

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON HEALTH

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March 25, 2009
Start: 10:44am
Recess: 6:25pm

HELD AT: Committee Room
City Hall

B E F O R E:
JOEL RIVERA
Chairperson

COUNCIL MEMBERS:
Helen D. Foster
John C. Liu
Helen Sears
Kendall Stewart
Maria del Carmen Arroyo
Inez E. Dickens
Rosie Mendez
Kenneth Mitchell
Alan J. Gerson
Robert Jackson
Letitia James
Public Advocate Betsy Gotbaum

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

Charles Hirsch, MD
Chief Medical Examiner
Office of Chief Medical Examiner

Barbara Butcher
Chief of Staff
Office of Chief Medical Examiner

Thomas Lintern
Deputy Commissioner for Administration
Office of Chief Medical Examiner

Jody Lipton
General Counsel
Office of Chief Medical Examiner

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New York City Health Commissioner
Department of Health and Mental Hygiene

Louise Cohen
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Department of Health and Mental Hygiene

Dan Lehman
Deputy Commissioner of Finance and Planning
Department of Health and Mental Hygiene

Dr. Roger Platt
Director, School Health Program
Department of Health and Mental Hygiene

Alan D. Aviles
President
Health and Hospitals Corporation

Marlene Zurack
Corporate Chief Financial Officer
Health and Hospitals Corporation

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

LaRay Brown
Senior Vice President
Health and Hospitals Corporation

Judith Arroyo
President
Local 436

Dale V. Brooks
Dental Hygienist
Oral Health Program

Dr. Barry Liebowitz
President
Doctors Council/SEIU

Dr. Gary Peters
Dentist
Oral Health Program

Dr. Steven Feinstein
Doctors Council

Niokka Jackson
Concerned Citizen

Dr. Alan Matthew
Dentist
Department of Health and Mental Hygiene OHP

Charlotte Kooistra, DDS
Oral Health Program

Margaret Mahoney, DDS
Oral Health Program

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

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Carol Pittman
Community Affairs Representative
New York State Nurses Association

Joan Siegel
Senior Policy Associate
Citizens' Committee for Children

Dorella Walters
Senior Director, Program Services
God's Love We Deliver

Lisa Zullig
Director of Nutrition Services
God's Love We Deliver

Melissa Corrado
Director, Emergency Preparedness
Primary Care Development Corporation

Allison Klurfeld
Community Relations Coordinator
William F. Ryan Community Health Network

Addie Backlund
Executive Director
American-Italian Cancer Foundation

Anne Bove
Registered Nurse
Bellevue Hospital

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

Arthur Springer
Concerned Citizen

Murray Rosenthal
Dentist

Julissa V. Greenberg
Parent
PS 18, Staten Island

Melanie D'Anges
Parent
PS 18, Staten Island

Brigid Figliulio
Parent Coordinator
PS 18, Staten Island

Valencia Bethune-Grant
New York City Department of Oral Health

Lyndel Urbano
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Grace Otto
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HHC

Robert Lederer
Researcher, Policy Analyst
Bronx Health Link

Ivie Bien-Aime
Parent Coordinator
IS 68, Brooklyn

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

Judy Wessler
Director
Commission on the Public's Health System

Ngozi Moses
Brooklyn Perinatal Network

Ana Jimenez Bautista
New York State Coalition for School Based Health
Centers

Verona Rowe
New York State Coalition for School Based Health
Centers

CHAIRPERSON RIVERA: --gentlemen.

My name is Joel Rivera. I'm the Chair of the City Council's Health Committee. The topic of today's hearing is the Mayor's Fiscal 2010 preliminary budget for the Chief Medical Examiner, the Department of Health and Mental Hygiene and the Health and Hospitals Corporations. This morning we will first hear from the Office of the Chief Medical Examiner on the Mayor's Fiscal 2010 Preliminary budget as it pertains to the Office of the Chief Medical Examiner, which provides all forensic pathology in New York City and provides in house administrative support to its scientific and medical staff. The Chief Medical Examiner's Fiscal 2010 Preliminary Expense Budget is approximately \$70 million. We will discuss a number of budgetary issues, in particular proposed administrative efficiencies in the amount of \$3.4 million in Fiscal 2010 and in the out years and proposed State Executive Budget issues as it relates to the possibility of the elimination of Article 6, State matching funds for OCME. This morning we will be hearing from Dr. Charles Hirsch, Chief Medical Examiner, before hearing

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2 from our witnesses. And I would like to note that
3 we've been joined this morning by Council Member
4 Helen Sears and members will be coming in and out.
5 There's various hearings taking place
6 simultaneously. And I want to thank, obviously,
7 the Health Committee staff for preparing our
8 statements here today. So you can begin. Just
9 state your name for the record and proceed with
10 your testimony.

11 CHARLES HIRSCH: Good morning, Mr.
12 Chairman. I'm Charles Hirsch, the Chief Medical
13 Examiner. Seated on my right is Barbara Butcher,
14 our Chief of Staff; seated on my near left is
15 Thomas Lintern, the Deputy Commissioner for
16 Administration; and on my far left is Jody Lipton,
17 our General Counsel. Chairman River, Councilwoman
18 Sears, my prepared remarks will focus on the
19 threatened loss of Article 6 funding and provide
20 you with an update on the activity of our DNA
21 Laboratory and other details pertaining to our
22 budget. The healthcare restructuring proposal
23 that the governor included in his Fiscal Year
24 2009-10 budget includes the elimination of Article
25 6 funding for what are considered, quote, less

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2 essential and, quote, optional programs, such as
3 Medical Examiners and non-public health
4 laboratories. At the outset I must state the
5 obvious, services provided by Medical Examiners
6 are essential and are not optional. Our public
7 health responsibilities are necessary and integral
8 to a well functioning health care system in which
9 citizens are involved from birth until death. T he
10 loss of all Article 6 funding will have a
11 devastating impact on our ability to provide
12 timely cause of death determinations for the
13 approximately 7,000 deaths we certify each year,
14 and will adversely affect all services provided by
15 the OCME because this State funding stream
16 currently makes up 27% or \$18.4 million of our
17 budget. In addition to the City budget reductions
18 already implemented in the last year, totaling
19 nearly \$7 million, the Article 6 revenue loss will
20 cripple day-to-day operations and will become a
21 quality of life issue for many New York City
22 residents. In addition to the deaths that we
23 certify, we're involved in one way or another in
24 providing consultation and service in
25 approximately 10,000 additional deaths.

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2 Approximately 70% of our budget is devoted to
3 personnel costs and all of our employees play an
4 important role in providing our services. The
5 loss of this State funding will mean the loss of
6 nearly 300 jobs at the OCME, which is almost half
7 our workforce. Agency-wide layoffs will triple
8 our response time to death scenes, which in turn
9 will create additional Police Department overtime
10 costs, because officers guarding the deceased will
11 have to wait for OCME personnel to arrive.

12 Autopsy report turnaround time will increase by at
13 least 30%, delaying death certification, thereby
14 creating delays in families receiving death
15 certificates, settling legal affairs and
16 finalizing insurance claims. In addition to
17 across the board staff reductions, the OCME will
18 need to close all of our Borough offices within a
19 year, starting with Staten Island and the Bronx
20 and followed by Queens and Brooklyn. This would
21 force many families, often low-income; to travel
22 to other borough offices and ultimately to
23 Manhattan to identify loved once or talk to
24 medical examiners. Respecting religious beliefs
25 of the dead and the families who interact with us

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2 on a daily basis is very important to OCME. This
3 budget reduction will greatly impact the OCME's
4 ability to meet the needs of people of the Jewish
5 and Islamic faiths in particular, religions which
6 require the expeditious burial of remains. It
7 will become painfully apparent that the medical
8 examiner is a quality of life, not a quality of
9 death agency. Day-in, day-out we interact with
10 families at the worst times I their lives. The
11 true test of our agency is not the occasional
12 handling of a high profile death; it's the routine
13 service we provide to anonymous persons ever day
14 of the year. At a minimum, that service must be
15 timely and technically excellent. Equally
16 important, our employees must be compassionate and
17 sensitive to the special needs of the bereaved.
18 Medical Examiners play a vital role in the
19 continuum of Public Health Services. Medical
20 Examiner offices are on the forefront of
21 identifying trends in patterns of death and
22 provide the data needed to monitor any potential
23 public health outbreak and the spread of
24 infectious diseases. A good example of this was
25 in August 1999, when a cluster of five patients

1 presented to a community hospital in Queens with
2 symptoms suggestive of viral encephalitis. There
3 were four fatalities. Brain tissue obtained at
4 autopsy by the Office of Chief Medical Examiner
5 led to the identification of the causative agent
6 as West Nile Virus. This was entirely unexpected
7 and was the first West Nile outbreak on this
8 continent. Our office was the first to describe
9 the neuropathologic findings of this emerging
10 infectious disease, which allowed the City and
11 State to begin treatment and prevention regimens.
12 More routinely, we discover undiagnosed
13 tuberculosis and meningitis at autopsy. If we can
14 no longer afford to routinely investigate such
15 cases, some will go unidentified and those at risk
16 will not receive proper prophylaxis and will be at
17 greater risk for morbidity and mortality. Medical
18 Examiners also provide vital statistics on deaths
19 related to HIV and AIDS, Sudden Infant Death
20 Syndrome and drug and alcohol related deaths. The
21 drastic budget cut proposed by the Governor also
22 would force us to limit toxicology testing to
23 overt drug overdoses and homicides. A tremendous
24 amount of information about unsuspected
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2 prescription and illicit drug use and abuse will
3 be lost. Medical examiners have an important role
4 in mass fatality management as well. I don't
5 think I need to remind this Committee of 9/11. In
6 New York City we're spearheading a multi-State
7 effort to prepare the region in the event of
8 another plane crash, pandemic influenza, or
9 terrorist attack in which there may be hundreds or
10 thousands of dead bodies to manage. Our cutting
11 edge DNA Laboratory has permitted the Agency to
12 grow rapidly, enabling us to offer DNA testing for
13 all types of crime such as robberies, burglaries,
14 attempted murders and other assaults, arson and
15 drug or gun possession. Now, we accept all
16 property crime cases with biological evidence.
17 While Article 6 funding does not support the
18 majority of our DNA programs directly, the
19 criminal justice system in New York State will be
20 hindered by the loss of State funding. With the
21 loss of 25 Criminalists currently working in the
22 DNA lab, testing turnaround time for criminal
23 cases, including rape and homicide will increase
24 by approximately 40%. This will create a backlog,
25 forcing us to prioritize our work by type of

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2 crime. In addition, delayed test results will
3 cause arrestees to wait in jail longer and impede
4 police investigations. Currently, we are the
5 largest contributor of DNA profiles in the United
6 States. Over 90% of our matches are within New
7 York State and provide links to convicted
8 offenders. The delay or reduction in the services
9 that OCME provides to law enforcement and the
10 District Attorney's offices would have unthinkable
11 consequences for families. The Agency provides
12 essential services directly affecting the chances
13 of convicting a murderer, getting a serial rapist
14 off the street and exonerating the innocent.

15 Indirect costs such as police overtime and backlog
16 at the DA's office will have a broader budgetary
17 impact for the City and State. To meet the budget
18 reductions put forth by the Mayor to balance the
19 City's' FY 2010 budget, we have eliminated non-
20 core contracts including our Cleaning and Security
21 contracts, valued at \$2.7 million in FY10. In
22 addition we've given up all our vacant positions
23 and rescinded job offers across the Agency to meet
24 City budget cuts, saving \$600,000. After these
25 cuts are fully implemented, the Agency's budget

1 will not be able to handle any sizeable cut in the
2 future without impacting the services we provide
3 to the public. Given the current recession
4 gripping the State and country, we have to prepare
5 for the worst in anticipation of future PEG plans.
6 After delaying capital projects and eliminating
7 30% or \$8.5 million of our capital funding, our
8 capital budget now provides \$29 million for the
9 construction of a new facility in the Bronx. The
10 remainder of our capital budget is allocated for
11 the continued build-out of our information
12 technology capabilities. With the support of
13 DoITT, we have further enhanced our IT
14 capabilities and have allocated \$528,000 for the
15 final security upgrades which will allow us to
16 meet the requirements to exchange data with the
17 State and federal government on a regular basis.
18 We've made progress in the last year to begin
19 development of a new laboratory information
20 management system to efficiently track evidence
21 and manage data from the DNA, toxicology and other
22 laboratories. This system should begin roll out
23 by this summer, and currently is budgeted at \$3.3
24 million. Our modified FY09 budget is \$83.8
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2 million, comprised of \$53.2 million in PS and
3 \$30.7 million in OTPS, which includes various
4 federal and State grants. The proposed FY 2010
5 operating budget is projected at \$74.9 million
6 after meeting the Mayor's PEG targets this year,
7 \$53.4 million for PS and \$21.4 million for OTPS.
8 Mr. Chairman, this concludes my prepared remarks.
9 We'll be pleased to respond to your questions.

10 CHAIRPERSON RIVERA: Thank you very
11 much. Before we ask our questions, I just want to
12 introduce the members who have joined us. We have
13 Council Member Mendez, we have Council Member John
14 Liu, and we have Council Member Maria del Carmen
15 Arroyo. And I want to welcome Council Member
16 Mitchell, who is newly elected to the City Council
17 and joins our Committee here in the Health
18 Committee. So thank you. I just wanted to, you
19 know, get a couple of questions off the ground and
20 then I'll hand it off to my Committee Members.
21 The reduced lease payments, the preliminary budget
22 eliminates \$302,000 roughly in CTL funding and
23 \$170,000 in State funding fore a total elimination
24 of around \$473,283 in Fiscal 2010 and in the outer
25 years for rent to HHC for Kings and Queens County

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Morgues as OCME no longer occupies these facilities. Are there any other HHC facilities that OCME leases a space for and where are they?

THOMAS LINTERN: Good morning again.

CHAIRPERSON RIVERA: Good morning.

THOMAS LINTERN: Thomas Lintern, Deputy Commissioner for Administration. This reduction was really just bringing the budget in line with our current agreements with HHC. So we actually haven't relocated out of these facilities.

CHAIRPERSON RIVERA: And do you have any other facilities with HHC? No?

THOMAS LINTERN: No.

CHAIRPERSON RIVERA: Okay.

THOMAS LINTERN: Currently just the Bronx and Staten Island, right?

CHAIRPERSON RIVERA: Where are the-

THOMAS LINTERN: [Interposing] Oh and Bellevue. I'm sorry.

CHAIRPERSON RIVERA: Okay. So the morgue services, where are they being relocated

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to? You said Bellevue?

THOMAS LINTERN: They're not being relocated.

CHAIRPERSON RIVERA: They're not being relocated.

THOMAS LINTERN: No. This was really just adjusting the budget for current costs of rent.

CHAIRPERSON RIVERA: Okay. And now because of the State Executive Budget issues, due to the proposed State Executive Budget cuts eliminating the Article 6 reimbursements our service eligibility for OCME related services, there is a potential loss of approximately \$19 million in funding. Also the State is attempting to recoup approximately \$15 million in the Article 6 funding. Update the Committee on the proposed Article 6 elimination for OCME?

CHARLES HIRSCH: Mr. Chairman, that was the first half of what I spoke about. I don't know how to say it anymore concisely than I have. And I'd urge-- I'm sure your connections in Albany are a lot better than mine. I'd urge you to see if we can avoid this.

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2 CHAIRPERSON RIVERA: I was just
3 going to ask you, what are you actually doing to
4 advocate to ensure that these cuts don't go
5 through? Are we lobbying the State Legislature
6 and the Governor's office to try to ensure--

7 CHARLES HIRSCH: We have visited
8 Albany, have met with appropriate people. And we,
9 again, I'm sure your connections there are far
10 better than mine, and I urge you to speak with our
11 elected representatives in Albany.

12 CHAIRPERSON RIVERA: Okay. Do you
13 have any-- a list of electeds that you have
14 chatted with and you would like for us to also
15 reach out to? Could you provide that?

16 CHARLES HIRSCH: We could provide
17 that for you afterward, yes sir.

18 CHAIRPERSON RIVERA: Perfect. And
19 also in terms of the Office of the Chief Medical
20 Examiner, the Bronx Medical Examiner facility, the
21 new buildings that you mentioned in the last
22 portion of your testimony, I just wanted to find
23 out where is the Medical Examiner's facility in
24 the Bronx going to be located? Do you have a
25 location?

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2 CHARLES HIRSCH: The site that
3 we've agreed upon with Jacoby Hospital is off of
4 Eastchester Road. There's currently a couple of
5 buildings on it, which are going to be demolished
6 after they're vacated.

7 CHAIRPERSON RIVERA: Okay. So
8 construction hasn't started yet. They haven't
9 been vacated.

10 CHARLES HIRSCH: We're still in
11 design phase.

12 CHAIRPERSON RIVERA: When do you
13 anticipate the construction?

14 CHARLES HIRSCH: Beginning?

15 CHAIRPERSON RIVERA: Yeah.

16 CHARLES HIRSCH: I would hope the
17 end of this year, the beginning of next year and
18 construction time in the neighborhood of 14
19 months. So we hope it won't be delayed much
20 longer.

21 CHAIRPERSON RIVERA: Perfect.
22 We've also been joined by Council Member Inez
23 Dickens. And the to members that have questions,
24 Helen Sears, and Maria del Carmen Arroyo. So
25 Helen Sears. Thank you.

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2 COUNCIL MEMBER SEARS: Thank you,
3 Mr. Chair. And good morning. First I have just
4 one or two questions, but I think that you do is
5 pretty remarkable, and I have to tell you
6 particularly with the DNA and waiting for all the
7 equipment that you had. And I know what it means
8 to really working at the rape cases. So I want to
9 congratulate you, because we waited a long time
10 for that to happen.

11 CHARLES HIRSCH: Thank you.

12 COUNCIL MEMBER SEARS: In your
13 testimony you talked about undiagnosed health
14 indices that you find when you do an autopsy,
15 particularly when you mentioned tuberculosis. So
16 my question is, when you can't do-- when you do
17 diagnose that in the autopsy, what do you do next
18 that you won't be able to do with the cuts?

19 CHARLES HIRSCH: We report that to
20 the appropriate division in the health department,
21 and they do the outreach to trace contacts of the
22 person who might be at risk for having similar
23 disease. This is done in partnership with the
24 Health Department.

25 COUNCIL MEMBER SEARS: It's really

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2 quite alarming, and I think Mr. Chairman and the
3 whole Committee, we need to do what's important
4 because without doing that, all the guards that we
5 put in for protecting the health of the
6 communities will be so broken down that I can't
7 even think the scope of how devastating that would
8 be. And I really think that it behooves us to see
9 that that doesn't happen, because that's critical.
10 If we don't protect the communities, and that is
11 one way of doing it, that we'll have more
12 catastrophes on our hands than just people dying;
13 we're going to have communities that are grossly
14 infected. So I really thank you for bringing that
15 up. I ran hospitals before I came into this
16 office, and I really know what it means when
17 suddenly you're faced with all of this terrible
18 stuff. And we just can't have that happen. I
19 feel very strongly about that. Thank you.

20 CHARLES HIRSCH: Councilwoman
21 Sears, I appreciate very much you raising this
22 issue. Unfortunately when most people think about
23 the Medical Examiner they think of sex and
24 violence because that's what's in the media every
25 day. But our responsibilities in public health

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2 are enormous. And unfortunately it now takes a
3 threat of this nature to bring it forward.

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COUNCIL MEMBER SEARS: I just think
that it would be infamous if we didn't do
something about that; I really mean that. And I
think the Committee can take a lead in charging
ahead with that. So thank you.

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CHAIRPERSON RIVERA: Maria?

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COUNCIL MEMBER ARROYO: Thank you,
Mr. Chair. Doctor, thank you for your testimony.
On page 2, at the bottom, where you talk about the
DNA lab and the impact that the State support of
that work would hinder the criminal justice system
in New York State; that's a very strong statement.
How are the District Attorney's offices cluing in
on this issue? What kind of supportive work are
they doing with your office to advocate at the
state level for this state funding not to be
affected?

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CHARLES HIRSCH: I don't know. But
it certainly involves more jurisdictions in New
York City. Medical Examiners around the state are
equally affected and I don't know if the District
Attorneys have spoken out about this or not.

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COUNCIL MEMBER ARROYO: 25

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Criminalists will be lost in your lab.

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CHARLES HIRSCH: Approximately.

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COUNCIL MEMBER ARROYO: In New York

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City.

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CHARLES HIRSCH: DNA lab, that's

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right.

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COUNCIL MEMBER ARROYO: Testing

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turnaround time for criminal cases including

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rapes, homicide increased by 40%.

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CHARLES HIRSCH: That's right.

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COUNCIL MEMBER ARROYO: So are you

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losing half of the workforce in that laboratory?

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I don't understand.

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CHARLES HIRSCH: No. That isn't

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half of the workforce, but the delay in the

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processing that those criminalists do ripples

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throughout the laboratory.

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COUNCIL MEMBER ARROYO: Okay.

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CHARLES HIRSCH: And the technical

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reasons for it are kind of involved, but that's

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our best faith estimate of the consequence of

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losing 25 Criminalists.

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COUNCIL MEMBER ARROYO: So in the

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2 worst-case scenario then, you create a backlog
3 forcing you to prioritize work by the type of
4 crime. Give me an example of what that would look
5 like.

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CHARLES HIRSCH: We probably would
7 have to limit or reduce testing prioritizing
8 homicide and rape, because they are the two most
9 serious crimes. I doubt that we could continue to
10 do the testing that we do on property crimes.

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COUNCIL MEMBER ARROYO: What is a
12 property crime?

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CHARLES HIRSCH: A burglary.

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COUNCIL MEMBER ARROYO: Okay.

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CHARLES HIRSCH: And the most
16 efficient way to catch and convict burglars is
17 from the DNA that they leave behind. And I'd
18 remind you that burglars are frequently crossover
19 criminals, and if they find a woman home alone,
20 then they become a rapist. So catching burglars
21 committing property crimes prevents the commission
22 of other crimes, some of which are of a personal
23 rather than a property nature. It's a very
24 important activity.

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COUNCIL MEMBER ARROYO: Mr.

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2 Chairman, I'm not sure how to follow up on this.
3 The District Attorney's offices are either not
4 clued in, are not concerned. I'd hate to think
5 that they're not concerned about what the impact
6 of the reduction in this work would have on their
7 ability to prosecute and bring criminals to
8 justice. So I think there has to be further
9 conversation around that so that we can bring as
10 many folks to the table at the State to press the
11 issue and the concern what the reduction in State
12 funding for this work would have on other systems
13 in our society that help keep us safe.

14 CHARLES HIRSCH: Mr. Lintern
15 reminds me that we have reached out to and have
16 communicated with the Criminal Justice
17 Coordinator's Office in Albany, so they certainly
18 are well aware. The City as well.

19 COUNCIL MEMBER ARROYO: Well I
20 think we should pursue that conversation
21 internally here in the Council as well. Thank
22 you, Mr. Chair.

23 CHAIRPERSON RIVERA: I agree. You
24 know, CSI has done a phenomenal job in
25 highlighting what it is that you actually do, and

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2 I think that, you know, your job is to make sure
3 that we have the evidence to prosecute criminals
4 after they commit a crime. And without your work,
5 you know, the DAs can't do their job. You know,
6 we really need to make sure that, you know, we can
7 keep this funded adequately, and we will lobby on
8 your behalf to the State to make sure that you can
9 get that funding. We have a couple more
10 questions. We have Council Member Inez Dickens,
11 Council Member Alan Gerson and then back to Helen
12 Sears.

13 COUNCIL MEMBER DICKENS: Thank you,
14 Mr. Chair and thank you, Dr. Hirsch. Just a quick
15 follow up question to my colleague, Council Member
16 Arroyo, DNA specimens, although they may be
17 refrigerated or frozen, longer periods of time
18 that they are held untested, are they impacted
19 adversely?

20 CHARLES HIRSCH: No.

21 COUNCIL MEMBER DICKENS: So they
22 can be held for how long if they're refrigerated?

23 CHARLES HIRSCH: You can recover
24 DNA from Egyptian mummies that are 3,000 years
25 old. We've successfully retrieved and profiled

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2 DNA from World Trade Center victims that have been
3 exposed to the elements for years. So once we
4 have specimens in the laboratory, either by
5 freezing or dried specimens, drying is also a good
6 preservative for DNA, we don't, as time passes,
7 lose that evidence. What we do is lose the
8 opportunity to provide timely results.

9 COUNCIL MEMBER DICKENS: Yes. I
10 understood that. I just wanted to make sure that
11 it would not adversely affect. Thank you.

12 COUNCIL MEMBER GERSON: Thank you,
13 Mr. Chair. Good morning. And in addition to all
14 your other great work, let me take the opportunity
15 to thank you for the great work you've done in
16 conjunction with the victims of 9/11. Of course
17 Ground Zero lies within the District I represent.
18 So let me ask you, where do we stand with any
19 ongoing work with respect to identification of
20 remains, and will that in any way be impacted by
21 the proposed FY10 budget?

22 CHARLES HIRSCH: Barbara Butcher
23 has been spearheading that, and I'll ask her to
24 respond to your questions.

25 COUNCIL MEMBER GERSON: Thank you.

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2 BARBARA BUTCHER: Thank you,
3 Councilman. Yes, we do continue to work on the
4 identification and remains from the World Trade
5 Center victims, and Dr. Hirsch committed on 9/11,
6 we will do whatever it takes for as long as it
7 takes to identify all of the victims of that
8 tragic attack.. As far as the impact of Article 6
9 funding, there is the possibility that it would
10 slow down the work. Will it stop it? Absolutely
11 not. But there is a possibility that it would
12 slow down. And how that would happen is if we
13 lose 25% or 25 Criminalists, which is
14 approximately a quarter of the DNA scientists, the
15 others who are on homicide cases, rape cases,
16 sexual assaults, to some extent, there would have
17 to be a shifting of work. So it's possible that
18 the DNA scientists devoted to the 9/11 effort
19 would have to be working on homicides and sexual
20 assaults. So yes, there would be that
21 possibility.

22 COUNCIL MEMBER GERSON: I think
23 that's an important fact, Mr. Chair, to have on
24 the record and to seriously consider as we go
25 forward as a government, as a City and a State

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2 government with our budget deliberations. My last
3 question, but on the same topic, your role with
4 respect to forensic analysis of, God forbid there
5 be any more first responders who have passed away
6 who were present at the Ground Zero site during
7 the time period of the day of 9/11 or the
8 aftermath as the fires were raging, as this is a
9 budget hearing, does your budget allow full-- does
10 the proposed budget allow full, adequate staff and
11 resources, including material and chemical
12 resources, to do and make the proper assessment as
13 to whether or not there was a 9/11 nexus in a
14 totally apolitical, non-political, environment
15 recognizing the complexities of that analysis may
16 require a certain level of expertise or a certain
17 level of evaluations that are different from the
18 ordinary. Are you prepared to, you know, do you
19 have everything you need to conduct-- or will you
20 in FY10 have everything you need to conduct the
21 full-fledged analysis to make a scientific
22 determination as to whether or not there's a
23 nexus?

24 CHARLES HIRSCH: Yes.

25 COUNCIL MEMBER GERSON: Thank you,

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Mr. Chair.

3

CHAIRPERSON RIVERA: Thank you.

4

We're going to go back to Council Member Sears and

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then to Rosie Mendez.

6

COUNCIL MEMBER SEARS: And just a

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comment and a reminder that this City was so

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backlogged with the DNA for rape cases, and if we

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even think of getting back to that stage, it would

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be criminal on the part of this Council. And with

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what will be happening with these cuts, that's

12

exactly what will happen. And as a member of the

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Women's Committee, I tell you we cannot speak with

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a forked tongue. We think women are moving ahead

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and the Women's Committee is out there raising all

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kinds of issues, and I can tell you, we just can't

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let that happen, because we will go back exactly

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to where we were before you got everything you

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needed to reduce that backlog and to put you where

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you needed to be to have, quite frankly, justice

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for women. So I have to bring that up. And we

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will pursue that. I will. And think that my

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colleagues on this Committee will do so. So thank

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you, and thank you very much.

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CHAIRPERSON RIVERA: Thank you.

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2 Council Member Mendez?

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COUNCIL MEMBER MENDEZ: Thank you, Chair Rivera. Mr. Medical Examiner, I didn't catch the number of how many Criminologists, the-- how much in savings that would be with the loss of 25 Criminologists?

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CHARLES HIRSCH: The persons loss would be classified in categories Criminalists I and II, which I is the entry level, II is next. The highest level is IV. And Mr. Lintern is doing the arithmetic now. When he finishes, I'll ask him to respond.

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COUNCIL MEMBER MENDEZ: Okay, thank you. And I'd just like to bring to the attention of the Chair that in many of these criminal cases there is time constraints where the DA must bring the case and present certain evidence within a certain amount of time, otherwise they're prohibited from doing so. So this is very dangerous territory that we're entering with the loss of these criminologists. Mr. Medical Examiner, on page 3 you mention in paragraph three, that you will eliminate non-core contracts including cleaning and security contracts. So,

1
2 can you explain what is non-core and when you say
3 cleaning and security it raises flags for me. So
4 I just would like to understand that a little
5 better.

6 THOMAS LINTERN: Yes. I'll respond
7 to that. We have eliminated our cleaning contract
8 citywide. We were contracting with an agency to
9 provide cleaning services. In this initiative we
10 also have brought that in house, so we were able
11 to use some of our headcount to-- now we're in the
12 process of hiring cleaning staff, so that it would
13 be city staff doing the cleaning instead of
14 contracted staff, and the same holds true for
15 security, such that we were contracting with an
16 agency and we will now be providing our own
17 security, and there was a net savings to that.
18 The other administrative efficiencies were
19 elimination of our temp contract and some
20 additional overtime reduction.

21 COUNCIL MEMBER MENDEZ: And that
22 will save you \$600,000 in eliminating those
23 contracts and going in house?

24 THOMAS LINTERN: Right. And no,
25 eliminating the contracts will save us about \$2.7

1

2 million.

3

COUNCIL MEMBER MENDEZ: Okay.

4

THOMAS LINTERN: The \$600,000 was--

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sorry the other piece I didn't mention was

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\$500,000 was we let go of seven headcount, I mean

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we lost seven headcount, which were from across

8

the board in the agency.

9

COUNCIL MEMBER MENDEZ: And just a

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question if it could be clarified for me, I walked

11

in while Chair Rivera was asking these questions.

12

I've been trying to catch up with the testimony.

13

On page 1 you say you will have to close your

14

borough offices within a year starting with Staten

15

Island and then the Bronx. And then in your last

16

page you talk about the capital budget that has

17

\$25 million for a new facility in the Bronx. So

18

the borough office you were going to close to open

19

up a new facility? Or can you explain that to me.

20

CHARLES HIRSCH: No. If Article 6

21

funding is maintained and we don't have to take

22

these drastic cuts, we will go ahead with the new

23

facility in the Bronx to replace space that we're

24

renting in the basement of one of the buildings on

25

the campus of Jacoby Hospital. If Article 6

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2 funding is not restored or maintained, I speculate
3 that plan is going out the window.

4

COUNCIL MEMBER MENDEZ: Thank you.
5 And will you get us the numbers on cost savings?
6 Will we get that today or you'll get it to the
7 Committee?

8

THOMAS LINTERN: Well I can just
9 tell you, just based on an average salary, that as
10 roughly a million and a half.

11

COUNCIL MEMBER MENDEZ: A million
12 and a half roughly.

13

THOMAS LINTERN: Associated with 25
14 criminalists.

15

COUNCIL MEMBER MENDEZ: Okay.
16 Thank you very much. Thank you, Mr. Chair.

17

CHAIRPERSON RIVERA: Thank you very
18 much. We've also been joined by Council Member
19 Helen Foster. Does anyone on the Committee--
20 Council Member Mitchell has a question

21

22

COUNCIL MEMBER MITCHELL: Where is-

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CHAIRPERSON RIVERA: [Interposing]
First question for the record.

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COUNCIL MEMBER MITCHELL: This is

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my first question for the record. Thank you, Mr. Chair. Where is the Borough Medical Examiner's Office on Staten Island?

CHARLES HIRSCH: It's on the campus of Seaview Hospital.

COUNCIL MEMBER MITCHELL: So that's a City Campus. So why are you closing the Staten Island office?

CHARLES HIRSCH: Well we have people working there, and if we have to cut back our workforce then we have to consolidate those functions to reduce the workforce. And one way to do that is to close the Staten Island office and bring Staten Island desks to-- we'd start out bringing them to Brooklyn, which is what happened prior to 1990 or so when we opened that office. There formerly was no office in Staten Island. And if we have to close the Brooklyn Office, then everything will have to come to Manhattan.

COUNCIL MEMBER MITCHELL: What is the volume in the Staten Island office? How many cases do you handle?

CHARLES HIRSCH: 350 a year, total. I think there are roughly 200 autopsies and

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another 150 that are certified without autopsy.

COUNCIL MEMBER MITCHELL: Okay,
thank you.

CHARLES HIRSCH: We're not anxious
to do that. I think it's monumentally insensitive
to the people who live there. That was-- when I
came here there was no office in the Bronx either
and families had to come to Manhattan. I thought
that was terrible. And our first priorities were
opening offices in the Bronx and Staten Island.
And Staten Island cases went to Brooklyn and you
had to tell a grieving family, go find Kings
County Hospital and when you get there look for
the Medical Examiner's Office. What kind of a way
is that to treat people?

COUNCIL MEMBER MITCHELL: No, I
agree. And what would be the timeframe on closing
the Staten Island facility if you had to do it?

CHARLES HIRSCH: Probably with in
the year.

COUNCIL MEMBER MITCHELL: In the
year. Thank you.

CHAIRPERSON RIVERA: Seeing no
other questions, I want to thank all of you for

1
2 coming here today. Obviously your work is
3 extremely important to the City of New York. And
4 you know, there's overlapping issues such as how
5 can other law enforcement agencies do their job if
6 your services are prohibited by financial
7 constraints. So I want to thank you and we will
8 be contacting the State also to try to help you
9 out.

10 CHARLES HIRSCH: Thank you, Mr.
11 Chairman.

12 CHAIRPERSON RIVERA: Thank you.

13 (Pause)

14 CHAIRPERSON RIVERA: --Committee
15 will be fine. I know the quarters are very
16 cramped. I do apologize. We are working on it
17 for the May round of hearings, so that way in the
18 future it wouldn't be held in the Committee Room.
19 But for now, unfortunately, we're going to be here
20 in the Committee Room for today. So at this point
21 in time I want to start, you know, the Public
22 Health portion of our hearing, so we'll reconvene
23 the Health Committee. Okay, thank you ladies and
24 gentlemen, and it's still morning time, so good
25 morning. This is the Public Health portion of our

1 hearing today. The Department's Fiscal 2010
2 preliminary budget is \$1.59 billion, which is a 2%
3 reduction from the Fiscal 2009 adopted budget.
4

5 This Committee finds it troubling that
6 approximately \$26 million in Council funding for
7 health-related initiatives that were included in
8 the Department's Fiscal 2009 adopted budget has
9 not be funded in the Department's Fiscal 2010

10 preliminary budget. Included in these reduction
11 are HIV and AIDS prevention and education, rapid
12 HIV testing, infant mortality reduction and Child
13 Health Clinics funding. This cannot be taken

14 lightly, for the reason that not only is the
15 Council funding for these important programs not
16 in this proposed budget, but additional

17 departmental reductions to the likes of Child
18 Healthcare Clinics in the amount of \$960,000 in

19 Fiscal 2010 and out year only exacerbates the
20 painful realities that the City finds itself in

21 difficult times. While the Committee understands
22 that times are challenging and Fiscal

23 responsibility should be practiced, the Council is
24 concerned at the number of proposed DOHMH

25 reductions. In particular, the HIV prevention

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2 contracts that will reduce the funding to
3 community-based provider contracts for anti-stigma
4 campaigns in Fiscal 2011 and out years, and the
5 November Plan's proposed elimination of the Oral
6 Health Program that has been in existence for well
7 over 100 years and provides comprehensive dental
8 care to children in New York City public schools
9 and in five fixed dental clinics citywide stands
10 out as a very questionable cut. The Committee
11 looks forward to hearing the Department's
12 testimony on the before mentioned concerns. And
13 this morning we will be hearing from Commissioner
14 Thomas Friedan, the Commissioner of the Department
15 of Health and Mental Hygiene. And again, I just
16 want to introduce my colleagues who are here, we
17 have Council Member Alan Gerson, Council Member
18 John Liu, Council Member Helen Sears, newly
19 elected and appointed member to the Health
20 Committee Council Member Mitchell, Council Member
21 Maria del Carmen Arroyo, Council Member Inez
22 Dickens. We're joined by our public advocate,
23 Betsy Gotbaum, who is going to read her opening
24 testimony in a minute. We've also been joined by
25 Council Member Rosie Mendez and Council Member

1
2 Helen Foster. And as always, I want to thank our
3 staff for organizing and putting together a well-
4 structured hearing for today. At this point in
5 time I want to pass the microphone over to Public
6 Advocate Betsy Gotbaum.

