

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)

Johnnaira 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)

COMMITTEE ON HOSPITALS

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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.

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

Chair, we are ready to begin.

CHAIRPERSON NARCISSE: [GAVEL] Good afternoon.

I am Council Member Mercedes Narcisse, Chair of the Committee on Hospitals. Thank you for joining us today for this oversight hearing on the State of Nursing.

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

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

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

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

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.

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

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

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

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

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

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

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

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

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

CHAIRPERSON NARCISSE: You may begin.

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

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

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

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

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

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

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

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

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

In addition, our current nursing staffing now has access to more than 50 advanced credit bearing certificate and degree programs across CUNY campuses. Today, New York City Health and Hospitals employs more CUNY educated nurses than any other health system in New York City.

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

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

health, and Correctional Health Services. This investment aims to cultivate a dedicated and skilled clinical workforce as clinicians pursue this career. Additionally, our Nursing Clinical Ladder Program creates a clear pathway for internal advancement, offering outstanding nurses the opportunity to take their careers to the next level by learning. Launched in 2020, and co-developed with the New York State Nurses Association, this program promotes professional development and shared governance and enhances patient care delivery by recognizing nursing expertise through three progressive tiers. Participants receive professional coaching through experienced leaders, which validates their skills, boosts engagement, and strengthens professional growth and portfolios.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

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

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

CHAIRPERSON NARCISSE: 10 point-

DR. NATALIA CINEAS: 10.3 percent.

CHAIRPERSON NARCISSE: Is that a good number?

DR. NATALIA CINEAS: Yes.

CHAIRPERSON NARCISSE: Compared to the statewide?

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

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

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

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

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

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

CHAIRPERSON NARCISSE: So, you have enough nurses?

DR. NATALIA CINEAS: Yes, yes.

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

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

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

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

DR. NATALIA CINEAS: Yup.

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

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

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

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

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

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

CHAIRPERSON NARCISSE: Okay, no roughly?

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

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

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

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

DR. NATALIA CINEAS: Right.

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

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

1
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

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

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

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

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

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

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

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

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

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

CHAIRPERSON NARCISSE: Yeah.

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

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

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

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

CHAIRPERSON NARCISSE: \$10,000 more?

DR. NATALIA CINEAS: Yes.

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

DR. NATALIA CINEAS: 73 active floating nurses currently.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAIRPERSON NARCISSE: You don't have it?

DR. NATALIA CINEAS: No.

CHAIRPERSON NARCISSE: But it's existed I hope?

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

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

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

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

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

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

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

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

COUNCIL MEMBER SCHULMAN: Okay.

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

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

DR. NATALIA CINEAS: Thank you.

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

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

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

9 COUNCIL MEMBER BREWER: Thank you very much.

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

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

18 COUNCIL MEMBER BREWER: Take it back where? I
19 really feel very strongly about it. It's a huge
20 issue. It makes a difference for people whether they
21 stay here or go elsewhere. So, you haven't brought
22 it up? Nobody's brought it up; it doesn't even exist
23 as an issue?
24
25

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

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

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

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

DR. NATALIA CINEAS: With the self-scheduling -

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

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

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

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

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

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

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

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

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

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

DR. NATALIA CINEAS: Yes.

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

DR. NATALIA CINEAS: Thank you.

COUNCIL MEMBER BREWER: Thank you.

CHAIRPERSON NARCISSE: Uhm, you done?

COUNCIL MEMBER BREWER: Yes.

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

DR. NATALIA CINEAS: Can you repeat the question?
I'm sorry.

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

DR. NATALIA CINEAS: From nurses?

CHAIRPERSON NARCISSE: From the nurses.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DR. NATALIA CINEAS: I understand your question.

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

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

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

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

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

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

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

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

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

DR. NATALIA CINEAS: Thank you.

CHAIRPERSON NARCISSE: How have you created policies ever since?

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

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

DR. NATALIA CINEAS: Yes.

CHAIRPERSON NARCISSE: Violence against nurses.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1
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 many - but 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

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

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

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

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

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.

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

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

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

This is an important necessary step. Our city cannot afford to lose more hospitals or hospital services. We cannot have a healthy and driving city without providing access quality care for all. And nurses cannot deliver that quality care if a hospital failed to listen to the frontline nurses.

Unfortunately, we are facing employers who are all too eager to cut back on safe staffing and nurses wages and benefits. And on negotiations with Maimonides Medical Center, administrators want to reduce nurse staffing, cancel our shift at will, and make other changes that will honor nurses retention and patient care. They want to erase decades of benefits that we have won. That have helped us recover nurse staffing levels after the COVID-19 pandemic, and that makes retired health costs more affordable, most affordable.

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

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

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

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

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

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

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

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

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

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

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

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

NANCY HAGANS: I know the Loan Repayment program is based on where you work. I believe if you work in the health uhm, H+H and you may be able to be on the health free payment program. Like someone like myself who works in a private institution. That was not something that we could take advantage of. That's for us, it's more for - it all depends on where you work as a nurse.

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

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

CHAIRPERSON NARCISSE: That's a lot of money.

NANCY HAGANS: Yes.

CHAIRPERSON NARCISSE: When it comes to workplace culture, much of the atmosphere in the workplace is reliant on competent and empathetic leadership. Three of their ways for nurses to report good or bad

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

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

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

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

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

CHAIRPERSON NARCISSE: Do those things happen often?

NANCY HAGANS: Yes.

