at Montefiore Moses campus and like so many of
23 my colleagues, I came into this profession believing
24 that patients deserve the very best care. But every
25 single day, we are being deprived of resources we

2 need to give them that care. What we need is very
3 simple, safe staffing. Our patients deserve full
4 attention, our full commitment and our full care but
5 instead, we are constantly asked to stretch ourself
6 thinner and thinner. And let's be honest, that's not
7 just hard on us nurses, but it is unsafe for the very
8 people that we serve. But what strikes me the most
9 about the healthcare today is how often patients get
10 reduced to numbers on a screen. Management talks in
11 system, acuity tools, data points and numbers.

12 But when we are at the bedside, we don't see
13 these numbers. We see human beings. We are thinking
14 about the mother who are scared, the elder who is
15 confused and the patients whose condition can change
16 in a heartbeat. And when that happens, nurses step
17 up. We assign and we reorganize and we get things
18 done but it should not be the way it should be. It
19 can be done better.

20 We shouldn't be forced to make up because
21 management refused to staff us properly. I'm tired
22 of hearing the phrases like when staffing allows
23 because let's be honest, staffing never lost, not the
24 way things are right now. That's why we are
25 demanding patients and their safe staffing ratios.

2 That's not a luxury. That's not an unrealistic ask.

3 That's just basic common sense patient care.

4 When a patient is in crisis, we need to be there
5 but we cannot do that at the expense of the other
6 patients. Everybody deserve the same. We are
7 fighting for safer staffing ratios that recognizes
8 when a nurse is caring for the sickest patient on the
9 floor because if we are assigned to a very sick
10 patient, we have less time, less time for everyone
11 else and we are forced into a level of care that
12 nurses - many of us feel inadequate, frustrated and
13 morally distressed.

14 We know and management knows as well that when we
15 follow patients and the staffing ratios, nurses can
16 deliver safe, high quality, care exactly when the
17 patients' needs it the most. So today we are calling
18 on Montefiore to do the best - the right thing for
19 your nurses and for your patients and for the Bronx.

20 Invest in safe staffing. Invest in the people
21 who keep this hospital running because when nurses
22 are safe, patients are safe. Thank you.

23 CHAIRPERSON NARCISSE: Thank you.

24 JOHNAIRA DILONE-FLORIAN: Good afternoon Council
25 Members. My name is Johnaira Dilone-Florian. I'm a

2 nurse at Montefiore Medical Center in the Bronx.
3 I've been a nurse for 17 years, currently working as
4 a nurse practitioner and outpatient surgery clinic.
5 I'm here today because the safety of our community
6 depends on the decisions made in this room. I grew
7 up in the Bronx and the best part of my job is being
8 able to care for the patients in my community because
9 any of those patients can be considered to be my mom,
10 my dad, anyone. I can relate to them and they can
11 relate to me. Our patients in the Bronx are more
12 vulnerable than ever, many of them are undocumented.

13 Recently there was a patient in our hospital who
14 was in ICE custody. ICE agents were inside the
15 hospital. He received surgery. He needed surgery
16 but they didn't allow him to receive proper
17 postoperative care. They immediately took him after
18 surgery and into the detention center.

19 ICE should never be allowed to interfere with
20 patient care. Every patient deserves safe and proper
21 care regardless of immigration status because
22 healthcare is a human right. I'm concerned that
23 Montefiore isn't doing enough to keep our patients
24 safe and I'm concerned that Montefiore is investing
25 in our mosque community. Meanwhile, Montefiore's

2 investing upstate including a \$750 million expansion
3 at White Plains Hospital and is exploring affiliation
4 with two more upstate hospitals.

5 But here in the Bronx, we're still experiencing
6 overcrowding in our hospital's emergency room.
7 Overcrowding is a symptom of a system stretched
8 beyond capacity. On the units, there are patients
9 placed in hallways where they have no privacy,
10 inadequate bathroom access, inadequate access to
11 lifesaving measures. Three years ago, Montefiore
12 nurses went on strike and we won the ability to hold
13 our employer accountable for unsafe staffing. Since
14 then, we have hired a lot more nurses but there's
15 still staffing shortage challenges.

16 Hospital management will say that they can't
17 afford to invest in Bronx because of the federal
18 healthcare cuts but I don't think Montefiore can say
19 they don't have the money to support the staffing and
20 nursing needs of the hospital when they paid their
21 CEO Philip Oswa \$16.4 million in total compensation
22 in 2023.

23 So, just to put that in context, that \$16.4
24 million is more than \$1.3 million per month, over
25 300,000 per week and almost \$44,000 per day.

2 Meanwhile, the median household income in the Bronx
3 was \$49,000 in 2023.

4 If Montefiore can afford to pay their CEO as much
5 money every day as many Bronx families earn in one
6 year, if they can afford to invest three quarters of
7 a billion dollars in White Plains, then they can
8 afford to invest in safe patient care for the Bronx.
9 We need an end to overcrowding in our emergency room.
10 We need to make sure that every patient can get care
11 in a hospital room with a qualified nurse at their
12 bedside. When they invest in the safety, dignity,
13 and humanity, we save lives and our communities are
14 safer.

15 Thank you for your time, your leadership, and
16 your commitment to building a safer, stronger
17 community.

18 CHAIRPERSON NARCISSÉ: Thank you. Uhm, do you as
19 a nurse feel comfortable declining to take an
20 optional overtime shift uhm if your workplace is
21 understaffed? Any one of you can answer. Feel
22 comfortable? It seems like I'm giving you
23 difficulty.

24 Uh, alright, uhm do you feel that your hospitals
25 are transparent about how they set staffing levels

2 and centered in your facility? Anyone can answer,
3 don't be shy. You was talking to me.

4 SHAIJU KALATHIL: We do. We do have the
5 opportunity to have a discussion with the management
6 but they are not forthcoming with the truth all the
7 time. Most of the time, we are left with dealing
8 with after the fact, the issues. They come up with
9 the situations and they plan it and then they come up
10 with the decisions. So, we are not really getting a
11 chance to get part with their decisions.

12 CHAIRPERSON NARCISSE: In other way, you don't
13 feel like your complaint or whatever the issues that
14 if you ventilate it, they're not going to put weight
15 to it to address it?

16 SHAIJU KALATHIL: Correct, we don't.

17 CHAIRPERSON NARCISSE: You don't feel comfortable
18 to do that? I'm sure NYSNA leadership is listening
19 here. Alright, so I want to say thank you. I don't
20 want to put you more on the spot, so I want to say I
21 appreciate you and I hear you and we're going to do
22 whatever. We are nurses here. We hear you. We're
23 listening to you and we're going to work
24 collaboratively together to address the issues that
25 we face in our hospitals. Thank you.

2 PANEL: Thank you.

3 CHAIRPERSON NARCISSE: Next is Flandersia Jones
4 from Bronx Care New York State Nurses Association,
5 Tammy Steele, Bronx Care New York State Nurses
6 Association, Tracey Kavanagh, Flushing Hospital New
7 York State Nurses Association, Michelle Jones,
8 Flushing Hospital New York State Nurses Association,
9 Ari Moma, Interfaith Medical Center New York State
10 Nurses Association. How many chairs do we have?
11 Just five? We need one more. One more chair. Yeah,
12 can you put an extra chair, can you? They can move
13 it over. Oh, you're going to fill two squeeze. Get
14 in sir, yeah, yeah, yeah. Uhm, it's too much to add
15 another chair? Add another chair for me please. Ari
16 Moma, Michelle Jones, Tracey Kavanagh, Tammy Steele,
17 and Flandersia Jones.

18 Oh, she's not - oh, oh, in the restroom. So, you
19 can put a chair, when she comes you will tell her to
20 come back. You can put the one chair; oh, you have
21 it. Okay, thanks. Alright, you may begin.