7 PUBLIC ADVOCATE GOTBAUM: Thank
8 you, Chairman Rivera and good morning everybody.
9 I'm actually here today to talk about the Oral
10 Health Program. Yesterday my office released this
11 report on the Oral Health Program, and I'd just
12 like to point out a few issues, important issues
13 on this report. And first of all as the Chairman
14 said, the Oral Health Program has provided dental
15 service since 1903. It has survived the Great
16 Depression and the fiscal crisis of 1970. But the
17 Health Department has said in November that
18 eliminating this program, which serves 17,000
19 children at a cost of \$2.5 million in Fiscal Year
20 2010, is necessary to meet the Agency savings
21 targets. The Department also says that part of
22 the reason for closing these clinics is that
23 there's low productivity and that services offered
24 by the clinics are available elsewhere in the
25 City. Well as I said, yesterday my office

1 released this report that shows that the Health
2 Department does have other options for meeting
3 savings targets. The declining number of visits
4 to these clinics is the result of policies rather
5 than program performance, and the Health
6 Department is somewhat overstating the
7 availability of the same services elsewhere.

8 According to the Health Department's own figures,
9 the Oral Health Program is very cost-effective.

10 Average per capita costs in FY 10, 2010, are \$147
11 per capita, per capita. \$147 per kid. Moreover,
12 the Health Department has not really collected
13 insurance information for over 60% of the students
14 who use the dental clinics. Now we have some very
15 good government health programs for children, and
16 they have been expanded very wisely by government.

17 And so it seems to me that if we required the
18 parents to put their insurance information on
19 their consent forms and increased the number of
20 visits that are billed to insurance providers, we
21 could realize-- the Department could realize
22 significant additional revenue. The Department
23 has also argued that these clinics have low
24 productivity ratios. But those ratios seem to be
25

1
2 the direct result of Department policy. Between
3 2003 and 2008, the Health Department reduced
4 overall full time equivalent staff by 20% and
5 dentists by nearly 30%, mainly through attrition.
6 In April of 2008, Deputy Commissioner Cohen
7 testified that due to staff attrition sites had to
8 be consolidated and hours of operation reduced in
9 many of the clinics. The Health Department also
10 systematically closed dental clinics in high
11 schools as a matter of policy, despite many high
12 numbers in those clinics. However, the key
13 argument which is offered by the Department in
14 support of eliminating the dental clinics is the
15 claim that the program can be cut with the least
16 impact on public health because the same services
17 are available elsewhere. The Health Department
18 has stated that there are approximately 3,000
19 Medicaid dentists in New York City who are able to
20 absorb children currently placed in these school-
21 based health centers. According to State records
22 and the survey by my office, there are only 1,834
23 Medicaid dentists available. Our survey also
24 found that only 12% of the Medicaid dentists were
25 able to grant an appointment within the 24-hour

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2 timeframe required by New York State for urgent
3 dental care. And we all know how horrible it is
4 when you have a toothache. I'm therefore asking
5 the Department to immediately reverse the decision
6 to eliminate the Oral Health Program and keep the
7 five operating dental clinics and health centers
8 and 41 school and community-based sites open. I
9 hope the Health Department takes this hearing as
10 an opportunity to reconsider its choices for
11 meeting the 2010 savings targets. Thank you.

12 [Applause]

13 CHAIRPERSON RIVERA: All right,
14 thank you very much. What I'm going to ask
15 everyone in the audience, obviously there's going
16 to be moments when you want, you know, to
17 participate. We ask people not to clap or to make
18 any types of sound so we can get the hearing going
19 so we can ask the appropriate questions. At the
20 end there's some signs you can raise up, and
21 obviously in other committees people do this, you
22 know, as a sign of a positive or negative type of
23 response. So we ask people to please keep it down
24 so we can proceed with the hearing. And I want to
25 thank Commissioner Frieden and his staff for

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joining us, and we turn the microphones over to them.

THOMAS FRIEDEN: Thank you very much, Chairperson Rivera, Public Advocate Gotbaum, Members of the Committee, Council Members and the public. In his 2009 State of the City Address, Mayor Bloomberg outlined an ambitious agenda that will allow New York City to weather the current economic downturn while preserving and enhancing core services and quality of life. This agenda focuses on three key issues, first, creating jobs; second, strengthening quality of life; and third, creating even greater accountability and efficiency to ensure quality services for all New Yorkers. The Health Department is committed to the pursuit of this agenda, and will continue to fulfill our mission of promoting and protecting the health of New Yorkers, despite the current financial crisis. Let me begin with an overview of State and federal budget actions which affect us. The State's executive budget proposes eliminating the community optional preventive services or COPS funding stream. This is a valuable source of State funding for the Nurse-

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2 Family Partnership Program, which would create an
3 approximately \$3.4 million funding gap and would
4 result in NFP serving 618 fewer families every
5 year. The governor's budget also proposes
6 eliminating Article 6 funding for daycare
7 inspection, and eliminates funding for the KEEP
8 program, KEEP provides methadone treatment and
9 medically supervised withdrawal, providing an
10 average of 15,000 detoxifications and 5,000
11 maintenance treatment admissions each year.
12 Inmates not treated with methadone while
13 incarcerated are more likely than their methadone
14 treated peers to relapse back to Heroine and
15 return to jail. On average, three-quarters of all
16 of the KEEP participants reported to community
17 treatment on discharge. In addition to preventing
18 relapse among inmates and individuals who've been
19 released from jail, KEEP reduces infectious
20 disease risk both within the jail and the larger
21 New York City community, and decreases the
22 potential for rearrest associated with opiate
23 dependence. Eliminating this program will
24 increase relapse rates post release and create
25 financial and societal costs that will far-exceed

1
2 the savings gained through cutting this
3 initiative. We are, however optimistic about
4 recent federal actions. The American Reinvestment
5 and Recovery Act of 2009 included opportunities
6 for public health funding. We hope to be eligible
7 to receive funding, and we're partnering with
8 other agencies to identify additional
9 opportunities. Although most of these funds will
10 not come to the City on a formula, we will
11 actively pursue competitive grants. We look
12 forward to working with our federal partner to
13 leverage as much funding as possible to improve
14 public health in New York City. However, the
15 temporary and specific nature of this funding
16 can't solve the structural budget problems or be
17 used for purposes beyond the priorities stated in
18 the Act. Taking a moment to review the past year,
19 we've made significant progress on our Take Care
20 New York health progress, meeting seven out of ten
21 ambitious public health goals set in 2004. By
22 2007 the most recent year with data available, New
23 Yorkers had passed 2008 targets with four of the
24 program's priority areas, colon cancer screening,
25 regular access to primary care, tobacco control

1
2 and decreasing intimate partner homicide. Since
3 2004 the City has also narrowed health gaps
4 amongst racial and ethnic groups in colon cancer
5 screening and access to primary care. The
6 proportion of Black and Latino New Yorkers getting
7 colonoscopies has increased dramatically, closing
8 long-standing disparities in screening rates. In
9 addition, African-American New Yorkers are now
10 nearly as likely as whites to report having a
11 regular doctor. In 2002, 25% of New Yorkers did
12 not have a regular doctor, but that figure has now
13 fallen to below 20%, which was the Take Care New
14 York goal. Smoking prevalence among New York City
15 adults fell from 21.5% in 2002 to 16.9% in 2007,
16 surpassing the Take Care New York goal of 18% and
17 the number of New Yorkers who died from HIV/AIDS
18 related illnesses fell from 1,700 to 1,100, a 35%
19 decline. I want to thank Speaker Quinn and the
20 City Council for their continued support of these
21 efforts. Turning to the initiatives included in
22 our November plan. First we've been meeting with
23 federally qualified health centers and other
24 community-based providers to discuss taking over
25 Oral Health Services in our health clinic and

1
2 school sites. I'm pleased to report that we have
3 strong and firm interest to continue Oral Health
4 Services in at least three of the clinics and more
5 than 20 schools, and we will continue working to
6 identify additional providers in the coming
7 months. Finding Oral Health Providers in the
8 community who can serve these children both in the
9 community and in schools and working with Medicaid
10 managed care providers to increase utilization is
11 in our judgment a more effective use of resources
12 than providing limited clinical care to a small
13 proportion of the children in need. In addition
14 we will work with families served by the Oral
15 Health Program to make sure that they are aware of
16 other sources of low-cost dental care, help them
17 access these programs and make a smooth transition
18 to a new provider. As planned, due to low patient
19 volume, the part-time East Harlem STD clinic will
20 close May 1st. It's important to recognize that
21 nearly two-thirds of this clinic's patients come
22 from outside of East Harlem, as is commonly the
23 pattern with our sexually transmitted disease
24 clinics, people prefer to seek care outside of
25 their own community. And all of these patients

1
2 can continue to be seen in the Department's nine
3 remaining STD clinics, including those nearby in
4 Central Harlem and Riverside as well as our clinic
5 in Chelsea. In developing our FY10 budget, the
6 Department continued using a three-tiered decision
7 making process that allows us to make fiscally
8 prudent choices while maintaining core services.
9 First, we identify revenues. The more revenues we
10 can identify, the fewer services we have to cut.
11 Beginning in FY10, we'll increase collections from
12 Medicaid, Medicare and third party insurers for
13 tuberculosis and immunization services. There
14 will be no impact on services or on patient
15 payment obligations, but this will generate close
16 to a million dollars a year. Second, we'll
17 identify efficiencies to provide the same services
18 at lower cost. We're streamlining business
19 processes, trimming lower priority purchases,
20 consolidating activities to make sure that every
21 dollar spent yields the greatest possible public
22 benefit. We'll save \$2.8 million in fiscal 10 by
23 reducing spending for goods and services including
24 animal care and control, chronic disease
25 prevention, education outreach and by eliminating

1
2 vacant positions. These savings go to \$4.8
3 million in Fiscal 11 and beyond. Given the dire
4 nature of the fiscal situation, we also focused on
5 efficiencies in direct services, where public
6 schools have more than one health staff, we'll
7 reduce the number of staff. Some middle schools
8 will no longer have public health advisors
9 assigned to support nurses who are already on
10 site. Some other non-mandated staffing functions
11 and ancillary services such as hearing screening,
12 which is not recommended by the United States
13 Preventive Services Task Force may be reduced as
14 well. These reductions will save approximately
15 \$750,000. The fiscal crisis has not stopped us
16 from improving services. We'll increase our use
17 of information technology to make our work more
18 efficient and cost-effective and more customer
19 friendly. Vital records, clinical care and pest
20 control tracking will increasingly become
21 paperless and patients will be able to receive STD
22 test results 24-7 online and via an automated
23 phone service. These efforts will provide the
24 public with better access to vital records and
25 allow more coordinated treatment in City clinics.

1
2 Third and most challenging, we identified programs
3 and operations which, however well run, can absorb
4 reductions with less impact on public health.

5 Instead of reducing programs across the board, we
6 targeted savings. These are the most difficult
7 cuts to make, and unfortunately they are sometimes
8 inescapable. The Department will reduce its
9 support for HHC Child Health Clinics by \$1 million
10 in Fiscal 10 and Fiscal 11. I should note that
11 the HHC Child Health Clinics have been held
12 harmless for multiple prior rounds of cuts, so
13 this is the first time we're approaching them.

14 The result of that is that we've had to cut other
15 parts of the City's tax levy budget even more in
16 past rounds. We were able to preserve \$2 million
17 for the Primary Care initiative and to spare
18 current services in favor of reducing this
19 program's planned expansion. We're deeply
20 committed to funding HIV prevention and care
21 services. Today, despite cuts in programs
22 throughout the agency, we're spending more City
23 tax levy dollars on HIV than we did seven years
24 ago, thanks largely to the Mayor's decision to
25 baseline \$5 million of funding in 2005. We've

1
2 also been very active in Washington fighting to
3 preserve New York City's HIV funding even as the
4 epidemic spreads through other jurisdictions,
5 increasing the pressure on the federal government
6 to redirect funding away from New York City.
7 Still, New York City's prevention and treatment
8 program is not as effective as it could and should
9 be, and we need to make better use of the HIV
10 resources currently available. Unfortunately, as
11 we reduce programs throughout the agency, in
12 Fiscal 11, funding for HIV/AIDS case management
13 and health education provided through HHC will be
14 reduced by \$283,000, an additional \$597,000 in HIV
15 Fiscal 11 savings will result from a reduction in
16 HIV prevention and control contracts, although no
17 contracts will be eliminated. We wish we did not
18 have to make these cuts. And although no
19 contracts will be eliminated. We wish that we
20 didn't have to make these cuts--

21 (Pause)

22 THOMAS FRIEDEN: There was a
23 version control program. I'm sorry. The copies
24 were here and they're being handed out now.

25 CHAIRPERSON RIVERA: Chris is going

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to hand them out now.

(Pause)

CHAIRPERSON RIVERA: We have it now. It's being distributed by the Sergeant-At-Arms.

THOMAS FRIEDEN: We wish we didn't have to make these cuts and we will continue to advocate strongly on behalf of New York City for increased federal HIV funding to offset these cuts. The Department is also enhancing its efforts to improve food safety in restaurants and respond to consumer demands for clean, pest-free restaurants and easier access to information about restaurant safety. Food related illness is a source of growing public concern in New York City. Complaints about--

(Pause)

THOMAS FRIEDEN: Under new initiatives--

CHAIRPERSON RIVERA: [Interposing]
It's on the last page. Last page.

THOMAS FRIEDEN: Page 3.

CHAIRPERSON RIVERA: Under new initiatives. Page 5, new initiatives.

1
2 THOMAS FRIEDEN: Food related
3 illness is a source of growing public concern in
4 New York City, complaints about food-borne illness
5 have increased in recent years and rodent
6 infestations are a common problem in restaurants.
7 Food poisoning causes missed work and school,
8 emergency department visits, hospitalizations and
9 even deaths. In fact, there are hundreds and
10 perhaps thousands of cases of diarrhea per day
11 from eating in restaurants, and based on national
12 estimates, about 7,000 people are hospitalized
13 each year as a result. Under the new model,
14 establishments that failed to maintain adequately
15 safe conditions will be inspected more frequently.
16 In Fiscal 11, every restaurant in the City will
17 start prominently displaying a sanitary grade that
18 reflects its inspection results. Requiring
19 additional inspections for restaurants that
20 perform poorly on inspections will concentrate our
21 resources on the establishments that pose the
22 greatest risk to public health. It will place no
23 additional burden on establishments that maintain
24 good sanitary conditions. Those that fail to
25 maintain good sanitary conditions will face

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2 additional inspections, additional fines and
3 greater public accountability. We have begun and
4 will continue to meet with representatives of the
5 restaurant industry to discuss how to implement
6 this initiative most fairly and most effectively.
7 I'm sorry for the confusion on the copies of the
8 testimony. We had the wrong version earlier, so I
9 had to make new copies. Thank you for the
10 opportunity to testify. We look forward to
11 continuing our partnership with the City Council.
12 Together we can identify cost-effective solutions
13 that will improve health, strengthen quality of
14 life and stretch every dollar further. I'm happy
15 to answer your questions.

16 CHAIRPERSON RIVERA: Thank you very
17 much, Commissioner. I want to thank you for
18 coming here today. We have these discussions, you
19 know, a couple of times a year, and a lot of these
20 initiatives are extremely important to the City of
21 New York. You know, and now more than ever we
22 have to start looking at what the impact of these
23 cuts are going to mean, you know, to our
24 communities in a time when, you know, people are
25 losing their jobs, losing their health insurance

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2 and not having access to healthcare. I think the
3 City of New York has a responsibility to make sure
4 that we can provide that healthcare where it's
5 lacking. I'm going to start off with the Oral
6 Health Program because I think that's something
7 that should be given a little more attention than
8 it has been. The fact of the matter is that it's
9 my opinion and my belief, you know, that in our
10 public school systems you know we have a great
11 dental health program and it's direct access for
12 our children who do not otherwise have access to
13 dental health care. And the reason why I say that
14 is if their parent or guardian works one or two
15 jobs, does not have the time to take their child,
16 you know, to a dentist, if they don't have the
17 insurance, if they don't have the capability, you
18 know, the best location for them to get it is a
19 place that they are located at seven hours, eight
20 hours per day, which is a public school. And
21 since the program has been around since 1903, over
22 100 years and sees about 17,000 kids per years
23 based on our recent findings, this seems to be a
24 significant program that we know benefits for
25 children who do receive the services. And

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2 everyone knows, the stats are there, if a child
3 does not have adequate dental care, their overall
4 quality of life will suffer. And we know that
5 preventative care is something that should be paid
6 extra attention to. Also we know that the State
7 dental association mentions that, you know, the
8 percentage of children who qualify under the
9 Medicaid or the Child Health Plus programs is
10 extremely low. So I'm trying to find out, you
11 know, what is the rationale in trying to push them
12 on to a program that even the New York State
13 Dental Association says is not the best way to go
14 about it? So let's just touch base on this for a
15 minute.

16 THOMAS FRIEDEN: First I would like
17 to give some more information and provide to the
18 Committee information about providers interested
19 in taking on Health Department dental clinics or
20 equipment. Currently, as I said in my testimony,
21 we have firm interest for three of our five fixed
22 site and firm interest for 23 schools, where we
23 currently have 28 schools in place, and we
24 continue discussions with federally qualified
25 health centers and others. This includes the

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2 Lutheran Family Health Centers, which is
3 interested in assuming services at the Chelsea
4 Health Center Dental Clinic; this includes the
5 Urban Health Plan, which is interested in assuming
6 services at the Corona Health Center Dental
7 Clinic; this includes the Health And Hospitals
8 Corporation Woodhull, which is interested in
9 assuming services at the Ft. Green Health Clinic;
10 and interested, although not as firmly committed
11 as the other three, are Columbia University Dental
12 School is interested in looking at the Washington
13 Heights Health Center Dental Clinic. In addition,
14 as I mentioned, we have a number of other
15 providers who are looking at the school-based
16 sites. In terms of Medicaid I'll turn it over to
17 Louise.

18 LOUISE COHEN: Good morning. I'm
19 Louise Cohen, Deputy Commissioner for Health Care
20 Access and Improvement at the New York City
21 Department of Health and Mental Hygiene. We thank
22 you for your interest in the Oral Health program
23 and we completely agree with you that Dental Care
24 is critical for-- is a critical component of care
25 in general. We have worked very hard to try to

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2 make sure that there are alternative providers in
3 place both in the community and in the schools..
4 And towards that end we work very closely with the
5 federally qualified health centers, hospitals and
6 people, organizations that already provide
7 services in school-based health clinics to expand
8 their services to include dental. So we believe
9 that we're not done yet with this process, that we
10 believe that there will be more organizations
11 stepping forward to provide these services at no
12 cost, at no CTL cost to the City. They will, all
13 these organizations, accept Medicaid. Many of
14 them are part of Medicaid Managed Care
15 Organizations and they are all committed to
16 providing care for the uninsured. And we would
17 ask them as part of this to provide us with
18 details on how many children they served over the
19 course of the period of time. There were-- one
20 particular question that was just asked, Council
21 Member, about Medicaid. So there's about 2.2
22 million children in New York City, and
23 approximately-- almost a million children are
24 covered by Medicaid Managed Care, and there are an
25 additional number of children, I don't actually

1
2 have the number here, who are on Medicaid fee for
3 service, and we know that approximately 170,000
4 are uninsured. There are a number of children who
5 also have private insurance which may or may not
6 include dental care. So we do believe that it is
7 critical and important that every child be covered
8 by health insurance.

9 CHAIRPERSON RIVERA: I want to
10 thank you for providing us with the list. And the
11 reason why I think we have a list is because
12 people see that there is a couple of dollars to be
13 made, you know, within the Dental program. So my
14 next question is, why doesn't the City's
15 Department of Health aggressively try to recruit
16 some of the funding that it can receive, you know,
17 from some of the children who already actively
18 participate in the program, whether it's through
19 private insurance or through Medicaid? Because
20 you know obviously if we have 23 organizations
21 willing to go into the schools and three of them--
22 the fixed sites are already on the radar of some
23 of the external providers, that means there is
24 money that's being left on the table. And in a
25 time of, you know, fiscal constraint and at a time

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2 when, you know, the City and the State of New York
3 has to find ways, you know, to recoup as much
4 revenue as possible, this seems to be an area that
5 we have not done and adequate job. So instead of
6 transferring it over to outside organizations,
7 maybe it's better to keep it in-house the way its
8 currently functioning and try to get as much of
9 the revenue as we are losing back into the City's
10 coffers? Why don't we explore that option?

11

THOMAS FRIEDEN: We have been
12 exploring that option for years. We have
13 maximized our revenue. Not only do we collect
14 information from every patient that we see, but we
15 cross-match the demographic information against
16 the Medicaid tapes, and we bill Medicaid if there
17 is information on them. We also, even if the
18 patient is on Medicaid Managed Care, we get
19 reimbursed. So we have been maximizing revenue.
20 We are, however, limited by our rate. And one of
21 the reasons that, for example, federally qualified
22 health centers may be interested, is that their
23 rate is nearly twice what our rate is. So our
24 rate is \$89 per average on visit. Their rate on
25 average is about \$170 per visit.

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CHAIRPERSON RIVERA: Why is that?

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I mean is there--

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THOMAS FRIEDEN: [Interposing] It's

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set by the State.

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CHAIRPERSON RIVERA: Is there any

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way we can lobby the State?

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THOMAS FRIEDEN: And federally

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qualified health centers also get federal dollars

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for wraparound services, so they have the access

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to financing and financing mechanisms that we

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don't have. So whereas we run it at a loss, they

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think they can run it and break even, because

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their rate is nearly twice what our rate is.

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CHAIRPERSON RIVERA: There has to

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be a way to increase the rate of-- if our rate is

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\$89 and their rate is \$170, is that rate set by

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the federal government or is it set by the State

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government? Is there something we can do to lobby

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the State government to bring the City's

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Department of Health rate on par with the other

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providers so that way it will be a positive

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outcome?

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LOUISE COHEN: I believe our

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Medicaid rate for fee for service has stayed under

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2 \$50 for many, many years, and that rate is all
3 inclusive and it's set by the State. WE do have a
4 special arrangement with the Medicaid Managed Care
5 organizations to pay somewhat more than that, and
6 that is negotiated by contract. However, the
7 federally qualified health centers do have a
8 federal contract which gives them both two things,
9 wraparound additional dollars and an additional
10 dollar for the uninsured. And as you may know in
11 the stimulus package, there's been additional
12 dollars for federally qualified health centers
13 for-- to additionally pay for uninsured. That
14 rate-- so therefore that rate is substantially
15 higher and unable to be matched, I think probably
16 at the State at this time.

17 CHAIRPERSON RIVERA: Can we get the
18 City Department of Health to be a federally
19 qualified agency and put the rate up that way?

20 LOUISE COHEN: Federally qualified
21 health centers are recognized by the federal
22 government. They cannot be-- they have to have an
23 independent community board, and that's how they
24 function. So, we can't be a governmental entity
25 in order to be come federally qualified health

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2 centers. We do, however, have some truly
3 outstanding federally qualified health centers in
4 this City, and you may know that there have just
5 been five more point of access new starts approved
6 by the federal government for New York City. So
7 we're very excited by the possibility of working
8 additionally with those new starts to potentially
9 provide dental services, if they can. So that's
10 some of where the federal stimulus money has gone.

11 THOMAS FRIEDEN: I would say just
12 more broadly beyond oral health that New York City
13 doesn't have a large number of federally qualified
14 health centers relative to other cities. The more
15 we have the more we can support them and grow
16 them, I think the better health system we'll have.
17 It's integrated care, where as opposed to a
18 standalone oral health program, you have oral
19 health as part of a comprehensive primary care
20 program of a community-based organization.

21 CHAIRPERSON RIVERA: Now, still on
22 the same topic, some of the equipment that's in
23 these locations have already been, I guess, put
24 into a fire sale or been given to some of the
25 potential providers at an extremely discounted

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2 rate of about \$250 per piece of equipment. My
3 question is, you know, how much does this
4 equipment cost? How much did it cost the City of
5 New York? I know that the mechanism that the
6 Department of Health is looking to use is a one-
7 time administrative fee of \$250 to transfer this
8 equipment to the providers. Does, you know, that
9 in any way, shape or form, you know, take away the
10 potential for revenue generating, you know, for
11 the City of New York? Are we significantly
12 subsidizing these programs to outside entities?
13 How much are we losing, you know, by giving this
14 equipment away at a \$250 rate as opposed to its
15 market rate, which is probably what we should be
16 giving it away for?

17 LOUISE COHEN: I would have to get
18 back to you on the capital costs of the equipment.
19 They were bought at several different moments in
20 history. Some of the equipment is actually
21 outdated and needs to be replaced. Some of the
22 equipment is in great shape and we want-- our
23 theory here is that we wanted to make sure that
24 anyone who was taking over services for these
25 children would be able to do it in a way that

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2 would be the best for the children. So what we
3 have worked with is DCAS has a process where we
4 are essentially donating the equipment to
5 community dental providers on what's called a
6 mutual aid concept, which is basically that those
7 providers are committed contractually to use the
8 benefit needy populations in the City by expanding
9 their capacity to provide dental care. But
10 there's a \$250 administration fee for-- it doesn't
11 matter how much, how many dental laboratories they
12 take on. They could take on ten or they could
13 take on one. But we thought that as part of our--
14 we thought that first of all selling this
15 equipment would have to be done at a DCAS public
16 auction. We actually thought that it would be
17 better to promote capacity in the community,
18 because this equipment was already bought by the
19 public, to provide it to-- again these are not
20 private organizations. These are all non-profit
21 organizations that we think provide quality care
22 in New York City, and we thought this was a better
23 route to do that.

24 CHAIRPERSON RIVERA: Okay. You
25 know, I'm going to go on to a different topic.

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2 Every year we talk about the money that the City
3 Council allocates to specific programs such as HIV
4 and intervention, infant mortality, SPARKS
5 program, anti-obesity programs. You know these,
6 time and time again, have proven to be very
7 beneficial programs. Some of them actually stem
8 from the Department of Health's initiatives, such
9 as the SPARKS initiative. You know, what is the
10 rationale for cutting the \$29 million out of the
11 adopted budget into the executive budget this
12 year.

13 THOMAS FRIEDEN: We are deeply
14 appreciative of the Council's interest and
15 commitment in health initiatives. Many of these
16 programs are not just excellent programs but are
17 national models for effective programs. The colon
18 cancer screening program, for example, is
19 literally saving lives in neighborhoods throughout
20 New York City. Many of the other programs such as
21 the SPARK initiatives are critically important.
22 Our infant mortality reduction initiative is
23 saving babies' lives and improving the health of
24 mothers. So we are very hopeful that when the
25 adopted budget is finalized for this year those

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programs will continue to be reflected.

CHAIRPERSON RIVERA: You know in previous years it used to always be a song and dance. Now the song has taken a different tune with the economic situation in the City, State and our nation. And the City Council over the past couple of years, our funding overall has been diminished and therefore programs and initiatives in the City Council has, you know, gone by the wayside. So, you know, my suggestion is that we try to find a new song. And the new song has to be sung in a tune that recognizes the fact, the economic situation, and doesn't always bank on the City Council coming in at the last minute to save the day, you know, for some of these programs, especially the programs that the agencies themselves are the brainchild of, or programs that the agencies themselves, you know, are in favor of. This year is going to be a very tough year. It doesn't seem to be getting any better. So I think that, you know, unfortunately the City Council, we may not be able to do everything that we want to do. And I hope that the Department has a backup plan just in case we're unable to, you

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2 know, fully refund or fund some of these
3 initiatives that were cut out of the executive
4 budget. I've asked a tremendous amount of
5 questions, so I want to give an opportunity, you
6 know, to my colleagues and the public advocate to
7 ask their line of questions, and I'm pretty sure
8 some of them will be in the same context. So
9 first we will hand it over to our Public Advocate,
10 Betsy Gotbaum.

11 PUBLIC ADVOCATE GOTBAUM: Thank
12 you, Joel. Commissioner, I think it's really
13 interesting that you're working with the federal
14 government on these federal health clinics. And
15 what occurred to me to ask was, how many children,
16 if you know at this point, do you anticipate being
17 served by those clinics? And is there a chance,
18 and if there is a chance, what's the process for
19 getting more federal stimulus money into not only
20 those clinics but other clinics, some of the ones
21 that exist now, to sort of keep them going?

22 THOMAS FRIEDEN: In terms of the
23 stimulus projects, we don't have the details of
24 how all of that money will become available.
25 Nothing that I've seen suggests in any way that

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2 any of it would be able to be used for the Health
3 Department's Oral Health Clinics. What we have
4 seen is that the federally qualified Oral Health
5 Centers, community health clinics, are beloved by
6 everyone. Everyone recognizes that they're cost-
7 effective. They serve people really in need and
8 so they are getting literally billions of dollars
9 in additional resources to expand services, to
10 open satellite sites nationally. I think in New
11 York City we need to work hard to try to increase
12 the number and capacity of our community health
13 centers, because as I said earlier, we have
14 relatively fewer than some other locations and as
15 a result may be somewhat disadvantaged as there's
16 expansion in these areas.

17 LOUISE COHEN: You know, I'm not
18 sure that I can give you a good estimate at this
19 moment of exactly how many children will be
20 served, but what we do know is that at one of--
21 our average per FTE annual number of kids that we
22 serve is about 500 per dental chair annually. And
23 we know that one of the federally qualified health
24 centers that we're planning on working with
25 through one of these health centers sees 2,500

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2 kids per operatory per year, so that's a five-fold
3 increase. But there's a lot of different reasons
4 for that. They may have different hours, they may
5 have teams of people so there's some efficiencies
6 that they're going to be able to have by having a
7 larger for dental program for many of them in
8 their home offices. So we're hopeful that we
9 could be able to see at least as many children as
10 are seen now.

11 PUBLIC ADVOCATE GOTBAUM: Do all
12 the community health-- federal community health
13 centers, do they all have dental programs in them?

14 LOUISE COHEN: They don't. But for
15 example, the Urban Health Plan, which has just
16 opened up the new federally qualified health
17 center in Corona, Queens, they're going to be
18 using, we hope, our Corona site as their dental
19 site. It's not very far from where their site is,
20 so they'll be referring back and forth to their
21 site. So this is the mechanism by which they can
22 expand their dental services in a community in
23 Queens that definitely needs it. And we believe
24 that they'll be successful there. There are
25 others, for example Lutheran Family Health Centers

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2 has a very strong and active dental program
3 serving many, many children. So this is a way for
4 them to expand both-- they also have school-based
5 health centers, and so now they're very excited
6 about providing additional dental services in
7 schools, which they had not been able to do
8 before, and they'll be able to do that by virtue
9 of using some of this equipment, and they've
10 already gotten some commitments from those
11 principals to open up some space in those schools,
12 and they'll be able to-- they're planning on
13 working in one of our health centers as well. And
14 again, because of their efficiencies, they may
15 well be able to provide, for example, two
16 operatories per dentist. They may be able to have
17 a different staffing matrix than we are able to
18 have.

19 PUBLIC ADVOCATE GOTBAUM: Thank
20 you.

21 CHAIRPERSON RIVERA: Thank you. We
22 also have questions by Council Member Liu and
23 we've also been joined by Council Member James.
24 Council Member Liu?

25 COUNCIL MEMBER LIU: Thank you very

1
2 much, Mr. Chairman for holding this hearing. And
3 thank you, Commissioner, for you and your staff
4 attending. The dental clinics, the closing of the
5 dental clinics obviously creates a huge amount of
6 difficulty in our city. And we have whole
7 neighborhoods of children who really have very
8 little choice but to go to the Department and the
9 City's dental clinics. I will state from the
10 outset that I am a beneficiary of these dental
11 clinics. In fact, the fine work that was done,
12 although it brings back painful memories, I still
13 have many of those fillings and I can show you
14 later if you'd like. But there are entire
15 neighborhoods of kids over the generations and
16 still today that simply don't have access to good
17 dental work. And the community health centers
18 that you talked about, they simply can't replace
19 the network that's been built up over the last 100
20 years. I know that we have a very difficult
21 budgetary time right now, but these are not just
22 budget cuts. You're dismantling a 100-year-old
23 system. Because at some point, the City's
24 finances will recover, but it will takes millions
25 upon perhaps hundreds of millions of dollars to

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bring back that system that is now being sold at fire sale, garage sale prices. How can we get rid of a system like that? How can we take apart this network of dental care that's been carefully built up over the years?

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THOMAS FRIEDEN: As I mentioned in my testimony and in earlier question and answer, we have currently five fixed sites. We have firm interest, commitment, in three of those five sites from community health centers, which we think will be able to serve more children better in those places by linking them with primary care and providing services more efficiently in a way that the City can afford. For the fourth site, we have a potential interested partner. We have currently 28 fixed sites in schools, out of 1,500 schools. Those 28 sites we now have firm interest from to provide services in 23 different school sites. I think the area where I'm most concerned about is the area of school-based sealant application. This is ideally a program that would reach large numbers of children to provide dental sealants, which are protective and preventive. And this is a program which we wish we didn't have to reduce.

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2 I think frankly that this is the larger impact in
3 terms of children's dental health because of the
4 number of cavities that can be prevented. But
5 we're optimistic that working with community
6 partners for the fixed sites that we have, those
7 services can be provided at less cost to the
8 taxpayers serving more children.

9 COUNCIL MEMBER LIU: It may wind up
10 being more cost because the preventive and
11 protective aspects of dental healthcare is being
12 eliminated. It's being-- it's essentially being
13 eliminated, and that's the problem. And the
14 school-based facilities are important because a
15 lot of times, we know that even to this day
16 preventive dental care remains a low priority,
17 especially when parents are working day and night
18 and they really don't have the time or the energy
19 to take these proactive measures for protective
20 and preventive care. Now, as much as you can
21 testify that there are arrangements being made by
22 the Department of Health and the City to replace
23 some of these centers that are being closed, that
24 doesn't jive with these notices that are being
25 sent out there to other healthcare providers to

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2 come in and buy dental equipment from the City at
3 fire sale prices. How does that reconcile? How
4 can we get rid of all these capital assets and
5 then still expect...?

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THOMAS FRIEDEN: This is I think
7 being misunderstood. What we are saying is if a
8 community organization wants to come into the same
9 site that's providing Health Department's
10 services, and provide services to the community on
11 a basis that is either paid by Medicare, low-cost
12 or free, Medicaid, low-cost or free, then we will
13 facilitate that so that those services can
14 continue in the community at no cost to the
15 patients by a community organization in the
16 community. I don't think that's giving away City
17 resources. I think that's facilitating a
18 continuation and strengthening of a system of
19 care.

20

COUNCIL MEMBER LIU: Commissioner,
21 you must know that there's a price list going
22 around. There's almost like a catalogue of
23 Department of Health equipment where you can buy
24 an x-ray machine or a dental chair for like \$250.
25 Are you aware of that price list that's being

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circulated?

LOUISE COHEN: It's not a price list. What we did send around was a list of-- to the interested providers. So we sent letters out to three types of organizations--

COUNCIL MEMBER LIU: [Interposing] Right.

LOUISE COHEN: Hospitals, community, federally qualified community health centers and organizations that currently provide school-based health clinics to ask them if they wanted to assume dental care in our facilities and to expand their dental care. With that we sent along a list of our equipment so they would know what was available. And in fact, we think that this is the way where-- we would like to expand dental care in the community and this is one way that we can do this to-- all of these are non-profit providers. This is not being sold to a private provider who intend to make a lot of money off of this. This is a way in which the City can get a mutual benefit by providing equipment to providers then who will use that either in our facilities or in some cases to expand dental

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2 services in the community for low-income children
3 who might otherwise not get those services.

4 COUNCIL MEMBER LIU: All right.

5 I'm not trying to give you a hard time here, but
6 that would be more credible if in fact there was a
7 memo being circulated that described for each
8 facility the type of equipment that was present in
9 each facility and that an organization could come
10 in and actually take over that facility. But that
11 is not the kind of list that's being circulated.