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

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

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

1
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

1
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?

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

COUNCIL MEMBER MARMORATO: Substance abuse, like impairment.

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

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

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

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

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

NANCY HAGANS: Absolutely after they go to rehabilitations -

COUNCIL MEMBER MARMORATO: I'm sorry.

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

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

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

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

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

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

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

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

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

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

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

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

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

1
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

1
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

1
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
25

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

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

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

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

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

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

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

COUNCIL MEMBER GUTIÉRREZ: Thank you. Thank you Chair.

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

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

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

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

NANCY HAGANS: Yes, always.

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

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

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

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

NANCY HAGANS: Say it again.

CHAIRPERSON NARCISSE: Three demands.

NANCY HAGANS: Three demands.

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

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

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

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

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

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

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

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

NANCY HAGANS: Do their job.

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

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

CHAIRPERSON NARCISSE: Thank you.

NANCY HAGANS: Thank you.

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

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

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

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

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

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

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

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

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

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

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

1
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

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

ERIN DUPREE: Thank you.

CHAIRPERSON NARCISSE: Yeah.

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

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

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

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

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

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

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

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

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

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

CHAIRPERSON NARCISSE: Thank you. I appreciate the work. This is great work.

LESTER MARKS: Thank you.

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

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

ERIN DUPREE: Thank you very much.

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

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

over 33 years and I currently work at Harlem Hospital.

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

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

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

1
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

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

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

That's not a luxury. That's not an unrealistic ask.
That's just basic common sense patient care.

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

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

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

CHAIRPERSON NARCISSE: Thank you.

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

nurse at Montefiore Medical Center in the Bronx.

I've been a nurse for 17 years, currently working as a nurse practitioner and outpatient surgery clinic.

I'm here today because the safety of our community depends on the decisions made in this room. I grew up in the Bronx and the best part of my job is being able to care for the patients in my community because any of those patients can be considered to be my mom, my dad, anyone. I can relate to them and they can relate to me. Our patients in the Bronx are more vulnerable than ever, many of them are undocumented.

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

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

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

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

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

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

1
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 NARCISSE: 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

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

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

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

SHAIJU KALATHIL: Correct, we don't.

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

PANEL: Thank you.

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

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

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

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

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

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

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

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

And at Interfaith, one of our biggest issues is when we have a high turnover and not nurses. Nurses don't stay on the job when they are always working hard or working short staffed and the hospital is spending so much money in getting the AI. That is the money that should have been invested in having nurses. We had a meeting the other day. Our money is being invested in AI. So, we need to put money where our nurses are. Not only the nurses or the nursing staff, the PCT, everybody because as a whole, we can work together. Thank you. My time is up.

The most important thing I have said, the short staffing and we have to really you know look into it

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

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

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

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

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

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

1
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

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

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

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

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

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

In addition, patients in the midst of disease process, for example, diabetes, hypertension or cancer, require a multidisciplinary approach, which can only be obtained in a primary care setting. Unfortunately, too many individuals are foregoing the care they deserve. Healthcare is a human right. Thank you.

CHAIRPERSON NARCISSE: That's right. Next please.

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

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

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

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

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

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

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

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

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

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

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

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,

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

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
25

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

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

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

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

1
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

1
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.

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

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

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

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

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

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

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

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

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

CHAIRPERSON NARCISSE: Alright.

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

CHAIRPERSON NARCISSE: Thank you, next.

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

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

Safe staffing is essential for providing safe patient

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

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

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

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

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

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

19 Thank you for the opportunity to present.

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

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

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

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

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

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

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

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

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

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

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

You can start from this end to the next.

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

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

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

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

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

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

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

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

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

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

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

CHAIRPERSON NARCISSE: Okay, go ahead.

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

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

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

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

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

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

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

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

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

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

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

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

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

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,

financial constraints often limit what can be achieved.

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

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

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

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

CHAIRPERSON NARCISSE: Thank you, appreciate your time.

JASMINE SAMUEL (TESTIFYING FOR DIANE MINNET):

Sorry Diane couldn't make it so my name is Jasmine Samuel and I'll be speaking on her behalf too.

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

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

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

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

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

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

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

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

JASMINE SAMUEL: It was Diane. Oh no.

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

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

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

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

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

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

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

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

CHAIRPERSON NARCISSE: Thank you, next.

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

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

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

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

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

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

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

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

CHAIRPERSON NARCISSE: Next.

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

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

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

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

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

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

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

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

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

CHAIRPERSON NARCISSE: Thank you. Next.

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

me and as a nurse, it gives me meaning and purpose in serving it. I'm also on the bargaining committee. This time around we're bargaining against a totally different group of people and they made it clear that they do not share our priorities, which is first and foremost safe patient care.

It has been six weeks since our first bargaining session and made little progress towards our goal ensuring the best care for the future of the community. Instead, I've watched management completely disrespect nurses and the care we offer while we demand safe staffing for our patients. People think that because we work for a safety net hospital, we aren't entitled to the same staffing standards. Benefits and wages as the wealthier private hospitals. That's the hospitals message but I hear from others too. Maintaining wages and benefits to help recruit and retain nurses at our safety net hospitals is a question of equity, equality because quality care should not be determined by your zip code and nurses deserve the benefits that will take care of us when we retire, as my mother has relied on.

1
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

1
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

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

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

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

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

SERGEANT AT ARMS: You may begin.

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

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

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

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

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