22 ARI MOMA: Good afternoon Council Member and
23 [INAUDIBLE 01:55:46] on the panel. Okay, yeah, okay.

24 Good afternoon. My name is Ari Moma. I'm a
25 member of New York State Nurses Association. I'm

2 also a psych nurse at Interfaith Medical Center where
3 I have worked for over 27 years. I'd like to thank
4 the City Council for holding this hearing today and
5 for listening to frontline nurses.

6 The hardest part of being a nurse is just
7 staffing. We do our very best but when there are few
8 to nurses at bedside, our patients don't get the care
9 they deserve. I will always say that all patients
10 are VIP. They have to be treated like VIP, like
11 human beings.

12 I say this not only as a nurse but as a family
13 member who had a story, a sad story of short staffing
14 and I'm just going to be a little bit brief about it.
15 About three years ago when my mother was sick, I took
16 her to the hospital and she went for a procedure. By
17 the time she came back from the procedure, she was
18 supposed to have oxygen you know. When she came back
19 on the unit, by the transport I brought my mother
20 back there, the oxygen was not hooked up on her and
21 the nurse that was supposed to be taking care of my
22 mom was busy with other patients. So, probably my
23 mother was the 20th patient, which he did not get
24 time to get to my mom. By the time my brother came
25 down over there, my mother was dead because she had

2 no oxygen and if we would have had staff, if staff
3 staffing was provided in the hospital, probably my
4 mother would still be alive or wouldn't have died the
5 way she died suffering without oxygen. So, this is
6 the essence of safe staffing. It effects everybody,
7 every walks of life, whether you're a nurse, a doctor
8 or anything. So, if proper staffing has been placed,
9 like I said, my mother probably would still be alive.
10 Unsafe staffing costs lives, which has cost my
11 mother's life.

12 And at Interfaith, one of our biggest issues is
13 when we have a high turnover and not nurses. Nurses
14 don't stay on the job when they are always working
15 hard or working short staffed and the hospital is
16 spending so much money in getting the AI. That is
17 the money that should have been invested in having
18 nurses. We had a meeting the other day. Our money
19 is being invested in AI. So, we need to put money
20 where our nurses are. Not only the nurses or the
21 nursing staff, the PCT, everybody because as a whole,
22 we can work together. Thank you. My time is up.
23 The most important thing I have said, the short
24 staffing and we have to really you know look into it
25

2 because it effects every walks of life and I'm a
3 living example of four years affected. Thank you.

4 CHAIRPERSON NARCISSE: And I'm so sorry for your
5 loss. May she rest in peace but continue advocating.
6 It's very important and from my district, I know you
7 advocate. So, thank you for your time to continue
8 pushing for nursing. I mean the nurses need you,
9 thanks. And I want to acknowledge my colleagues
10 Chair Brooks-Powers online. Thank you. Ms. Steele.

11 TAMMY STEELE: Good afternoon. My name is Tammy
12 Steele. I am a proud member of the New York State
13 Nursing Association and a nurse at Bronx Care
14 Hospital system. I have been a nurse for 28 years
15 and I have worked in the medical ICU for 24. Bronx
16 Care is a safety net hospital, right there on Grand
17 Concourse in the Bronx.

18 That means we care for some of the sickest and
19 the most marginalized patients in the City of New
20 York. Our patients come in more sick because they
21 work long hours, because they don't have healthcare,
22 because they are afraid of being confronted by ICE
23 because all of these reasons and also because they
24 don't have childcare. So, by the time they come to
25 the hospital, they're taking a day off work. They're

2 going to see a doctor. The doctor tells them, uhm,
3 you need to come to the hospital. But instead of
4 coming to the hospital, they stay out. They work,
5 they try to get childcare for their children, and
6 then when they come to us, they are walking, sick
7 people. They have pneumonia, they have sepsis, they
8 come to ICU sicker than sick and as a result, me as
9 an ICU nurse and our ICU team, we have to drag them
10 back from the cliff that is death and that is
11 destruction and that is long term illness and these
12 are the things that happen.

13 Also, our patients are VIP. I don't care if they
14 have a dime or they have a billion. They are VIP and
15 they should be treated as such. Often times in the
16 ICU, we are assigned one is to one if the patient is
17 super sick or even two nurses to one patient.
18 However, our ratio is one is to two but the problem
19 is this, if I have to take a patient to a procedure,
20 then that nurse who's covering me, now has three
21 patients, three ICU patients. Management will tell
22 us, well, that's okay it's only for thirty minutes.
23 But you want that thirty minutes to be your mother,
24 your father, your sister, your brother, someone you
25 love, someone who has heart problems? You want

2 somebody there to look at that and to see it. If we
3 don't catch it, then something is going to happen.
4 So, as a result, many times the nurses tripled up,
5 sometimes quadrupled up, having four patients, four
6 ICU patients on monitors that you have to care for
7 and if anything goes wrong, guess who's left holding
8 the bag? The nurse is. That means ICU is what it is
9 and a lot of times in ICU you don't get a break. I
10 mean, you have to go outside to turn around and make
11 up your mind because it's too much to do for your
12 patient. When you have to go to the bathroom. When
13 you have to go for a break, you don't get your break,
14 okay even with that but I'm so grateful that you have
15 allowed us to come here and to tell you exactly what
16 we need and I hope, I pray, and I have confidence
17 that you guys are going to fight to get us safe
18 staffing and to maintain safe staffing. Thank you.

19 CHAIRPERSON NARCISSE: Thank you. I'm getting
20 the news that uhm, I think uhm, there's a timing over
21 our head so keep it tight for me please. I don't
22 want to decrease your three minutes but try to make
23 it under if you can.

24 MICHELLE JONES: Thank you. Good afternoon. My
25 name is Michelle Jones. I've been a registered nurse

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2 for over 40 years and a nurse practitioner for up to
3 20 years working in an outpatient setting at Flushing
4 Hospital. I want to thank the Council for giving us
5 this opportunity today to share our concerns about
6 the state of nursing in New York City.

7 Flushing Hospital is a safety net hospital. As
8 such access to care for vulnerable communities
9 included immigrants that are on and underinsured is
10 of the upmost concern to the nurses who work there.
11 A nurses first duty is to care for and to advocate
12 for our patients. Nurses care for all New Yorkers
13 regardless of their immigration status, income or
14 insurance status, race, religion, ability or
15 disability, sexuality, or gender identity or
16 expression.

17 Our aim is to ensure there are no closures or
18 decreased in access to services. We want all people
19 who call Flushing home and those beyond to be able to
20 obtain the quality care they deserve. At Flushing, I
21 am witnessing the lack of insurance and the fear of
22 deportation are preventing people from getting the
23 medical care they need. The uninsured are likely not
24 to seek a doctor or forego a needed care due to cost.

25

2 With the barriers created by the lack of
3 insurance or insurance that does not cover the cost
4 of services, patients are seeking care only when
5 major health crisis arises or are utilizing the
6 emergency room for their primary care needs. Federal
7 Medicare cuts will be disastrous and will exacerbate
8 an already tenuous situation. Nurses are doing
9 everything possible to make sure that New York City
10 and New York State fill the gaps left by federal
11 healthcare cuts. Protecting patients also means
12 holding hospitals accountable and ensuring that they
13 do their part. Nurses are very concerned that the
14 Trump Administration Executive Order overturning the
15 longstanding status of hospitals and healthcare
16 facilities at sensitive locations generally excluded
17 the immigration enforcement will harm our immigrant
18 patients health by deterring sick people from seeking
19 medical care.

20 We are also concerned this policy will harm
21 public health, as untreated illnesses will circulate
22 more widely in our communities if people do not seek
23 the care they need. As a result of these barriers,
24 people are not receiving the preventative care they

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2 require to keep them healthy. This includes
3 vaccinations, cancer screening, or follow up care.