12 LOUISE COHEN: I do have copies, I
13 don't have it with me, of letters that we've sent
14 that is pretty much what we did send out, a letter
15 that covered it and the equipment list. The
16 equipment list wasn't just sent out to people--

17 COUNCIL MEMBER LIU: [Interposing]
18 I know, but it's an equipment list that is a
19 generic equipment list. It doesn't say which
20 facility it's coming from. So it's almost, it
21 does very much appear to be a case where an
22 organization or even a private entity could come
23 in and for \$250, which is practically nothing for
24 this kind of equipment, buy a piece of equipment
25 and remove it from the facility.

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THOMAS FRIEDEN: No private--

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COUNCIL MEMBER LIU: [Interposing]

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It's dismantling the facilities.

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THOMAS FRIEDEN: No private entity

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would be allowed to assume this equipment.

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COUNCIL MEMBER LIU: Okay. Well

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are they being invited to come in and take over

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the facilities? Are they being invited to come in

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and buy a chair, an x-ray machine, some kind of

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equipment?

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THOMAS FRIEDEN: No. We're talking

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to three types of organizations about taking over

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dental services, hospitals, voluntary hospitals,

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community health centers and other organizations

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which provide community dental care or school-

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based health services. That's all.

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COUNCIL MEMBER LIU: And if that

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doesn't work? Then the entire centers will be

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dismantled, including the school-based clinics.

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That is the purpose of circulating that memo, that

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price list, that catalogue of equipment that you

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can get at fire sale prices--

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THOMAS FRIEDEN: [Interposing] No,

25

there's no--

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2 COUNCIL MEMBER LIU: --and it's
3 also disturbing that these clinics are being
4 dismantled in advance of our budget negotiations.
5 There's some kind of a May 1st deadline for
6 putting requests in to buy this equipment that at
7 these fire sale prices. It's dismantling a 100-
8 year-old system. And you can claim that other
9 organizations are being invited to come in and
10 take over the entire centers, but the appearance,
11 if not the fact, that these pieces of valuable
12 equipment are essentially being given away, that's
13 taking apart the system. How do we recover it?
14 What if, in five years, our city's budget actually
15 recovers? Do we-- at that point it will be
16 impossible to reopen these clinics, because we
17 will have given away all the equipment, the
18 valuable equipment. Can you guarantee then,
19 Commissioner, that if non-profit organizations are
20 in fact invited and succeed in coming in to take
21 over these clinics that these clinics will be
22 physically kept intact and that none of it will be
23 dismantled?

24 THOMAS FRIEDEN: What we're trying
25 to do is provide equivalent or superior services

1
2 to a larger number of children at less cost to the
3 City taxpayer. We think that we will be able to
4 do that at the great majority of sites that
5 currently serve children.

6 COUNCIL MEMBER LIU: How-- see,
7 economically that just doesn't even-- it seems
8 inconsistent. It seems very difficult to
9 reconcile. How do you dismantle a system, give
10 away equipment and then somehow pass the cost on
11 to-- they are private, though they're non-profit,
12 and expect to deliver more services to our kids
13 than are currently being provided by the clinics?

14 THOMAS FRIEDEN: As I indicated
15 earlier, the reimbursement rate for the City is on
16 average about \$89 per visit. The reimbursement
17 rate for community health centers is on average
18 about \$170 per visit. So community health
19 centers, which also provide primary care and can
20 provide the child with referrals to and from
21 dental care, provide continuity of care and link
22 their dental care to their ongoing pediatric
23 visits, can provide the same or higher level of
24 service while doing so without costing city
25 taxpayers money.

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2 COUNCIL MEMBER LIU: Okay. And
3 that would be Medicaid reimbursements?

4 THOMAS FRIEDEN: It's a combination
5 of Medicaid and federal funding.

6 COUNCIL MEMBER LIU: And are all of
7 the kids that use-- okay. So, any kid that comes
8 into a school-based clinic or the community dental
9 clinics, they are all paid for under this funding
10 mechanism, Medicaid and this federal source?

11 THOMAS FRIEDEN: Federal source
12 provides for children who don't have Medicaid
13 provides a way to reimburse the provider for the
14 services rendered.

15 COUNCIL MEMBER LIU: So your
16 comparison of \$89 reimbursement for City clinics
17 versus \$170 reimbursement for the community based
18 organizations, the non-profits, that applies to
19 every single child going through?

20 THOMAS FRIEDEN: Yes. Well--

21 LOUISE COHEN: [Interposing] The
22 rate in federally qualified health centers is
23 enhanced for the very purpose of providing for the
24 uninsured. And in fact, one of the more recent
25 stimulus bill activities was to give more

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2 additional dollars to the federally qualified
3 health centers to pay for uninsured patients, with
4 an expected-- there would be an expected spike in
5 patients at this period of times. So those rates
6 are what is allowable under that federal process
7 that pays for community health services through
8 federally qualified health centers.

9 COUNCIL MEMBER LIU: And it's as
10 simple as that, that Medicaid and the federal
11 formulas, maybe those formulas just don't make
12 sense, but your testimony is basically that they
13 are what they are and we just have to live with
14 that, the reimbursement rates? We don't have any
15 input into what those reimbursement rates would
16 be?

17 LOUISE COHEN: Our Medicaid rate as
18 I understand it has stayed static for a very long
19 time.

20 DAN LEHMAN: Dan Lehman, Deputy
21 Commissioner of Finance and Planning. Our current
22 base Medicaid rate for fee for service services is
23 \$49.44, as Deputy Commissioner Cohen indicated,
24 that has been static for quite some time. There
25 is some possibility of having increases in that

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2 rate, but that has to be submitted and approved by
3 the State, and there are only a very limited
4 number of qualifying reasons why a rate can be
5 modified. And at the present time, we don't see
6 any realistic chance that the rate that we would
7 receive would approach anywhere near the rate that
8 a federally qualified health center would receive.

9 COUNCIL MEMBER LIU: Okay. But
10 that also, that would not apply to the sealants,
11 the protective services. We're basically, the
12 City is basically just giving up that job.

13 LOUISE COHEN: No. We expect that
14 any community based organization that is providing
15 oral health care at any one of these sites will
16 also provide sealants and that is a standard part
17 of oral health care. We would expect them to do
18 that.

19 COUNCIL MEMBER LIU: And that
20 assumes that the parents will take the time off
21 from work to bring that child to the clinic. I
22 guess there would be three to five of them
23 remaining, and do that proactively every six
24 months?

25 LOUISE COHEN: The three health

1
2 center sites, possibly four health center sites,
3 yes. But remember we also, as we've said, will
4 continue to have sites in schools, that there are
5 expansions of school based health clinics and
6 other schools, which some of these organizations
7 are expanding dental services where they have not
8 had them before, and so those would be also
9 available to families in schools.

10 THOMAS FRIEDEN: Sealants are also
11 not an every six months. You can apply them once;
12 they last many years or for the duration, so
13 they're a protective intervention that's long
14 term.

15 COUNCIL MEMBER LIU: Well thank you
16 very much, Mr. Chairman, for the latitude there.
17 I still am very concerned that at a time when our
18 City's population is going to continue to rise,
19 rise significantly and that we are looking to
20 stimulus package funding and regular ongoing
21 funding to increase capacity and build
22 infrastructure of our city that this is a lone
23 example of the City actually dismantling important
24 infrastructure. And I find that very disturbing,
25 budget cuts or not. Thank you, Mr. Chairman.

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2 CHAIRPERSON RIVERA: Thank you very
3 much. Next we have Council Member Sears followed
4 by Council Member Jackson.

5 COUNCIL MEMBER SEARS: Thank you,
6 Mr. Chairman. And I'll be very brief. I really
7 basically-- thank you, Commissioner, for your
8 testimony. I'm just going to take a different
9 slant, and it's very brief. We all understand the
10 budget cuts. Certainly some of us here on budget
11 negotiating know exactly what that means. But I
12 really think that's not the issue. What I think
13 is that there's a shift in policy as to whether
14 these clinics, these school-based clinics remain
15 where they are. That's what I really think. And
16 that's a statement. I'm not critiquing. But I
17 really think that the cuts do not have anything to
18 do with what's happening with the school-based
19 clinics. I think it's an opportunity to look at
20 it more closely. So my question is, if it wasn't
21 for these cuts, supposedly, would these clinics
22 remain providing the service that they are doing
23 now?

24 THOMAS FRIEDEN: Yes. Actually
25 we've spent several years trying to modernize the

1
2 clinics; and we've made progress. We've renovated
3 the clinics. WE have extended services to a large
4 number of schools through a roving team of sealant
5 application, to try to go into schools and give
6 preventive dental care to larger numbers of
7 children. Children need dental care, we want to
8 increase the number of children receiving dental
9 care, particularly preventive dental care. One of
10 the things that we have uncovered in this review
11 is that despite most children having access to
12 healthcare coverage through Medicaid, only about
13 47% of kids who have Medicaid go to see a dentist
14 once a year. If that percentage went up just one
15 percentage point, that would be more children than
16 are seen in all of our clinics every year. So we
17 think there are a number of ways to increase
18 services, but existing services are important and
19 need to be strengthened and modernized. We've
20 been trying to do that. If we didn't have the
21 budget challenge, we certainly would not be taking
22 this step in this way.

23 COUNCIL MEMBER SEARS: These
24 clinics would stay open? This is not really what
25 I think would be the case. And it's direct--

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2 because I think some of these clinics would not
3 have been closing over a period of time. Because
4 actually when you look at the scope of the City of
5 New York, and I'm going to be very parochial and
6 just take the borough of Queens, but every borough
7 is like that, the diversity within the population,
8 and I don't have to repeat that, we all know how
9 diverse they are, people come from countries, and
10 there are children that have never seen a dentist
11 before. One of the areas that they really trust,
12 where they will take anything that happens is in
13 the school. They will have their children go to
14 the clinic in the school, where they may be very,
15 very hesitant about taking that child way out of
16 that are into some other place. So what we have
17 is a multitude of very questionable things that--
18 people's behavior-- that affect what their
19 children do, where they do it and the services
20 that they get. Even if the clinics did not meet
21 the numbers that you anticipate-- the fact is we
22 could provide all the education; we could do all
23 the job training in the world. If we don't have
24 healthy communities, we don't have anything. And
25 if those kids don't have a healthy mouth in which

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2 to sit in that classroom and to get it in those
3 school based clinics, they're not traveling
4 distances to do that. So it isn't numbers, and
5 believe me I understand them, I understand very
6 well the myriad of complexities in the delivery of
7 healthcare, which includes oral health, but at the
8 same time when we set priorities, one of the major
9 things is the health of communities so they can
10 avail themselves of sitting in a classroom, that
11 their parents can avail themselves of retraining.
12 And this Council can put in all the programs they
13 want; if we don't provide healthy mouths for those
14 who have no other way of doing it than their
15 parents trusting that school and those who are
16 providing it in the clinic to do that. So I think
17 that, as I said earlier, we are doing things with
18 one hand and taking back with another. And that's
19 why I asked the question, because I think that
20 probably, even from your testimony, that
21 eliminating these school-based clinics, is one way
22 of achieving what may be a direction that the
23 Agency is going in, that would be far more
24 suitable in terms of the economics of the budget,
25 and exactly how you feel these services should be

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2 provided. That's a comment and I think that we
3 basically-- the question-- I asked my question and
4 he answered it, but I think that the decisions
5 that are being made are contrary to that. Thank
6 you very much.

7 CHAIRPERSON RIVERA: Okay. We're
8 going to have Council Member Gerson followed by
9 Council Jackson, and then we'll have a couple of
10 other members who are listed as well. After them,
11 we'll have a second round of questions where John
12 Liu will be the head off.

13 COUNCIL MEMBER GERSON: Thank you
14 very much, Mr. Chair and thank you very much,
15 Council Member Jackson. Good afternoon, Dr.
16 Frieden. Just as my colleagues are very ably
17 covering the issue of oral health, I will defer to
18 them with a statement of support that I believe
19 all of us feel it's absolutely critical to
20 maintain, certainly to expand and enhance where we
21 can, but to maintain these core services. I think
22 what troubles me and many of us, I suggest, is the
23 language that you're using in terms of we expect,
24 we hope. You know, and I understand this is a
25 work in progress, but we know-- we get very

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2 nervous when we hear this close to the end of the
3 fiscal year words like expect and hope, without a
4 fallback plan which guarantees that services will
5 be maintained one way or another, without a plan B
6 in the event the expectations don't become
7 fulfilled. So I would certainly urge that such a
8 fallback plan be implemented so we could assure
9 not only the Council but the people of the City of
10 New York that there will be no moving backwards,
11 and that includes the all important linkage to
12 schools, not only on oral health but on vision
13 health and the whole relationship of child
14 healthcare. But I want to ask you, what is the
15 Department's proposed budget FY 10 for Hepatitis B
16 community education, outreach, vaccination--
17 screening and vaccination where appropriate?

18 THOMAS FRIEDEN: We'll have to get
19 back to you with the details on that. One piece
20 of good news is that there is, I believe, about
21 \$300 million in the federal stimulus package
22 nationally for immunization programs, including
23 Hepatitis B initiatives. So we can get back to
24 you with what our current budget is, but we await
25 guidance from the federal government as to how

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that money will be made available.

COUNCIL MEMBER GERSON: Your understanding of the \$300,000, would that allow for services integrally related to vaccinations, such as education as to the need for vaccination or the need for screening in targeted communities or is it strictly just the purchase and application of the vaccination?

THOMAS FRIEDEN: All of those details are awaited from the federal government.

COUNCIL MEMBER GERSON: What is the rate of infection, of chronic infection, of Hepatitis B in communities that are susceptible to above average rates of infection?

THOMAS FRIEDEN: We have various groups in New York City which have higher than baseline rates. Again, we could get you the details of that subsequently.

COUNCIL MEMBER GERSON: If I suggested to you that in certain communities, certain immigrant communities based on point of origin the rate could go as high as to between 15 and 20%, would that sound about right?

THOMAS FRIEDEN: As an infection

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2 rate, yes. As a carriage rate, of course it would
3 be much lower--

4 COUNCIL MEMBER GERSON:

5 [Interposing] But as an infection rate--

6 THOMAS FRIEDEN: [Interposing] Of
7 carriers, yeah.

8 COUNCIL MEMBER GERSON: That comes
9 pretty-- at that rate of infection, would you
10 agree that there is a need for community outreach
11 for the items we outline, education, information,
12 screening, vaccination? I mean 15 to 20%, if it
13 was across the general population would be viewed
14 as epidemic proportions. Should we not, as a
15 City, respond in that way, as if there were an
16 epidemic within those communities that are
17 experiencing this?

18 THOMAS FRIEDEN: Hepatitis B is a
19 serious problem. The most important intervention
20 we have is to prevent the transmission from mother
21 to child of Hepatitis B. We have a very active
22 program which tracts every-- pregnant women. We
23 work very closely with hospitals throughout New
24 York City to improve the provision of Hepatitis B
25 vaccination at the time of birth or at-- while

1 during the birth hospitalization of children.
2 Throughout New York City we're seeing some
3 gratifying improvement in the rates throughout New
4 York City. So our top priority is to end mother
5 to child transmission of Hepatitis B infection,
6 because it so often leads to a carrier state and
7 very severe illness of someone a couple of decades
8 later. In addition, as you note, there are
9 communities that have high rates of Hepatitis B
10 infection. Our priority there is to work with
11 healthcare providers and others to ensure that
12 every opportunity to vaccinate is taken. And what
13 we look at very carefully is how many vaccines are
14 provided or how many full vaccination courses are
15 provided per amount of dollars. And wherever we
16 have effective programs, we certainly want to see
17 them improved or expanded or implemented however
18 possible.
19

20 COUNCIL MEMBER GERSON:

21 Commissioner, the concern is that the program of
22 focusing on preventing transmission of the
23 infection from pregnant women to the fetus, A, be
24 continued but not be the only activity by the
25 Department of Health with regard to Hepatitis B.

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2 Two years ago there was Council initiative with
3 your department that became recognized as a
4 national model. Last year the Department of
5 Health informed us that the Department would
6 assume in-house with HHC most of those functions.
7 By all reports, that has not happened over the
8 past year, other than with regard to the one
9 program you just outlined focusing on pregnant
10 women. FY 10, with a rate of 15% or higher in
11 certain communities, we cannot ignore, you know,
12 the children who have that chronic infection,
13 which as you know, and I want to state for the
14 record, Hepatitis B, if caught, could be treated
15 effectively or cured. If not caught, it could
16 develop into liver cancer and other disease with
17 fatality. And for us to ignore an epidemic rate
18 of 15%, even if it was 10% in impacted communities
19 is negligence on the part of the City of New York.
20 So I hope with the \$300,000 and with additional
21 funds necessary between now and the commencement
22 of FY 10, we can assure that there will be in the
23 budget an effective program within the fiscal
24 straights that we have. And would you be able,
25 your and your department, to set up a meeting to

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2 discuss your plans and how we're going to proceed
3 along those lines?

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THOMAS FRIEDEN: We would be happy
to--

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COUNCIL MEMBER GERSON:
[Interposing] Okay. I'll follow up with Mr.
Manning [phonetic] on that.

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THOMAS FRIEDEN: I fully agree. I
would focus though specifically on vaccination as
the key priority in high-risk communities--

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COUNCIL MEMBER GERSON:
[Interposing] But people have to know they need to
get vaccinated.

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THOMAS FRIEDEN: Right.

COUNCIL MEMBER GERSON: And it's a
three-part vaccination, right?

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THOMAS FRIEDEN: Yes, yes.

COUNCIL MEMBER GERSON: So there
needs to be follow up.

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THOMAS FRIEDEN: Two doses for
adolescents, but generally three dose. So, I
agree there are communities that have high rates
that we need to work hard to increase our
vaccination rates, and we'd be happy to meet with

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you about that.

COUNCIL MEMBER GERSON: Mr. Chair,
and I know you've been very involved in this, so
we'll coordinate that with your office and we'll
make sure with the Commissioner's leadership that
we'll put that in place. Just my last question,
funding for rodent abatement and response to
infestation; FY 10, the same? Less? More?

THOMAS FRIEDEN: We're trying to
do, in this case--

[Pause]

THOMAS FRIEDEN: There's been a
very small reduction, but it's basically the same.
But we're hoping to do--

COUNCIL MEMBER GERSON:

[Interposing] How small is very small?

THOMAS FRIEDEN: \$100,000, \$200,000
is my recollection. We'll check. My budget
officer thinks no, but I think we had a slight
reduction. But we're trying to change the
pattern--

COUNCIL MEMBER GERSON:

[Interposing] Because the rats are getting larger.

THOMAS FRIEDEN: Not really.

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2 COUNCIL MEMBER GERSON: I assure
3 you.

4 THOMAS FRIEDEN: It may seem that
5 way. We're trying to do more with the same here,
6 and we do have some new approaches that we think
7 are more effective. So we have guarded optimism
8 that we may see progress and have seen, certainly
9 some progress as we discussed with Council a
10 couple of months ago. But this is an area where
11 we recognize that this is quite important, because
12 it is a symbol of urban blight and we want to
13 prevent that from existing, certainly prevent it
14 from spreading, and reduce it wherever possible.

15 COUNCIL MEMBER GERSON: And in
16 closing, Mr. Chair, I would suggest that this may
17 be an area where we can in fact maintain or
18 enhance services through revenue generating means,
19 such as expanding the requirements on private
20 sectors and construction, excavation, the high-
21 rise buildings, for them to undertake abatement
22 projects as part of their contracts, or to pay the
23 City for abatement, not only on the site and in
24 the immediate surrounding areas, but in a
25 reasonable perimeter, which we know is impacted by

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rodents as a direct result of construction. And that may be a way for the City to cover those expenses, and we'll follow up with you on that.

THOMAS FRIEDEN: Thank you. And I also do want to thank the Council for their support of rodent control initiatives, of the rodent information portal, which is available and is widely used so you can check where violations have been, and of establishing a new information system-- which actually I was just out in the South Bronx doing field visits with the staff, seeing how it works. It's really very powerful as a way of tracking how we're doing and improving the outcome. So I want to thank the Council for its interest and support in this area.

COUNCIL MEMBER GERSON: Thank you, Mr. Chair and thank you again, Council Member Jackson, my friend.

CHAIRPERSON RIVERA: Thank you very much, Council Member. Now we have Council Member Jackson.

COUNCIL MEMBER JACKSON: Thank you, Mr. Chair, Commissioner, good afternoon. Let me just say that I am opposed, and many of my

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2 colleagues are, opposed to the dismantling and
3 closing of the Child Health Clinics and the dental
4 clinics. And you may say, well we're not closing
5 the Child Health Clinics, but from a historical
6 perspective, when you're cutting back and you're
7 cutting back and you're cutting back, people say
8 just get rid of it because, you know, we've cut
9 back so much that the infrastructure to do the job
10 is not really there. So let me just say from the
11 outright that I oppose the cuts to these programs,
12 both of them, and I disagree with your staff
13 moving forward and dismantling the Child Health
14 Clinics. And I say that because, as my colleagues
15 indicated, that's preliminary budget. And you
16 know from preliminary budget to an adoption of a
17 budget, it's about six months. And the fact is
18 when you're dealing with children, most of these
19 children will not stand up and come to these
20 hearings and speak on their own behalf. And their
21 parents are too busy working just in order to try
22 to pay rent and to put food on the table and to
23 put clothes on their kids' backs to come down to
24 these hearings. But as a parent of three girls
25 myself that are now adults, and as a Chair of the

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2 Education Committee, I'm standing up now and
3 saying the closure is totally unacceptable. Not
4 that I-- you know, I'm not going to be nice. It's
5 totally unacceptable. And you have to rescind
6 your decision on that. Now, where's the money
7 going to come from? Well I'll ask you a question
8 and then we can talk about it, Commissioner. And
9 I-- this is not personal, this is all business, as
10 you know. But, it's an emotional subject area,
11 because you're negatively impacting the children
12 of New York City, and the employees, and many of
13 them are here. How much in total is your
14 contracting out budget for the Department of
15 Health? Because I have here in budget documents,
16 I have by some positions in each area, but I don't
17 know in totality what-- how much do you spend on
18 contracts overall?

19 THOMAS FRIEDEN: I'm a little
20 unclear of your question. We have \$400 million
21 plus in contracts for the Early Intervention
22 program--

23 COUNCIL MEMBER JACKSON:
24 [Interposing] No. I'm just talking about overall
25 for the Department of Health.

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2 THOMAS FRIEDEN: That's the largest
3 single chunk.

4 COUNCIL MEMBER JACKSON: Okay. But
5 the total amount? Because part of the budget
6 hearings is to talk about, you know the budget,
7 but also that each Agency is supposed to say how
8 much they're spending on contracts.

9 THOMAS FRIEDEN: By contracts-- I
10 just want to give you the answer that you want.
11 So what do you mean by contracts? Do you mean--

12 COUNCIL MEMBER JACKSON:
13 [Interposing] I mean if I'm the Department of
14 Health, and I'm contracting with you to provide
15 whatever, A, B, C, D, E-- that's a contract.
16 Okay? If I have a contract to provide advertising
17 or I have a contract to provide services, anytime
18 you sign a document with any group or
19 organization, whether it be a CBO, whether it be
20 for advertising or whatever, that's a contract.
21 And so my question to you is overall, how much are
22 you spending, the Department of Health, how much
23 are you spending on contracts overall?

24 THOMAS FRIEDEN: So the simplest
25 way to put that is that we have a budget for

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2 personnel and a budget for other than personnel
3 services.

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COUNCIL MEMBER JACKSON: In
contracts?

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THOMAS FRIEDEN: The great majority
of the other than personnel services are contracts
and would be bids or purchases, whether it's
printing materials or services for children, those
would be contracts. We've actually reduced our
use of nursing contracts as we've been able to
hire more nurses in the schools. That's come
down. But our overall budget would be, all
contracts, services, goods, computers, whatever
you have, would be over a billion dollars a year.

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COUNCIL MEMBER JACKSON: A billion
dollars a year.

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THOMAS FRIEDEN: Over a billion.

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COUNCIL MEMBER JACKSON: Over a
billion. How much is that? Is that 1.3, 1.5?

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THOMAS FRIEDEN: About 1.2 I'm
told.

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COUNCIL MEMBER JACKSON: 1.2
billion. Okay. And you have raised the issue and
I'm going to follow up on it, how much of that is

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2 PS and how much of that is OTPS of the 1.2 billion
3 in contracts?

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THOMAS FRIEDEN: That I would have
5 to get back to you. That's an analysis that I'm
6 not aware that we've ever done. We have
7 relatively, the largest single chunk of that is
8 more than \$400 million for the Early Intervention
9 program, which serves children from ages zero to
10 three.

11

COUNCIL MEMBER JACKSON: How much,
12 I'm sorry, I'm waiting for your budget deputy to
13 look at some numbers.

14

THOMAS FRIEDEN: And then also
15 within the Mental Hygiene division we have, I
16 would guess, about \$300 million, roughly, in
17 contracts for-- to community organizations and
18 hospitals to provide mental hygiene services,
19 mental health, chemical dependency. So that would
20 be the great bulk of those contracts.

21

COUNCIL MEMBER JACKSON: And many
22 of those contracts that you have with CBOs to
23 provide services and what have you, is that PS or
24 is that OTPS?

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THOMAS FRIEDEN: That's OTPS.

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COUNCIL MEMBER JACKSON: That's PS?

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THOMAS FRIEDEN: It's OTPS in our budget, it may be PS in their budget. But it shows up in our budget as OTPS because it's a contract.

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COUNCIL MEMBER JACKSON: Okay. But PS means that you've hired people within the Department?

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THOMAS FRIEDEN: That's right. PS is someone who gets a paycheck from the City.

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COUNCIL MEMBER JACKSON: Okay. But I'm talking about Contracts.

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THOMAS FRIEDEN: Right so--

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COUNCIL MEMBER JACKSON:

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[Interposing] I'm talking about contracts, not employees of the Department of Health.

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THOMAS FRIEDEN: Right. Within contracts we don't have separately what is PS, what is OTPS.

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COUNCIL MEMBER JACKSON: You do not?

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THOMAS FRIEDEN: No.

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COUNCIL MEMBER JACKSON: Okay.

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THOMAS FRIEDEN: We have that for

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2 every individual contract, but to aggregate that
3 up, we've never done that analysis.

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COUNCIL MEMBER JACKSON: Okay. But
5 what about though as far as PS? Let's stay on PS
6 for a second. The Department of Health, let's
7 assume I was a commissioner and I hired 15 people
8 to do contract work for computer services, that's
9 PS, isn't it?

10

THOMAS FRIEDEN: If they get a
11 paycheck from the City, that's PS, yes.

12

COUNCIL MEMBER JACKSON: but even
13 if they don't get a paycheck from the City, if I
14 hire you as a contractor to provide only PS
15 services, that's a contract.

16

THOMAS FRIEDEN: That's a contract.

17

COUNCIL MEMBER JACKSON: And that's
18 only providing PS, personal service for them to do
19 a job, let's say computer analysis or whatever the
20 situation is. And my question is, how much do you
21 spend on contracts for PS, personal service, not
22 to the Community to provide let's say, AIDS
23 intervention services, and then as a community I
24 get a million dollars and I have staff and OTPS,
25 don't you have that type of breakdown?

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THOMAS FRIEDEN: I understand your question now.

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COUNCIL MEMBER JACKSON: Yeah.

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THOMAS FRIEDEN: So you're saying what do we provide that's a contract for someone to essentially come do something for the City, for the Department, not a service to the community but a service to the City where they fix a computer, or to--

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COUNCIL MEMBER JACKSON:

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[Interposing] Sometimes for example you may not want to hire advertising people, so you may hire an advertising company to give you advertising, they provide some employees for that, that's a PS. So I need the breakdown as far as your contracts, 1.2 billion, how much is OTPS and how much is PS, PS directly from the Department of Health that you're hiring outside people?

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THOMAS FRIEDEN: And you want to exclude from that PS that is direct service to the community, like a mental hygiene provider who is providing case visits or an Early Intervention provider who is providing-- or HIV provider who is providing services--

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COUNCIL MEMBER JACKSON:

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[Interposing] Whatever breakdown that you have,

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but let's go with that. Because basically I'm

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trying to sort things out. As a former chair of

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the Contracts Committee, one of the things that I

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basically hit on, on a continuous basis, is that

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you've got to reduce the number of outside

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contractors that you have. That's important,

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because what I saw was that the cost for outside

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contractors was even more than hiring employees.

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So I want to analyze that within the Department of

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Health to see whether or not there's savings so

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you can spend the money on the dental clinics.

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Now you understand where I'm coming from, right?

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Okay. Okay, because the dental clinics they're

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not a lot of money. Not a lot of money. And

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then, I guess the question I have, how much do you

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spend on advertising overall in the Department of

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Health?

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THOMAS FRIEDEN: Just if we could

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spend-- let me-- I'll get to that question in a

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minute--

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COUNCIL MEMBER JACKSON:

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[Interposing] Go ahead.

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2 THOMAS FRIEDEN: I've just been
3 thinking about what all our contracts are. Of
4 that 1.1 billion I mentioned, about 400 is Early
5 Intervention, about 300 million is Mental Hygiene,
6 about 200 million is HIV.

7 COUNCIL MEMBER JACKSON: Okay.

8 THOMAS FRIEDEN: So just so you get
9 a sense, the vast majority of services in the
10 community. And your specific question--

11 COUNCIL MEMBER JACKSON:

12 [Interposing] And those are very important areas
13 that you mentioned. Very important areas.

14 THOMAS FRIEDEN: And your specific
15 question which I now understand will take some
16 research, but we'll look at it.

17 COUNCIL MEMBER JACKSON: Okay.

18 THOMAS FRIEDEN: We try to do
19 things in a way that will be as cost-efficient as
20 possible.

21 COUNCIL MEMBER JACKSON: I believe
22 you.

23 THOMAS FRIEDEN: Sometimes it is
24 cheaper to do it with our own staff. Sometimes
25 it's cheaper to do it with contracting staff. If

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you need someone for a one-month period to do something, it's better to use a contract.

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COUNCIL MEMBER JACKSON: I hear you, and I truly understand that.

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THOMAS FRIEDEN: Our advertising--

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COUNCIL MEMBER JACKSON:

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[Interposing] What's the advertising budget?

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THOMAS FRIEDEN: \$6 million for--

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\$5.95 million for this coming year.

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COUNCIL MEMBER JACKSON: Five point

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what?

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THOMAS FRIEDEN: I'm sorry--

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COUNCIL MEMBER JACKSON:

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[Interposing] Give or take? I'm not going to hold you to the exact penny, you know.

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THOMAS FRIEDEN: That was for '08.

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I'm sorry.

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CHAIRPERSON RIVERA: While he's

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looking that up also, if this could be the final question.

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THOMAS FRIEDEN: \$4.3--

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COUNCIL MEMBER JACKSON:

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[Interposing] I'm sorry.

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CHAIRPERSON RIVERA: Because we

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have other members who want to have a round.

COUNCIL MEMBER JACKSON: I'm sorry I really didn't get to the question as of yet, because I really haven't gotten an appropriate response. I'm sorry, Mr. Chair.

THOMAS FRIEDEN: For the current year it's \$4.3 million.

COUNCIL MEMBER JACKSON: \$4.3 million?

THOMAS FRIEDEN: Current fiscal--

COUNCIL MEMBER JACKSON: [Interposing] For the current year, you mean in this fiscal year?

THOMAS FRIEDEN: FY 09.

COUNCIL MEMBER JACKSON: And what do you project for fiscal year 10?

THOMAS FRIEDEN: About the same.

COUNCIL MEMBER JACKSON: About the same. Okay. And the reason why I ask that question, Commissioner, these are tough times. And when we talk about advertising, I'm just trying to find areas in order to save money to save the Child Health Clinics, to save the dental clinics, and quite frankly, in advertising I've

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seen the no smoking commercials, and you've been running them for a long time. And you know one things, sometimes I don't even like to watch them, it clearly has an effect. There's certain things like overkill, especially when you're talking about with respects to, you know, now you're dismantling the clinics, maybe you can cut back on advertising on the TV and what have you and so forth, in order to save the clinics. I don't think we need to spend all that money on advertising when we really don't have the money, when we really don't have the money, Commissioner.

THOMAS FRIEDEN: I understand your-

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COUNCIL MEMBER JACKSON:

[Interposing] Because if I was the Commissioner, maybe I may cut back on some advertising and save the clinics, both health and the HIV/AIDS and what have you and so forth. You know, because these are tough times and tough decisions have to be made.

THOMAS FRIEDEN: I understand your concern, I respect your commitment to these issues, Council Member. I do want to address the

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importance of tobacco control.

COUNCIL MEMBER JACKSON: Oh I understand that.

THOMAS FRIEDEN: And the importance of anti-tobacco advertising. We look at these ads very, very carefully. We don't run the same ads. We run new ads. We change the ads. We keep them fresh and we rigorously evaluate what we do. What we know, from our own experience and from the experience in California, in Massachusetts, in Michigan and elsewhere, as you've said, these ads work. Tobacco remains the single leading preventable cause of death in this country and in this City. We still have a million people who smoke. I'm sure many of you may know people who say, you know, I quite because of these ads. We hear these stories all the time and they're true. When we weren't running ads, our smoking rate didn't go down. When we started running the ads, our smoking rate went down. And that's the case in California, Massachusetts, New York City, our own data has shown that, such that I can tell that for ever million dollars we spend-- you may say and I totally understand it, to spend a million

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2 dollars on advertising in this fiscal crisis, how
3 dare you do that? But for every million dollars
4 we spend on anti-tobacco ads, we're going to
5 prevent 1,500 New Yorkers from being killed by
6 tobacco.

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COUNCIL MEMBER JACKSON: Okay. And
8 you know one thing, that's fine. All things are
9 relative. And quite frankly, when it comes to
10 advertising and taking care of your young, you
11 have to make a tough decision. And I'm saying I
12 may have-- if I was the Commissioner, I would look
13 at everything that I'm doing and save the dental
14 health clinic, save the Child Health Clinic,
15 because those children are our future leaders, and
16 if we don't take care of them now, then we're
17 going to be in trouble in the future. Now most of
18 the people that we're targeting with some
19 advertising or smoking, most of them are adults,
20 quite frankly. And you know, they know what
21 they're doing. And not to say that we shouldn't
22 do that now, but I'm just saying these are tough
23 decisions that have to be made. Just like you're
24 proposing to close the East Harlem STD clinic
25 because you say two-thirds of the people don't

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2 live in the area. But then you also said that the
3 majority of people don't go to the area clinics
4 because people know them, so they go outside of
5 the area. So it's obvious that two-thirds of the
6 people would not live in the area. Do you know
7 what I mean? That's a given. But those are the
8 types of decisions. And I'm saying to you that
9 with respect to the Child Health Clinic and the
10 dental clinics for the children, the children are
11 our future and you should not be cutting their--
12 you can find other cuts within your agency and
13 department, advertising, contracting out in order
14 to provide those services in this fiscal year.
15 And I'm going to-- thank you, Mr. Chair for your
16 patience, and I'm sorry I took so long.

17 CHAIRPERSON RIVERA: Thank you.

18 COUNCIL MEMBER JACKSON: And if you
19 have a second round, I'd like to follow up in the
20 second round on other areas.

21 CHAIRPERSON RIVERA: Okay.

22 THOMAS FRIEDEN: I'd just like to
23 address two issues that have come up that I want
24 to speak to. One is the issue of the equipment,
25 and I want to be very clear that no equipment will

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2 be transferred over to any organization before the
3 budget is finalized. But out of a sense of
4 responsibility, what we are doing is working with
5 organizations to try to get them to take on
6 services, expand services, improve services, with
7 the facilities that are available to provide a
8 continuity of care. But I do want to say that the
9 transfer will not occur before the budget is
10 finalized.

11 CHAIRPERSON RIVERA: Okay. Next--

12 THOMAS FRIEDEN: [Interposing]

13 Second, because it's been mentioned, I do want to
14 say that laying off staff is the hardest thing we
15 have to do. We wish we never had to lay off any
16 staff member, particularly in this fiscal
17 environment. We will do everything in our power
18 to assist with training, out placement and support
19 services for staff, but it's a terrible thing to
20 have to do and it's unfortunate.

21 CHAIRPERSON RIVERA: Okay, we also
22 have-- and in the interest of time I want people
23 to realize we do have six more members who want to
24 ask questions. So next we have Council Member
25 Inez Dickens followed by Council Members Mendez,

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James, Foster, then Liu then Stewart.

COUNCIL MEMBER DICKENS: Thank you, Mr. Chair. And I'm asking questions for two Council Members, so I get double the time. I just, I want to thank you Commissioner for coming to testify, and thank you for giving us the information and answer to my colleague's question about the advertising for smoking, and I think that's wonderful. At the same time, we're going to have a whole generation of toothless young people. And young people with mouths that will not be acceptable for them to look for jobs for employment. But I want to ask you, my colleague Council Member Maria del Carmen Arroyo had to leave, and she apologizes, but she had some questions based upon what you submitted here and I'm going to ask those questions. I'm going to add a little to what she put because I noticed there's asterisks next to all of them and it says that these institutions or these providers submitted letter of intent. Now I don't know about in the dentistry area or the Department of Health area, but in other areas such as Land Use, a letter of intent is not a legally binding

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2 agreement for actually taking over. So I want to
3 know what does that mean they submitted a letter
4 of intent?

5 LOUISE COHEN: As you may know,
6 we've been working with some of these
7 organizations for quite some time. We wanted to--
8 we asked all of them if they would be willing to
9 have their names used publicly today and they said
10 yes. The one that are asterisks simply have
11 written us a letter of intent that outlines their
12 intent to take particular facilities and schools.
13 And you're correct, it's not a legally binding
14 document at this time. There are a number of
15 steps that have to be gone through in order for an
16 organization, an Article 28, which is a licensure
17 by the State to provide services, for them to
18 actually provide services they have to make an
19 amendment to their certificate of need and Article
20 28 licensure. We have been working with the State
21 Department of Health and they have indicated to us
22 that they will help us facilitate those Article 28
23 requests. Some of those organizations have
24 already submitted those requests, and finally we
25 have also been working closely with the Department

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2 of Education to facilitate any memoranda of
3 understanding that need to happen between an
4 external organization to provide services within a
5 school to make sure that they have all those
6 things done. So the letter of intent simply was
7 really for us to say that we have gotten that
8 information from them. But every single one of
9 those organizations have told us that they are
10 willing to be publicly known that they are
11 interested and, assuming they can move through all
12 these hurdles, they will provide service in those
13 areas.

14 COUNCIL MEMBER DICKENS: Publicly
15 known really doesn't mean much. But there's 14 on
16 this list, of which only five have letters of
17 intent. What about the other 11?

18 LOUISE COHEN: The letter of intent
19 is not a requirement. It was simply something
20 that we asked them-- the others have given us
21 verbal assurances. So it was probably more
22 confusing to have this on this document than not.

23 COUNCIL MEMBER DICKENS: All right.
24 And then the other thing is, is that the-- is this
25 going to be done as contract or-- when these

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2 providers are interested in assuming the takeover
3 on these clinics, is this going to be done through
4 a contract with DOHMH? I don't understand what
5 that means. How does that impact upon union jobs?
6 What is going to be the access policies? What are
7 the legal requirements and what is the process?

8 LOUISE COHEN: Okay. In answer to
9 the first question, there are two different
10 processes. For a health center, for someone to
11 take over a health center, we're working with the
12 Department of Citywide Administrative Services.
13 There is a lease that they would sign. We have
14 made agreements that these leases would be
15 primarily restricted to assuming their
16 proportionate share of the operating costs, which
17 would include security and custodial care and so
18 forth. We have many outside providers, as you
19 know, in all of our health centers and they're
20 required to have a DCAS lease. For the school-
21 based health centers, they need to go through an
22 agreement with the principal of the school to
23 utilize the space, and they will have a memorandum
24 of understanding with the Department of Education
25 for providing those services. What we are saying

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in terms of these agreements is that we are requiring that the providers agree to see all children, and they could see adults actually, without regard to ability to pay and that-- so that those are the access questions. We will be asking them to provide us a very simple report of utilization on an annual basis and to attest that the equipment is still being used for its useful life. There is a particular process, as I mentioned, for an organization assuming the equipment, and we will be doing that again, that is governed by City Department of Administrative Services rules on how that happens.

COUNCIL MEMBER DICKENS: Now are these-- and you used both terms so I'm not clear, are these going to be leases or are these going to be agreements? I'm not quite sure.

THOMAS FRIEDEN: I mean just the big picture, I'll let Deputy Commissioner Cohen give the details, but the big picture is we're essentially giving the space at cost, whatever it costs to provide security and custodial services, but we're giving them as close to no cost to them and no cost to the City as can be, so that they

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2 could provide continuity of services in the same
3 location while at the same time increasing the
4 linkage of the services there to primary pediatric
5 healthcare.

6 COUNCIL MEMBER DICKENS: So is that
7 going to be done through a lease or an agreement?

8 THOMAS FRIEDEN: I think it's
9 called a lease agreement, actually.

10 LOUISE COHEN: It's called a lease
11 agreement and it's done through the Department of
12 Citywide Administrative Services.

13 COUNCIL MEMBER DICKENS: And that
14 sounds like to me that the City is getting out of
15 public dental care and public healthcare for our
16 schools. Because I don't think we're ever going
17 to go back to a public health system as we know it
18 today, and it's what I benefited from, because I
19 attended public schools. And I'm fearful of that
20 because I don't think we're ever going to go back
21 to that, that we're using this very bad economic
22 times-- and I acknowledge that that is the case,
23 but I think we're using these times to begin to
24 get out of the business, if you will, of public
25 healthcare, public dental care, public schools for

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that matter.

THOMAS FRIEDEN: We do provide services through both directly ourselves, whether it's tuberculosis, STD, HIV testing, immunizations. We also contract for services, and the key is to do that which can be done most efficiently and most effectively. And we think that where we've been able to find partners, we're optimistic that that will result in a continuation and in fact improvement in the services that are available to children because of the linkage of those providers with broader health systems rather than a standalone system. But I share your concern for change.

COUNCIL MEMBER DICKENS: Now on this list under discussion, you have North General Hospital in East Harlem. What does that mean? And it doesn't have an asterisk, so there's no letter of intent. That's number one. And number two, North General Hospital is undergoing some changes of its own, such as Mount Sinai Hospital. So the use of the name, what does that-- and I support North General Hospital, but exactly what does that mean?

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LOUISE COHEN: What it means is that we have had discussions with them. They reached out to us, we sent them a letter, they reached out to us expressing interest, but they said at this time they could not yet make a firm commitment to doing this, but this is something that they're actively pursuing and we will be discussing this with them in the very near future. The others have all moved along the process that they have to go through in order to make the actual application to the State and so forth. So they have said that they would like to be able to do this, that they would like to be able to expand their dental services to children, and that's why they're on the list as an interested organization.

COUNCIL MEMBER DICKENS: Are there any other I would like to dos on this list? Because you know I looked at this list and to me-- you know, because-- it says, providers interested. And so it looks like these are providers that are interested and North General is down there, and you tell me they really aren't interested today but they may be tomorrow or the next year or the year after or the next generation.

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2 LOUISE COHEN: I am not sure on the
3 timeline on which North General is prepared to
4 make those decisions, but the others have made
5 decisions that they're intending to go ahead with
6 these processes.

7 COUNCIL MEMBER DICKENS: So then PS
8 57 would be left without any dental care for our
9 youngsters?

10 LOUISE COHEN: I don't believe that
11 PS 57 is one of our current sites--

12 COUNCIL MEMBER DICKENS:
13 [Interposing] Or at another site, name any other
14 site, I don't care.

15 LOUISE COHEN: That's correct.

16 COUNCIL MEMBER DICKENS: Would be
17 left without any--

18 THOMAS FRIEDEN: [Interposing]
19 Currently we have partners with three, possibly
20 four out of five fixed site, whereas we currently
21 have 28 school-based sites, we have partners for
22 23 of them, 23 school sites.

23 COUNCIL MEMBER DICKENS: Okay, all
24 right. Now the-- I have a question on the--

25 [Pause]

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2 COUNCIL MEMBER DICKENS: Just to
3 follow up a little bit with that, that you're
4 anticipating that dentists, other dentists within
5 the City of New York will accept children that are
6 enrolled in Medicaid or children in Child Health
7 Plus?

8 LOUISE COHEN: We do know that
9 there are a large number of dentists who do accept
10 Medicaid. We did a survey of Medicaid, of
11 dentists who accept Medicaid and found that 95% of
12 them said that they were prepared to, that they
13 could take new patients at any time. We also know
14 that the State Department of Health Medicaid
15 claims data, the most recent we have is from 2006
16 report that over 2,600 New York City dentists had
17 significant dental claims. So we do know that
18 there is a core of dentists somewhere in the
19 neighborhood of between 2,600 and about 3,000.
20 There's actually more than 5,500 approved Medicaid
21 providers in New York City, and of those almost
22 3,000 had at least one dental claim in the course
23 of that last year.

24 COUNCIL MEMBER DICKENS: That's
25 wonderful. Did you add to that list GHI, because

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I'm having trouble finding a dentist that takes my healthcare plan. So I think that's marvelous, would you add that to the list and find some for me please? The East Harlem STD-- closure of that clinic. What outreach has been done to the patients to ensure that they know what other facilities are available to them? In addition, since all of these facilities are sustaining severe cuts, budget cuts, are they going to be able to accept the additional patients? And if so, what are you giving to these facilities in order for them to take this additional load on?

THOMAS FRIEDEN: We do believe that we can accommodate all the patients. In fact, one of the reasons the program itself proposed this measure is that they felt it would be a much more efficient allocation of staff, rather than have several staff at a clinic that wasn't heavily utilized, to have those same staff redeployed to other clinics to be able to see a larger number of staff. So the number of patients seen with the same number of staff we think can be greater by this one month prior, we're reminding community based organizations of the closure date. We're

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notifying 311 and we're also updating our website and putting up posters in all of our clinics about it. The records are all electronic. We've gone paperless in our STD clinics. So if someone was treated in the past in that clinic and comes to one of our other clinics, their whole record is there, so there's no loss of the record. There are a small number of paper records which are archived. Because it's an STD clinic, we don't really provide ongoing care to people. It's episodic care if they come in for a concern, an infection or a symptom. So it's not as if we have patients that need to be transferred.

COUNCIL MEMBER DICKENS: Office of School Health, is that under you?

THOMAS FRIEDEN: We jointly manage the school health program between the Department of Education and the Health Department.

COUNCIL MEMBER DICKENS: Now, is that division, is that Office of School Health going to receive cuts?

THOMAS FRIEDEN: Yes.

COUNCIL MEMBER DICKENS: And can you tell me, and the reason I'm very concerned

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2 about that is because Bronx I think has the
3 highest number of utilized nurses, Brooklyn is
4 next, Manhattan is third. And the nurses that
5 service the schools provide insulin shots for our
6 youngsters that have to take insulin during school
7 hours, as well as albuteral and other medications
8 that cannot be self-administered or shouldn't be,
9 depending upon the age of the child. Can you tell
10 me how that is going to be impacted? How much are
11 they going to be cut? How many nurses? Because
12 right now in the Bronx, for instance, supervisors
13 are running around from school to school to try to
14 meet the timeframe for insulin injections for some
15 of the youth.

16 THOMAS FRIEDEN: The school health
17 program is one of our largest programs. It has a
18 budget of about \$80 million. Some of the
19 reductions we are anticipating are to reduce
20 middle school public health advisors who support
21 nurses who are in the same schools. This is a
22 non-mandated service.. In addition, we're looking
23 at annexes where there is an annex nearby a school
24 just to see whether there are a small number of
25 schools where the nurse can cover both the parent

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2 school and the annex. We're also looking at the
3 hearing screening program. Hearing screening is
4 not recommended by the United States Preventive
5 Services Task Force. And since 2000 newborns are
6 screened for hearing loss at birth. And children
7 with hearing deficits are picked up at that point.
8 We would still have the availability of diagnostic
9 teams if any child has a concern about hearing,
10 and we're also looking at schools which do not
11 have a legal mandate to have nurses present to see
12 if nurses would be present at all of those
13 schools. For the nurses, the schools with large
14 numbers of nurses, we do not anticipate any
15 reduction in the number of nurses at this point.
16 As you point out, we do have a problem in the
17 South Bronx. We have had difficulty to recruit
18 nurses who are willing to go there, and so we have
19 a deficit and have covered that with contract
20 nurses. We prefer not to do that, because we'd
21 rather have a nurse who works for the department
22 who we can train in our own systems, our own
23 information systems. In the past we were not able
24 to even get nurses to go there on contract. Our
25 new contract provides for a differential, which

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2 pays more for nurses to go to areas where they're
3 more needed and more difficult to recruit. And
4 with that I think we have almost no deficits in
5 those areas at this point with nursing coverage,
6 and no anticipated reductions in the current
7 budget in that form of nursing coverage.

8 COUNCIL MEMBER DICKENS: How many
9 advisors do you currently have on staff and how
10 many will be cut?

11 [Pause]

12 ROGER PLATT: I'm Dr. Roger Platt,
13 Director of the School Health Program.

14 COUNCIL MEMBER DICKENS: How are
15 you?

16 ROGER PLATT: We currently have
17 approximately 100 advisors in middle schools. We
18 have another 35 or so public health advisors in
19 elementary schools, and then we have a substantial
20 number of public health advisors with various
21 roles in our vision and hearing screening program.

22 COUNCIL MEMBER DICKENS: All right.
23 And correct me if I'm wrong, the Office of School
24 Health also covers private schools such as
25 Catholic schools, is that correct?

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2 ROGER PLATT: Correct.

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3 COUNCIL MEMBER DICKENS: All right,
4 thank you.

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5 CHAIRPERSON RIVERA: Thank you very
6 much. Next we have Council Member Mendez followed
7 by Council Member James, then Foster.

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8 [Off Mic]

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9 CHAIRPERSON RIVERA: That is going
10 to be next door and probably starting at about
11 2:00 depending on the line of questioning coming
12 form the members. Yes. It's the Council, we run
13 on Council time. Okay, next? Council Member?

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14 COUNCIL MEMBER MENDEZ: Thank you,
15 Chair Rivera. Commissioner Frieden, I want to
16 thank you for testing my memory and note taking
17 skills, which is very good, though not as
18 excellent as they used to be. And I want to
19 apologize to the public who didn't get your
20 testimony until later. It was sort of hard for me
21 to follow, it must have been more difficult for
22 them. So when I looked at my notes and I finally
23 got your written testimony there was areas that I
24 thought I didn't get to, but they just weren't in
25 here. So I'd like for you to clarify or expand on

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2 your testimony. On page 2, you talk about the
3 American Investment and Recovery Act of 2009, and
4 that you hope that you will be eligible to receive
5 funding and partner with other agencies. In what
6 areas do you think you might be able to receive
7 funding from the stimulus package?

8 THOMAS FRIEDEN: Nothing is certain
9 yet. We have no money in the bank there. There
10 are several different groupings of money or plots
11 of money. One is a prevention and wellness fund
12 through the Department of Health and Human
13 Services, there is one billion dollars, of which
14 \$300 million will be for immunization programs,
15 and \$650 million will be for evidence based,
16 clinical and community based prevention and
17 wellness strategies. That's the one that we're
18 most optimistic about. We think the City should
19 receive money for that to do prevention and
20 wellness initiatives. A second major area has to
21 do with Health Information Technology. There's \$2
22 billion in discretionary funding for electronic
23 health records. We have the largest community
24 health record extension project in the country,
25 and we're hoping to be able to stabilize and

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2 expand that program with some of those resources.
3 We're optimistic, but none of the guidance
4 documents or RFPs are out yet from the federal
5 government, so this is just our best guess of what
6 might be possible. There are some other plots of
7 money that may be possible, but whether NIH or
8 USDA or Energy Efficiency or Comparative
9 Effectiveness Research-- there's several other
10 areas that we will actively track, and the
11 administration very fortunately is being very
12 forthright and everything is listed on the
13 website; we don't have to search hard. We're
14 checking that website daily and as opportunities
15 arise, we're not actually waiting for them to
16 release RFPs, we're already making our best
17 guesses of what those might be and developing
18 possible proposals so that when they're announced,
19 we'll be in the best possible position to put in
20 proposals and obtain resources to meet the
21 mandates of the federal government with those
22 resources and provide effective services in New
23 York City.

24 COUNCIL MEMBER MENDEZ: Thank you.

25 I'm just going to go in order as per your

1
2 testimony. On page 3 you talk about the HIV rate
3 and how much it fell between 2002 and 2007, a 37%
4 percent decline. To what do you attribute this
5 to, rapid testing, to more education, to different
6 types of services that are available in the
7 community? Could you elaborate on that please?

8 THOMAS FRIEDEN: This is the death
9 rate. So the infection rate, as best we can tell,
10 in men who have sex with men under the age of 30
11 has been increasing in this time period. We are
12 not doing all we need to do in HIV. We're not
13 being as effective as we need to be in HIV. But
14 the death rate has fallen by more than a third as
15 a result of-- we, our best guess is several
16 different phenomena. One is, most importantly,
17 treatment, that there is good treatment for HIV.
18 And through the City, the State, HHC, the federal
19 government, we have resources available so that
20 anyone with HIV should be able to get any
21 treatment they need totally free of cost as well
22 as getting important social and other services.
23 So the availability of treatment and treatment
24 support has been critically important. I think
25 also the dramatic progress, reducing HIV

1

2 associated with injection drug use is a very
3 important reason. We have had something like a
4 90% reduction in AIDS cases associated with HIV
5 over the last decade-- I'm sorry, AIDS cases
6 associated with injection drug use over the last
7 decade. So, not only does that decrease the
8 caseload, but it decreases HIV cases in a
9 population that had a very high rate of death from
10 AIDS, people who use injection drugs.

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COUNCIL MEMBER MENDEZ: That
percentage again was?

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THOMAS FRIEDEN: 9-0, 90. From
7,000 to 700 new AIDS cases associated with
injection drug use, and that is a reflection of a
variety of trends. It is a reflection of the
success of syringe exchange programs in reducing
the spread of HIV; it's a reflection in the change
in the pattern of drug use such that injection
drug use is much less common now than it was
before; and it's a reflection of epidemiologic
changes as a generation of people who had used
injection drugs has, frankly, has passed on or
died out, and is replaced by people who may be
using drugs by other means that are less likely to

1
2 spread HIV. So those are some of the reasons. In
3 addition, expansion of testing does result in
4 people learning their status earlier, getting into
5 care earlier and living longer. So that's an
6 important aspect.

7 COUNCIL MEMBER MENDEZ: Thank you.

8 On that same page--

9 THOMAS FRIEDEN: [Interposing] I'm
10 sorry, I just-- I also want to very much thank the
11 Council for their support of injection drug use
12 programs, the initiative that's gone on for
13 several years with Council support has been
14 critically important in stabilizing, expanding
15 those services and is in significant part
16 responsible for much of that progress.

17 COUNCIL MEMBER MENDEZ: Thank you.

18 I couldn't agree more. On that same pages, you
19 talk about the oral health services in three
20 clinics and more than 20 schools that will
21 continue. Do you have a list of those clinics and
22 those schools?

23 THOMAS FRIEDEN: Yes. I passed
24 that out earlier.

25 COUNCIL MEMBER MENDEZ: Oh, that's

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this.

THOMAS FRIEDEN: I actually passed out my last copy, so yes.

COUNCIL MEMBER MENDEZ: Okay, got it. Okay. So, and then this also tells you what you're planning to do with the equipment or whose expressed interest in what equipment?

THOMAS FRIEDEN: That's correct.

COUNCIL MEMBER MENDEZ: That's why it confused me. Okay, thank you. I just want to take an opportunity to say, you said that the percentage of individuals going to dental clinics is very, very low. I am a proud New Yorker, native New Yorker, went to public schools, received my health through public health system, and still am a client of HHC, because I think it's one of the best ones in this city and in this nation. When I was in school, and Robert we should look into this, it was required that you bring in every year your dentist note. And if you did not, and that was from K through five, and if you did not, you were not allowed to stay in school. I know when later on when I got to high school and junior high school, when it wasn't

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2 mandated, we just didn't go. So the best thing to
3 do is make it required as we once did, and I will
4 say it back during the Lindsay administration when
5 I was a kid, so that it's linked to learning. And
6 I just think that's so important. And I don't
7 know when it changed or why it changed, and maybe
8 you have some insight on that.

9 THOMAS FRIEDEN: I don't know the
10 history of that. I do know that our immunization
11 mandate is something that we do to ensure that
12 children are immunized and don't spread or catch
13 communicable diseases in schools. The way we
14 implement that is to have the credible threat of
15 saying you can't come to school unless you get
16 immunized. Now every kid gets immunized, we don't
17 keep any kid out of school, but because of that
18 credible threat we're able to get our immunization
19 rates way up above 95%.

20 COUNCIL MEMBER MENDEZ: And when I
21 was a kid we had the mandatory immunization, but
22 also for dental care, at least in the K through
23 five, K through sixth grades. So I just wanted to
24 put that out there. On that same page, can you
25 provide us with a list of the Department's

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remaining nine STD clinics?

THOMAS FRIEDEN: Certainly, they're on our website and we can provide them to you as well. There are three remaining in Manhattan, Riverside, Central Harlem and Chelsea. Riverside will be closed for renovations and then reopening, and we'll be, I believe, swinging that over to Manhattanville during the renovation closure.

COUNCIL MEMBER MENDEZ: I'm looking at some of the notes that are here, so if you would just give me a second and read it out to you. Last year the State legislature passed a law requiring students to provide dental health certificates to schools. Although there is no penalty in not providing one, school districts are required to distribute notices informing parents about the certificates at the same time parents are notified about the requirement for regular health certificates. New York City was given an exemption from this law because the Oral Health Program provided sufficient access to dental care for children. How does DOHMH make the State aware that it will no longer qualify for the exemption from the dental certificate requirement because of

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2 its plan to end the Oral Health Program?

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4 THOMAS FRIEDEN: We don't believe
5 that that's the reason for the exemption. Closure
6 of the City's Oral Health Clinics does require
7 State approval through the Article 28 process.

8

9 COUNCIL MEMBER MENDEZ: So, you
10 don't think it falls under that criteria. Have
11 you discussed the need, or you don't think it's
12 under the criteria to send out notices about the
13 dental certificate with Department of Education?

14

[Pause]

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16 THOMAS FRIEDEN: Anyway, we have
17 reviewed with the Department of Education that our
18 understanding is that we are exempt from that
19 aspect of the State law.

20

21 COUNCIL MEMBER MENDEZ: Okay. Well
22 I think we believe that the exemption was because
23 you had the dental health program in the schools.
24 So if you don't have it--

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26 THOMAS FRIEDEN: [Interposing] We
27 don't believe that that's the basis of the
28 exemption.

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30 COUNCIL MEMBER MENDEZ: So why did
31 you get the exemption?

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2 THOMAS FRIEDEN: The entire
3 article, as I understand it, does not apply to New
4 York City.

5 COUNCIL MEMBER MENDEZ: Mr. Chair,
6 I'd really like more information on this, because
7 I don't--

8 THOMAS FRIEDEN: [Interposing] This
9 has exempted New York City for close to 100 years.
10 So we can get back to you, I'm not a lawyer, so
11 I'll look into the legal aspects of this.

12 COUNCIL MEMBER MENDEZ: It's
13 exempted New York City for close to 100 years, so
14 I guess when I was mandated to go get dental
15 treatment that was something different, and it was
16 not part of the exemption, it was not part of
17 anything else, it was just some mandatory program
18 that was instituted in the 70s?

19 COUNCIL MEMBER FOSTER: Rosie, if I
20 may jump in, and I'm very familiar with Article 28
21 because of my last life working with St. Barnabas
22 Hospital, we need to give him time to get back to
23 it, because that is not true. New York City is
24 not exempt under Article 28, because when we do--

25 THOMAS FRIEDEN: [Interposing]

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That's not what I'm saying. We're totally under Article 28.

COUNCIL MEMBER FOSTER: Correct.

THOMAS FRIEDEN: Specifically the dental aspect--

COUNCIL MEMBER FOSTER:

[Interposing] Correct.

THOMAS FRIEDEN: --of this certificate that we believe is in the education law, and from which New York City is, we believe, exempt, as does the Law Department and the Department of Education General Counsel.

COUNCIL MEMBER FOSTER: And did you, and excuse me, Rosie, in this discussion speak to anybody at the State?

THOMAS FRIEDEN: I'd have to review who we've spoken about it and what the exact legal requirement--

COUNCIL MEMBER MENDEZ:

[Interposing] Seems like a future hearing topic, Mr. Chair. Okay. So I will leave that there for now and just go quickly through my other questions so my colleagues can get to their questions.

Sorry. On page 4, second paragraph from the top,

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you say the Department will increase collections

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from Medicaid, Medicare and third party insurers

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for TB and immunization services and that will

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generate an additional \$850,000 annually. How and

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why aren't we doing that now?

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THOMAS FRIEDEN: We already do

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maximize revenue in every way that we can, but

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we're getting better at doing cross-matches and

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picking out the Medicaid numbers of people who may

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not have reported that number to us. We also are

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working hard to bill private insurers whose

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members come to our clinics and to recoup money

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from them, particularly for our immunization

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clinics and we also have been increasingly

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successful in claiming Medicare in patients with

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tuberculosis and patients who get immunizations,

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who get tuberculosis services.

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COUNCIL MEMBER MENDEZ: Thank you.

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In the paragraph right after that you state that

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the Department of Education will save \$2.8 million

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in fiscal year 2010 by reducing spending for goods

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and services and you sort of give out some areas.

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Do you have that itemized and could you provide

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that either now or later on to the Committee? Do

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you have that now?

THOMAS FRIEDEN: We could provide the details later on. There are reductions in this which we would much rather not have to do. There are programs that are effective, it involves reducing some of our tuberculosis control outreach. It involves reducing some of our outreach to physician's offices to help them improve the quality of care. It involves reducing community education that promotes breast-feeding and reduces teen pregnancy. It involves reduced outreach in the public health, in the district public health offices in the South Bronx, Harlem and Central Brooklyn. It involves reducing aerial larvaeciding as part of our West Nile Virus control, reducing our Animal Care and Control contract. It involves, essentially the cancellation of our plan to try to make licensing online for childcare providers. It involves some savings in the immunization program through reducing advertising and through reducing-- some of it is reducing provision of free vaccines to some providers. It involves reducing some of our efforts to reduce colon cancer and asthma through

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2 outreach efforts and to improve nutrition through
3 efforts in the community. So these are a broad
4 range of programs, many of which, as is the case
5 for many of the programs in the budget reduction,
6 we would much rather not reduce.

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COUNCIL MEMBER MENDEZ:

8 Commissioner, you don't talk about infant
9 mortality in your testimony. Can you talk about
10 the rates of infant mortality, how it has gone up
11 or down and in what communities and what programs
12 you have and what, if any, cuts you will be making
13 to said programs?

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THOMAS FRIEDEN: Well if you look
15 directly behind you at figure 9--

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COUNCIL MEMBER MENDEZ:

17 [Interposing] Great.

18

THOMAS FRIEDEN: You'll see the
19 citywide rate of infant mortality, which has come
20 down gradually. But the problem with that
21 citywide rate is that it does not reflect a huge
22 and totally unacceptable disparity by race,
23 ethnicity, whereby African American infants and
24 also particularly Puerto Rican infants have a much
25 higher infant mortality rate, many times higher,

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2 than the citywide average and the rate among white
3 infants. So reducing infant mortality is a
4 critical area. It is not something that can be
5 done by a very simple, individual straightforward
6 program. It has to be a wide variety of programs
7 ranging from women's health and the promotion of
8 women's health, reducing smoking among women,
9 which is a significant cause of low birth weight,
10 addressing drug use, alcohol use, increasing
11 access to family planning among women, especially
12 among teens, and improving our understanding of
13 infant mortality and maternal mortality, and our
14 outreach with communities and hospitals to improve
15 services. And we're deeply grateful to City
16 Council for their longstanding support of these
17 initiatives, without which we would have a great
18 deal of trouble maintaining this momentum in the
19 decline of infant mortality.

20 COUNCIL MEMBER MENDEZ:

21 Commissioner, earlier you stated that the
22 advertising budget was \$3.4 million, is that
23 correct?

24 THOMAS FRIEDEN: For our tobacco
25 control program--

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COUNCIL MEMBER MENDEZ:

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[Interposing] That's just for tobacco?

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THOMAS FRIEDEN: And that's the

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great majority. We have very small other

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programs. I wrote a letter earlier this year to

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several members of the City Council who had asked

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about this. And we could certainly distribute

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that letter to whoever else is interested.

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COUNCIL MEMBER MENDEZ: I read

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somewhere, I can't remember if it was in the

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newspaper or something that one of my colleagues

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gave me, that your advertising budget is over \$15

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million. Is that correct?

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THOMAS FRIEDEN: No. The budget

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for FY 09 for a City tax levy is \$4.3 million.

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That is, I should say, we spend on tobacco control

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less than 2% of the dollars that the City takes in

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from the master settlement agreement with the

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tobacco companies and from tobacco taxes. So for

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every one dollar we spend, we take in more than

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\$50 that we don't spend on tobacco control on

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tobacco related costs. The tobacco industry

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outspends us by a factor of many, many. They

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spent \$13 billion on the last year on record

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2 nationally. It is also-- we spend a very small
3 fraction of what the Centers for Disease Control
4 recommends that States and localities spend on
5 anti-tobacco ads. The other ads in our FY 09--
6 the other areas in our FY 09 budget where there is
7 a budget for ads, are quite small; HIV several
8 hundred thousand dollars, and nutrition about
9 \$100,000. So.

10 COUNCIL MEMBER MENDEZ: So your
11 total advertising budget, including tobacco,
12 you're saying is closer to \$5 million?

13 THOMAS FRIEDEN: For FY 09 would be
14 a little under \$5 million, I believe, yes.

15 COUNCIL MEMBER MENDEZ: And
16 projected for FY 10?

17 THOMAS FRIEDEN: Would be slightly
18 less than that.

19 COUNCIL MEMBER MENDEZ: So less
20 than \$5 million. More or less what you're
21 spending now.

22 THOMAS FRIEDEN: Slightly less,
23 which I would reiterate is a very small fraction
24 of the recommended amount. And I would reiterate
25 at the point I made earlier, that we look very

1
2 carefully at these dollars. We rigorously
3 evaluate how effective they are in reaching people
4 and our calculation is that for every \$1 million
5 we spend in advertising, we prevent 1,500 New
6 Yorkers from being killed by tobacco.

7 COUNCIL MEMBER MENDEZ: And my last
8 question is about subcontracting. The Department
9 oversees a lot of contracts and actually
10 subcontracts quite a lot. And earlier you said
11 there are things that are more cost-effective to
12 subcontract out. How much do you spend on
13 subcontracting, and what would be the savings as
14 opposed to doing it in house?

15 THOMAS FRIEDEN: That's-- it's a
16 large department. We would have to look program-
17 by-program what we subcontract and determine that.
18 One example is our outreach to doctors' offices.
19 We, for example, have a small staff, about three
20 or four people, who make regular outreach visits.
21 There are times when we have resources from the
22 federal government or elsewhere to do a citywide
23 outreach that might last for one month. We do
24 that by hiring a company to do that outreach. We
25 only have to pay them for the month and then they

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2 don't have to work any further for us. And that
3 would be an example of something that we
4 subcontract because we would have to hire 20, 30,
5 40 people for one month and then lay them off. So
6 instead of doing that we do that through a
7 subcontract.

8 COUNCIL MEMBER MENDEZ: Thank you
9 very much Commissioner. Thank you Mr. Chair, and
10 Mr. Chair I just want to reiterate that we still
11 need more answers about the exemptions of the
12 schools with the Department of Health.

13 CHAIRPERSON RIVERA: Thank you very
14 much. Next we have Council Member James followed
15 by Council Member Foster.

16 COUNCIL MEMBER JAMES: Thank you.
17 The budget is a political document. It reflects
18 our values as a society and our value system.
19 Commissioner I have nothing but the utmost respect
20 for you, so I would hope that you would view these
21 questions as a reflection of my commitment to
22 issues and concerns that are a priority to me and
23 reflect my value system as an individual and that
24 of my constituents. And the same holds true to
25 your staff. Last year-- with regards to the

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2 exemption, perhaps this question can shed some
3 light on the subject. The State legislature
4 passed a law last year which required every school
5 district to send a mailing to every-- to parents
6 of public school children urging them to ensure
7 that their child is examined by a dentist.

8 Compliance by the parents is voluntary. Mailing
9 by the school districts is mandatory. New York
10 City was given an exemption from the law because
11 of your program, the Oral Health Program. And if
12 you succeed in eliminating the program, then the
13 question is, New York City Department of Education
14 will be required to send out mailings to the
15 parents of these 1.3 million children in public
16 schools, and the question, Commissioner, is did
17 you take this into account when you estimated the
18 cost savings that would result from the
19 elimination of the Oral Health Program?

20 THOMAS FRIEDEN: We have been
21 informed by our General Counsel that the exemption
22 does not relate to the existence of the Oral
23 Health Program.

24 COUNCIL MEMBER JAMES: Well my
25 understanding in conversations with members of the

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2 State legislature, you were provided-- New York
3 City was given the exemption specifically because
4 of the existence of the Oral Health Program. And
5 the question is, if the Oral Health Program ceases
6 to exist, how will this impact on this piece of
7 legislation, and on the number of children
8 receiving oral health? Again, I would urge that
9 you consult with your Counsel as this body will do
10 the same, as this body. I have some comments that
11 I just wanted to know whether or not you agree
12 with these comments. Children in poor families
13 have five times more untreated cavities than
14 children in families with higher income. Do you
15 agree with that statement?

16 THOMAS FRIEDEN: That's probably
17 correct.

18 COUNCIL MEMBER JAMES: And
19 approximately 25% of children living in poverty
20 enter kindergarten without ever seeing a dentist.
21 Do you agree with that comment?

22 THOMAS FRIEDEN: I'm not familiar
23 with the data, but it certainly sounds plausible.

24 COUNCIL MEMBER JAMES: Low income,
25 low education and minority status decrease the

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2 likelihood of a child having a dental visit. Do
3 you agree with that?

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THOMAS FRIEDEN: Absolutely
correct.

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COUNCIL MEMBER JAMES: Okay.
Clinics that are based in schools are less likely
to face such-- issues such as transportation
problems, parent availability and missed
appointments. And one would argue based upon
that, if you agree with that statement, that
dental clinics go a long way in addressing all of
those issues. Would you agree with that?

THOMAS FRIEDEN: School based
clinics, particularly school based dental sealant
application is a very effective service.

COUNCIL MEMBER JAMES: So given all
of those statements that you agree with, which
were statements which were printed and reported in
the Journal of School Health published by the
American School Health in March of 2009, the
question is, how can we, as a society, and how can
this administration under the leadership of Mayor
Bloomberg, who has sought to cut not only oral
health clinics in our schools, he's also sought to

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2 cut-- seeks to cut subsidized daycare in the City
3 of New York, urging that low income children
4 should enroll in public schools, and our public
5 schools are turning away low-income children
6 arguing that kindergarten is not mandatory for
7 these children; he's attempting to cut senior
8 services for subsidized centers. The City Council
9 has stood in the way of that. He's attempted in
10 this budget-- he attempts to in this budget lay
11 off union workers at homeless services and instead
12 seeks to maintain non-union employees. He seeks
13 to close public schools. He seeks to expand
14 charter schools. And now he's aiming for my
15 children. How can we, as a society, how can we
16 support this initiative, particularly at a time
17 when we are expanding restaurant safety?

18 THOMAS FRIEDEN: The Health
19 Department is providing a broad range of programs
20 focused on children, particularly on children in
21 areas that have the most challenges. We invest
22 heavily. That includes more than \$400 million a
23 year in our early intervention program for
24 children ages zero to three. And we've been able
25 to increase by nearly 50% the number of referrals

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2 from low-income neighborhoods over the past few
3 years. We have started, expanded and now have the
4 largest nurse-family partnership program in the
5 country, an evidence based program that helps
6 transform the lives of women, children,
7 communities and which now benefits about 1,800
8 families every day in New York City. We've
9 started and continue the newborn home visiting
10 program. We've provided about 9,000 home visits
11 last year, specifically to children in low-income
12 communities to reduce environmental hazards in the
13 home and provide information and resources to new
14 mothers. We spend about \$85 million a year on
15 school health. We've expanded programs in the
16 past year with municipal and voluntary hospitals
17 to increase breast-feeding, which is critically
18 important for child health. We have had continued
19 progress in reducing lead poisoning, and in
20 improving safety and effectiveness and
21 responsiveness of our daycare licensing and
22 regulation program. We've expanded teen
23 reproductive health and pregnancy prevention
24 programs. So we have many programs to address
25 child health. And as I indicated earlier in the

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2 hearing, we think that for three and possibly four
3 out of the five fixed sites, and for 23, compared
4 with 28 current school sites, we will be able to
5 find a community partner who will continue, and we
6 think strengthen, the availability of services.