4 In addition, patients in the midst of disease
5 process, for example, diabetes, hypertension or
6 cancer, require a multidisciplinary approach, which
7 can only be obtained in a primary care setting.

8 Unfortunately, too many individuals are foregoing the
9 care they deserve. Healthcare is a human right.

10 || Thank you.

11 CHAIRPERSON NARCISSE: That's right. Next
12 please.

13 TRACEY KAVANAGH: Good afternoon. My name is
14 Tracey Kavanagh. I also am a proud member of NYSNA.
15 I've been a registered nurse for 43 years and I
16 currently work in the operating room at Flushing
17 Hospital. I'd like to thank the City Council for
18 giving us the opportunity to share our thoughts and
19 concerns about the state of nursing in New York City.

20 Today, I'd like to talk about the access to care
21 in Queens. My colleagues and I are concerned about
22 potential cuts to Medicare and Medicaid as well as
23 the rise of insurance premiums. Cuts will mean
24 serious financial pressures on safety net hospitals
25 like Flushing.

2 Since early 2000, more than 30 hospitals have
3 closed across the state. In Queens, hospital
4 closures have included St. Johns, Mary McClellan,
5 Peninsula, and Parkway. This was partly the result
6 of the Burger Commission, which aimed to right size
7 New York's healthcare system by reducing the number
8 of hospital beds. This turned out to be disastrous
9 for New Yorkers.

10 Subsequent studies found and in fact, Queens was
11 under bedded. In a borough whose population is
12 increasing, we cannot afford any more hospital
13 closures or cuts in services. Frontline nurses know
14 that Medicaid saves lives. As a safety net hospital
15 any cuts to Medicaid and Medicare will have a
16 profoundly negative impact on Flushing's ability to
17 provide care and in a worse care scenario, will
18 affect its ability to operate.

19 On a positive note, there have been many
20 improvements and additions made to the services
21 provided Flushing, where designated stroke center
22 with a brand new emergency room and telemetry unit,
23 our new mother baby unit, and NICU that have been
24 designated as baby friendly. We have a hospice unit.
25 We provide robotic surgery for patients. There are

2 plans for a new ICU and an inpatient psych unit in
3 2026. These are all much needed services that the
4 community requires and deserves. All of this is at
5 risk. What a travesty it would be if cuts to
6 Medicaid and Medicare and the rise in the price of
7 insurance premiums meant that these services were
8 underutilized or eliminated.

9 Flushing Hospital needs to remain in the
10 community and be able to recruit and retain nurses to
11 care for the community.

12 CHAIRPERSON NARCISSE: Thank you and I think it's
13 you.

14 FLANDERSIA JONES: Good afternoon. Thank you for
15 having us today. My name is Flandersia Jones and
16 I've been a nurse for over 40 years, including over
17 20 years of service at Bronx Care. I'm also a Board
18 Member of the New York State Nurses Association.

19 Bronx Care, as you've heard from my colleagues,
20 is a safe connect hospital, providing care to all
21 patients regardless of immigration status or
22 insurance coverage. Many of our patients are
23 uninsured, immigrants who due to concerns about ICE
24 deny medical attention until their conditions become
25 critical, often complicating treatment and outcomes.

2 The opportunity to witness patient recovery and
3 in contact for my patients, we tend to look at our
4 community and is gratifying. However, there's an
5 urgent need for increased resources to safeguard
6 patients. Ensuring patients safe staffing levels
7 remains essential, as inadequate staffing often
8 results in adverse outcomes for which nurses are
9 disproportionately held responsible. Consistent
10 patient to nurse ratios achieve true collective
11 bargaining, help me to get complications related to
12 miss care such as medical errors, health disparities
13 and infection. The Bronx is known as a medically
14 understaffed community area with nurses live in the
15 bedside makes it even harder. Increasing in
16 workplace violence correlate with unsafe staffing
17 ratios, organizational policies and insufficient
18 resources is on the rise. Nurses regularly face
19 various forms of workplace violence, including
20 physical assaults and [INAUDIBLE 02:11:20]. For
21 instance, last month I sustained a workplace injury
22 when a patient beat my hand, requiring emergency care
23 and resulted in \$125 bill from the hospital, which I
24 work. Concerns about rise in healthcare costs are
25 compounded by the physical demanding and high risk

2 nature of nursing. Nurses seek assurance of safety
3 board during work hours and upon returning home to
4 their families. We respect hospital to provide
5 equitable contracts that support nurses retention,
6 establish safe working conditions and offer
7 compensations to maintain high standards of patient
8 care because all of our patients are VIP. Thank you.

9 CHAIRPERSON NARCISSE: They are VIP, so thank
10 you. Thank you so much guys. I appreciate your
11 time.

12 Next is Darla Joiner, Mount Sinai Hospital New
13 York State Nurses Association, Denash Forbes, Mount
14 Sinai Hospital New York State, NYSNA, Goodness oh
15 wait Goodness and what is it? Iheanachor, Mount
16 Sinai Hospital and NYSNA, Irina Viruet, Mount Sinai
17 Hospital NYSNA, Dalia Branford, Wyckoff Heights
18 Medical Center NYSNA. She made sure she got the
19 jacket on, alright. We're going to start from this
20 end to go that way.

21 DALIA BRANFORD: Hello, good afternoon. My name
22 is Dalia Branford and I'm a registered nurse and a
23 member of New York State Nurses Association. I have
24 been a nurse for over 19 years and I've spent my
25 entire career at Wyckoff Heights Medical Center,

2 which is a safety net hospital in Brooklyn. I would
3 like to say thank you for the City Council for having
4 this - holding this hearing and for giving NYSNA
5 nurses the opportunity to share our concerns with you
6 today.

7 Our top priority as nurses is to care for - to
8 make sure that our patients receive the best possible
9 care. As a pediatric nurse, I know that having a
10 sick child is one of the most stressful things a
11 parent can go through. Helping children get better,
12 making sure they get the quality care that they need
13 and fulfilling the trust that parents have in us and
14 finally seeing that child get better and leave the
15 hospital is one of the best feelings.

16 I love being a pediatric nurse but I am concerned
17 that my hospital, Wyckoff, doesn't have a plan to
18 make sure that our units are safely staffed so that
19 our patients can get the best care that they need.
20 We need to have enough trained and experienced nurses
21 at the bedside. Right now, at my hospital, they are
22 violating our contract by what we call double
23 floating. You are floated to another area and then
24 in the middle of the shift, somewhere between they

2 float you back to your unit because it was left
3 unsafe in the first place.

4 So, management does not seem to have very
5 concrete plans of how to staff the unit, rather than
6 to have nurses float back and forth during their
7 shifts.

8 It is impossible to care for a patient properly
9 if you don't know where you're going to be within the
10 next one to two hours. To double floating or even
11 floating, and when we have to cover breaks, leaves
12 nurses with 12 and 16 patients, depending on the
13 ratio and that's for at least three hours for the day
14 because I have to cover your shift and you have to
15 cover mine. So, for 25 percent of the shift a
16 patient is staffed unsafely.

17 As a safety net hospital, we serve vulnerable
18 patient population and for a pediatric nurse or a
19 nurse that works in the maternal child healthcare,
20 our Black and Brown mothers are - face a mortality
21 risk that is five percent higher than their White
22 counterparts and that is not right. We need to be
23 able to take care of these patients properly and in
24 order for us to do so, we have to be safe - staffed
25 safely.

2 Instead of scheduling enough trained nurses to
3 safely staff each unit, our staffing plan is to float
4 and that cannot happen. We need management to follow
5 the union contract that we have fought for and won
6 safe staffing and we need them to follow those
7 guidelines that we have in our contract.

8 CHAIRPERSON NARCISSE: Can you please wrap it up?

9 DALIA BRANFORD: Healthcare is also - our own
10 healthcare is also an issue as my colleague stated
11 earlier, one of my NYSNA staffing, she got \$125 bill
12 from our hospital for an event that happened at work.
13 Having you pay for your own care is something that's
14 atrocious by the hospital. Thank you so much for
15 having me.