7 COUNCIL MEMBER JAMES: Commissioner
8 Frieden, I note that you have done great work and
9 I applaud you for that, particularly in the area
10 of infant mortality, an initiative which I have
11 championed and will continue to champion. But I
12 do know that a number of City Council initiatives
13 that we have put in this budget, particularly
14 aimed at infant mortality are not included in the
15 preliminary budget. And there are a number of
16 programs that we have championed, which again,
17 just reflects again this political game that we
18 play here in government, and not reflecting the
19 needs of the children. Commissioner Frieden, in
20 February 2004 you released a press release and you
21 stated that there is a silent epidemic of dental
22 disease in New York City, with children in some
23 communities, especially those in low-income
24 families and neighborhoods suffering
25 disproportionately. Furthermore you stated many

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2 children do not practice preventive dental care or
3 receive necessary treatment. The release also
4 stated that New Yorkers could call 311 to find the
5 location of your dental clinics. Last November
6 you testified before this Committee that the
7 elimination of the Oral Health Program would have
8 the least impact of any budget cut in your
9 department. Does this mean that the silent
10 epidemic of dental disease has been eradicated?

11 THOMAS FRIEDEN: Absolutely not.
12 Dental care is a significant need. Dental
13 carriers are a significant problem. It is
14 important that we continue to deal with it. We
15 think there are ways to deal with it that will
16 cost the City less and serve more children, that
17 includes improving the performance of the Medicaid
18 Managed Care providers, it includes linking dental
19 services to primary pediatric healthcare, and it
20 includes taking steps to try to continue to
21 improve the services that are available. The area
22 where I am most concerned is in our program that
23 we expanded over the last several years to provide
24 sealants in schools. This is a program that's
25 recommended by the Centers for Disease Control, it

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2 is a program that is part of the community guide
3 to effective community services, and we've been
4 able to provide services to about 8,000 children a
5 year, more than 8,000 children this year alone in
6 terms of dental sealant application. And while in
7 the 3 or 4 fixed and 23 or so school-based sites,
8 we're confident that those services will be
9 continued and maybe even increased. Our roving
10 sealant teams are not something that we see
11 continuing and we see that as a significant loss.
12 The challenge is that we have cut, and we have
13 cut, and we have cut. We've maximized revenues
14 and by maximizing revenues, we've avoided much
15 more serious cuts than we would have had to do
16 otherwise. Over the past eight years, seven
17 years, we've reduce City expenditure from plan by
18 more than approximately \$800 million at the
19 Department of Health and Mental Hygiene. We've
20 done most of that without cutting services. But
21 at a certain point, we've generated all the
22 revenue we can generate. We've achieved all the
23 efficiencies we can achieve and we've turned to
24 having to reduce services, which we wish we didn't
25 have to do.

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COUNCIL MEMBER JAMES:

3 Commissioner, you mentioned all of the great
4 programs that you have created. Let me just
5 mention some of the City Council initiatives which
6 were not reflected in the preliminary budget,
7 which the Mayor of the City of New York deemed not
8 necessary to include in his budget. They include
9 asthma control, cancer initiatives, child health
10 clinics, comprehensive podiatric medical
11 screening, emergency preparedness, family
12 planning, HIV and AIDS communities of color, HIV
13 prevention and health literacy for seniors, HIV
14 and AIDS faith-based initiative, infant mortality,
15 injection drug users health alliance, NYU dental
16 van, obesity intervention programs, rapid HIV
17 testing, New York City Managed Care consumer
18 assistance programs. These are the programs which
19 have been championed by my colleagues in the City
20 Council, which were left out of the Mayor's
21 budget. Mr. Commissioner, do you believe that
22 children in low-income families are receiving
23 necessary dental treatment?

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THOMAS FRIEDEN: I think we have

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throughout the entire healthcare system a lot of

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need for improvement in our dental care service.

COUNCIL MEMBER JAMES: So why is it that when I call 311 I can get no information on the school dental care program?

THOMAS FRIEDEN: You should be able to. If you can't we'll address that.

COUNCIL MEMBER JAMES: I called 311 and the operators are clueless. On several occasions you and Deputy Commissioner Cohen have complained about the productivity of the Oral Health Programs. Yet, I have been told by dentists in the Oral Health Industry that they were forbidden from addressing a PTA meeting to tell parents about the program. In addition, as I indicated, 311 operators provide no information on the program. Can you tell us approximately how much the Department has spent on advertising on oral health programs and would you concede that the Department's own policies contribute to the lack of awareness and therefore low productivity?

LOUISE COHEN: Most of the outreach that has been done for the Oral Health Program has been done in the local areas, since it is not a citywide program, and therefore we did not do

1
2 citywide advertising. But we have publicized the
3 dental program in local community-based
4 organizations and libraries and faith-based
5 organizations in the neighborhoods in which our
6 dental clinics are located--

7 COUNCIL MEMBER JAMES:

8 [Interposing] Do you have any of evidence of that
9 here today, any written proof or documents--

10 LOUISE COHEN: [Interposing] I can-

11 -

12 COUNCIL MEMBER JAMES:

13 [Interposing] Or literature that we can
14 distribute, because I haven't-- I have not
15 received it. Have you received any, Council
16 Member Mendez?

17 LOUISE COHEN: We can certainly--

18 COUNCIL MEMBER JAMES:

19 [Interposing] Chair, have you received any?
20 Council Member Foster, have you received any?
21 Council Member, have you received any? And you?
22 And you? Have you received any? I'm unaware of
23 this information and I'd like to see the
24 literature. I know statements, we can make
25 statements all we want, but I need written proof

1

2 and I have none--

3 LOUISE COHEN: [Interposing] I'd be
4 glad to give that do you.

5 COUNCIL MEMBER JAMES: --and I
6 represent downtown Brooklyn. The vast majority of
7 districts, and unfortunately wherever I go, in
8 Central Brooklyn and in my district in downtown
9 Brooklyn, I see no evidence of this, quote
10 unquote, advertising.

11 LOUISE COHEN: We met with a number
12 of City Council Members. At a certain point we
13 delivered brochures. I believe we met with the
14 Chair as well as I think, I'm not sure, I don't
15 remember the number, but certainly well over 12
16 City Council Members.

17 COUNCIL MEMBER JAMES: Who was in
18 attendance?

19 LOUISE COHEN: We can get you that
20 list. And we did deliver some of those brochures
21 and we can certainly get them to you.

22 COUNCIL MEMBER JAMES: And when was
23 this, Commissioner?

24 LOUISE COHEN: We do the outreach
25 consistently. Those meetings were held I believe

1
2 last year. In relationship to 311 we consistently
3 try to do quality control on that, and we will go
4 back again. We do do spot checks of calls to 311
5 on a regular basis and we have found that they are
6 generally sending people to our clinics for
7 referrals. So we will continue to do that and
8 make a greater effort to make sure that the 311
9 operators have the correct information.

10 COUNCIL MEMBER JAMES: How many
11 people have died of the West Nile Virus in the
12 last year? Why is it that the amount of money for
13 West Nile Virus remains the same?

14 THOMAS FRIEDEN: We actually
15 reduced our funding for West Nile Virus as part of
16 OTPS. And one of the paradoxes of public health
17 is that as preventive measures are most successful
18 there is least interest in continuing them. They
19 are preventive measures, so we have reduced our
20 expenditure by in-sourcing aerial larvaeciding,
21 with our own helicopter. That ended up
22 significantly reducing our costs and increasing
23 our ability to prevent West Nile. We have some
24 reduction in that budget as part of our OTPS
25 reduction, but our concern is if we reduce that

1
2 further we could have a large increase. West Nile
3 kills some people--

4 COUNCIL MEMBER JAMES:

5 [Interposing] Has it killed anyone in the last two
6 years? And how much has it been reduced.

7 THOMAS FRIEDEN: There may have
8 been-- it's in the MMR, actually, as one of our
9 individual-- no? We took it out? We could give
10 you the information on the number of cases. For
11 West Nile you should be aware that for every death
12 there are many people who develop illness from
13 West Nile. And for every one person who develops
14 illness from West Nile, there are about 150 people
15 who are ill from West Nile and don't recognize it.

16 COUNCIL MEMBER JAMES: The number
17 of people who have been diagnosed living and
18 reported with HIV and AIDS in New York City from
19 2006 to 2009 and 8 are as follows. 96,244 were
20 diagnosed in 2006-- excuse me, diagnosed, living
21 and reported. 2007 that number went up to 98,388.
22 In 2008, that's 102,399 individuals. We've lost
23 more lives with people who are-- unfortunately,
24 through HIV and AIDS. I would bet you that there
25 are more people who died from HIV and AIDS, yet

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2 we're cutting that program, than with West Nile
3 Virus.

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THOMAS FRIEDEN: We spend about
5 \$200 million a year on HIV/AIDS. We spend a very,
6 very small fraction of that on West Nile. Our
7 West Nile program is a program that we implement
8 because all New Yorkers should be able to go
9 through the summer without thinking that the next
10 mosquito that bites them is going to give them a
11 severe infection that lands them in the hospital
12 and could kill them.

13

COUNCIL MEMBER JAMES: I agree with
14 you, but I believe that it should have received a
15 proportionate cut compared to the amount of cuts
16 that the HIV and AIDS prevention program.

17

THOMAS FRIEDEN: Our HIV/AIDS
18 program has, even after the last cuts, is
19 receiving more money in CPL today than it did in
20 2002. So despite cuts throughout the agency, and
21 we have for many of the programs that you see here
22 we've spared them in prior rounds repeatedly, but
23 we're making some cuts now, I would much rather
24 not have to reduce the HIV program at all. I'd
25 like to increase it. But the reality is we don't

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have the resources to do everything that we would like to do.

COUNCIL MEMBER JAMES: You know the children, low-income children, are covered by Medicaid. They're covered by Child Health Plus, and they appear to have more insurance, healthcare insurance, but yet the amount of care that they are receiving, dental, oral healthcare that they are receiving is less. And I don't understand why we would not take advantage of, again, this increase Medicaid funds that we are receiving as a result of the stimulus package and reimburse-- and the reimbursement rates from the State of New York. I don't understand and I am totally opposed and will draw a line in the sand against these cuts to oral health. There's nothing worse than going to school with a toothache. And having experienced coming to this body on one day having a toothache, you can't think, you can't operate, you can't even function. And I could daresay that many children should not have to endure a toothache given the fact that we have received over \$1 billion in Medicaid funds in the City of New York. I just want to turn briefly to

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2 contracts. Council Member Jackson mentioned these
3 contracts and in the budget that we received
4 recently they outlined the number of contracts,
5 and apparently cleaning services and-- excuse me.

6 [Pause]

7 COUNCIL MEMBER JAMES: Why has
8 there not been any decrease in cleaning services
9 and data processing and professional services?
10 And why is there an increase in temporary services
11 to the Department of Health?

12 THOMAS FRIEDEN: There actually
13 have been large reductions in our administrative
14 budget, including a half million-dollar reduction
15 in the most recent round. The problem is that
16 we're actually already under-funded on things like
17 paying for the licenses for the computer program--
18 software programs that we use and paying the rent
19 of the buildings that we occupy. So there's a
20 limit to what we can cut.

21 COUNCIL MEMBER JAMES: And in terms
22 of contracting out, have you reviewed then the
23 amount of outsourcing that you do in private
24 contracts?

25 THOMAS FRIEDEN: Yes we have.

1
2 We'll review it more after this meeting, but
3 again, our goal is to do things in the least
4 expensive way possible.

5 COUNCIL MEMBER JAMES: And in terms
6 of temporary service, temporary services,
7 according to the document that I received, in
8 2009, the adopted budget, you had 80 contracts.
9 Now-- that was in 2009. 2010, the temporary plan,
10 you also have 80 temporary services. Cleaning
11 services has remained the same, 32. Data
12 processing, according to this document, has
13 remained the same, it's 16. Economic development
14 contracts, according to this document has remained
15 the same, 31. Maintenance operations, according
16 to this document, has remained the same at 79.
17 All of these contracts, except for one, which has
18 increased, actually has remained the same. The
19 one contract where there has been an increase and
20 not a decrease has been temporary service. This
21 is general administration. This is a document
22 which was provided to me by the City Council, page
23 23 for my colleagues.

24 THOMAS FRIEDEN: I'm not familiar
25 with that document, but we will be happy to look

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2 into it and trap that down to what services are
3 actually being provided.

4

COUNCIL MEMBER JAMES: Lastly,
5 Commissioner, you stated that federally qualified
6 health centers get a rate of \$170 per visit versus
7 \$89 per visit. Could you clarify whether you were
8 referring to uninsured children? If not, what is
9 the difference in the rate for treating children
10 on Medicaid or on CHIP?

11

LOUISE COHEN: I will have to get
12 back to you. What we've been told by one of the
13 federally qualified health centers that we work
14 with, and a number of others have different rate,
15 but \$170 was the rate that they quoted us for
16 serving a child, a dental visit. The way that the
17 federally qualified health centers get their money
18 from uninsured actually often doesn't come in that
19 rate form, but comes in a wraparound grant from
20 the federal government. And I actually am not
21 aware how much money. Every federally qualified
22 health center, I think, gets a different amount.

23

COUNCIL MEMBER JAMES: And I'm
24 sorry, Mr. Chair, last two questions. There's an
25 expansion in restaurant safety. How much are we

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2 expanding the budget with regard to restaurant
3 safety?

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THOMAS FRIEDEN: The restaurant
5 safety initiative will not cost the taxpayers any
6 money. Because we are inspecting more often we
7 will have to hire additional inspectors, but that
8 will be more than offset by the revenues they will
9 generate.

10

COUNCIL MEMBER JAMES: So this is
11 an attempt to collect more revenues and inspect
12 restaurants and small businesses and drive them
13 out of business.

14

THOMAS FRIEDEN: No. This is a
15 program which will result in cleaner restaurants
16 and information available to the public on entry
17 of the restaurants. We are working closely with
18 the restaurant industry to ensure that it's
19 implemented in a way that's responsive to the
20 concerns of the industry.

21

COUNCIL MEMBER JAMES: My
22 restaurants are clean, so please keep them out of
23 my district. If your agency is successful in
24 obtaining funds through the Prevention and
25 Wellness Initiative through the federal stimulus,

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2 will you in fact rescind the cuts to Oral Health
3 Clinics, yes or no?

4

THOMAS FRIEDEN: We would have to
5 see whether there is a program in Oral Health in
6 the stimulus package. We don't anticipate it
7 being there. Furthermore the stimulus package is
8 a two-year time limited program that's not
9 supposed to support long-term existence of staff.

10

COUNCIL MEMBER JAMES: Well it's
11 two years that it would continue to exist and two
12 years that I would support. So I would urge that
13 if there's any discretionary funds or any public
14 funds which you have not received as of yet, that
15 when we come back to the executive budget that
16 Oral Clinics be included in that budget. If not,
17 there will be another round of questions from
18 yours truly. Thank you, Mr. Chair.

19

CHAIRPERSON RIVERA: Thank you very
20 much. Next we have Council Member Foster and then
21 the last one will be Council Member Stewart. And
22 I do have to make notice of the fact that the
23 Commissioner does have to go next door to the next
24 hearing, so let's try to keep it quick.

25

COUNCIL MEMBER FOSTER: Thank you.

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I know, I apologize to the people standing up because I've been sitting and I'm ready to go too. So I will be short. My question is, it is your intent at the end of the contract term to close the Oral Dental Clinics.

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THOMAS FRIEDEN: You mean at the end of the current fiscal year.

5

COUNCIL MEMBER FOSTER: Right.

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THOMAS FRIEDEN: Yes.

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COUNCIL MEMBER FOSTER: Which is,

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the fiscal ends--

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THOMAS FRIEDEN: [Interposing] June

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30th.

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COUNCIL MEMBER FOSTER: June 30th.

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THOMAS FRIEDEN: But the clinics,

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the wind down would occur before that.

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COUNCIL MEMBER FOSTER: And the

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wind down, when you say the wind down would occur before then meaning?

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THOMAS FRIEDEN: The schools, for

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example, close before that so we would--

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COUNCIL MEMBER FOSTER:

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[Interposing] Schools close June 28th.

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THOMAS FRIEDEN: What we've found

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2 for many years is that in the last weeks of
3 schools, with final exams, the attendance at the
4 dental clinics drops off. I'll let Deputy
5 Commissioner Cohen address it.

6 LOUISE COHEN: We, in order to also
7 prepare for the close out, cleaning up the
8 clinics, we are going to ensure that every child
9 completes any treatment plan that has been made
10 for them. So that's of utmost priority for us.
11 And to do that we're going to be planning at this
12 time to stop serving in the schools on May 15th,
13 and in our health centers on June 12th, so that we
14 can then clean up and transfer the-- and store the
15 medical records appropriately.

16 COUNCIL MEMBER FOSTER: Well then
17 if you're doing that and we talk about the
18 continuity of care, if you're looking for people
19 to come take over, wouldn't they still need the
20 medical records?

21 LOUISE COHEN: Medical records
22 would need to be transferred by parent consent, so
23 we would need to have parent consent in order to
24 do that. We have a system set up where we do that
25 on a regular basis. So we would have to, we don't

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2 automatically-- you can't transfer the records en
3 masse.

4

COUNCIL MEMBER FOSTER: No, I know.

5

I understand that.

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LOUISE COHEN: You have to transfer

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individually by patient consent.

8

COUNCIL MEMBER FOSTER: My question

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is, see, I believe we have money for what we want

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to have money for. And I believe this

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administration is notorious for putting the cart

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before the horse. I think it's no accident that

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the letter sent out to providers, the response

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date was yesterday and the meeting where you have

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to come before this Council, which is the

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oversight body, and I know sometimes the Mayor on

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your end forgets that, is the oversight body, is

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today. I think that it's no accident. So when we

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look at the response date for the letter. So my

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question--

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LOUISE COHEN: [Interposing] I'm

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sorry. May I just say that the letter was sent

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out before this hearing date was set.

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COUNCIL MEMBER FOSTER: Absolutely.

25

And the response date for people interested in

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2 equipment, interested for equipment, the response
3 date was also before this hearing, correct?

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5 LOUISE COHEN: What I said was I
6 believe that the letter was sent--

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7 COUNCIL MEMBER FOSTER:
8 [Interposing] No, I'm not asking you-- listen to
9 what I'm asking.

9

10 THOMAS FRIEDEN: I heard your
11 question.

11

12 COUNCIL MEMBER FOSTER: Okay,
13 please.

13

14 THOMAS FRIEDEN: Our point is that
15 what we're trying to do, responsibly, is to
16 arrange that there be as many community providers
17 who we can find who can resume services in these
18 sites as soon after July 1 as possible.

18

19 COUNCIL MEMBER FOSTER:
20 Commissioner, I have no misunderstanding. I have
21 closed and opened and reopened diagnostic and
22 treatment centers, so I understand. My question
23 specifically, and what I'm asking is focus on my
24 question not your answer right now, the letter
25 that was sent out to these potential providers,
the return date for if they were interested in

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equipment was prior to this hearing.

LOUISE COHEN: That's correct.

COUNCIL MEMBER FOSTER: Okay.

LOUISE COHEN: We will continue to accept it-- that is not a deadline. We are going to continue to do outreach as long as we can.

COUNCIL MEMBER FOSTER: Absolutely.

But my point is, is that the cart is before the horse. Because my concern is that if this were a program that the Mayor or the Commissioner or this body valued, we would find the money. We would not be looking prior to the Committee meeting where you come before the Health Committee of the New York City Council to discuss these cuts would there be this termination date and-- termination wrong word, this transition date of actual equipment. So I'm not confused that there needs to be a continuity of care. Now you're saying that any type of treatment that the kids are seeing is going to be done through June 12th when they close altogether.

LOUISE COHEN: That's correct. In the health centers we would finish all courses of treatment by June 12th.

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COUNCIL MEMBER FOSTER: So when---
and you've already instructed receptionists and
whoever takes appointments to stop taking
appointments after a specific date, correct?

LOUISE COHEN: I believe so, yes.

COUNCIL MEMBER FOSTER: So you've
already made the decision, notwithstanding what
this body has to say that these centers or these
health clinics are closing.

THOMAS FRIEDEN: We're moving
forward as if this is going to occur. I think
that's the responsible thing to do as a City
Agency. We're required to live within our budget.

COUNCIL MEMBER FOSTER: Absolutely.
And have we sent notices to parents?

LOUISE COHEN: No. No, we have not
yet sent notices to parents.

COUNCIL MEMBER FOSTER: So our
continuity of care and our concern about doing
this early because we want to be responsible in
closing or transferring these centers, we've done
everything on the provider end, but nothing on the
patient end. So we haven't sent notices to
parents yet.

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2 THOMAS FRIEDEN: --want to have our
3 transition plans as fixed as possible before doing
4 that, and do that when it's the right time to do
5 it.

6 COUNCIL MEMBER FOSTER: Who are
7 not-- and I don't know but I would assume so, I
8 would assume the patients and their parents would
9 be the priority in this smooth transition and this
10 continuity of care, with the same zealousness that
11 we've gone after these letters of intent, we've
12 sent out these letters for this \$250
13 administration fee, be it if it's one instrument
14 or a whole body of instruments, \$250
15 administration fee-- but we've yet to say anything
16 to the parents that their services as they know it
17 is going to end either May 15th or June 12th.

18 THOMAS FRIEDEN: That's correct.

19 COUNCIL MEMBER JAMES: Chair, I
20 think at some point, you as Chair and Robert
21 Jackson as Education, have to get into this. This
22 is unacceptable. Because again it's an example of
23 the cart before the horse. How dare-- I mean all
24 we talk about, especially in this Mayoral control
25 is how important parents are. And you're telling

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2 me that it's more important in your transition and
3 being responsible to have providers lined up
4 without noting--

5 THOMAS FRIEDEN: [Interposing] Yes,
6 it's more important to identify where-- what we
7 should say to the parent when we send them the
8 letter than to send them the letter before we know
9 what we're saying to them.

10 COUNCIL MEMBER FOSTER: Well you at
11 least know, because you know what, let me take a
12 step back because your tone is a little offensive.
13 You're not talking to an idiot here. Okay? Okay?

14 THOMAS FRIEDEN: You are
15 criticizing the Department--

16 COUNCIL MEMBER FOSTER:
17 [Interposing] Yes, exactly.

18 THOMAS FRIEDEN: --for not
19 informing people of something that we can't yet
20 inform them of because we don't yet have--

21 COUNCIL MEMBER FOSTER:
22 [Interposing] You can't yet inform them--

23 THOMAS FRIEDEN: [Interposing] --
24 have the finalized details.

25 COUNCIL MEMBER FOSTER: You can't

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2 yet inform them. You're telling me you cannot yet
3 inform them that these clinics are, according to
4 your calculations are going to close.

5

THOMAS FRIEDEN: I would be
6 surprised if the Council would have preferred that
7 we send that notice to all of our clients.

8

COUNCIL MEMBER FOSTER: I'm not
9 asking you a question-- I'm asking you a question
10 that you're telling me that you cannot or you do
11 not think it's necessary to send parents a heads
12 up that these clinics are going to close.

13

THOMAS FRIEDEN: I think we're
14 doing things in the right order. We're first
15 finding groups that are willing to continue the
16 services in the same location, and, if we can find
17 that before-- a good interval before the clinics
18 would cease operating under our management, we
19 would then have something very specific to tell
20 the parents.

21

COUNCIL MEMBER JAMES: I absolutely
22 disagree wholeheartedly with parents not being
23 notified. We are coming up to Passover and
24 Easter. After that, kids return to school, I
25 think on the 20th. If services are going to be

1
2 provided through May or appointments accepted
3 through May 15th, that's less than a month. And
4 if in fact no services are going to be provided
5 after June 12th, that's less than two months. I
6 don't think that's acceptable.

7 THOMAS FRIEDEN: We will comply
8 with all laws and regulations in terms of patient
9 notification. And if there are suggestions on--

10 COUNCIL MEMBER FOSTER:

11 [Interposing] So, okay.

12 THOMAS FRIEDEN: --how you think we
13 can do it better, we'd be happy to listen to those
14 suggestions.

15 COUNCIL MEMBER FOSTER: So we'll
16 invoke law. What is happening with the dentist
17 and the dental assistants that are currently
18 providing the services?

19 THOMAS FRIEDEN: There would
20 currently, under the current plan, be about 81
21 staff who would need to be laid off and about 14
22 staff who would be reassigned based upon permanent
23 underlying titles.

24 COUNCIL MEMBER FOSTER: Say that
25 last?

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2 THOMAS FRIEDEN: There are 81
3 staff, including dentists, dental assistants,
4 dental hygienists, who would be laid off; and 14
5 staff who have permanent underlying titles, which
6 are not dental specific, who would be reassigned
7 as per the regulations that oversee this type of
8 activity.

9 COUNCIL MEMBER FOSTER: Does not
10 seeing their usual provider fall with continuity
11 of care?

12 THOMAS FRIEDEN: I'm not sure I
13 understand your question.

14 COUNCIL MEMBER FOSTER: If I am a
15 student that always sees Dr. X or Dental Physician
16 Y, is that not still a part of continuity of care,
17 being able to see my same physician or dental
18 assistant?

19 THOMAS FRIEDEN: None of the
20 individuals will be laid off before the services
21 are closed down. In terms of the potential
22 community partners that might continue, we would
23 encourage them, if the staff want, to consider
24 hiring those people. But they have their own
25 hiring policies and personnel policies. Then that

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would be their decision.

COUNCIL MEMBER FOSTER: So, see I understand continuity of care. And what, as you're saying is, you're talking about the physical structure, meaning the building or the--

THOMAS FRIEDEN: [Interposing] Yes, you're correct.

COUNCIL MEMBER FOSTER: --room, and you don't see continuity of care having to do with the patients. You don't see notification being a continuity of care issue, nor do you see the ability to see the same dentist or dental physician as a continuity of care, and you're telling me that the priority for continuity of care is just making sure that we have a provider ready to step in to physically maintain or occupy the space.

THOMAS FRIEDEN: Yes, you are correct.

COUNCIL MEMBER FOSTER: Then fundamentally I have a problem with you, and the continuity of care. Because if I were seeing a dentist, continuity of care to me as a patient is not walking into a room and saying I see the same

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2 chair that I used to see and I see the same drill
3 that I used to see. That's not continuity of
4 care. If lo and behold the Council steps in and
5 we find money and we say we have the money to keep
6 these centers open, what is going to be the
7 language with the \$250 administrative fee and the
8 continuity of care as you define it with this just
9 the room?

10 THOMAS FRIEDEN: As I indicated
11 earlier, no equipment will be signed over before
12 the adopted budget is adopted.

13 COUNCIL MEMBER FOSTER: Chair, I
14 think that we need to look, and Helen, maybe as
15 someone else who's been in healthcare, we need to
16 find out what the standard is for continuity of
17 care. I cannot believe that continuity of care as
18 is spoken about in the industry means the room,
19 the chair, the drill, the x-ray machine and
20 doesn't have anything to do with the patients, the
21 providers and notification. I cannot believe
22 that's possible. And I think it's something that
23 we need to look into right away to hold their feet
24 to the fire, because it's unacceptable to say that
25 continuity of care is that the room will be there.

1
2 CHAIRPERSON RIVERA: Thank you very
3 much, Council Member. Last but not least we have
4 Council Member Stewart.

5 COUNCIL MEMBER STEWART: Thank you,
6 Mr. Chair. I just have a few questions. I want
7 to go back to some of the things that we spoke
8 about. We spoke about the dental clinics and that
9 you're going to have an alternative, which is to
10 have the Article 28. Do you know how long it
11 takes to really certify those clinics when they
12 apply for Article 28?

13 LOUISE COHEN: I don't want to
14 misspeak and I don't know the timeframe off the
15 top of my head. I know that--

16 COUNCIL MEMBER STEWART:
17 [Interposing] Well it takes a long time. A very
18 long time.

19 LOUISE COHEN: I believe that it is
20 a nine--

21 THOMAS FRIEDEN: [Interposing] It
22 very much depends on what was there before, what's
23 there now, what's the current operating license.
24 It can be long, it can be short.

25 COUNCIL MEMBER STEWART: Well I

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2

know for a fact that it is a very long time,

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because I have assisted folks who have been trying

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to get Article 28, and it takes a very long time.

5

So if you're using that as a way of an alternative

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for kids to get the treatment that you're talking

7

about, I don't think we are prepared to do that.

8

I think we have to look at other ways in which we

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can have continuity of care. I want to shift a

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little bit. You say we have \$4.3 million that you

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spend on advertisement. What percentage of that

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goes to ethnic media?

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THOMAS FRIEDEN: We'd have to get

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back to you with that information--

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COUNCIL MEMBER STEWART:

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[Interposing] Because you know we've been talking

17

about--

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THOMAS FRIEDEN: [Interposing]

19

What we've done is to maximize the impressions for

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the dollars that we spend, to make sure that it

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stretches as far as possible. We've run very

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specific programs for very specific populations.

23

So for example when the information showed that

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there was a high rate of smoking among the Chinese

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males, we ran a series of outreach ads

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2 specifically in Chinese newspapers and other
3 Chinese ethnic media. When we identified that
4 there was a high rate of smoking in both Russian
5 males and Russian females, we ran specific
6 outreach programs for Russian males and females,
7 and we have worked extensively with community and
8 ethnic media throughout the City.

9 COUNCIL MEMBER STEWART: Well from
10 what I know is that there is a high incidence of
11 HIV and AIDS and also diabetes among the poor and
12 minority areas. And I don't see any of the ethnic
13 paper getting any of that, of those ad monies. So
14 I think you'd better look into that, because
15 somehow we are spending a lot of money in terms of
16 advertisement, but that money does not even
17 trickle down to the media that reaches those
18 areas. Advertisement in papers like the Times and
19 the New York Times and the News and the Post, to
20 me doesn't reach us. And I think you should look
21 into some of those ethnic media that will be able
22 to reach the local folks, the community papers
23 that the folks, they read. I want you to look
24 into that. You also spoke about certificates, you
25 know, having certification to come back to school,

1

2 you know the kids getting certification. Is that
3 being done for all the-- for example like hearing
4 and vision and dental, is that being done for all
5 of those things?

6

THOMAS FRIEDEN: No. There's an
7 admission exam that's required for all children
8 entering schools. There's a vision and currently
9 hearing screening team that goes around to all of
10 the schools. And that is the essential aspect of
11 our program.

12

COUNCIL MEMBER STEWART: So you
13 said that there is a hearing--

14

THOMAS FRIEDEN: [Interposing]
15 There is a process, a new admission exam. All
16 students admitted to school for the first time
17 must undergo an examination either by a private
18 doctor or a community clinic, or by our own
19 physicians prior to entering into school.

20

COUNCIL MEMBER STEWART: That's
21 only at the first time?

22

THOMAS FRIEDEN: Yes.

23

COUNCIL MEMBER STEWART: And you
24 know I could remember some colleagues of mine,
25 they did not know that they had a problem in terms

1
2 of hearing until later on in life. They learned
3 that after they-- for example, you know that the
4 child sitting in the back of the class wasn't
5 learning and eventually you test them you find out
6 they couldn't the blackboard. I think the same
7 principle may hold in terms of hearing. They may
8 hear you babble, but they may not even hear what
9 you're saying, and they may have some deficit in
10 terms of hearing. And I don't think we have a
11 good system in terms of really screening those
12 folks, even in the middle schools and in primary
13 schools. I don't think there's a real system in
14 doing that. You say that at the beginning or the
15 first time that they enter school that that is
16 being done, but I don't think that is being done.
17 My last question, I'm trying to rush because I
18 know you want to go. My last question is--

19 [Pause]

20 COUNCIL MEMBER STEWART: The
21 equipments. We notice that notice went out in
22 terms of the transfer of the equipment. But if
23 you're already advertising or you're asking folks,
24 the community providers, to take over these
25 equipments, that means everything ahs been

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decided, and that you are no longer having the dental screening in schools. That's one sense I get. The second thing that I get is that you said a while ago that you are going to be notifying. What if you don't get the response for the folks to take over these equipments, enough people to take over these equipments, and you don't have the Article 28 being set up for kids to be able to go to in terms of the clinics? What happens? What happens thereafter? Because the short time that you have said that this is being done, by the end of June, I doubt you will have the response from these providers, and I doubt you will have the Article 28 set up in the community providers to be able to take over when that time comes for the kids to go back to school or even get that type of screening. What happens?

THOMAS FRIEDEN: As I have said, this was a proposal made in the November plan. It's continued until now. We're taking all steps to implement as if it will be in the adopted budget and to minimize the negative impact to direct services to the best of our ability.

COUNCIL MEMBER STEWART: So there

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2 is no alternative, no other way, nothing you can
3 think about if you don't-- if you're not prepared
4 that means we leave it as is? If we are not
5 prepared by the time school is to reopen in
6 September to help those kids in terms of the
7 dental screening, what will happen in terms of the
8 budget? We eliminate these dentists in the
9 school, you're not ready with the providers, what
10 are we going to do? Are you going to try to
11 reinstitute?

12 THOMAS FRIEDEN: No. Under the
13 current plan there is not the resources to
14 continue those services. So they would not
15 continue.

16 COUNCIL MEMBER STEWART: All right.
17 One last question, Mr. Chair. In terms of
18 incidents, in terms of the TB. TB, you know, we
19 have not changed the budget for TB in any major
20 form.

21 CHAIRPERSON RIVERA: We've been
22 reducing it an the federal government has very
23 substantially reduced the tuberculosis control
24 budget, so we've lost two, three or four million
25 dollars over the past few years in federal

1
2 government support for our tuberculosis
3 activities. We've also reduced it, it may not
4 show as a separate line item, but we've reduced by
5 hundreds of thousands of dollars the City tax levy
6 budget as well.

7 COUNCIL MEMBER STEWART: Well let
8 me look-- I'm looking at the preliminary budget
9 here. It says in 2009 it's \$32 million. In 2009
10 modified it's \$31 million. Then in 2010--

11 THOMAS FRIEDEN: [Interposing] 13
12 maybe.

13 COUNCIL MEMBER STEWART: No, if
14 you'll look at TB, prevention and testing.

15 THOMAS FRIEDEN: Tuberculosis?

16 COUNCIL MEMBER STEWART: Yeah, TB.

17 THOMAS FRIEDEN: Okay, just to give
18 you a little bit of background, the federal
19 government reduced our budget over a one-year
20 period by \$2.7 million. The State government
21 reduced our budget over a one-year period by
22 \$300,000 plus, and we have actually reduced the TB
23 budget, so I think there's some discrepancy in the
24 accounting there.

25 COUNCIL MEMBER STEWART: So you're

1
2 saying what we're reading here, it says report,
3 which is the Fiscal 2009 Preliminary Mayor's
4 Management Report for Department of Health and
5 Mental Hygiene, Wednesday, March 25th-- right?
6 Right. And it says here-- so these figures are
7 not correct then?

8 THOMAS FRIEDEN: No, they're not
9 correct. Or they were calculated in some way
10 that-- that's not our budget.

11 COUNCIL MEMBER STEWART: Well, you
12 know.

13 THOMAS FRIEDEN: That's not
14 correct.

15 COUNCIL MEMBER STEWART: Well I
16 think--

17 THOMAS FRIEDEN: [Interposing] They
18 don't match our figures. I'll put it that way.

19 COUNCIL MEMBER STEWART: They don't
20 match your figures. Well, you know, we have to
21 look into that. Because I see there hasn't been a
22 great change in terms of that, even though the
23 incidence of TB has declined, right?

24 THOMAS FRIEDEN: The Tuberculosis
25 Control Budget has decreased quite substantially

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over the last two years as tuberculosis cases have declined.

COUNCIL MEMBER STEWART: All right.

THOMAS FRIEDEN: That's been from City, State and federal sources.

COUNCIL MEMBER STEWART: And isn't it the same thing with West Nile Virus?

THOMAS FRIEDEN: West Nile we have a slight decrease, but if we decrease services then all New Yorkers who get bitten by a mosquito are going to be at a higher risk of getting West Nile. There are fewer cases, we believe, because we run an effective program. If we stop running that program, cases will increase.

COUNCIL MEMBER STEWART: And why is it we have such a-- we're not thinking in terms of the other diseases that we have a great increase in, even though we-- it affects the City, it may even affect the City worse than even the West Nile; for example, HIV and AIDS.

THOMAS FRIEDEN: As I mentioned earlier, we have increased our spending, even City tax levy spending, on HIV over the last seven years, despite cuts in other areas. And there are

1
2 many programs for which we wish we had more money.
3 We would like to run new programs. We would like
4 to expand the services we offer. We would like to
5 prevent more cases of illness. But we're faced
6 with the reality that we don't have all of the
7 money to run all of the programs that we would
8 like to run.

9 COUNCIL MEMBER STEWART: Shouldn't
10 we be a little more area-specific where we spend
11 most of these monies?

12 THOMAS FRIEDEN: We very much do
13 that. We established district public health
14 offices in the poorest and sickest neighborhoods
15 in New York City, and we've prioritized all of our
16 programs to areas that have the highest rate of
17 disease, of that particular disease.

18 COUNCIL MEMBER STEWART: All right.
19 Thank you, sir. Thank you for your testimony,
20 sir.

21 THOMAS FRIEDEN: Thank you.

22 CHAIRPERSON RIVERA: All right.
23 Thank you very much. You know there was just a
24 couple of follow up that needs to be done in terms
25 of some information you promised to get back to

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us. So thank you very much, Commissioner for joining us here today. I know you have to get to the next hearing, so--

THOMAS FRIEDEN: Thank you all very much.

CHAIRPERSON RIVERA: We're going to have a five minute break while we transition to the next portion, which will be HHC.

[Pause]

CHAIRPERSON RIVERA: Good afternoon, ladies and gentlemen. Ready? Yeah. Good afternoon, ladies and gentlemen. I want to thank everybody for their patience. We're only running about an hour and a half behind schedule. That's not bad for the City Council budget hearing. We now continue our Fiscal 2010 preliminary budget hearing, and we'll turn our attention to Public Hospitals. We will be hearing from the president of the Health and Hospitals Corporation, Alan Aviles, who is here with us today. We also be joined today by the Council's Task Force on Hospital Closings, Chaired by my colleague Council Member Helen Sears. This Committee is well aware of the many challenges

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2 facing HHC, the largest municipal hospital and
3 healthcare system in the country, that serves so
4 many of the City's uninsured and Medicaid
5 patients. We are also well aware of the many
6 financial challenges created by a number of the
7 State budget cuts this fiscal year to HHC's
8 Medicaid reimbursement.. It is disturbing that
9 the City's public hospitals, nursing homes and
10 health clinics also face proposed State Medicaid
11 cuts that would widen the budget gap for the next
12 fiscal year by as much as another \$300 million.
13 However this Committee is extremely concerned by
14 the cutbacks announced in the March 19th HHC press
15 release proposing a number of services and
16 headcount reductions in response to these State
17 budget cuts and the high cost of operations. The
18 Committee looks forward to hearing from the HHC
19 regarding these issues, which threaten the impact
20 of so many New Yorkers that rely on many of these
21 critical services. We look forward to working
22 with HHC to meet these challenges as we continue
23 in the budget process. And I'll now turn it over
24 to my colleague, Councilwoman Helen Sears for her
25 opening statement.

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2 COUNCIL MEMBER SEARS: Thank you
3 very much, Chair River and welcome and good
4 afternoon, it's good to see you here again. As
5 Chair of the Council's Task Force on Hospital
6 Closings, I am very concerned about the clinic
7 closures, the headcount and service reductions
8 proposed by HHC. As you know, Queens has just
9 experience two hospital closings, St. John's
10 Hospital in Elmhurst and Mary Immaculate Hospital
11 in Jamaica. Roughly 2,500 hospital workers have
12 lost their jobs in light of these closures. Even
13 though these were not HHC hospitals, I'm still
14 troubled by the reductions in medical services
15 proposed in the corporation's fiscal 2010 gap
16 closing plan. With the City's rise in
17 unemployment and the increase in the number of
18 uninsured patients, I'm extremely concerned about
19 the amount of healthcare access provided by the
20 City. As the Chair indicated, we understand the
21 financial challenges that HHC faces in light of
22 the State budget cuts, but these proposed cuts
23 will impact so many New Yorkers who rely on your
24 services. So this Committee looks forward to
25 hearing your testimony today and thank you again,

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Chair, and thank you.

ALAN D. AVILES: Good afternoon, Chairperson River, Members of the Health Committee and other distinguished members of the New York City Council. I am Alan Aviles, President of New York City Health and Hospitals Corporation, and I'm joined today by our Corporate Chief Financial Officer Marlene Zurack, seated to my left, and Senior Vice President LaRay Brown, seated to my right. Thank you for the opportunity to discuss the Fiscal Year 2010 budget and HHC's financial plan. I'd like to begin this afternoon with a review of the financial challenges we face and outline the series of cost containment actions that we announced last week. As you unfortunately know all too well, the severe economic crisis that has engulfed our City, our State and our nation has caused widespread hardship. The near collapse of the credit and banking industries and the subsequent downward spiral of the economy have devastated City and State budget. For the first time in several years the number of uninsured patients served by HHC facilities significantly increased. In calendar year 2008, HHC served

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2 nearly 450,000 uninsured patients, an 8% increase,
3 up from 413,000 in calendar year 2007. It costs
4 nearly \$850 million to provide care to this number
5 of uninsured patients. This fiscal year brought
6 unexpected and additional expenses and funding
7 losses that have created a \$316 million budget
8 shortfall that we must address, specifically
9 collectively bargained labor and fringe benefit
10 expenses rose by \$160 million. Other than
11 personnel services costs, including affiliation
12 contract costs, are projected to increase by \$75
13 million. Interest earnings have declined by \$5
14 million. City tax levy funding has been cut by
15 \$10 million and State funding has been cut by \$66
16 million. Last year, even before the full-blown
17 economic crisis unfolded, New York City directed
18 to the agencies to cut their budgets by 5%. With
19 the economy worsening and tax revenues dwindling,
20 the City then direct agencies to pair down by
21 another 7%. As a result, our City tax levy
22 funding will be reduced by about \$14 million over
23 the next 15 months. This proposed reduction comes
24 on top of an \$11.7 million cut in City tax levy
25 last June. The funding had gone to support

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2 several Council initiatives. While these
3 reductions in City funding are significant, they
4 are modest in comparison to the much larger
5 reimbursement cuts in the State Medicaid program.
6 Because HHC receives about 65% of its operating
7 revenue from the Medicaid program, we are
8 especially hard hit by these cuts. In the current
9 State fiscal year that ends next week, Medicaid
10 reimbursement to HHC was cut in three different
11 occasions, first in April, later in August and
12 again lat month. In total, HHC lost more than \$66
13 million in Medicaid funding as a result of these
14 cuts. These cuts are in addition to a \$54 million
15 Medicaid funding reduction to HHC that was part of
16 the State's fiscal 2007, 2008 budget actions.
17 This does not take into account the reductions
18 that will be made when an agreement on the State
19 budget for the coming fiscal year is finally
20 reached, possibly next week. If the proposed
21 executive budget were to pass as proposed, it
22 would reduce funding to HHC hospitals and nursing
23 homes again by up to another \$300 million
24 annually. We do expect the legislature and the
25 Governor to agree to some restorations as the

1
2 final budget is negotiated. However there will be
3 cuts and those additional cuts will deepen the
4 challenges we face. In previous years we were
5 able to absorb smaller reductions to Medicaid
6 funding through cost containment measures and
7 other efficiencies without significant
8 programmatic impacts. However HHC's ability to
9 absorb further cuts without service delivery
10 impacts has now ended. We have no choice but to
11 address our current projected budget shortfall
12 through a combination of revenue and efficiency
13 initiatives and target service reductions. I want
14 to state clearly that we are working hard to limit
15 the scope and impact of the necessary service
16 reductions and to ensure that affected patients
17 are linked to alternative services elsewhere
18 within our system or through other community
19 resources with available capacity. The categories
20 of services that will be closed, reduced or
21 consolidated include current funded programs for
22 which we no longer receive funding, under-utilized
23 clinics or programs, and services that can be
24 delivered more cost effectively on a consolidated
25 basis. In the Bronx we will be closing the

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2 Highbridge Health Center. Patients who currently
3 go to the Highbridge Clinic will be able to
4 receive services at Lincoln Hospital or at one of
5 our two nearby diagnostic and treatment centers,
6 Segundo Ruiz Belvis or Morrisania. We are also
7 reducing staff at our Tremont clinic to more
8 closely match utilization levels. In addition, we
9 will close a grant funded Directly Observed
10 Therapy TB program at Lincoln Hospital that has
11 lost its grant-funding and has experience
12 significantly diminished utilization. The LEAP
13 program will be closed. This program was
14 previously grant-funded by the Council and fully-
15 funded this year by HHC. A search for alternative
16 funding to sustain this program has been
17 unsuccessful. Finally we will discontinue an HIV
18 case management program at Jacobi Medical Center.
19 In Southern Brooklyn, we will close the Sheepshead
20 Bay Clinic and four school-based mental health
21 programs. Those patients will be able to receive
22 services at Coney Island Hospital or at a
23 community health agency in Southern Brooklyn. In
24 Manhattan, we will close three programs offered at
25 Harlem Hospital: two adult mental health

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2 continuing day treatment programs and an HIV case
3 management program. Two satellite outpatient
4 pharmacies based in two small neighborhood
5 clinics, Drew Hamilton and Grant Houses, will be
6 closed. Patients who require prescription
7 medication will be able to have their
8 prescriptions filled at the Harlem Hospital
9 pharmacy or, if they have health insurance, at a
10 neighborhood pharmacy. At Metropolitan Hospital,
11 we will consolidate two adult mental health
12 continuing day treatment programs into one
13 program. In Queens, we will close the Springfield
14 Clinic, the Charles R. Drew Clinic, and the
15 Sunnyside Clinic. Patients who received services
16 at the Charles R. Drew and Springfield Gardens
17 sites will be able to go to our South Queens
18 Multi-Service Center, Parsons Communicare Medical
19 Center, or Queens Hospital, where the Charles R.
20 Drew services will be relocated with most of the
21 existing staff. Patients who previously used the
22 pharmacy at Charles R. Drew will be able to have
23 their prescriptions filled at Queens Hospital
24 pharmacy or, if they have health insurance, at a
25 neighborhood pharmacy. Patients who receive

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2 services at the Sunnyside clinic will be able to
3 go to Elmhurst Hospital, or to one of our
4 remaining neighborhood clinics in Western Queens.
5 In addition, three child development programs will
6 be consolidated into one program. Lastly, we are
7 scaling back dialysis services at Elmhurst. The
8 hospital will focus on acute dialysis services and
9 patience requiring chronic dialysis treatment will
10 be referred to providers in the community that
11 will treat uninsured patients as well as insured
12 patients. Even as we struggle to make do with
13 less, we are determined not to sacrifice the
14 higher standard of quality and patient safety that
15 we have achieved in recent years. Now and in the
16 coming months our patients will need us and the
17 care that we provide more than ever. I know that
18 maintaining our hard-earned gains will not be
19 easy, but we will not allow the economic crisis to
20 take us backward. That is why before we took
21 actions tot scale back services we began to
22 prepare for the consequences of serious City and
23 State budget deficits. Late in 2008 we restricted
24 all non-essential expenditures and froze all non-
25 critical hiring. We froze, as well, most

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2 promotions and raises, except for those cost-of-
3 living increases to which we are committed under
4 existing union contracts. We also began strategic
5 planning for deeper, long-term cost containment.
6 Against an uncertain financial landscape, the
7 importance of our initiatives to reduce expenses
8 further and to improve efficiency is more clear
9 than ever. Over the past few years and with
10 considerable success HHC has aggressively
11 undertaken multiple initiatives and projects to
12 improve our supply-chain efficiency ensuring that
13 we procure and obtain high-quality products in a
14 timely way at the lowest possible cost. Those
15 efforts include achieving broad efficiencies in
16 pharmaceutical procurement, resulting in
17 pharmaceutical expenses remaining flat from Fiscal
18 '07 to Fiscal '08, while others in the industry
19 experienced double-digit inflation. Engaging
20 Cardinal Health as a Medical/Surgical product
21 prime vendor/distributor, reducing our inventory
22 to just-in-time levels and, as a result,
23 dramatically reducing distribution expenses;
24 optimizing pricing discounts by sourcing product
25 through multiple Group Purchasing Organizations,

1
2 or GPOs, and using existing federal, State, City,
3 GPO and regional contracts through our membership
4 in various industry associations to search for the
5 lowest available pricing at any point in time;
6 leveraging our purchasing volume and system size
7 by adding that volume to other hospitals' and
8 health systems' volume to achieve best tier
9 pricing from the major manufactures; and
10 developing market-share contract with
11 manufacturers and suppliers to achieve most-
12 favored-nation discount pricing. A little more
13 than a year ago, we embarked on Breakthrough, a
14 system of principles and tools based on a process
15 improvement philosophy known widely as Lean, which
16 was first developed in the manufacturing industry
17 and was more recently adapted for healthcare.
18 Through Breakthrough we are training our staff in
19 performance improvement methodology and a
20 framework for organizational culture that
21 systematically reduces waste and long-term costs,
22 brings clinical services more efficiently and
23 rapidly to the patient, and improves patient and
24 staff satisfaction. With ten facilities and our
25 central corporate office actively engaged thus

1 far, we have collectively conducted more than 100
2 Breakthrough improvement events in various venues
3 and departments including emergency services,
4 operating suites, materials management and human
5 resources. We saved \$2 million in calendar year
6 2008 through our initial learning phase, and we
7 are on track to save \$4.6 million this year. We
8 also found \$3.3 million in new revenues in
9 calendar year 2008, and we expect this to grow to
10 more than \$12 million in calendar year 2009. We
11 expect greater savings during the coming year as
12 the number of discrete improvement events, as well
13 as our mastery of the methodology increase
14 dramatically. Turning to the Financial Plan, as I
15 stated, the January Financial Plan included a 7%
16 PEG program beginning in Fiscal Year 2010. HHC
17 will achieve this target by reducing the subsidy
18 for prisoners and uniformed services; reducing the
19 subsidy for HHC's diagnostic and treatment centers
20 and by eliminating the subsidy for DCAS supplies.
21 These subsidy reductions will yield PEG savings of
22 approximately \$5 million per year. In addition,
23 we received a pass-through PEG of approximately
24 \$2.4 million from the City Department of Health
25

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2 and Mental Hygiene Services that includes a
3 funding reduction for child health clinics and
4 mental health/substance abuse programs. These
5 combined PEG actions will result in a reduction of
6 approximately \$7.3 million in Fiscal Year 2008 and
7 \$8.8 million per year beginning in Fiscal Year
8 2011. Our current City tax levy funding for
9 Fiscal Year 2010 for Council funded initiatives is
10 approximately \$14.9 million, less than in previous
11 years. This is due to reductions in the funding
12 for the operation of child health clinics,
13 behavioral health programs, HIV testing expansion,
14 our simultaneous interpretation program and the
15 pharmacy fee waiver program. Unless this funding
16 is restored in Fiscal Year 2010, we will receive
17 \$6.2 million less for the operation of child
18 health clinics; \$2.1 million less for substance
19 abuse, mental health and mental
20 retardation/developmental disabilities programs;
21 \$2.4 million less for the provision of waivers of
22 our outpatient pharmacy fees, \$3.2 million dollars
23 less for HIV testing expansion and \$1 million less
24 for simultaneous interpretation services or TEMIS.
25 WE would also note that for 2009, only \$7 million

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2 in City tax levy was restored from a base funding
3 reduction of \$18.7 million. The HHC Financial
4 Plan for fiscal year 2010 includes \$6.4 billion in
5 expenditures and \$5.3 billion in baseline
6 revenues. Therefore, we are facing and above the
7 line gap of more than \$1.1 billion in fiscal year
8 2010. The gap is largely due to the loss of
9 revenue from several sources that are not in the
10 current baseline. Over the past several years, we
11 have received large payments from retroactive
12 disproportionate share, or DSH payment, and Upper
13 Payment Limit, or UPL, payments from the federal
14 government that will not reoccur in future years.
15 Due to pending federal regulations, the
16 availability of additional UPL funds of \$238
17 million is at risk for fiscal year 2010, while
18 \$304 million is at risk for future years.
19 Therefore this revenue is shown below the line.
20 Additionally, \$460 million in payments from DSH
21 maximization are shown below the line as we work
22 to seek State and federal approval for this
23 initiative. Also in fiscal year 2009, HHC
24 anticipates \$150 million for outstanding
25 retroactive Medicaid appeals dating back to 1992..

1
2 We do not anticipate significant additional
3 recoveries from appeals in future years. Based on
4 the current collective bargaining pattern, the
5 Financial Plan assumes that personal services will
6 increase by 4% in fiscal year '10 and 2%
7 thereafter. In addition, the Financial Plan
8 reflects a significant increase of \$45 million in
9 fringe benefits in fiscal year '10. This is
10 predominantly due to the continuing increases in
11 both pension and health benefits costs. The
12 financial plan forecasts increases in other than
13 personal service of about 3% per year over the
14 life of the financial plan. To sustain this level
15 of modest growth of OTPS expenses, we need to
16 continue to focus on efficiency and to leverage
17 our volume to find strategic purchasing
18 opportunities, as I mentioned earlier. Finally we
19 anticipate that our contracts with affiliate
20 organizations providing physicians and other
21 clinical services will grow at an average rate of
22 4% for fiscal year 2010 and 3% per year over the
23 remainder of the financial plan. Despite the
24 daunting financial climate, HHC has garnered
25 significant national recognition in 2008. We

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2 received the prestigious John M. Eisenberg Patient
3 Safety and Quality Award from the National Quality
4 Forum and The Joint Commission for our efforts in
5 promoting unprecedented transparency around
6 quality and patient safety. In October 2008, the
7 Commonwealth Fund, a national private foundation
8 that advocates for a high performing healthcare
9 system, published a comprehensive case study about
10 HHC that praised the improvement initiatives we
11 have undertaken in recent years. The report noted
12 that we are becoming a, quote, provider of choice,
13 and are achieving higher levels of performance
14 through our advanced use of clinical information
15 systems, our work to improve chronic disease
16 management, our collaborative team approach to
17 identify and implement clinical best practices,
18 our efforts to bolster our financial health, and
19 our continued commitment to expand access and
20 create a patient-centered healthcare system..

21 This past year, all four of our long-term care
22 facilities were rated at or above the national
23 average by the federal Centers for Medicare &
24 Medicaid Services under its recently launched
25 rating system for nursing homes. Two of our

1 facilities, Gouverneur Healthcare Services on the
2 Lower East Side, and Sea View Hospital
3 Rehabilitation Center and Home on Staten Island
4 received the highest rating available, five stars,
5 which was achieved by only 12% of the 15,800
6 nursing homes rated nationally. During the course
7 of the past year, The Joint Commission conducted
8 accreditation surveys of five of our hospitals,
9 Bellevue, Harlem, North Central Bronx, Queens and
10 Woodhull, and our long-term care facility at
11 Coler-Goldwater. All achieved successful survey
12 results and unconditional accreditation. The
13 Joint Commission survey team leader summarized our
14 2008 surveys by stating that, quote, HHC was among
15 the best healthcare organizations reviewed by The
16 Joint Commission, close quote. Last week, Coney
17 Island Hospital was the first HHC facility to
18 undergo a Joint Commission survey in 2009. The
19 hospital achieved excellent results and full
20 accreditation. In 2008, HHC continued to expand
21 primary care services for low-income, uninsured
22 residents of Staten Island. We added adult
23 primary care services to the Mariner's Harbor
24 Family Health Center and anticipate approval
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2 shortly form the State to add adult services at
3 the Stapleton Family Health Center. For the past
4 year, we have continued to provide significant
5 financial support and technical assistance to the
6 non-profit Community Health Center of Richmond.
7 The Center's volume has roughly tripled since
8 opening in mid-2006, providing 18,800 visits in
9 2008. We have also funded renovations that have
10 just been completed which will double the Center's
11 current capacity. For almost three years, HHC has
12 supported the Staten Island Health Access Program,
13 or SIHA, a temporary initiative to expand access
14 to primary care services for low-income, uninsured
15 patients, through contractual arrangements with
16 local community physicians ad more permanent
17 solutions were put in place. Scheduled to expire
18 on December 31, 2008, the SIHA program was
19 extended by three months to next week, March 31,
20 2009, to ensure a smooth transition for all
21 program participants to a new medical home.
22 Program participants now have the option of
23 choosing to receive care at the Mariner's Harbor
24 and Stapleton Family Health Centers, the Community
25 Health Center of Richmond, and from our new state-

1 of-the-art mobile medical office, or HHC
2 connection. The mobile medical office is
3 outfitted like any small doctor's office, with two
4 exam rooms and computer connectivity for
5 electronic medical records within our South
6 Brooklyn/Staten Island Network. The mobile
7 medical office will deliver care at five locations
8 across Staten Island, and is expected to
9 accommodate roughly 4,000 primary care visits
10 annual. Uninsured patients who use HHC's Staten
11 Island facilities and the mobile medical office
12 will have access to affordable medications through
13 their HHC providers. There is growing need for
14 ambulatory care services in Staten Island, and HHC
15 is committed to continue working with all Staten
16 Island stakeholders to increase service capacity
17 and improve access. Therefore, we are developing
18 two Diagnostic & Treatment Centers in high-need
19 areas; these sites are expected to be on line in
20 2010 and will provide primary and specialty care,
21 as well as imaging and dental services. As you
22 may recall, HHC has committed to becoming one of
23 the safest healthcare systems in the nation by the
24 end of the year 2010. Last year, we continued to
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2 make steady progress toward that goal. During
3 2008, six of our hospitals piloted the use of
4 surgical safety checklists in our operating rooms
5 as recommended by the World Health Organization to
6 foster better surgical team communication and
7 reduce the risks of complications and death during
8 surgery. Effective this month, HHC has now
9 implemented the surgical safety checklist across
10 all of its operating rooms and becomes the first
11 hospital system in New York City and among the
12 first in the nation to do so. In 2008 we also
13 began to implement the Colors of Safety program in
14 hospital and long-term care facilities, which uses
15 standardized color-coded wristbands to quickly
16 communicate patients' high-alter medical
17 conditions and help prevent medication errors,
18 allergic reactions and falls. Nine of our
19 facilities have now adopted the Colors of Safety
20 and full implementation will be completed system-
21 wide by the end of this year.. This past year we
22 also continued our system-wide efforts to
23 aggressively reduce hospital-acquired infections,
24 achieving reductions in central line bloodstream
25 infections and ventilator-associated pneumonia for

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2 the third straight year. From 2005 through 2008,
3 we have achieved a 65% reduction in the rate of
4 central line bloodstream infections and a 90%
5 reduction in the rate of ventilator-associated
6 pneumonia among adult patients in our intensive
7 care units. It is important to note that these
8 hard-won performance improvements translate into
9 significantly enhanced health outcomes and money
10 saved. The decline in hospital-acquired infection
11 rates represent more than 1,000 infections
12 prevented and nearly \$16 million in healthcare
13 costs averted. Turning to the behavioral health
14 area, HHC provides more than one-third of the
15 hospital-based inpatient and outpatient mental
16 health services in New York City. For this reason
17 and because we run the majority of the City's
18 Comprehensive Psychiatric Emergency Programs
19 (CPEPs), we care for the majority of New Yorkers
20 with the most serious and persistent mental health
21 conditions. Earlier this month, we opened the new
22 300,000 square-foot behavioral health pavilion at
23 Kings County Hospital Center, after completing its
24 construction late last year, on time and on
25 budget. The new seven-story building features 230

1 private and semi-private inpatient beds, a new
2 psychiatric emergency center, which will double
3 the space of the previous one, and a wide range of
4 outpatient and day treatment programs. This
5 modern, efficient space is long overdue and allows
6 us to consolidate services that were provided in
7 seven antiquated buildings spread across the
8 hospital campus. TO fundamentally improve the
9 health of the communities we serve, we continue to
10 promote broadly accessible and robust primary and
11 preventive care. Our system-wide efforts to
12 promote smoking cessation, cancer screening and
13 routine HIV testing have provided significant and
14 measurable benefits for our patients. Over the
15 last three years, we helped more than 25,000
16 patients to quit smoking successfully. Research
17 suggests that at least one-third of these patients
18 or about 8,000 former smokers, will avoid smoking-
19 related disease and premature death as a result.
20 We also continue to focus heavily on cancer
21 screening, performing more than 90,000 mammograms
22 and 165,000 cervical cancer screenings last year.
23 We performed more than 20,000 colonoscopies during
24 2008, almost twice the number performed just five
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2 years before. The incidence of diabetes in New
3 York City has doubled over the past ten years and
4 is still growing. HHC has more than 50,000
5 patients with diabetes who are receiving primary
6 care at our facilities. Our web-based electronic
7 diabetes registry has been an effective tool in
8 helping us to better manage the health of our
9 diabetic patients and during 2008 we achieved
10 improvements in the percentage of our diabetic
11 patients with well-controlled blood sugar, blood
12 pressure and cholesterol levels. After 20 years
13 of battling HIV/AIDS, it may be surprising to some
14 that New York City remains the epicenter of the
15 continuing HIV/AIDS epidemic, and that fighting
16 the disease is still a core component of HHC's
17 healthcare mission. Among New Yorkers under 65,
18 HIV is the third leading cause of death.

19 Alarmingly an estimated 20,000 New Yorkers, nearly
20 one of every five living with HIV, do not know
21 they are infected, and 1,000 New Yorkers each year
22 first find they have HIV when they are already
23 sick with AIDS. HHC continues to work to make
24 rapid HIV testing a routine part of medical care.
25 This effort has been supported by City Council

1 funding, and we appreciate Speaker Quinn's
2 leadership in this area. During fiscal year 2008,
3 HHC facilities tested more than 160,000 patients
4 across inpatient, outpatient and emergency
5 department settings, a near three-fold increase
6 from four years ago, and a 20% increase from
7 fiscal year 2007. Our testing efforts identified
8 more than 1,800 HIV positive patients in 2008.
9 Most of those who tested positive were unaware of
10 their HIV status and most are now connected to
11 potentially life-saving care at one of our
12 Designated AIDS Centers. Last year, HHC's World
13 Trade Center Environmental Health Center expanded
14 from its hub site at Bellevue Hospital to two new
15 locations: Gouverneur Healthcare Services in Lower
16 Manhattan, and Elmhurst Hospital Center in Queens.
17 More than 3,000 individuals are under care for
18 9/11 related illness at these sites. Evaluation,
19 comprehensive medical treatment and medications
20 for 9/11 related illnesses are provided at no cost
21 to those who qualify. The Centers for Disease
22 Control and Prevention awarded HHC a three-year,
23 \$10 million per year grant in 2008 to provide
24 medical examinations, diagnostic testing, referral
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2 and treatment for residents, students and others
3 in the community that were directly affected by
4 the dust and debris from 9/11. This is the first
5 allocation of federal funds to support treatment
6 of those adversely affected by the 9/11 attacks
7 who were not rescue and recovery workers. Last
8 fall, in an effort to promote greater awareness of
9 the WTC Environmental Health Center, we worked
10 closely with consumers, community based
11 organizations, and 9/11 health advocates to design
12 outreach strategies and develop materials about
13 the services. Ten community based organizations
14 received \$2.1 million in grants to conduct
15 outreach to hard to reach groups, most educational
16 forums, conduct health fairs and provide patient
17 navigation services to improve patients' access to
18 care. Moving to the capital portion of the
19 budget, HHC has accomplished a great deal to
20 ensure that our public hospital system is
21 positioned to serve future generations of New
22 Yorkers. To date, we have systematically rebuilt
23 much of our aging infrastructure creating
24 environments that better support the practice of
25 modern medicine and foster the use of technology

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2 that improves patient outcomes. Last calendar
3 year we completed work on a new ambulatory care
4 pavilion at Jacobi Medical Center, a new
5 ambulatory care extension at Lincoln Medical and
6 Mental Health Center. This was the first phase of
7 our project to expand and renovate the Emergency
8 Department at Lincoln. This year we also moved
9 into the new cancer care facility, the Hope
10 Pavilion, at Elmhurst Hospital Center, which was
11 constructed with significant financial support
12 from Council Member Helen Sears and members of the
13 Queens delegation. This year we are continuing
14 construction on several other significant
15 projects, including the modernization of Harlem
16 Hospital Center. At Harlem Hospital, foundation
17 work is underway for the new patient pavilion,
18 which is the centerpiece of the campus-wide
19 rebuilding. Foundation work is also underway for
20 the modernization and expansion of the Diagnostic
21 & Treatment Center and the long-term care
22 facilities at Gouverneur Healthcare Services in
23 Lower Manhattan. The cancer care center project
24 at Kings County Hospital, for which \$5 million was
25 provided by Council Member Kendall Stewart and the

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2 Brooklyn delegation, is currently in construction.
3 This center will be completed by the end of this
4 year. In recognition of the special needs of
5 seniors, we opened a comprehensive geriatric
6 center at Metropolitan Hospital this past year.
7 Its outpatient center offers one stop shopping
8 with easy access to the onsite pharmacy and
9 transportation services. Wheelchair accessible
10 exam rooms have motorized tables and extra space
11 to accommodate caregivers who often accompany
12 elderly patients. Metropolitan projects the
13 center will provide more than 16,000 outpatient
14 visits this year. As we reported last year, as
15 part of the Mayor's Center for Economic
16 Opportunity initiative, HHC received funding that
17 will be used to provide scholarships to community
18 residents for a Registered Nurse Training Program.
19 Training at Kings County Hospital will take place
20 through HHC's existing agreement with the Long
21 Island University School of Nursing. The Mayor's
22 Office has also provided \$7.5 million to construct
23 the training space, which will be used for the
24 nursing program on the facility's campus.
25 Construction for this project is scheduled for

1 completion this fall. In addition to these
2 projects, there are others on the drawing board in
3 the early stages of development that will be
4 affected by capital funding reductions.. Recently
5 OMB issued the fiscal year 2010 ten-year strategy,
6 which requires a 30% reduction in the HHC capital
7 commitment plan for fiscal years 2010 through
8 2019. The target reduction over the ten years is
9 \$234 million, which includes \$185 for HHC and \$49
10 for FDNY-EMS ambulances. To achieve this target,
11 we will need to reduce capital spending, primarily
12 for future infrastructure projects. Some of our
13 planned projects for patient services facilities
14 will be affected as well, including the renovation
15 components of the Harlem Hospital Center Major
16 Modernization and the Gouverneur Healthcare
17 Services Major Modernization. We are hopeful that
18 some of these cuts can be mitigated through
19 pending allocations from the American Recovery and
20 Investment Act. With increasing operating
21 expenses, a surge in uninsured patients and
22 mounting cuts to our Medicaid reimbursement, there
23 is no doubt that our public hospital system faces
24 difficult challenges. If the economic crisis is
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2 prolonged and the budget woes of the New York
3 State and the City deepen, HHC, like every other
4 public institution, will be profoundly affected.
5 However, we face these daunting challenges
6 stronger than we have been in the past. The
7 recent case study of HHC by the Commonwealth Fund
8 acknowledged our demonstrated resilience as an
9 organization, and our notable success in adapting
10 to meet the challenges of our external environment
11 while also maintaining a core commitment to
12 provide broad access to care without regard to the
13 patients' ability to pay or their immigration
14 status. That vote of confidence is welcome, as is
15 the Fund's acknowledgement that we are
16 transforming our organizational culture, systems
17 and care processes, quote, to achieve the central
18 attributes of a high-performing integrated
19 delivery system, close quote. We are determined
20 to maintain and build upon those hard-earned gains
21 in safety, efficiency and quality of care that we
22 render to patients. In this past year, our Board,
23 senior leaders across our system, labor partners,
24 volunteers and auxiliaries, Community Advisory
25 Boards, Mayor Bloomberg and New York's elected

1
2 officials have given HHC and its patients strong
3 support. Such critical support will be more
4 essential than ever as we strive to meet growing
5 patient needs with scarcer resources and as we
6 face the uncertainties of the coming year and
7 beyond. Despite the challenges ahead, I know that
8 I speak for all of HHC's dedicated men and women,
9 those who work on the front lines of healthcare
10 every day, when I say that we will continue to do
11 everything possible to ensure that we carry out
12 our fundamental mission as our city's primary
13 healthcare safety net. This concludes my written
14 testimony. I now look forward to listening to
15 your comments and answering your questions.

16 CHAIRPERSON RIVERA: Thank you very
17 much. As always, I want to thank you for your
18 very detailed opening statements and remarks. You
19 know, this year is a little bit different than
20 every other year and we know that we are in some
21 very challenging times financially, you know, with
22 the economy being what it is. And I am looking
23 at, you know, some of the proposed cuts. I mean a
24 lot of them are disturbing to you as they are to
25 us. When it comes to the 400 positions being

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2 eliminated, 200 through attrition, 200 through
3 layoffs, you know, it's always been my belief that
4 the best economic stimulus plan that we have is a
5 job. And we further, you know, add to the problem
6 when we start doing these layoffs, which, you
7 know, ensures that people are unable to pay their
8 rents, unable to put food on their plate or unable
9 to be a productive member of our community and our
10 society. You know, part of my questions come
11 from, you know, the Federal Stimulus Program the
12 FMAP money, where are we with that? What are we
13 doing to make sure that HHC, you know, can get
14 their hands on a good chunk of that? We know it's
15 \$1 billion per year, \$2 billion over a two-year
16 period and it has to go through the State then
17 gets funneled to us. So where are we with that?

18 ALAN D. AVILES: Well the State is
19 slated to receive a total of about \$12.7 billion
20 over a 27-month period. Some of that does go to
21 localities, but at least \$10 billion stays with
22 the State. Obviously it is geared towards
23 supporting the Medicaid program in the State,
24 because it comes as what are called FMAP dollars,
25 that is that the federal government has

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2 temporarily increase the federal match for the
3 State Medicaid program to yield that \$10 billion
4 dollars of additional funding to the State. We
5 obviously have been advocating every way we
6 possible can, with our state elected officials,
7 with the Governor's office, that some of those
8 funds be used to offset the proposed cuts,
9 specifically to HHC. The proposed cuts to us,
10 even in the worst-case scenario, were \$300
11 million. There's \$10 billion available in federal
12 stimulus dollars. We understand that there is a
13 very significant State budget problem and that
14 there does need to be shared sacrifice, but
15 obviously we are still hopeful that more of that
16 federal stimulus money will be used to mitigate
17 the cuts that have been proposed.

18 CHAIRPERSON RIVERA: Now, if we do
19 get a significant chunk, do you know by when we
20 would receive that? Would it be adopted when the
21 State budget is adopted or do we have a better
22 sense in a couple of weeks?

23 ALAN D. AVILES: Well in terms of
24 how it plays out in the budget process, it will be
25 sort of in avoidance of the loss of the funding

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that would otherwise occur. Do you want to address this further?

MARLENE ZURACK: Yes. I just want to make the point that our current financial plan does not assume the State cuts. So we're really in a defensive position. So if the State cuts are enacted, it worsens our situation. So we're just grappling with our existing budget gap.

ALAN D. AVILES: And unfortunately so far there's been no suggestion that we might come out of this on the positive side. In other words, although there clearly has been negotiation and I think that \$300 billion original cut proposal has been whittled down to a smaller number, we are still potentially talking about cuts north of \$100 million based upon our best intelligence at this point. And so, the \$316 million that prompted us to take the action that we did earlier this month, that's our problem assuming that the State budget is neutral to us and that we suffer no further losses and we get no positive help. And what-- the actions taken so far only address one-third of that problem, about \$105 million of the larger \$316 million problem.

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2 CHAIRPERSON RIVERA: Okay. I
3 pretty much just have a couple more questions
4 before I turn it over to my colleagues. Because
5 of the current unemployment within the City of New
6 York, has there been an increase in patients
7 coming in to HHC who are uninsured, and what is
8 the increase?

9 ALAN D. AVILES: Yeah, we assumed
10 that the increases that we've seen recently really
11 are directly related to the economic downturn and
12 to the increasing numbers of uninsured New
13 Yorkers. For several years we actually saw a
14 significant decrease in the number of uninsured
15 patients that we serve.. If we go back several
16 years that number was more than 500, 1,000. But
17 the steady expansion of the Medicaid program
18 coupled with our very vigorous efforts to try and
19 ensure that every patient who is eligible for
20 governmental insurance got signed up for it
21 managed to bring that number down, but this past
22 year we have suddenly seen a very steep increase
23 in additional, about 35,000 uninsured patients who
24 sought services from us last year. We expect
25 that's an accelerating trend and the number will

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2 be greater. This year we're monitoring it very
3 closely.

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CHAIRPERSON RIVERA: Okay. And
5 back to the \$105 million in reductions, that's the
6 first phase that you had mentioned. What
7 information can you provide in the next phase?

8

ALAN D. AVILES: Well we are
9 working very hard to try and, as we did in the
10 first phase, achieve as much of the needed
11 reductions through efficiency initiatives and cost
12 savings that don't directly impact service
13 delivery and don't necessarily result in layoffs.
14 But it is inevitable, given the sheer magnitude of
15 what we still have to do here, that there will be
16 some further impacts on service delivery and there
17 will be some further layoffs.