16 CHAIRPERSON NARCISSE: Thank you.

17 DARLA JOINER: Hi, my name is Darla Joiner. I'm
18 the President at the NYSNA Local Bargaining unit at
19 Mount Sinai. I'm here because we need to talk about
20 Mount Sinai's unit busting tactics. We're dealing
21 with a boss that instills fear. A boss that divides
22 us, a boss that villainizes us. When we try to
23 exercise our union rights, our boss retaliates
24 against us. This is called union busting. We have
25 to call it out. We have to take a stand and we must

2 stop it. When nurses from our Labor and Delivery
3 unit came out on their breaks to advocate for
4 bargaining to take place at our hospital, this is
5 something the hospital tends to avoid because
6 management doesn't want to have a large mass of
7 nurses at bargaining.

8 Those nurses ended up being disciplined. A month
9 later, their discipline still stand as we fight to
10 get them removed. These nurses are admirable. These
11 nurses still manage to support each other by standing
12 up and taking action. They go to work each day and
13 they still have a fighting spirit. We're calling on
14 our elected allies to be like them. We should all be
15 like them. We cannot let management divide and
16 concur. We must all stand together and fight
17 together. We're facing hospital management who has
18 repeatedly tried to fight nurses who are vocal
19 patient advocates and demand safe staffing and demand
20 a voice on the job. They've been finding ways to
21 chip away at our right as union members since the
22 last contract and fighting against the things we've
23 worked so hard to achieve. Like, safe staffing and
24 our strong benefits.

2 At many of our negotiating tables, we've seen
3 little to no progress. Management at Sinai has
4 refused to put forth a single proposal. They
5 discipline nurses for gathering for union meetings.
6 They corner nurses when we try to give updates about
7 bargaining to our co-workers and they recently
8 disciplined one of our executive committee members
9 for distributing petitions. We are here because we
10 will not let their tactics get in the way of our
11 fight for safe patient care. We are here because
12 patients, nurses and the communities deserve better.

13 No matter where the active shooter incident
14 occurred, do not let them minimize our safety in the
15 workplace because we deserve better.

16 CHAIRPERSON NARCISSE: Thank you and I can tell
17 you're a fighter.

18 GOODNESS IHEANACHOR: Hi everyone. My name is
19 Goodness Iheanachor, I'm also on the Executive
20 Committee Grievance Co-Chair at Mount Sinai Hospital.
21 I'm here to present on the workplace violence issue
22 and security - lack of security that we have at Mount
23 Sinai Hospital. Being on the Executive Committee, we
24 have put forth so many meetings with management to
25 tell them that we do not want to be a statistic on

2 the news. We need to make sure that we have security
3 personnel. We have weapon detectors and also metal
4 detectors at every entrance of our hospital because
5 we have multiple entrances.

6 Now, the incident that occurred on last week,
7 Thursday, it's an incident that would have actually
8 taken a drastic, tragedy or turn for the worse
9 because it happened at change of shift. And what was
10 also mostly appalling above all is that at Mount
11 Sinai, there was no announcement made at all. People
12 were finding out on the news. Parents, my mom called
13 me and I really don't like to tell her bad news
14 because it can elevate her blood pressure but just
15 look at this way, reading on the news that your child
16 or your sibling went to work or your aunt, mom, or
17 father went to work and maybe you're hearing that
18 they were shot. You know it is very troubling but
19 the thing that we find most troubling is that our
20 hospital has from time and time again, have given us
21 deaf ears on this issue. We currently sent them a
22 proposal on security, on beefing up our security at
23 the hospital on October 3rd. Guess what? We have
24 not even received one counter on that proposal.

2 So, what we're dealing with right now is that the
3 hospital is actually minimizing the occurrence of the
4 incident that happened last week, Thursday. Now, our
5 place of work should be a place where we feel safe to
6 care for our patients and also safe to come to work.
7 So, this is the issue that we are dealing with at our
8 facility and we are please begging you to please
9 continue to support us in making this a reality
10 because if not, we are really going to lose our
11 nurses and we are going to also lose our patients.
12 Uhm, the other thing I wanted to say is most of our
13 colleagues and our sister, brother hospitals are in
14 the middle of bargaining and this is not something
15 that is only pertinent to Mount Sinai. It's also
16 pertinent to other facilities. If this can happen in
17 New York City, anywhere in the country, it can happen
18 anywhere else.

19 So, we're just trying, we're here to present this
20 and also to be proactive. Thank you very much for
21 giving us this platform to bring our issues to your
22 ears. Thank you.

23 CHAIRPERSON NARCISSE: You don't have a
24 communication line? Like where they can send news to
25 all the staff from Mount Sinai you said -

2 GOODNESS IHEANACHOR: So, they did it when we
3 were on strike but they didn't do it this time.

4 CHAIRPERSON NARCISSE: Alright.

5 GOODNESS IHEANACHOR: And just to also say we had
6 our speak out on uhm November 13th. Guess what? We
7 had NYPD in front of there with all the barricades
8 but guess what? We had this incident and uhm, it's
9 being minimized, which is very appalling. Thank you.

10 CHAIRPERSON NARCISSE: Thank you, next.

11 DENASH FORBES: Good afternoon Madam Chair. My
12 name is Denash Forbes and I have been a nurse at
13 Mount Sinai west for 37 years. I've been a nurse for
14 43 years and I am a part of the NYSNA Board Director
15 at Large. At Mount Sinai, I work in the Intensive
16 Care Unit. I care for the sickest patients in the
17 hospital. Every day I work, we go into work, we work
18 harder to maintain them, to give them good care and
19 in ICU, it's monitoring, it's constant hands on and
20 being there for your patient. Uhm, when we don't
21 have enough nurses on the floor, it's even harder
22 because with the monitoring, you've got to be on top
23 of everything to keep them alive.

24 Every single time the patient - I'm so sorry.

25 Safe staffing is essential for providing safe patient

2 care but instead of investing in frontline registered
3 nurses, Mount Sinai has routinely understaffed and
4 chosen to spend their dollars elsewhere.

5 NYSNA has had to take Mount Sinai to arbitration
6 on several occasions to uhm fight for safe staffing.
7 Mount Sinai has invested onto millions in artificial
8 intelligence technologies, over \$100 million in one
9 AI facility alone and have several investments,
10 software products and facilities whose economic costs
11 are not publicly disclosed.

12 Nurses are not a part of this discussion and had
13 no input in the creation of the facility, meanwhile
14 they have implemented new technologies, which
15 directly effect patient care again without the input
16 of nurses. Nurses are unaware of managements tactics
17 towards healthcare.

18 The hospital system proudly celebrates Sophia,
19 the latest AI assistant in Mount Sinai's cardiac
20 catheterization lab. Nurses have to check Sophia's
21 work to make sure she hasn't made a mistake. When
22 hospitals try to cut corners like this to save
23 patient care, mistakes are made, biases are magnified
24 and more work is often created down the line. There
25 is no human touch, conversation of patients,

2 concerns, questions. We know what it's like when
3 you're on the other side of the telephone and you're
4 asking for a person. Do we want Mount Sinai's
5 artificial care or do we want real human care? We
6 are asking for Mount Sinai to prioritize their
7 patients. We're asking for Mount Sinai to prioritize
8 our safety over the creation of machines and
9 technologies that have little research to back them
10 up. This is not just about this contracts campaign.
11 This is about the future of care in this city, New
12 York City and what we want healthcare to look like.

13 Without intervention these hospitals will
14 continue to put profits before patients. When they
15 tried to close up Israel, they spent over \$70,000 on
16 lobbyists. They have shown time and time again their
17 profit motive is stronger than their care for
18 patients. Legislators here have a choice to demand
19 transparency and accountability.

20 Thank you for the opportunity to present.

21 CHAIRPERSON NARCISSE: Thank you. We want human
22 care.

23 IRINA VIRUET: Good afternoon Madam Chair and
24 Council Member. My name is Irina Viruet and I have
25 been a nurse on the child and adolescent psychiatry

2 unit at Mount Sinai Morningside for about two and a
3 half years now. Many people don't know that right
4 now being a nurse is one of the most dangerous
5 professions and the hospitals are some of the most
6 dangerous workplaces in the country. The risks that
7 come with the job.

8 For example, nurses are often lifting heavy
9 patients, working with dangerous stools and in close
10 contact with infectious disease. However, nurses are
11 routinely attacked by patients and their loved ones.
12 It's also an issue that it's only getting worse as
13 public services are cut and patients grow more
14 anxious about the rising cost of healthcare.

15 Hospitals have a responsibility to protect nurses
16 and patients and right now, not enough is being done.
17 I'm passionate about workplace violence because I
18 have experienced it. I'm still suffering the
19 consequences today. I was recently attacked by a
20 patient and injured. I had to call security after
21 the fact and I had to go back and forth over the
22 phone until they came to the floor, to the unit.

23 My unit is the only psychiatric unit in the
24 hospital with no security on the floor. We don't
25 have behavioral health associates who are trained to

2 helping when patients are in crisis. We don't have
3 panic buttons to signal when we are in danger. These
4 are all features in every other hospital I have
5 worked in, public or private sector. It would
6 improve nurse safety and reduce workplace violence
7 but Mount Sinai, one of the richest hospitals in New
8 York City does not have this basic safety measures in
9 place.

10 Mount Sinai had more - if they had more
11 protections in place, I would not be out on workers
12 comp. it has not been easy financially or mentally.
13 Now, I'm facing a difficult choice, do I follow
14 doctors orders and stay out longer? Do I watch my
15 bills pile up knowing I cannot afford to be out of
16 work much longer? Do I go back to my unit when
17 nothing has been done to change how my safety is - my
18 safety to be improved in any way?

19 I'm not a nurse whose experienced workplace
20 violence. Nurses on my floor often experience verbal
21 and physical abuse. No one is more unpredictable
22 than adolescents and teens in mental health crisis.
23 These are daily occurrences in our hospital and
24 hospitals across the city. We need our hospital to
25 take action. We are calling on Mount Sinai to

2 protect the nurses because we should not be afraid to
3 come to work. It's time to do more to prevent
4 workplace violence against nurses and allow nurses to
5 come to work with their hearts filled with love for
6 what they do, not fear of getting hurt. Thank you so
7 much for having us here today.

8 CHAIRPERSON NARCISSE: Thank you. It should be a
9 joy by the way because this is a calling and the love
10 in our hearts to care for the patients. So, thank
11 you. That's the truth.

12 The next is Janelle Matthews from Brooklyn
13 Hospital, NYSNA, Rehana Lowtan, Brooklyn Hospital,
14 NYSNA, Lisa Yeno, Richmond University Medical Center,
15 NYSNA, Diane Minnet, Richmond University Medical
16 Center, NYSNA, Deidre Gilkes, Kingsbrook Medical
17 Center, NYSNA and please keep it short because you
18 see all the Sergeants, I had to push this hearing
19 because my president could not wait and then today
20 they have something else scheduled. Let's try to
21 tidy it up for me please. Thank you.

22 You can start from this end to the next.

23 REHANA LOWTAN: Hi, good afternoon. My name is
24 Rehana Lowtan, I am a member of the New York State
25 Nurses Association and a nurse at the Brooklyn

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2 Hospital Center. This is my 19th year of being a
3 nurse. I now work in nursing education at my
4 hospital.

5 As a nurse educator, my top priority is ensuring
6 that we invest in our nurses and give them proper
7 training and a solid foundation. We have a lot of
8 new nurses who do not stay because they don't feel
9 like they have the training or the support to do
10 their jobs. Nurse retention is a huge issue at our
11 hospital. After COVID-19, many nurses retired or
12 left because they were burnt out and could no longer
13 cope with the lack of resources, inadequate staffing
14 and hospital management that prioritized metrics over
15 safe staffing.

16 We also struggle to get management to commit to
17 providing enough training for nurses. Management
18 wants to give new critical care nurses only eight
19 weeks of on the floor education but new ICU nurses
20 should receive at least a minimum of 12 weeks on
21 their home units and then at least 2 to 4 weeks on
22 any adjacent units that's included in their cluster.
23 Uhm, these are brand new nurses coming straight out
24 of school who have no concept yet of real world
25 nursing.

2 Management is not giving them the skill set they
3 need because executives are focused on rushing nurses
4 into their positions as quickly as possible, rather
5 than building on competence.

6 That's not safe for patients and it leads to
7 higher turnover amongst our nurses. Workplace
8 violence is also a major issue for us right now, both
9 in the emergency room and on the units. We have had
10 multiple incidents of workplace violence against our
11 staff members this year, which by the way is not a
12 metric that they follow because I couldn't even find
13 data on how many we have.

14 This is some we have in place is not working.
15 Hospital security does not response to our SOS calls
16 or workplace violence codes in a timely manner. Many
17 nurses and other staff members have been out of work
18 because of incidents of violence at the hospital.

19 Nurse educators at the Brooklyn Hospital Center
20 only recently won our union. We are thrilled to be
21 part of NYSNA and we are bargaining our very first
22 contract. Many of us pay up to \$700 a month for
23 medical coverage for ourselves and our families and
24 I've had to pay hundreds of dollars out of pocket for
25 medications.

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2 We hope to join NYSNA - the NYSNA benefit fund in
3 our new contract. I'm concerned about any cuts to
4 healthcare for nurses. Nurses and our families need
5 affordable healthcare, so that we can care for yours.
6 Thank you.

7 CHAIRPERSON NARCISSE: How long it takes the
8 hospital police to come up approximately?

9 REHANA LOWTAN: More than ten minutes. Yeah,
10 yeah.

11 CHAIRPERSON NARCISSE: Okay, go ahead.

12 JANELLE MATTHEWS: Good afternoon. My name is
13 Janelle Matthews. I'm a member of the NYSNA, New
14 York State Nurses Association and I've been a nurse
15 at the Brooklyn Hospital for the past 15 years.

16 I'm concerned about safe staffing at my hospital.
17 I work on the med surg unit. A year ago, we were
18 downsized to ten beds, we're supposed to have three
19 nurses and two techs on every shift. Far too often,
20 our nurses are floated to another unit or only two
21 nurses are scheduled. On a recent shift, there was
22 only two nurses scheduled and one tech. The other
23 nurse had to go down the pharmacy to collect a
24 medication. The tech was on break, so I was the only
25 one left on the floor with ten patients. It's not

2 safe for one nurse to care for ten patients. I
3 should have a maximum of five patients at any time.
4 I was in one room caring for a patient and heard the
5 call bell but I could not respond to the call bell.
6 I was already taking care of the other patient. It
7 could have been for something minor, like a blanket
8 or ice. It could have been a patient with ora
9 expecting an impending cision(SP?) needing assistance
10 or someone at risks for falls.

11 It's not fear for our patients when they don't
12 have a nurse available to care for them. While
13 telling management we need to always have three
14 nurses in our unit, especially since we have seen an
15 increase in the acuity of our patients, but our
16 warnings about patient safety fell on deaf ears.

17 It's not safe for nurses when we do not have
18 enough staff or the appropriate staff for the
19 situation.

20 A few weeks ago, we had a patient in our unit who
21 was very violent while experiencing a psychiatric
22 event. With no onsite psychiatric department, it's
23 very difficult to safety care for a patient in that
24 situation. The patient had already assaulted several
25 staff members in the emergency room and in our unit.