18

CHAIRPERSON RIVERA: In part of the
19 layoffs, have you had a dialogue or discussions
20 with the labor unions and, you know, what is the
21 essence of that dialogue?

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ALAN D. AVILES: Yes. Of course
23 we've alerted our union partners to the layoffs
24 that are now on the table. Clearly they are not
25 happy to hear that news. But at the same time

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2 they, I believe, understand why we find ourselves
3 in this place. And they have been very vigorous
4 advocates together with us in Albany to try and
5 ensure that we can mitigate the situation that HHC
6 now finds itself in.

7 CHAIRPERSON RIVERA: Okay. I mean
8 if we do, you know, receive a good amount of the
9 FMAP money, my suggestion would be to try to stave
10 off and not have, you know, the layoffs if
11 possible. Because that directly impacts services,
12 you know, that's being given to City residents.

13 ALAN D. AVILES: I couldn't agree
14 with you more. And obviously if by some chance we
15 actually got dedicated FMAP dollars that add to
16 our bottom line so that we could offset some of
17 what we otherwise have to do, then we will look at
18 that very closely. The fact that we have not yet
19 come even more than a third through what we need
20 to do to address our current problem suggests that
21 they would have to give us a lot more additional
22 help to really allow us to reverse anything that
23 has been announced up to this point. Part of our
24 dilemma is that healthcare for all the technology
25 and everything else is still about people caring

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2 for people. So 70% of our costs are personnel
3 costs. So there's only so much you can do with
4 that other 30% to try and close the budget gap
5 that's as large as the one that we face.

6

CHAIRPERSON RIVERA: Okay. Thank
7 you. At this point I'm going to turn it over to
8 my colleague, Council Member Helen Sears.

9

COUNCIL MEMBER SEARS: Thank you
10 very much. Listening to your testimony, it's very
11 unnerving, because the HHC has just made enormous
12 bounds in what I think is a jewel in the whole
13 country, if not the world. And what you have
14 achieved medically, the institutions that you have
15 and how you provide healthcare. So I think these
16 proposed cuts, and I think they'll happen, I don't
17 think they're proposed, I really think they'll
18 happen, leave some very-- a lot of holes, and I
19 don't know how they're going to be filled. For
20 instance, Queens has two hospitals that have
21 closed. And you have Queens Medical and you have
22 Elmhurst. I know for a fact that they have
23 already been overburdened with the patients that
24 have come to those two institutions; you have a
25 hiring freeze; I know a little bit of money,

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2 because a million dollars plus is a little bit of
3 money, to care for the transition of these
4 patients. In the meantime you're planning for
5 cuts. They'll be no additional moneys coming from
6 Albany to take care of those patients that have
7 been transferred. So the HHC is creating, is
8 inheriting a huge burden that adds to it an
9 enormous burden financially and yet there doesn't
10 seem to be any recourse. I think that we have
11 very big concerns about what is going to happen to
12 HHC and I think that some very drastic measures
13 have to be taken to somehow have Albany understand
14 exactly what HHC does. And I'm not being
15 facetious about that, because the fact is, is
16 that-- and I recognize the responsibility for all
17 of the State of New York, and I recognize that,
18 but the fact is the State is closing hospitals.
19 That's the reality. And nine times out of ten,
20 where those hospitals are closing, are falling to
21 HHC to take care of those patients. And there's
22 no additional monies for those. There's no
23 additional monies for anything. And at the same
24 time they can't hire. 2,500 people that were lost
25 from St. John's and Mary Immaculate are dispersed

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2 to different places and some will not get jobs.
3 So what exactly do we do about this? One, I think
4 that Mr. Chair, we really have to advocate in some
5 very creative ways. Because just beating the drum
6 and beating the drum and beating the drum is not
7 such a good thing. Nobody knows exactly what's
8 going to happen to that stimulus package and how
9 much is really going to be distributed to New York
10 City and healthcare. We're competing with those
11 health dollars for infrastructure. We're
12 competing for those dollars with every other
13 measure in the City of New York to make things
14 happen. And the concern, not a concern, the
15 reality is the State is closing hospitals.
16 There's no recourse for the closing of these
17 hospitals, and they fall to those existing
18 facilities, primarily HHC, to do that. Now tell
19 me how do you propose to take care of all these
20 patients with the proposed cuts that you have, not
21 having any additional funds and having a hiring
22 freeze? It seems to me that's an overwhelming
23 dilemma for you.

24 ALAN D. AVILES: It is going to be
25 extremely difficult. We obviously are pressing

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2 the State Health Department to provide us with
3 some relief, particularly in Queens for the very
4 reasons that you mentioned. We have a proposal to
5 them to expand capacity at Elmhurst Hospital and
6 add some beds.

7 COUNCIL MEMBER SEARS: And you have
8 those additional beds that you haven't even been
9 able to work with yet, thanks to the State, the
10 additional beds for Queens.

11 ALAN D. AVILES: For Queens
12 Hospital.

13 COUNCIL MEMBER SEARS: Yes.

14 ALAN D. AVILES: And we have a plan
15 to add those-- those will take 18 months however,
16 and so we made a proposal to them that does cost
17 some additional capital dollars that would allow
18 us to cut that time perhaps in half. We're
19 talking to them. They have not said no. They
20 certainly have not said yes, but you're absolutely
21 right. On the Queens Hospital Center side we have
22 seen a 20% increase in emergency department
23 visits. On the Elmhurst side we're seeing a big
24 spike in their inpatient discharges. So the
25 discharges have gone up dramatically this past

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2 month with the closing of St. John's, which is the
3 backyard of Elmhurst as you know, and then Mary
4 Immaculate is essentially in the backyard of
5 Queens Hospital Center. So both of our hospitals
6 in Queens have really taken a lot of the brunt of
7 those two hospital closings. You should know that
8 we have given them some relief from the hiring
9 freeze because, you know, we have to ensure that
10 we can safely care for patients, but that is just
11 making it that much more difficult for us to
12 address the overall budget problems that the
13 system faces.

14 COUNCIL MEMBER SEARS: At the same
15 time, this morning we listened to Dr. Hirst in the
16 Medical Examiner's Office, and they have some very
17 severe cuts that they're going to do. And the
18 cuts that they are going to do affect very much
19 the quality of the public's health, which means
20 that if I had to look at the bigger picture, and I
21 am, that with the cuts that are being made with
22 the medical examiner in terms of when they do
23 autopsies that they discover undiagnosed problems,
24 that means that without having to do what they
25 have to do for lack of money, a lot of these

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2 infectious diseases will really go undetected when
3 they do their autopsy, which means that looking at
4 this bigger picture, with the medical examiner
5 having to make the cuts they do, that I see the
6 Health and Hospital Corporation having to add an
7 additional burden of dealing with health issues
8 that we eradicated a long time ago, like
9 tuberculosis. And you know that we did that.
10 Tuberculosis got on the rise. If somebody's
11 undetected with tuberculosis we heard him say they
12 have to follow and follow and see exactly where it
13 started. That places another burden on the Health
14 and Hospital Corporation. So unless there are
15 monies given to that Agency as well as to what you
16 are doing, because you know, we can sit here and I
17 said it earlier, we can have all of the job
18 training, we can provide all of the education
19 classes, but if we don't have healthy communities,
20 nobody's getting out of bed and nobody's making it
21 to that desk in that school. So we have an
22 unbelievable, I think, dilemma that for many, many
23 years we didn't have it. And I don't mean the
24 money dilemma. We're having an, I see,
25 anticipating some health crises that we didn't

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2 have years ago, we just removed them. And with
3 the severe cuts means that we can't pay attention
4 to that component of healthcare, which will
5 certainly rise. Do you see the Health and
6 Hospital Corporation being placed in that kind of
7 position when these cuts to the other health
8 agencies happen?

9 ALAN D. AVILES: Well there's no
10 question that it's not just the cuts to HHC that
11 matter, and certainly as you laid out very clearly
12 in your earlier remarks, the events that occur in
13 the broader healthcare system often have a very
14 significant impact on HHC. The closing of the two
15 hospitals in Queens, non-HHC facilities, are a
16 very clear example of that. And certainly from
17 our perspective, maintaining the healthcare safety
18 net across our city, across our State, we're not
19 the only public hospital in this State, should be
20 a very high priority as the State grapples with
21 these very difficult issues of how to prioritize
22 the expenditure of the money that they do have,
23 including the \$10 billion in stimulus funding.
24 So, that is the argument that we are making over
25 and over again. That is the argument that I know

1
2 our trade union partners are making, our community
3 advisory board representatives are making. I know
4 that the City Council has been extremely
5 supportive and that your voice has been heard
6 there as well. I cannot tell you that at this
7 point we are sanguine about the outcome, however.

8 COUNCIL MEMBER SEARS: And you have
9 really been lobbying the State legislatures?
10 Because I think that, I know they have and I think
11 that we need to absolutely give them the kind of
12 support in order to do that. I don't think too
13 many voices could ever be heard too much.

14 LARAY BROWN: You're absolutely
15 right, Councilwoman. Not only is it-- that we can
16 use as many voices as possible, singing as they
17 say, the same song and singing that song
18 frequently. And at this juncture time is running
19 out because there is a quest to have an on time
20 State budget and that's next week. And so, very
21 specifically, if you can lend your voice to our
22 many advocates, again, because I know you have,
23 but to very specifically reach out to the Governor
24 and to the State senators, because that's where
25 this is going to break, and to very specifically

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2 ask that they make sure that the HHC hospitals get
3 the maximum amount of what's called the DSH or
4 Disproportionate Share Funds, they get the maximum
5 amount of what's available to the State for the
6 State to authorize, and that will help HHC
7 significantly towards this \$1 billion budget
8 dilemma that we have, and can help us to forestall
9 much deeper cuts that we will be forced to make if
10 in fact we don't get that relief. We're talking
11 about \$460 million, \$230 of that is federal. If
12 they authorize that it will help us and it will go
13 a long way. So our theme for the next several
14 days is DSH Max. Very simple. DSH Max. We need
15 it. They have it. They should give it to us.

16 COUNCIL MEMBER SEARS: Sounds like
17 a chant for the steps in Albany.

18 [Applause]

19 COUNCIL MEMBER SEARS: Thank you
20 very much, really, because I know that my
21 colleagues have some questions. I just wish to
22 say though that I think that the members of this
23 Committee will have to go into discussion and see
24 how we get on those steps of Albany. I know we'll
25 do it. Thank you.

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2 CHAIRPERSON RIVERA: Okay. The
3 next is Council Member Inez Dickens followed by
4 Council Member Steward, then Foster.

5 COUNCIL MEMBER DICKENS: Thank you,
6 Mr. Chair. And good to see you Dr. Aviles and
7 LaRay and thank you for coming for your testimony.
8 You answered a lot of the questions that I have on
9 the FMAP funding. But one thing I want to know
10 is, and I heard LaRay-- by the way, I just want to
11 add that the City Council Speaker herself and the
12 Council has been going up to Albany to advocate
13 one on one with the Senators, with the Governor's
14 Staff, and all of us, whether we went to Albany or
15 not, have been asked to be in contact with our
16 State electeds both by letter writing, by calling,
17 by harassment, by any means necessary. So please
18 know that the Council is fully, fully not behind
19 you but in front of you.

20 ALAN D. AVILES: We very much
21 appreciate that.

22 COUNCIL MEMBER DICKENS: But I just
23 want to-- on the FMAP funding, is the State
24 calculating it correctly in how they are figuring
25 or what you may have heard they're figuring on

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2 giving us? Because I'm hearing of a significant
3 shortfall. And so, I want to know the methodology
4 that is being used by you versus what the State,
5 apparently is utilizing.

6 ALAN D. AVILES: Yeah. I would say
7 that that is something that would be more of an
8 OMB question, I think because they are in very
9 active debate with the State, particularly over
10 the portion of the FMAP funds that should come
11 directly to the City, because the way it's set up,
12 especially because this is related to the Federal
13 match for Medicaid, which is partly funded by the
14 State and partly funded by the localities,
15 including New York City. So the City's
16 calculation as I understand it was approximately
17 \$2 billion. The State, however, seems to think
18 it's somewhere in the neighborhood of 1.5. So
19 that's \$500 million of difference right there.
20 And in terms of the balance of the \$10 billion,
21 you know, at this point it's still unclear that
22 there's an appreciable amount of that being put on
23 the table in connection with the proposed
24 healthcare cuts. So I don't even know if we're
25 talking about significant FMAP dollars being

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2 dedicated for that purpose at this point.

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COUNCIL MEMBER DICKENS: All right.

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Thank you. Of the proposed, I believe 400

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positions, of which 200-- and I'm going to be

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very, very local, very parochial, how many of

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those cuts will come out of Harlem Hospital?

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[Pause]

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ALAN D. AVILES: I think the safest

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thing is for us to get back to you, Council

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Member.

12

COUNCIL MEMBER DICKENS: Would you

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please, LaRay?

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ALAN D. AVILES: We can do that

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later today. The reason why I'm hesitating is

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because, as I'm sure you know, when you do

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layoffs, it is complicated by what's designated as

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the layoff unit. There's bumping that may occur.

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So we're still working through all of the

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intricacies of where those layoffs actually land

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at the end of the day. But I know our HR people

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are close to figuring that out. So we'll get back

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to you with a concrete number.

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COUNCIL MEMBER DICKENS:

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Renaissance Healthcare Network.

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ALAN D. AVILES: We combined--

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yeah.

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COUNCIL MEMBER DICKENS: How will

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that be impacted upon the cuts that Harlem

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Hospital will receive, in of itself, and HHC's

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cuts? Harlem Renaissance Healthcare Network.

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ALAN D. AVILES: Well to the extent

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that Drew and Grant, the two community based

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healthcare clinics are part of Renaissance, the

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major impact in this first round are the closure

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of those two pharmacies, two small satellite

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pharmacies, one at Drew and one at Grant.

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COUNCIL MEMBER DICKENS: And

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Sydenham?

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ALAN D. AVILES: Sydenham, as you

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may know, although it is not part of this round,

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there are discussions, I believe the community

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advisory board has been involved in these

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discussions, about the possibility of relocating

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that site off of 125th Street to another available

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location. Part of the issue there is just the

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very high rent that is paid for that site, which I

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believe is in excess of a million dollars a year.

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So that is still something that is in discussion.

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COUNCIL MEMBER DICKENS: All right.

On page 5 of your testimony, Harlem Hospital is slated to have two adult mental health continuing day treatment programs as well as an HIV case management program that will be closed. That's in addition to the Drew Hamilton and Grant Houses closing, of which I'm sure that my colleague will have questions on. How does HHC determine how many programs will be closed from each HHC site? And how do you determine the dollar amount that will be cut to each site?

ALAN D. AVILES: Let me just give you the process we followed. So in essence we allocated out to each of our facilities a percentage budget cut target that they needed to meet. And we asked them in the first instance to come back to us with their proposals for how much of that they could achieve without hitting a service reduction or workforce reduction as a first matter, and then to use their best judgment, realizing that once you go to service reduction you are talking about triage. I mean there are no frivolous programs being provided by HHC, so anything you cut in the area of service reduction

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2 is going to have some impact, in many cases a
3 significant impact. But our guidance to them was
4 to try and focus on programs where there was
5 either some under utilization that suggested that
6 consolidation would make the program more
7 effective and--

8 COUNCIL MEMBER DICKENS:

9 [Interposing] Excuse me. Excuse me.

10 ALAN D. AVILES: Yeah?

11 COUNCIL MEMBER DICKENS: I thought
12 it said closing of three programs at Harlem
13 Hospital.

14 ALAN D. AVILES: Yes. In that
15 case. This is not-- this doesn't apply to
16 everything that they ultimately decided to do.
17 But then also to focus on programs where we felt
18 that there was an ability for us to link the
19 patients at least to other available capacity,
20 either within our system or in the community. So,
21 focusing on the continuing day treatment programs,
22 first you should know that the state reduced the
23 reimbursement for those programs by about two-
24 thirds, effective April 1st, I believe. So those
25 programs, which were already in deficit now go

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into very deep deficit. And the medical treatment component of those programs will continue to be provided at Harlem Hospital. It is the other wraparound support services that are at issue. And of course, to the extent possible, social work Staff at Harlem will try to be helpful on that front as well, but there's no question that these programs, like the case management program involved a more intensive approach to bringing those additional support services to bear.

COUNCIL MEMBER DICKENS: Now those two adult mental health continuing day treatment-- are they at Harlem Hospital proper or is that encompassing the site that you're talking about that the Sydenham Clinic might relocate to, which also has a mental health...

LARAY BROWN: Right. The two programs that we're talking about are based at Harlem Hospital Center. They're two continuing day treatment programs. Council Member, you're speaking to the Harlem House Program, which is at the 118th St. site. And so they're not slated for any closure. And as you know, because I believe you visited that site--

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COUNCIL MEMBER DICKENS:

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[Interposing] I sure did.

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LARAY BROWN: The issues as to whether we relocated the 125th Street location there will impact on where we need to move the Harlem House. But we're committee do the Harlem House, it may have to move back-- it used to be at Harlem Hospital. It may have to move--

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COUNCIL MEMBER DICKENS:

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[Interposing] I thought there was something about-

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LARAY BROWN: --back to the campus.

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COUNCIL MEMBER DICKENS: LaRay, I thought it was something about-- because it's a phenomenal program.

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LARAY BROWN: I know.

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COUNCIL MEMBER DICKENS: Great. I love it. And if the Sydenham Clinic relocates to that site without downsizing any of the existing programs, then it means that Harlem House would have to be relocated.

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LARAY BROWN: Right.

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COUNCIL MEMBER DICKENS: I thought there was something about in the continuing

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2 treatment that it would not be in an acute care
3 facility?

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LARAY BROWN: Right. Well frankly
5 you are pointing out the very reasons why the
6 Sydenham move was not considered in this first
7 phase, because there are a lot of moving parts.
8 But we wanted to make sure that the dialogue with
9 the community advisory board and with you happened
10 sooner than later, so that you understood,
11 everybody understood what the connections are.
12 But very specifically in terms of Harlem House,
13 there would be those staff who run programs like
14 Harlem House, who believe very strongly that those
15 kind of programs should not be in the building of
16 a hospital. It doesn't change the content or
17 quality of services provided, but that's a
18 philosophical, you know, view point. So we are
19 looking at where that program would be relocated.
20 But if it has to be, it will come back to the
21 campus, and the substance of the program won't
22 change.

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COUNCIL MEMBER DICKENS: How much
is slated to be cut to Harlem Hospital?

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ALAN D. AVILES: Dollars?

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2 LARAY BROWN: My colleague will
3 provide us with that total number.

4 [Pause]

5 COUNCIL MEMBER DICKENS: Does \$30
6 million sound--

7 ALAN D. AVILES: [Interposing] In
8 actual cuts it's a little over a \$1 million for
9 fiscal year 2010. In this round one.

10 COUNCIL MEMBER DICKENS: In this
11 round one. All right. Now, and I commend you by
12 the way at Metropolitan Hospital rather than to
13 close those two mental health treatment programs
14 as you're doing at Harlem Hospital, that you're
15 keeping them open by combining that. I commend
16 you for that. I wish you could have thought of
17 something like that for Harlem Hospital. How much
18 is being cut at Metropolitan?

19 [Pause]

20 COUNCIL MEMBER DICKENS: While
21 you're looking, can I go to the next question?

22 ALAN D. AVILES: Sure.

23 COUNCIL MEMBER DICKENS: All right.
24 Page 9 of your testimony, and I'm referring to the
25 reductions in funding for the child healthcare

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2 clinics, and that's because earlier today we heard
3 testimony from DOHMH, which is reducing the
4 funding that they provide to the child health
5 clinics, the child school-based dental clinics,
6 the Office of School Health, you know I could just
7 go on. And with those cuts coupled with what
8 support comes from HHC, how will that impact upon
9 our communities where we won't have these child
10 health clinics, or they will be so significantly
11 reduced by staff that they become ineffective?
12 How are we to address this issue? And you may not
13 have an answer.

14 ALAN D. AVILES: Well I don't have
15 a very good answer, but my answer is that we're
16 not automatically translating even that cut, which
17 is sort of a targeted cut, to immediately jumping
18 to the conclusion that means we need to close
19 child health clinics. I'm not saying that they
20 aren't on the table. I think everything is on the
21 table until we can figure out the full compliment
22 of measures that we take that will allow us to
23 close this gap. But we are, as I say, trying to
24 be thoughtful and work with our local facilities
25 and leadership in doing the triage in the best way

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2 we can under the circumstances we face. And none
3 of the cuts are positive news, but we obviously
4 are taking into account wherever we can at least
5 mitigate the impact.

6 COUNCIL MEMBER DICKENS: Page 17 of
7 your testimony--

8 ALAN D. AVILES: [Interposing] By
9 the way, the number for Metropolitan is just over
10 \$2 million.

11 COUNCIL MEMBER DICKENS: All right.

12 ALAN D. AVILES: Oh, I'm sorry.
13 The over \$2 million combines the network. So it's
14 a little over \$500,000.

15 COUNCIL MEMBER DICKENS: A little
16 over what?

17 ALAN D. AVILES: \$500,000.

18 COUNCIL MEMBER DICKENS: So
19 Metropolitan gets a cut of \$500 million--

20 ALAN D. AVILES: [Interposing]
21 \$500,000.

22 COUNCIL MEMBER DICKENS: \$500,000
23 I'm sorry.

24 LARAY BROWN: Be still my heart.

25 COUNCIL MEMBER DICKENS: Yeah, I

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know. And Harlem Hospital got a cut of \$1 million.

ALAN D. AVILES: Yes.

COUNCIL MEMBER DICKENS: How was that calculated?

ALAN D. AVILES: Well again, this was the first round of three rounds. So our goal will be by the time we're done doing everything that we need to do, to be as equitable as we can be in spreading the pain across the entire system. But as these various initiatives were vetted, just as Sydenham didn't get into this round, there are other things that didn't get into this round from some of the other hospitals. So it-- I think to assess it you quote ll have to assess the whole once it's all done.

COUNCIL MEMBER DICKENS: Page 17, the diabetes, incidence of diabetes. Now Harlem Hospital Hip-Hop Stroke has partnered with NYAM [phonetic] for the Council's Pediatric and Podiatric Diabetes initiative, which you've expanded the program into the five boroughs, and I just wanted to tell you thank you, because that's a very important program.

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ALAN D. AVILES: I hear you.

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COUNCIL MEMBER DICKENS: It's a Council initiative that you've partnered with NYAM. So I just wanted to thank you for it. Now the last question on page 20, Harlem Hospital's modernization program.

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ALAN D. AVILES: Yeah.

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COUNCIL MEMBER DICKENS: I thank you for being committed to it, because it's already started. The cuts that HHC is anticipating, how will those cuts impact upon the capital project?

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ALAN D. AVILES: Well as things stand--

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COUNCIL MEMBER DICKENS:

[Interposing] Would you be specific? In other words, will it be forced into out years? What?

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ALAN D. AVILES: As things stand now, the impact on the Harlem modernization project will fall on the renovation phase, which is not the construction of the new bed tower. It's the renovation that we planned to do immediately after that to the MLK pavilion. So that will wind up getting pushed out. Now we--

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COUNCIL MEMBER DICKENS:

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[Interposing] How long? How many years? Pushed
back how many?

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ALAN D. AVILES: Do you know how
long? Yeah, it's not clear how far back it would
have to be pushed.

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COUNCIL MEMBER DICKENS: Could you
get back to me please, LaRay, with that?

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ALAN D. AVILES: Yeah. And we
should just point out that we have submitted a
number of capital projects for potential funding
under the larger federal stimulus package which
does include, you know, dollars for capital for
so-called shovel-ready projects. So although we
don't yet have any feedback that gives us a basis
for saying that Harlem or any of the other
projects that we submitted will be funded, that
remains a possibility; that's something that we
continue to advocate for. So, if we were to get
federal dollars as part of the federal stimulus
package, that obviously would allow us to put that
renovation phase back into the current timeline.

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LARAY BROWN: And those decisions,
the State received infrastructure dollars very

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2 directly. And so those decisions will be made at
3 the State level. So again, your voice with your
4 State colleagues would be very important. And
5 that, our Harlem project, is in that list. It's
6 very prominent in that list.

7 DICKENS: Because it's shovel-ready.

8 LARAY BROWN: Exactly. It's shovel
9 plus.

10 COUNCIL MEMBER DICKENS: All right.
11 Well thank you so much for your testimony, and I
12 appreciate it, and I thank you for all the work
13 that HHC does for advocacy and the quality, the
14 superior quality care that we receive.

15 [Pause]

16 COUNCIL MEMBER DICKENS: I have an
17 additional question that I want to ask for my
18 colleague, and that's the capital project as it
19 relates to Gouverneur's Hospital.

20 ALAN D. AVILES: Gouverneur, yeah.
21 Since that also is a combination of new
22 construction and renovation of existing space, we
23 have the same situation there, which is there
24 would have to be a deferral of the second phase of
25 renovation, and it's about \$11 million of the

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total project.

COUNCIL MEMBER DICKENS: So if you defer the renovation, you don't know yet how many years it would be deferred to-- out years?

LARAY BROWN: Yes.

COUNCIL MEMBER DICKENS: You still don't know.

LARAY BROWN: We'll get back.

ALAN D. AVILES: We do--

COUNCIL MEMBER DICKENS:
[Interposing] But the capital is shovel-ready and it's in this phase?

ALAN D. AVILES: Yes. We've broken ground on that project and it is proceeding.

COUNCIL MEMBER DICKENS: All right.
Thank you.

CHAIRPERSON RIVERA: Council Member Steward?

COUNCIL MEMBER STEWART: Thank you, Mr. Chair. Mr. President, how are you today?

ALAN D. AVILES: I'm find, Council Member.

COUNCIL MEMBER STEWART: I'm not going to be asking too much of a difficult

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question. I just want to get some clarity on in terms of the uninsured. You said there is an increase.

ALAN D. AVILES: Yes.

COUNCIL MEMBER STEWART: Tell me, what is the method of getting reimbursement from Medicaid? Is it that there is a one fee per visit, one standard fee per visit? Or you have the option to also bill for procedures?

ALAN D. AVILES: Let me have our financial officer respond to that.

MARLENE ZURACK: Now realize this-- and I hate to-- this is my topic. I hate to take a little detour, but many, many patient enter HHC's premises uninsured. And the first thing we do is try and get them on Medicaid or some other kind of government insurance. And depending on eligibility we are more or less successful in that vein. But for the folks that we are unable to get insurance for, essentially that becomes a loss in our books. And that loss gets reported to the State and the State has a pot of money for care for the uninsured that is distributed through a complex and actually quite arcane old methodology

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2 to the various hospitals in the City. And many,
3 many people have suggested that methodology is not
4 very efficient at getting the dollars to the right
5 hospitals for the hospitals actually providing the
6 care. And one of the items that's under dispute
7 as we speak in Albany is potential redistributions
8 to that methodology. But currently out of the pot
9 of money that is for all hospitals in New York
10 State of \$827 million, HHC gets \$98 million, even
11 though I just, you know, varying methods of
12 figuring out our percent of total care provided
13 would put us in excess of 30% of the total state
14 care, yet we're getting, you know, something like
15 12% of the dollars from the main Statewide pool.
16 Because the Statewide pools are so insufficient in
17 getting the dollars to the uninsured that are
18 cared for in the public hospitals, New York City
19 has worked with the State to get what we call,
20 what we keep referring to as the supplemental
21 Medicaid dollars. They're basically deficit
22 funding that has New York City putting out the
23 money and receiving federal match through the
24 State. But the central pool of funds that is
25 collected by the State for the hospitals for the

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care of the uninsured is put into one pool.

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There's arcane formulas for looking at accounting

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statements and distributing among the hospitals in

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New York State. Those formulas have come under

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much scrutiny and there's many, many critics who

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would argue that those formulas do not get the

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dollars to the folks that actually provide the

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care.

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COUNCIL MEMBER STEWART: Right.

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But, good explanation. But I want--

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MARLENE ZURACK: [Interposing] If

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the number of uninsured increase, it doesn't

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affect the dollars we get.

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COUNCIL MEMBER STEWART: Right.

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But what about after they have been insured? Now

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they're within the Medicaid systems or any one of

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the HMO systems or even the plain Medicaid system.

19

What is your method of--

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MARLENE ZURACK: [Interposing] How

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do we get paid?

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COUNCIL MEMBER STEWART: How do you

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get paid for those that already have Medicaid now?

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MARLENE ZURACK: For Medicaid

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patients how do we get paid? Is that the

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question?

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COUNCIL MEMBER STEWART: Yes. If they have that kind of insurance, I'm asking how-- is there one fee per visit as we have in some of the Article 28 facilities? Or you can bill by the procedure that is being done?

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MARLENE ZURACK: For the last 20 years there has been what has been called in the Medicaid program, the threshold visit. Meaning if a patient walks through the threshold and has a diagnosis, a single procedure and has been seen by an appropriate provider, there is one rate. However, as of January 1st, the State has partially moved in the direction of implementing what are called APGs. Through APGs, 100% APG implementation for the ED, through the Emergency Department, and for the AmSurg [phonetic] has taken place already. The department is planning to partially implement APGs for the clinics. Under APGs, varying amounts of reimbursement are contingent on the diagnoses of the patient and the procedures provided, whether they be surgical procedures, surgical procedures are more heavily reimbursed than non-surgical procedures, etcetera.

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2 This is a very complex coding scheme involved and
3 it is very much diagnosis and procedure driven.

4

COUNCIL MEMBER STEWART: Right.

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6 Well the reason why I moved to that is that I
7 don't think that the method of billing is being
8 utilized to the maximum to get the reimbursement
9 if you have that process. And maybe you can think
10 about contracting the service of billing.

11

MARLENE ZURACK: Well you know,

12

13 interesting that you should mention this. Mr.

14

15 Aviles mentioned in his testimony that we are in

16

17 the middle of major breakthrough activities. And

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19 as we speak we have a team at HHC locked away to

20

21 figure out how to capture all the charges for

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23 APGs, so thank you for the suggestion, and we're

24

25 on it.

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COUNCIL MEMBER STEWART: All right.

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28 My next question has to do with the nursing

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30 school. And you talk about the Mayor has given

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32 this \$7.5 million for construction which should be

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34 finished at the end of this year, right? How many

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36 students-- I know it started last year or the year

37

38 before with that Long Island University-- Long

39

40 Island University School of Nursing. Could you

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2 tell me how many students are attending now
3 through that program?

4

ALAN D. AVILES: We just have to
5 pull that out. It will take us a minute.

6

[Pause]

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ALAN D. AVILES: So the total
8 number is 60, it's 30 a year, two-year program.

9

COUNCIL MEMBER STEWART: The thing
10 is now, I want to know, within the preliminary
11 budget, is money allocated for that to continue?

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ALAN D. AVILES: We're expecting,
13 yes.

14

COUNCIL MEMBER STEWART: You expect
15 it.

16

ALAN D. AVILES: Yes.

17

COUNCIL MEMBER STEWART: All right.
18 I noticed you haven't said anything about the
19 Spine Center. What happened to the Spine Center
20 at Kings County Hospital?

21

LARAY BROWN: The Spine Center is--
22 we are-- it's an active program and we have-- the
23 balance--

24

[Pause]

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LARAY BROWN: The total program

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2 costs \$5 million. We got \$700,000 as you know, so
3 we need \$4.3 to complete the program. This is the
4 renovations in the E Building.

5 COUNCIL MEMBER STEWART: So are
6 you--

7 LARAY BROWN: [Interposing] It's on
8 our list as planned project, but we've got to find
9 the balance of the funds.

10 COUNCIL MEMBER STEWART: Right. So
11 you think it's-- you know, the reason why I ask
12 that is because I want to know if I should be
13 fighting for the additional monies to do that if
14 you--

15 ALAN D. AVILES: [Interposing] That
16 project cannot go forward until we find additional
17 funds.

18 COUNCIL MEMBER STEWART: I know
19 based on what you're saying. But if you are
20 saying basically that we don't have any money and
21 I don't think the Mayor has any money, I want to
22 know how I should approach that if I have to
23 really try to get that capital money in.

24 ALAN D. AVILES: We're still in the
25 process of figuring out how we accomplish the full

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2 30%. Because as you know, the capital budget was
3 pushed out in order to achieve a 20% reduction
4 last year. And this 30% additional reduction on
5 top of that really starts to implicate more
6 routine capital expenditures that have to be
7 expended just to deal with basic infrastructure
8 issues, our air handling and many other things,
9 including replacing some medical equipment that
10 will exceed its useful life in the course of the
11 next two or three years. So what is actually left
12 in order to do even relatively modest projects
13 where we have only a portion of the funding, that
14 is a good question. I don't know the answer as to
15 whether or not even with the balance we could then
16 go forward immediately with that one project.

17 COUNCIL MEMBER STEWART: All right.
18 My last question. Considering the closing of
19 private hospitals, you know there are a number of
20 hospitals closing all around the City-- I don't
21 know if you know the Commissioner spoke about the
22 elimination of dental programs in the schools.
23 And we have a number of other small clinics that
24 are closing. I want to know if you are ready and
25 prepared to deal with that, as you are the HHC

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facilities, now that you may have an increase. As you said, you have an increase in the uninsured, now you're going to have a greater increase because of all these facilities being closed and eliminating programs in the schools and all of that. Are you prepared to deal with that?

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ALAN D. AVILES: Well we clearly do not have very much access capacity in our dental programs, if that what you're asking specifically.

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COUNCIL MEMBER STEWART: That is one part of it. But there are other issues in terms of--

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ALAN D. AVILES: [Interposing] The answer is that we operate at pretty close to capacity for most of our system. So in general to the extent that we need to cope simultaneously with more uninsured patients coming our way and with there being a contraction in capacity elsewhere in the healthcare system that also comes our way, the answer is we do not have the ability to deal with that except through longer wait times occurring in order to get people through the door and doing more triaging in terms of who-- you know, how urgent is it, and having people bump the

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2 line under those circumstances.

3

COUNCIL MEMBER STEWART: All right.

4

I want to thank you. And I just want to commend
5 you on making a great choice in our new executive
6 director in Brooklyn, Mr. Martin.

7

ALAN D. AVILES: I'll tell him you

8

said that. Thank you.

9

COUNCIL MEMBER SEARS: Councilwoman

10

Foster?

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COUNCIL MEMBER FOSTER: Thank you.

12

I'm sorry I missed your testimony, I had to step
13 out and get something to eat. We have been here
14 since 10:30. Quick questions. With the closing
15 of Highbridge, let me move back and ask what is
16 it? Is it a-- how do we plan to do a continuity
17 of care? That's an area, and I don't have to tell
18 you, with high everything. And my concern always
19 in situations like this is once I get them to
20 comply medically, anything, even walking across
21 the street, throws them off. And so while
22 Morrisania is probably closer and easier to get to
23 than Belvis--

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ALAN D. AVILES: [Interposing]

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Right.

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COUNCIL MEMBER FOSTER: How do we plan to facilitate it to make sure that our people most in need are going to follow up?

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ALAN D. AVILES: Right. There will be a process for contacting each of the patients to attempt to facilitate the linkage. Either to one of our facilities in Morrisania, you're right, is-- would be the most convenient for those who are closest to Highbridge. There's also a bus line that also runs from there down to Morrisania. To the extent that patients are insured, then obviously they have the option of community-based physicians as well. Many of them, if they're Medicaid patients who are insured will have Metro Plus, our plan. And so our Metro Plus plan has many community physicians included in its network, so they would be available to them as alternative primary care providers. So the choice would be up to the patients, if they're insured, community physician option, Morrisania, or Belvis or Lincoln if they want to go that far. If they are uninsured, then it is basically the HHC options that we will focus on.

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COUNCIL MEMBER FOSTER: And are we

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2 focusing on actually-- this is a population that
3 almost needs handholding and not in a
4 condescending way, in more of like a patient
5 navigator. Are we going to have people to make
6 that transition so literally I'm not just saying,
7 you're going to Morrisania, you're going to get on
8 the 11, you know, that type of thing?