2 We requested a hospital security watch because
3 the patient was a danger to his self and to us but
4 the hospital didn't provide us with the security -
5 which, which - the security watch. Sorry or the
6 appropriate equipment we need to maintain safety on
7 the unit. Myself and three other staff members
8 unfortunately were hurt in separate incidents. I got
9 hurt when the patient got out of bed and fell onto
10 me. I caught her but it took four of us to get her
11 back into bed safely. I ended up tumbling into the
12 bed with the patient during the process as we got her
13 resettled. A few hours later, she was awake and the
14 whole cycle started again.

15 Nurses on the frontlines, of keeping our patients
16 and our communities safe but we can't do that without
17 support from our hospitals. We recently had a
18 homeless patient who came in with a bad wound. The
19 hospital wanted to discharge her even though she had
20 no where to go. We can't just discharge our patients
21 onto the street. We advocated to keep the patient
22 until the antibiotic therapy was completed and she
23 had been in a homeless shelter and access to the
24 ongoing wound care that she needed.

2 While we worked night and day caring for our
3 loved ones, we also need to care for own families but
4 here at the Brooklyn Hospital, nurses almost lost
5 their own health insurance. We received a letter
6 from the benefits department saying that our hospital
7 hadn't been paying into our benefits plan and that we
8 were on the verge of losing our health insurance on
9 October 1st. That hit home because my daughter has
10 asthma and she requires follow ups and maintenance
11 medications.

12 As a safety net hospital like mine, nurses
13 continually struggle for good working conditions so
14 we can have enough nurses to care for some of our
15 most vulnerable patients in the city. We are
16 constantly advocating for the resources to take care
17 of our patients because your zip code should not
18 determine the quality of care that you receive in the
19 richest country and state in the world. Thank you.

20 CHAIRPERSON NARCISSE: Thank you. It's a calling
21 but not a calling to die. That's what you're saying,
22 we need help. Okay.

23 LISA YENO: Hi, my name is Lisa Yeno. I'm a
24 certified critical care nurse and I've dedicated 31
25 years to nursing with the last 26 spent at Richmond

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2 University Medical Center on Staten Island. I
3 currently work in a medical intensive care unit and
4 serve on the Executive Committee of NYSNA at my
5 hospital.

6 Growing up on Staten Island has strengthened my
7 commitment to provide the highest quality care to
8 this community. Many of my colleagues shared this
9 dedication with numerous nurses have devoted decades
10 of service to Rumsey. Our hospital serves as a vital
11 safety net hospital for Staten Island, catering to a
12 population from a lower socio and economical
13 background. For many traveling to other boroughs for
14 medical care is not an option, making RUMC an
15 essential part of the community. As you know Staten
16 Island is the only borough without a Health and
17 Hospitals corporation acute care facility.

18 The funding RUMC receives from city, state and
19 federal sources is crucial for our continued
20 operation and our ability to serve underserved
21 populations. These resources enable us to maintain
22 our role as a safety net hospital for those who need
23 care most. Like many hospitals, staffing remains a
24 persistent challenge at Rumsey, although our
25 administration strives to invest in patient care,

2 financial constraints often limit what can be
3 achieved.

4 Nurses consistently advocate for greater
5 investment in both staffing and security to protect
6 both staff and patients. The reduction in security
7 personnel has coincided with a rise in violence over
8 the past year. Several assaults have occurred in the
9 mental health units and emergency department
10 including a nurse in the ED who suffered a broken
11 tibia.

12 After federal healthcare cuts were implemented
13 early this summer, a patient stabbed both the
14 security guard and a nurse in the emergency room.
15 Nursing is undeniably demanding but it's important
16 not to view nurses as martyrs. Each day, we make a
17 conscious choice to serve as nurses; however, we do
18 not choose to work under conditions of understaffing
19 and threats of violence. Despite public perceptions
20 that these challenges are simply part of the job,
21 nurses do not sign up to endure inhumane treatment or
22 physical harm. The profession should not become the
23 cost of personal safety.

24 Retention within nursing will remain a challenge
25 unless working conditions are improved both at RUMC

2 and at other hospitals. Nurses and patients alike
3 deserve an environment that is safe and supports
4 healing and struggling safety net hospitals such as
5 Rumsey, equitable hospital funding is essential for
6 achieving these goals and ensuring the wellbeing of
7 both caregivers and the community they serve. Thank
8 you so much for your time.

9 CHAIRPERSON NARCISSE: Thank you, appreciate your
10 time.

11 JASMINE SAMUEL (TESTIFYING FOR DIANE MINNET):
12 Sorry Diane couldn't make it so my name is Jasmine
13 Samuel and I'll be speaking on her behalf too.

14 My name is Jasmine Samuel and I'm a registered
15 nurse at Richmond University Medical Center in the
16 psychiatric emergency room department. I was born
17 there in the hospital and I work there too now. I've
18 been there for ten years. Staten Island is the only
19 borough in New York City without a public hospital.
20 We are the second hospital in Staten Island. There
21 are only two. RUMC fills that critical gap. We are
22 a safety net hospital for our community, located on
23 the North Shore. We are often the only accessible
24 option for patients within the next closest hospital
25 is 25 to 30 minutes away. RUMC is a Level 1 trauma

2 center and a certified Stroke Center. We provide
3 specialized cardiac services, receive STEMO patients,
4 and regularly save the lives of individuals
5 experience heart attacks, major blockages, any other
6 life threatening problems. The Staten Island
7 community depends on essential life saving care we
8 provide. From newborn to seniors and everyone in
9 between. Many of our patients are underinsured and
10 rely on Medicaid making our role as a safety net
11 provider even more vital.

12 Across New York City nurse retention has become
13 one of the most pressing healthcare challenges, many
14 nurses enter acute care to gain critical experience
15 that lead for high paying roles or less demanding
16 specialties. This turnover effects hospitals
17 citywide and RUMC is no exception. Our city does not
18 need more injectors or aesthetic providers; it needs
19 more committed bedside nurses. Caring for patients
20 is an essential hospital setting. Strengthening
21 retention is a key to maintaining the stability of
22 the quality of patient care throughout all boroughs.
23 RUMC is also the only facility on Staten Island that
24 provides psychiatric services, which means if you
25 know the bridges, if something is happening on the

2 halfway of Verrazzano bridge, they're coming to
3 Staten Island and if something is happening on the
4 half way of Goethals Bridge, they're coming to Staten
5 Island, which significantly increases the complexity
6 and intensity of the care we deliver because we serve
7 the entire boroughs psychiatric emergencies. We
8 frequently encounter violent or unpredictable
9 situations that place nurses and medical staff at
10 risk. I personally was bitten by a nurse - by a
11 patient, assaulted by a patient, yet I had to
12 continue providing care. I was fortunate not to face
13 serious long term consequences but other nurses have
14 suffered far worse including cardiac events following
15 assault.

16 Violence against healthcare workers is never
17 acceptable and stronger protections are urgently
18 needed. Despite these set challenges, being a nurse
19 at RUMC is a labor of love and profound service.
20 This hospital truly feels like a family. Our nursing
21 leadership listens, supports us and works tirelessly
22 to advocate for the needs of both staff and patient.
23 Today, our greatest need is securing the resources,
24 financial staffing, and structural that will allow
25 RUMC to continue providing essential, high quality,

2 care for Staten Island community. Our patients
3 depend on us and we need your support to keep
4 delivering the lifesaving work that they rely on.

5 CHAIRPERSON NARCISSE: How is your administration
6 addressing the violence because you say it's not only
7 you?

8 JASMINE SAMUEL: No, they didn't. Instead, they
9 just cut more security recently. We had a new COO
10 that came in a year ago who used to run urgent care,
11 who on social media requested security to come to his
12 help. However, for us, he came into our hospital
13 last year and took it upon himself without talking to
14 anyone to cut security. It has been a big problem
15 for us and we've had a lot of crisis that took place.

16 CHAIRPERSON NARCISSE: Thank you. That's not
17 acceptable anyway. Uhm, before you go, I think you
18 had someone else in your team.

19 JASMINE SAMUEL: It was Diane. Oh no.

20 CHAIRPERSON NARCISSE: Deidre Gilkes? No, okay,
21 so thank you for your time. I appreciate it.
22 Alright, uhm, Russel Pinsker, Maimonides Hospital,
23 NYSNA, Beth Loudin, New York Presbyterian, NYSNA,
24 Sophie Boland, New York Presbyterian, NYSNA, Myriam
25 Pagan Colon, New York Presbyterian 1199.

2 MYRIAM PAGAN COLON: Good evening. Uhm, my name
3 is Myriam Pagan Colon. I'm a registered nurse and I
4 have been a proud New York City nurse for 18 years.
5 I'm also a proud 1199 SEIU member who represents not
6 only nurses but a myriad of healthcare workers that
7 participate together and provide in patient care.

8 Thank you today to you Madam Chair of the Health
9 Council and City Council for the opportunity to speak
10 today. I began my career in a med surgical unit in a
11 hospital in Queens where I currently work and we are
12 a Level 1 trauma center, the only one Level trauma
13 center in Queens.

14 I currently am a cardiac arrest ICU nurse. I
15 cared for our city throughout the COVID-19 crisis.
16 One of the most painful moments in our history.
17 Nurses showed up then and we continue to show up
18 every single day but today, we are facing a crisis
19 that is entirely preventable. Dangerous chronic
20 understaffing. Understaffing is just - it's not just
21 a work base issue. It is a patient safety emergency.
22 It leads directly to poor health outcomes, longer
23 hospital stays, avoidable complications, and
24 incredible mortality. And for nurses, it creates a
25 moral injury when we cannot provide the level of care

2 our patients deserve. That moral injury become
3 burnout and burnout is driving experienced nurses out
4 of the bedside and keeping younger current nurses
5 also from joining the bedside.

6 I am also a Brooklyn resident and a patient in
7 this city, a mother and a daughter. The state of our
8 hospitals and the state of nursing today, effects not
9 only the patients that we care for but it effects our
10 own families. We do have staffing legislation but
11 without real enforcement, it is nothing more than
12 paperwork. When facilities ignore their own staffing
13 plans and face no consequences, guess who pays the
14 price? Patients pays the price. We are also
15 confronting real and a widespread work base violence.
16 Nurses are physically and emotionally injured. Not
17 only nurses but other healthcare workers as well, yet
18 many incidents are minimized or dismissed by our
19 institutions. This adds to our stress, deepens our
20 mortal injuries and directly contributes to poor
21 nurse retention. No healthcare worker should fear
22 for their safety while caring for patients.

23 I am here today to urge this Committee to hold
24 hospitals accountable, enforce the staffing plans,
25 give nurses the support we need and deserve to

2 provide safe, quality care. Our patients deserve
3 better and so do we. We deserve better as we show up
4 for them every day. Thank you.

5 CHAIRPERSON NARCISSE: Thank you, next.

6 BETH LOUDIN: Hi, good afternoon or good evening
7 at this point. My name is Beth Loudin. I am a
8 neonatal ICU nurse in the cardiac ICU, so we just do
9 the specialized cardiac heart babies. I'm also
10 President of the NYSNA members at New York
11 Presbyterian Columbia.

12 Despite the vital work my colleagues and I do to
13 take care of New Yorkers, at the bargaining table,
14 we've repeatedly seen NYPD treat our role as a number
15 on a spreadsheet and thus undervalue the health of
16 our patients. Yesterday, nurses from all over the
17 hospital, from our ED to our PACU to our NICU to our
18 medical oncology unit, testified at our bargaining
19 table to one major theme. Patients are getting
20 sicker. The volume of patients are getting higher
21 and staffing is remaining stagnant. So therefore
22 short.

23 NYPD has cut critical services to serve the rich.
24 They could our palliative care unit where patients
25 and their families would be cared for in a

2 supportive, specialized environment to pass
3 peacefully. Now, these patient are cared for on busy
4 med surg floors, where a nurse has three other
5 patients with varying needs. They cut our midwifery
6 service at the island, specialized NP's to care for
7 sick children, a whole newborn nursery, a pediatric
8 infusion clinic and flehmed our inpatient
9 rehabilitation unit to bare bones after community out
10 cry. One floor up, NYPD is now transitioning back to
11 providing VIP rooms for the rich in place in med surg
12 beds on our transplant unit.

13 One of the nurses said yesterday I quote, "there
14 comes a point when we must collectively ask, are we
15 adequately valuing human life?" Amidst healthcare
16 cuts at the federal level, New Yorkers need wealthy
17 hospitals like NYPD to step in and protect care.
18 That's why nurses like me are speaking out because we
19 must hold the richest hospitals in the city
20 accountable. NYPD can afford to safely staff. NYPD
21 can afford to keep these services that serve the
22 community.

23 If NYPD wants to save in this upcoming year,
24 we're calling on them to look at their outrageous
25 executive compensation, which is some of the highest

2 in the country or to their billion dollar hedge fund
3 or in their millions of revenue. There are already
4 in the green, not on our backs.

5 We have been bargaining with NYPD since August.
6 Only yesterday did they finally give us responses,
7 non-financial responses I will say, that do not
8 respond to our demands but rather take back rights
9 that we already had. So, we are here demanding that
10 hospitals invest in safe patient care because we know
11 that they can afford to do better. Thank you.

12 CHAIRPERSON NARCISSE: Next.

13 SOPHIE BOLAND: Hello, my name is Sophie Boland.
14 I'm a pediatric ICU nurse at New York Presbyterian.
15 I'm also on the Executive Committee and Negotiating
16 Committee at New York Presbyterian. I chose this
17 work because I was hospitalized as a child, so I know
18 what it feels like to go from a healthy child to a
19 vulnerable patient in a hospital and I wanted to give
20 other children the safety and care that I once
21 needed.

22 I've been a nurse for almost ten years and I love
23 what I do. I love the team work, the complexity and
24 the chance to make a real difference in a critically
25 ill child's life and their families lives as well.

2 However, it's becoming increasingly difficult to
3 deliver safe patient care at a high level of
4 excellence particularly when working with not enough
5 staff. Working short staffed impedes patient care
6 but it also contributes to higher incidents of
7 workplace violence perpetrated against nurses who
8 cannot possibly attend to every patients needs when
9 the caseload is too high. Working short staffed
10 contributes to nurse burnout, as the hospital
11 capitalizes and profits on the goodwill of nurses who
12 whatever the circumstances or staffing deficits will
13 prioritize patient care to their own detriment.

14 The moral burden of coming to work to deliver
15 exceptional patient care and leaving feeling as
16 though you haven't met the patients needs, despite
17 your best efforts. It's why I would say there isn't
18 a nursing shortage, but a shortage of nurses who are
19 unwilling to put up with these conditions.

20 This is why nurses are leaving the bedside. For
21 the past two and a half years, I've been involved in
22 a staffing arbitration case for one of the highest
23 acuity in the children's hospital NYPD serving the
24 sickest of the sick children across the city,
25 possibly across the country. This unit sees patients

2 that other facilities country wide have refused to
3 offer treatment to because the surgeries they need
4 are too risky or require too many resources.

5 In my five years on this unit, I experienced
6 pattern and consistent critical levels of short
7 staffing and today this case still has no resolution.
8 This is how long these delays drag on and it's not
9 accidental. Our employer has become an expert in
10 kicking the can down the road to avoid any
11 accountability to keeping patients and nurses safe.

12 Instead of fixing the staffing problems that
13 created the issue in the first place, New York
14 Presbyterian is using its enormous resources to spend
15 an untold amount of money on their lawyers to fight
16 nurses.

17 Meanwhile the patients we care for are getting
18 sicker. As a major academic medical center, we
19 received some of the most complex cases in the world.
20 Acuity keeps rising as the hospital invests in new
21 technologies and new interventions but without
22 investing enough to safely care for those patients.
23 Our employer has said "it's too expensive to hire
24 more nurses or that there simply aren't enough nurses
25 in New York City." But just months ago, they laid

2 off two percent of our workforce. It doesn't make
3 any sense. In 2023, over 30 NYPD executives made
4 more than \$1 million a year in salary benefits and
5 perks. We need to hold one of the wealthiest
6 hospitals in the city accountable to deliver the safe
7 patient care they promise in their TV ads and
8 billboards. We're calling our allies in City Hall to
9 advocate alongside us and a fight for a fair contract
10 with enforceable safe staffing standards. We know
11 the fight will be tough. NYPD has money but we have
12 thousands of nurses fighting for respect and dignity
13 and it's time to show hospitals like NYPD that they
14 need to put patients over profits.

15 CHAIRPERSON NARCISSE: Thank you. Next.

16 RUSSEL PINSKER: Good evening everyone. My name
17 is Russel Pinsker, I'm a nurse at Maimonides Medical
18 center in the cardiac thoracic ICU, also known as the
19 open heart unit, where I've worked for the past four
20 out of eight years. I'm also the proud son of a
21 nurse who has dedicated 47 years of her life to
22 Maimonides. I was born and raised in Brooklyn. Born
23 at Maimonides and I decided to become a nurse seeing
24 the dedication my mother had to the hospital and the
25 community it serves. This community is important to

2 me and as a nurse, it gives me meaning and purpose in
3 serving it. I'm also on the bargaining committee.

4 This time around we're bargaining against a totally
5 different group of people and they made it clear that
6 they do not share our priorities, which is first and
7 foremost safe patient care.

8 It has been six weeks since our first bargaining
9 session and made little progress towards our goal
10 ensuring the best care for the future of the
11 community. Instead, I've watched management
12 completely disrespect nurses and the care we offer
13 while we demand safe staffing for our patients.

14 People think that because we work for a safety net
15 hospital, we aren't entitled to the same staffing
16 standards. Benefits and wages as the wealthier
17 private hospitals. That's the hospitals message but
18 I hear from others too. Maintaining wages and
19 benefits to help recruit and retain nurses at our
20 safety net hospitals is a question of equity,
21 equality because quality care should not be
22 determined by your zip code and nurses deserve the
23 benefits that will take care of us when we retire, as
24 my mother has relied on.

2 However, now the hospital is trying to role back
3 these gains and the things nurses have worked hard
4 for. At Maimonides, they are trying to take away our
5 retiree healthcare which would create unnecessary
6 hardships on our families and our healthcare system
7 at the time the healthcare costs are becoming more
8 unaffordable. My mother relies on her retiree health
9 benefits to cover medical expenses and it's something
10 many of us have dedicated our careers to this
11 hospital have looked forward to.

12 We need Maimonides to step up and respect the
13 nurses by protecting our benefits. Nurses spend
14 their entire careers dedicating their lives, caring
15 for others. They deserve to retire knowing that they
16 are also going to be cared for.

17 CHAIRPERSON NARCISSE: Thank you. One of the
18 questions that I have quickly and it went over my
19 head. We talk about reinforcement. I think that was
20 1199. What's your vision about reinforcement that we
21 as Council can take.

22 MYRIAM PAGAN COLON: The staffing legislation
23 enforcement is that the staffing legislation did not
24 give guidelines to what enforcement would look like.
25 So, for us enforcement would be either penalizing

2 their hospitals when they fail to meet the minimum
3 staffing guidelines that they submit to DOH and DOH
4 making them accountable. We have a surmountable
5 amount of complaints, and I'm sure I'm not the only
6 institution that have these complaints that have not
7 been addressed. We submit them to DOH but they just
8 sit there.

9 CHAIRPERSON NARCISSE: Okay. Uhm, I'll work on
10 it. Somebody else, okay.

11 BETH LOUDIN: And then the development of the
12 staffing plans to begin with. We do have our
13 staffing guidelines in our contract and they have to
14 be deferential to that. There are our 1199 brothers
15 and sisters in our hospital, don't have those in
16 their contracts. So, the hospital just got to make
17 up what they wanted in the units. Uhm, we put forth
18 with the whole union side what we want and what would
19 be safe and then the CEO just gets to decide. So,
20 there's no really like bargaining at that point.
21 It's just what the CEO wants.

22 CHAIRPERSON NARCISSE: Okay, uhm, that's
23 something that I'm going to process and see how the
24 best way we can approach that. Uhm, the staffing is
25 more like we Reso here but it's more state but we

2 will look into it and talk to our colleagues on the
3 state level to see what else that we can do to move
4 them to the right direction. And so, the CEO, COO's
5 and all the O's that give us some money. So, we'll
6 look into that and uhm, do we have - okay, so I'm
7 going to say thank you. Thank you for being here and
8 thank you - taking your mother 47 years, adding to
9 yours, that's a lot of years because in military you
10 do that. So, in nursing we can do that too.

11 Okay, yeah, I will get to it. So, uhm yeah, so
12 all these years, thank you for your commitment from
13 your family to the next generation and still doing it
14 and I'm hoping that we can keep nursing in the state.
15 That your kids or your family keep on coming to
16 nursing. So, thank you everyone. Thank you for your
17 hard work Madam President and continue organizing and
18 then we are here in the Council hear you out. We are
19 friends, we are partners and then one of the things
20 that my colleagues always said, they can forget
21 everything about me. They would never forget that
22 I'm a nurse because everything, every second, even
23 the Sergeant could tell you. So, thank you. Thank
24 you so much for your time.

25 PANEL: Thank you.

2 CHAIRPERSON NARCISSE: Okay. Alright, Deidre is
3 still not here, right? She's not here? She got to
4 go, alright. So, I just want to make sure that we
5 cover all the bases. If you are in the room that you
6 wanted to testify, this is the time. This is your
7 last chance. Please see the Sergeant. Everybody
8 satisfied? No one else? That's good.

9 So, thank you to all of you who came here to
10 share your thoughts and experiences today. If there
11 is anyone in the chamber, like I said, this is your
12 last chance, who wish to speak but has not yet had
13 the opportunity to do so, please raise your hand or
14 fill out an appearance card with the Sergeant at Arms
15 and at the back of the room you will find one. There
16 is one here.

17 Seeing none, seeing no hands in the Chamber, we
18 will now shift to the Zoom testimony. When your name
19 is called, please wait until the member of our team
20 unmutes you and the Sergeant at Arms indicate that
21 you may begin. We'll start with let me see the
22 names. Nkechi Udeozo.

23 SERGEANT AT ARMS: You may begin.

24 CHAIRPERSON NARCISSE: Alright, no Nkechi. Anne
25 Goldman. Anne Goldman. No, Alex Stein. Alright,

2 okay, we are making a final call for the Zoom
3 registry who have not yet spoken. Anyone on the zoom
4 it's time to raise your hand. If you are currently
5 on the zoom and wish to speak but have not yet had
6 the opportunity to do so, please use the raise hand
7 function and our staff will unmute you.

8 Seeing no hands, I would like to note that
9 everyone can submit written testimony to
10 testimony@council.nyc.gov within 72 hours of this
11 hearing.

12 To conclude, I want to say thank you to everyone.
13 Thank you to of course Joshua Newman, of course Rie
14 Ogasawara, and all the staff that make it possible
15 for today and of course Courtney Lee that stay with
16 me, my fellow and Frank Shay and vachana Jilo(SP?)
17 and of course my Sergeants and all the technicians.
18 Thank you for your collaboration. Now, our hearing
19 adjourned. [GAVEL] Thank you.

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date December 15, 2025