9 LARAY BROWN: As part of a closure
10 plan that we have to develop and submit to the
11 State, one of the things we always include in that
12 deliberation is not that just the initial or broad
13 contact or communication with folks about here is
14 where you go, but also literally individualized
15 discussions about where do they want their medical
16 record to go, giving them a specific person to be
17 their contact in making that change and in making
18 that transition. So that we, number one, we need
19 to know if someone chooses not to come to an HHC
20 facility, where will we send their medical record.
21 You mentioned the point about continuity. We have
22 done, you know, telegrams, phone calls, outreach,
23 when we have closed different programs to be able
24 to be sure that people get to a healthcare
25 facility. We also make sure that in some cases we

1
2 give people an opportunity to come and visit. For
3 example, if folks don't-- have been going to
4 Highbridge for a long time and don't know, you
5 know, what Morrisania has available, to establish
6 that comfort level. So the announcement was last
7 week. Our goal in terms of the actual closures is
8 for July 1st effective date. We need to develop
9 very specific and concrete strategies depending on
10 the type of program, and depending on the patient
11 mix, that will ensure that as many people as
12 possible get from Point A to Point B and that, you
13 know, no one falls through the cracks.

14 COUNCIL MEMBER FOSTER: And just
15 from my experience dealing, you know, being a
16 hospital administrator in another life, we've got
17 to make sure that all our points are covered. So,
18 the pharmacy that everyone goes to needs to be
19 aware of it. Because what I found in many
20 situations either when they had lost their
21 eligibility or the provider was no longer in the
22 network, you only found out or a patient only
23 found out when going to renew meds, because it's
24 not a population that is complaint with, you know,
25 we don't have regular medical checkups, it's when

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2 something is wrong. So we've got to make sure,
3 especially in the Highbridge area, that wherever
4 we know they're using pharmacies or simple things,
5 the chicken place that's down the block that is
6 really where everybody goes for lunch, those types
7 of thing. With Morrisania and the closing of the
8 pharmacy, how are we going to make that
9 transition, you're--

10 [Pause]

11 ALAN D. AVILES: There's no closing
12 at this point of the pharmacy in Morrisania.

13 COUNCIL MEMBER FOSTER: I got a
14 phone-- okay, never mind. I'll talk to you
15 afterwards in case I'm saying something I wasn't
16 supposed to say. So I withdraw that. The last
17 thing, with the DSH match money, my recommendation
18 is work very closely with us, and especially with
19 the Highbridge closing, because my office is
20 usually the first stop when anything goes wrong in
21 that area. And at least we can have the
22 information to help facilitate transitions if
23 people are going to Morrisania or choose to go to
24 Belvis. But also with this campaign to make sure
25 the State knows, work with elected officials.

1
2 Because the big thing that people need to
3 understand, Bronx County, upward of 80% of our
4 residents are employed in the healthcare industry.
5 So when you look at cuts that may be small when
6 you look New York Citywide have huge effects in
7 Bronx County. And I'm not talking about-- you
8 know, we don't have a lot of doctors, so that's
9 not what I'm talking about. I'm talking about the
10 everyday workers. So these cuts across the board
11 are going to put Bronx County back to being the
12 number one county with double-digit unemployment
13 and things like that. So it's important that as
14 much as we can be a help in not only getting the
15 word to the state, but getting the word to our
16 constituents to get it to the state, that's very
17 important. So thank you.

18 ALAN D. AVILES: Thank you.

19 CHAIRPERSON RIVERA: Thank you.

20 Next we have Council Member Mitchell.

21 COUNCIL MEMBER MITCHELL: Thank
22 you, Mr. Chairman. As you know, being Council
23 Member McMahon's successor, you know I'm going to
24 have a couple of Staten Island centric questions
25 to ask you. With regard to-- you mentioned in

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2 your testimony your system wide efforts to promote
3 smoking cessation, cancer screening and routine
4 HIV testing, I'm assuming that's offered on Staten
5 Island as well?

6

ALAN D. AVILES: HIV testing is
7 offered at both family health centers at Staten
8 Island. I'm sorry what else did you...?

9

COUNCIL MEMBER MITCHELL: Smoking
10 cessation. Staten Island, as I'm sure you know,
11 has the highest incidence of smoking. I'm sorry,
12 smoking cessation also?

13

ALAN D. AVILES: Yeah, smoking
14 cessation. And there was a third.

15

COUNCIL MEMBER MITCHELL: Cancer
16 screening.

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ALAN D. AVILES: Cancer screening--

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COUNCIL MEMBER MITCHELL:

19 [Interposing] We've got a few others, diabetes and
20 a couple others.

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ALAN D. AVILES: So we do enter
22 into contracts and recently entered into another
23 one with both hospitals on Staten Island so that
24 patients that are seen at our family health
25 centers who need, for example, a colonoscopy can

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2 be referred there for a colonoscopy. Smoking
3 cessation I think we don't have local.

4 LARAY BROWN: At this point we
5 don't offer the smoking cessation programs at our
6 two family health centers, although in fact we
7 have that in the plans to actually add smoking
8 cessation counseling at those two-- at the two
9 sites since we've added now adult services there.
10 I terms of the smoking cessation availability, I
11 believe the two other hospitals do have smoking
12 cessation programs, but they're not through HHC.
13 And with regard to the cancer screenings, we have
14 made a commitment and have actually realized this
15 commitment over the last several years that when
16 we have a special campaign which would generate
17 more people coming out appropriately for colon
18 screenings and other cancer screenings such as
19 mammography, that we have a targeted contract with
20 RUMC, with the Richmond University Medical Center,
21 and Staten Island University Hospital, to provide
22 them with funding because they're going to get an
23 additional demand for those screening services,
24 and also to support he cost of those screening
25 services for uninsured individuals.

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2 COUNCIL MEMBER MITCHELL: I'm glad
3 to hear you're partnering with the hospitals.
4 Just another question. Mr. President, you
5 mentioned Metro Plus. Could you explain to me
6 what that is and is it offered on Staten Island?

7 ALAN D. AVILES: Metro Plus is our
8 Medicaid Managed Care Plan. And it is not
9 licensed to operate in Staten Island.

10 COUNCIL MEMBER MITCHELL: How come?

11 ALAN D. AVILES: Because the
12 network-- Metro Plus was principally developed to
13 serve as the health plan for the City public
14 hospital system network. And the absence of a
15 public hospital on Staten Island and still the
16 relatively modest capacity there doesn't really
17 provide them with a basis for an adequate network
18 for licensing purposes on Staten Island.

19 COUNCIL MEMBER MITCHELL: What
20 would it entail to get it licensed on Staten
21 Island? Would that be State legislature to get
22 that done or how would it be done?

23 ALAN D. AVILES: No, it's actually
24 an application to the State Health Department.
25 But please understand that by itself having Metro

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2 Plus on Staten Island-- Metro Plus is like other
3 health plans, and there are many that are licensed
4 on Staten Island, is simply a linkage between the
5 patient and existing resources. So adding Metro
6 Plus to Staten Island doesn't really do anything
7 for increasing the capacity of healthcare services
8 in Staten Island.

9 COUNCIL MEMBER MITCHELL: And also,
10 one other, two others. On the HHC connection van,
11 what communities will it serve and what's going to
12 be the frequency and what will be the outreach to
13 let people know that the facility--

14 LARAY BROWN: [Interposing] In fact
15 we have a brochure for you, Council Member
16 Mitchell.

17 COUNCIL MEMBER MITCHELL: Thank
18 you.

19 LARAY BROWN: May I approach?

20 CHAIRPERSON RIVERA: Yeah, as long
21 as it's not in a hostile fashion.

22 [Laughter]

23 ALAN D. AVILES: So the sites are
24 in New Briton and Tottenville, Midland Beach,
25 Concord and Park Hill.

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2 LARAY BROWN: But you can-- you'll
3 see in the brochure in the centerfold, it speaks
4 to the sites and also the days that our mobile
5 medical office, Council Member Mitchell, not van,
6 will be at those locations, and the hours that
7 they'll be at those locations. And in terms of
8 our outreach efforts, we have had for every
9 weekend since the end of February various outreach
10 and health fairs and opening events to make sure
11 that the community at large, but more specifically
12 folks who were participants of the CHAL [phonetic]
13 program, are aware of what will be their new
14 options come April 1st in terms of Mariner's
15 Harbor, Stapleton, the Mobile Medical Office, as
16 well as the expanded services and capacity at the
17 Community Health Center of Richmond. We-- in fact
18 we're partnering with El Centro to have another
19 event this coming weekend, just to get the word
20 out. And for folks, we've also had the Mobile
21 Medical Unit at those events so that folks can go
22 in and see that it's like a small medical office
23 and they can see that it's going to be linked in
24 terms of computerized medical records. And so
25 we're also, as you know, partnering with the

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2 Staten Island JCC. They are literally contacting
3 individuals who are participants in the CHAL
4 program directly to assure that they know what
5 their options are. And the brochure is one venue.
6 I literally have staff out there this morning who
7 are going to those locations to make sure that
8 everything will be ready next week for the mobile
9 medical unit.

10 COUNCIL MEMBER MITCHELL: Okay and
11 just-- thank you. One last question. You
12 mentioned two new diagnostic treatment centers for
13 2012. Can you tell me where they are?

14 ALAN D. AVILES: One is our
15 Vanderbilt site, closer to the RUMC area. That's
16 actually a building that has a tenant. The lease
17 runs out later this year, I believe. And then we
18 are going to demolish that building and build a
19 new structure there that's three times the size--
20 about three times the size of the present
21 building. Then the other site is at the opposite
22 end close to the very which is in, the Stuyvesant
23 site, which is where the City Department of Health
24 has a building there, it gets two floors of that
25 building, about 14,000 square feet. We have just

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completed the design development drawings and should have construction documents complete by June, I would say.

COUNCIL MEMBER MITCHELL: Thank you very much.

CHAIRPERSON RIVERA: Up next we have Council Member Jackson, then Steward.

COUNCIL MEMBER JACKSON: Thank you, Mr. Chair. Let me apologize to everyone. I'm eating at a hearing and I'm trying to sign documents, just trying to multi-task in order to get the job done, and I think you all know what that's about. But let me express to you I am very, very concerned about the proposed cuts to your budget and the impact that it's going to have on the constituents that we represent in the City of New York, and more specifically the constituents that I represent in Northern Manhattan. And my district runs from 123rd Street and Broadway and St. Nicholas, and I go all the way up to 200-- the end of Manhattan. And Harlem Hospital is the only public hospital, public hospital, in Northern Manhattan, I mean North of 123rd Street. And obviously you have

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2 Metropolitan, which is I think at 96th Street,
3 98th Street, and then you have Harlem Hospital.
4 So I'm very concerned about the proposed cuts.
5 And looking at our briefing document with respects
6 to-- that was discussed earlier by my colleague
7 Inez Dickens, the proposed closing of these
8 satellite pharmacies. I'm looking at-- you have
9 three of them, the satellite pharmacies, and two
10 of them are right in my district. So obviously
11 that impacts the people that I represent. So what
12 can we do to avoid the closing of these satellite
13 pharmacies and to make sure that HHC as far as
14 Harlem Hospital and other hospitals, are at the
15 level of funding that can keep the programs that
16 you currently have in place in place?

17 ALAN D. AVILES: For us the
18 critical issue going forward, first and foremost
19 is ensuring that the problems that we're already
20 facing where, as I mentioned, the cuts to date
21 only address one-third of that problem, that
22 they're not exacerbated and made worse by the
23 outcome of the state budget. Because if we have
24 to contend with an additional \$100 million, let's
25 say, of Medicaid cuts on top of this \$316 that

1
2 we're struggling to close the gap on, that \$100
3 million additional will translate directly into
4 service reductions. Because in addressing the
5 \$316 million gap, we're going to manage to deal
6 with the vast majority of that through other than
7 service reduction initiatives. But that is
8 basically it. I mean we have tried as hard as we
9 can to come up with every conceivable way to cut
10 costs, to introduce efficiencies that would allow
11 us to shed costs. But as I said before, 70% of
12 our costs really are in personnel and the direct
13 delivery of care. So there's-- at some point you
14 just hit the ceiling of what you can accomplish
15 without service reductions. With regard to both
16 of those satellite pharmacies, given what we're
17 facing, I think those are going to need to go
18 forward. There's no question that they're
19 important to the patients who access them. The
20 one provides about 20 scripts per day, the other
21 about 47 scripts per day. Those are not
22 individual patients, necessarily because one
23 patient might have more than one prescription.

24 COUNCIL MEMBER JACKSON: Right.

25 ALAN D. AVILES: And so it is going

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2 to inconvenience those patients in that they would
3 have to go to Harlem--

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COUNCIL MEMBER JACKSON:

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[Interposing] Where would they go? Do they go to
6 another pharmacy in the local community, a private
7 pharmacy? Or do they go to another HHC pharmacy?

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ALAN D. AVILES: I mean they-- if they are

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insured, then they can certainly go to a retail

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pharmacy. But if they're uninsured, then they

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would need to go to Harlem Hospital and access

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those prescriptions at that pharmacy.

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COUNCIL MEMBER JACKSON: Okay, so

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in essence they would have to travel-- you don't

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give them a Metro Card, do you?

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ALAN D. AVILES: We do not give

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them a Metro Card.

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COUNCIL MEMBER JACKSON: No, I'm

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asking seriously, because cost for transportation

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is key.

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ALAN D. AVILES: Absolutely.

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COUNCIL MEMBER JACKSON: Some

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people, if they don't have transportation they're

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not going to get the prescription.

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ALAN D. AVILES: Absolutely.

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COUNCIL MEMBER JACKSON: And others
may try to walk the distance and...

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ALAN D. AVILES: No, absolutely.

We have tried-- one thing we did not do is we did
not roll back the very significant reductions in
the costs of prescription medications particularly
for those below 150% of federal poverty, where we
used to charge \$10 a prescription--

COUNCIL MEMBER JACKSON:

[Interposing] Right.

ALAN D. AVILES: Now we charge \$2 a
prescription.

COUNCIL MEMBER JACKSON: So in
order to maintain at the same level of financing
or charge to the patients, they would have to go
to an HHC pharmacy, and the nearest one would be
either Harlem Hospital or Metropolitan?

ALAN D. AVILES: Yes.

COUNCIL MEMBER JACKSON: Is

Metropolitan also going to be in place?

ALAN D. AVILES: Yes, it will be.

COUNCIL MEMBER JACKSON: All right,

because someone at 100 and Grant may decide to go
depending.

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ALAN D. AVILES: Yes.

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COUNCIL MEMBER JACKSON: But if they went to an outside pharmacy pays cost factors and the co-pay, whatever it is, they're going to have to pay. Is that correct? So it may be significantly more than what they're paying now?

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ALAN D. AVILES: It absolutely will be a great deal more if they're uninsured, because then they will be charged the cost.

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COUNCIL MEMBER JACKSON: Well you know what happens, exactly, when the cost factor is too much. The impact is that people don't get their medication. You would agree with that? That is a negative consequence--

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ALAN D. AVILES: [Interposing]

Absolutely.

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COUNCIL MEMBER JACKSON: --of not

having enough money?

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ALAN D. AVILES: Absolutely. I

would agree with that completely. But I would

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also point out that we have relatively few

satellite pharmacies throughout our entire system.

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Because although they are a convenience to

patients, they are fairly inefficient to run. And

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2 so the cost per prescription turns out to be very
3 high on our end.

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COUNCIL MEMBER JACKSON: Okay.

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6 ALAN D. AVILES: And since we're
7 already absorbing about \$100 million in losses on
8 the prescription pharmacy side, because we are the
9 only hospital--

9

COUNCIL MEMBER JACKSON:

10

[Interposing] Okay. How much money?

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ALAN D. AVILES: --in New York.

12

About \$100 million a year.

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COUNCIL MEMBER JACKSON: On the?

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15 ALAN D. AVILES: On the outpatient
16 prescription pharmacy side for uninsured patients.

16

17 COUNCIL MEMBER JACKSON: And what's
18 going to happen to the employees of the satellite
19 pharmacies as well?

19

20 ALAN D. AVILES: Well actually
21 pharmacists are in great demand.

21

COUNCIL MEMBER JACKSON: Okay.

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23 ALAN D. AVILES: And so they will
24 be pulled back. They will be retained because we
25 always need more pharmacists to meet the demands.

25

COUNCIL MEMBER JACKSON: I heard

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2 earlier it says-- DSH what?

3 LARAY BROWN: DSH match.

4 ALAN D. AVILES: Disproportionate
5 share--

6 COUNCIL MEMBER JACKSON:

7 [Interposing] No, no.

8 ALAN D. AVILES: DSH max?

9 LARAY BROWN: DSH max.

10 COUNCIL MEMBER JACKSON: DSH max.

11 Is that what it is?

12 ALAN D. AVILES: Meaning to
13 maximize the amount of Disproportionate Funds that
14 we can access--

15 COUNCIL MEMBER JACKSON:

16 [Interposing] available to the state of New York,
17 which is about \$460 million.

18 ALAN D. AVILES: Yes.

19 COUNCIL MEMBER JACKSON: Is that
20 correct?

21 ALAN D. AVILES: Half of it is
22 federal money.

23 COUNCIL MEMBER JACKSON: \$230
24 million is federal money, right?

25 ALAN D. AVILES: Correct. You got

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it. You can multitask.

COUNCIL MEMBER JACKSON: Say what?

ALAN D. AVILES: You really can multitask.

COUNCIL MEMBER JACKSON: So DSH Max.

LARAY BROWN: That's the one.

ALAN D. AVILES: DSH Max.

COUNCIL MEMBER JACKSON: So in essence our representatives in Northern Manhattan and in the State Assembly and State Senate, Keith Wright, Denny Farrell, Adriano Espaillat, you know Danny O'Donnell-- and who else did I miss? And the Senate side, Bill Perkins, Eric Schneiderman, and these people.

LARAY BROWN: They need to know.

COUNCIL MEMBER JACKSON: They need to know. They need to hear from me.

LARAY BROWN: Yes.

ALAN D. AVILES: Absolutely.

COUNCIL MEMBER JACKSON: Now--

COUNCIL MEMBER DICKENS: Now, they're more on board. I'm sorry for interrupting you. They're more on board.

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COUNCIL MEMBER JACKSON: Right.

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COUNCIL MEMBER DICKENS: The issue that I have are with some of those Upstaters that we're not focusing and targeting and--

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COUNCIL MEMBER JACKSON:

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[Interposing] Is that because those Upstaters don't have HHC hospitals?

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COUNCIL MEMBER DICKENS: Right.

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COUNCIL MEMBER JACKSON: No, I'm

11

asking a question.

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LARAY BROWN: Notwithstanding that

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they're on board, because we do know that they

14

love us. They have a lot of other priorities.

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And so we will never get the Upstaters on this DSH

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Max issue. Because the Disproportionate Share

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Hospital funding is really unique to public-- what

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we want would be directed to public hospitals.

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There are some Upstate public hospitals, and

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they're also on this case. Wyoming County, for

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example, small public hospital, and they need

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additional funding as well. That being said, what

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we need is for-- on the senate democrat, we need

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the senate Dems to be focused and forceful with

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their leadership, with Mr. Malcolm Smith and the

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2 Governor on this very specific issue.

3 COUNCIL MEMBER JACKSON: Okay.

4 That's what we need. Now it seems as though that
5 you're making cuts but you're basically saying
6 that this is phase one, and hopefully there's no
7 other phases, but you know if in fact funding is
8 not received appropriately by the State, there
9 could be a phase two, and did I hear a possible
10 phase three?

11 ALAN D. AVILES: Well there
12 certainly will be a phase two, because the \$360
13 million budget gap we're trying to address right
14 now doesn't take into account the outcome of the
15 State budget.

16 COUNCIL MEMBER JACKSON: So Mr.
17 President, you know, we're dealing with patients
18 in the hospital, right? So phase one is like a
19 patient being what? In fair condition? What's
20 level two? If you have to deal with a funding
21 cuts two, is that in critical condition or is
22 that-- I'm trying to equate that to a patient.

23 ALAN D. AVILES: I would say that
24 phase one is certainly at least guarded condition.

25 COUNCIL MEMBER JACKSON: Guarded?

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2 Okay.

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ALAN D. AVILES: Phase two really is getting close to critical.

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COUNCIL MEMBER JACKSON: Close to critical.

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ALAN D. AVILES: And if we have to do a phase three meaning--

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COUNCIL MEMBER JACKSON:
[Interposing] That's intensive care.

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ALAN D. AVILES: Then we're really-

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COUNCIL MEMBER JACKSON:
[Interposing] You would be intensive care then?

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ALAN D. AVILES: Absolutely.

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COUNCIL MEMBER JACKSON: That's critical, is that correct?

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ALAN D. AVILES: Then you're on life support, absolutely.

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COUNCIL MEMBER JACKSON: Well you know, what more can the City Council do besides advocating to our colleagues up in Albany, in your opinion?

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ALAN D. AVILES: From my perspective I think it would be helpful if some of

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those in Washington who were so instrumental in getting the federal stimulus dollars to the states and particularly getting the FMAP dollars to New York that they press the case, as the President has said, President Obama has said in connection with the FMAP dollars, that \$10 billion, that this is not a blank check. This money was intended first and foremost to secure the healthcare safety net for all Americans, including the Medicaid program. So I think that the more that the State hears that message the better off we are.

COUNCIL MEMBER JACKSON: The better off we are.

CHAIRPERSON RIVERA: We could also contact Adolfo Carrion, the new Director of Urban Affairs.

COUNCIL MEMBER JACKSON: Urban Affairs. That is an Urban Affairs matter, right?

CHAIRPERSON RIVERA: It is. It is, so we can contact him.

COUNCIL MEMBER JACKSON: Let me just say that I am sympathetic to you and your staff as far as the type of reductions that you possibly have to do in order to stay in line with

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2 the budget that you're given. But I am not happy,
3 and I say that on behalf of the constituents that
4 I represent. We are not happy. And I'm going to
5 communicate that loud and clear to our State
6 representatives. And I'm sure, as my colleague
7 Inez Dickens said, they're not happy either, and
8 hopefully they'll press the flesh with the Senate
9 Majority Leader and our Governor who is from
10 Harlem, and Shelly Silver, our Speaker, because
11 those are the three leaders that appropriately so,
12 representing the various branches of government.
13 So let me thank you, Mr. Chair, and thank you, Mr.
14 President, and your staff, for answering our
15 questions. I just wish there was more that I
16 could do and more that I could say to do battle
17 with you.. But, you know-- are you cutting enough
18 as far as administrative stuff in order to save
19 the programs? I didn't hear anyone ask you that,
20 so I'm asking you.

21 ALAN D. AVILES: Yes. These cuts
22 cut across managers, physicians, nurses, support
23 staff. They include our central office--

24 COUNCIL MEMBER JACKSON:
25 [Interposing] That's what I thought. I just

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wanted to make sure. I had to ask that question too. Thank you, Mr. Chair.

CHAIRPERSON RIVERA: Thank you.

Council Member Stewart?

COUNCIL MEMBER STEWART: Yeah. I just want to go back on a couple questions that I missed. But first of all your Health Connection Van in Staten Island, are you planning to do that in the other boroughs? Because in certain parts of, let's say Brooklyn or Upper Manhattan, there are no clinics, there are no hospitals. They might-- I just want to make sure that we are doing things, you know, in other parts of the City. Are you planning to do anything like that in Central Brooklyn like Canarsie where we have no hospital?

ALAN D. AVILES: This is a measure of how far we've come. 15 years ago everybody was trying to close the public hospitals and now everybody wants to build a new one and to extend what we have. And I wish I could say yes to that. I mean obviously what we're doing in Staten Island is intended to address rapidly changing demographics there that really do persuade us that there is a need for additional primary care

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2 capacity. And so we're trying to come up with
3 solutions that will allow us to address that
4 problem as quickly as possible. So the Mobile
5 Medical Unit was a way to get additional capacity
6 online faster than dealing with physical
7 infrastructure where the, you know, construction
8 just takes a long time in New York City.

9 COUNCIL MEMBER STEWART: Well you
10 know, if Mike McMahon was here he would have
11 responded right away to say something, but I'm
12 glad he's not here to respond to that. However, I
13 want to ask about--

14 [Laughter]

15 COUNCIL MEMBER STEWART: I want to
16 ask about ads for your, you know, within your
17 budget. How much is your ad budget?

18 ALAN D. AVILES: The ad budget is a
19 little over \$1 million.

20 COUNCIL MEMBER STEWART: \$1
21 million.

22 ALAN D. AVILES: And all of it is
23 being cut.

24 COUNCIL MEMBER STEWART: All right.
25 All of it is being cut?

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ALAN D. AVILES: All of it is being
cut.

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COUNCIL MEMBER STEWART: All right.
But in the past, how much of that did you spend on
ethnic media?

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ALAN D. AVILES: A fair amount of
it.

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COUNCIL MEMBER STEWART: A fair
amount? You know, all the ethnic media, they're
complaining to me saying, you know, they're all
going out of business because places like you guys
don't--

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ALAN D. AVILES: [Interposing] A
million dollars doesn't go far in a city as big as
New York over the course of an entire year. So it
may seem like very little to them, but the reality
is we have cut back steadily on advertising and,
you know, a million dollars for a system our size
is not a lot to start out with and we've cut it
all.

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COUNCIL MEMBER STEWART: All right.
So if it was to return, would you consider how you
really dispense of that ad monies to make sure
that the local media plays a role in what you do?

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Because you know what Central Brooklyn is all about.

ALAN D. AVILES: Absolutely.

You're going to get more calls, because most of it is spent currently in local media because we think that's the most effective way to meet-- to reach our patients is to use the ethnic media that they actually read.

COUNCIL MEMBER STEWART: I'm glad

that you agree with me, because you know, I think that is something that we should look at because the health system in New York City, they use a lot of money, millions upon millions of dollars in terms of ads, which is not really going through an RFP system, but it's based on decisions made by executives within these agencies. And I feel that ethnic groups and the media in those areas should be considered when making those decisions. Thank you, sir. Thank you for your testimony.

ALAN D. AVILES: Thank you.

CHAIRPERSON RIVERA: Okay. Thank

you very much. At this point in time there seems to be no other questions on behalf of the Committee. I want to thank you for joining us

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2 today and know that we will, you know, be talking
3 to our State colleagues to see if we can get them
4 on board--

5 ALAN D. AVILES: [Interposing]

6 Thank you very much.

7 CHAIRPERSON RIVERA: --you know,
8 with these initiatives. And for the public
9 portion of the testimony, we're going to be moving
10 next door so we have a large room to accommodate
11 everyone. So if you haven't signed up, sign up
12 with the Sergeant-At-Arms, so everybody can have a
13 chance to speak.

14 [Pause]

15 CHAIRPERSON RIVERA: Good
16 afternoon, ladies and gentlemen. We're now going
17 to proceed with the public portion of our hearing
18 today. We are going to do it in panels of four,
19 and due to the fact that we have about 40 people
20 who are interested in testifying, we are going to
21 be limiting the testimony to two minutes per
22 individual. There's going to be a time clock over
23 here, and a buzzer when the time does run out.
24 And again, since we do have 40 people, you know,
25 who are looking to testify, we're going to try to

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2 get out of here at least by 8:00 tonight. So
3 we'll call up the first panel. Judith Arroyo is
4 first, along with Dale V. Brooks, Barry Liebowitz
5 from the Doctors Council, and Dr. Gary Peters.

6 [Pause]

7 CHAIRPERSON RIVERA: Yeah.

8 [Pause]

9 CHAIRPERSON RIVERA: Call up
10 Stephen Feinstein from The Doctors Counsel.
11 Steven Feinstein.

12 [Pause]

13 CHAIRPERSON RIVERA: Okay, so
14 whoever wants to proceed first, just state your
15 name for the record. Again, we have two minutes
16 per individual. You may begin.

17 JUDITH ARROYO: I'll go ahead and
18 start. Good afternoon Chairman Joel Rivera,
19 Honorable members of the Health Committee and
20 distinguished guests. I am Judith Arroyo,
21 President of Local 436. We are part of District
22 Council 37. We represent the 1,000 public health
23 nurses and epidemiologists that are employed by
24 the City of New York. Rather than to go through
25 my testimony, because sadly this is maybe about

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2 the fifth or sixth time that I've spoken to you
3 and the situations haven't changed and the numbers
4 haven't changed. We're here to ask for funding
5 for the child health clinics. Of course we're
6 supporting our brothers and sisters in the Oral
7 Health Program. One of the things however that
8 was not mentioned today by Commissioner Frieden is
9 that every year we come back asking for money for
10 the summer school nurses. This year he didn't
11 mention it. We didn't think they had base lined
12 it, and they didn't. What they did was they took
13 some of that money that you the Council voted for
14 the Board of Education to use to educate students,
15 and took it to pay for public health nurses to be
16 in the summer school system. They did it last
17 summer and it looks like they're going to do it
18 again. You voted for that money to be used to
19 educate children, and it wasn't used that way, or
20 at least part of it wasn't. It was used to pay
21 for public health nurses, employees of the
22 Department of Health, to staff the school nurses
23 during the summer, because Asthma, Diabetes, as
24 you well know, do not take vacation over the
25 summer. And the principals were not going to run

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2 their summer school programs if they weren't going
3 to have their nurses. So you need to investigate
4 that a little bit, and if that is the case, then
5 you'll have to go back to the Department of Health
6 to try to get that money. One of the things we do
7 do is produce revenue. The back of our time card
8 does have a way that we can code it. The
9 Department of Health knows it, but instead of
10 keeping it, they give it other people and we've
11 realized that some of the money that the public
12 health nurses are collecting that is Medicaid
13 money has been going to the Board of Education.
14 And some of that money has just disappeared into a
15 dark hole. So that's another thing that you have
16 to look at. We have other suggestions about
17 revenue, but in the interests of time, I will
18 answer any questions if you want when we're all
19 finished and we can go ahead and forward anything
20 else that you need from us.

21 GARY PETERS: Good afternoon,
22 esteemed members of Council. My name is Dr. Gary
23 Peters. I'm a Dentist working in the Oral Health
24 Program since 1984. I want to explain why
25 statements made by the Mayor and The Health

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2 Commissioner about the closing of the Oral Health
3 Program are untrue and misleading. They attempt
4 to justify closing this program by saying that
5 this is a duplicable program and that the children
6 will get dental care elsewhere through Medicaid
7 and that others are looking into taking over the
8 dental clinics. These statements are misleading
9 or irrelevant. Many of our patients are not
10 eligible for insurance and even those who have
11 Medicaid do not get dental care unless the care
12 comes to them. The only place they get care is if
13 the care can come to them in their schools. I
14 cite federal GAO reports, which I included in my
15 folder, including from September 2008, as proof
16 that they don't get dental care and the Oral
17 Health Program's own track records that not even
18 5% of the children referred from our sealant only
19 sites to our full service sites ever make it
20 there, even though these sites don't require any
21 insurance or Medicaid at all. Most of their
22 parents cannot afford to take off from work for
23 fear of losing their job. They cannot afford a
24 babysitter or pay for public transportation to get
25 their kids to the dentist. Any schoolteacher in

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2 New York City can tell you that their kids don't
3 get other basics either, including eyeglasses for
4 the very same reasons. Since the only place these
5 children will get needed care is in school, this
6 makes the existence of non-school based clinics,
7 private offices and other dental facilities
8 irrelevant. Therefore even if every child and
9 Medicaid or other insurance, they still would not
10 get the care if school clinics close. Further,
11 saying that others are looking into taking over
12 clinics is misleading as well, because to date as
13 far as I know, no one has committed to do so. NYU
14 and Woodhull as I understand it were looking but
15 backed out. Lutheran Medical Center is also
16 looking but hasn't made any commitment. Lutheran
17 has expressed interest in two schools, but what
18 about the other 37 sites and where is their
19 commitment? Also, any entity, whether it is
20 Lutheran, NYU or--

21 CHAIRPERSON RIVERA: [Interposing]
22 If you can sum up.

23 GARY PETERS: Okay. Well in any
24 case, however well intentioned, there is no plan
25 here except to deliberately eliminate actual

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2 treatment of children and try to persuade you into
3 thinking falsely that everyone will be all right
4 if the program is destroyed. It will not. I'll
5 have to cut it there. Thank you very much.

6 CHAIRPERSON RIVERA: Thank you.

7 And again, I do apologize to everybody. Since we
8 do have about 40 people who want to testify, we
9 really do have to adhere to the two-minute
10 timeframe. So. Next? Push the button.

11 DALE V. BROOKS: Good afternoon,
12 esteemed Council Members. My name is Dale V.
13 Brooks. I am a dental hygienist working with the
14 Oral Health Program since 1983. I am also the
15 Chapter Chair of the Dental Assistants and Dental
16 Hygienists at DC 37 Local 768. Thank you for this
17 opportunity to testify to discuss my concerns
18 about the Department of Health and Mental
19 Hygiene's proposed closing of the Oral Health
20 Program. Who will treat our children if we close?
21 For the past 25 years I have found if we don't see
22 them, they don't get treated. As stated before,
23 no insurance, parents working and long waiting
24 list at other dental facilities are the reason.
25 As a dental hygienist I was able to go in the

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2 classroom and do dental screening and target the
3 children that were in need of immediate dental
4 care. Parents were contacted by the dental
5 assistant. Consent forms were sent home, signed
6 by the parent and the child was seen within a day
7 or two. Again, as stated before, due to
8 attrition, there are only eight dental hygienists
9 left. We no longer go into the classroom. We are
10 now only at the chair performing much needed
11 dental services. This sounds good, but at the
12 same time it is realized that there is a severe
13 dental problem, the child is on the way to one of
14 the City's hospitals' emergency rooms. At PS 76
15 Manhattan, we opened a sealant site in October. A
16 sealant site targets the children that don't have
17 cavities. We stay at the site for three months
18 and move to the next site. In three months we saw
19 125 patients. They were examined by the dentist
20 and then referred to the hygienist. Of the 125
21 children, 81 have rampant decay. We are able to
22 stay and turn this site into a full, working
23 dental clinic and start treating these children.
24 At PS 33 in the Bronx, where we have operated a
25 dental clinic for 16 years, the nurse sees an

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2 average of three patients a day that are dental
3 emergencies, emergencies ranging from a loose
4 tooth to abscessed tooth. Fortunately she has
5 been able to refer these children to us. But
6 because we are proposed to close, the clinic is
7 only open one day and we are not allowed to take
8 any more consent forms from the nurse, parents,
9 students or teachers. I have included a letter.
10 Multiply the three emergencies by five and then by
11 the number of schools in New York City, it will
12 only be then that it will be realized how much
13 this program is needed.

14 CHAIRPERSON RIVERA: Thank you.

15 [Applause]

16 CHAIRPERSON RIVERA: Press the
17 button.

18 STEVEN FEINSTEIN: Thank you. Dr.
19 Feinstein. I've been working in the Oral Health
20 Program for over 24 years, and currently working
21 two days a week in a school-based dental clinic in
22 Brooklyn, PS 3, and three days a week in the
23 Chelsea Health Center on the West Side of
24 Manhattan. As it was stated previously, it's a
25 105-year-old program providing free dental

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2 services to all children. And I'd like to add
3 that a lot of the proposals that I listened to
4 this morning about people taking over these
5 services, I have no confidence that they're going
6 to be able to care for any children that need free
7 services. Perhaps some of these entities are
8 going to, you know, try to take over these
9 services, but they're going to have to charge.
10 And my fear is that when they discover that
11 they're unable to operate these clinics profitably
12 that they're just going to abandon them and
13 perhaps cannibalize these clinics and they're
14 going to be lost permanently. I have a letter
15 from Dr. Altman, a Pediatrician of New York City,
16 School Health Physician. And she states that the
17 termination of the program will be a health
18 catastrophe. These are the City's most vulnerable
19 children. I listened to testimony about HHC and
20 this morning the gentleman was asked whether they
21 could pick up the slack from the closing of these
22 clinics, and that program. And he answered that
23 they're working to capacity and they would not be
24 able to accommodate them. Frankly, I don't really
25 see the savings. They talk about \$2.5 million,

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2 but if you figure in what it's going to cost when
3 these children show up at City hospitals, I feel
4 that they're not going to be served and it's going
5 to cost the City more money. Thank you.

6 CHAIRPERSON RIVERA: Thank you. I
7 just had a couple of questions. Judith, you
8 mentioned some potential revenue streams that we
9 can look at. What were those specifically?

10 JUDITH ARROYO: Okay. Well we were
11 talking about the back of the card for starters.
12 The timecard of the public health nurses,
13 specifically in school health where they fill out.
14 And we put a code back there as to what care we
15 give in the school health system, so that way the
16 Department of Health through the School Health
17 Program, for years, was capturing that money as
18 Medicaid dollars and bringing it into the School
19 Health Program. Since they created this new
20 entity that's called the Office of School Health,
21 this Medicaid money that specifically public
22 health nurses are bringing in to the Department of
23 Health, part of it we understand, this information
24 comes from our sister organizations, is being
25 given to the Board of Education. And last year

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2 when we brought this up to the City Council, your
3 own Finance Council people went looking for it and
4 couldn't find it. It was going into, what they
5 said, a black hole in the Board of Education. So
6 we're not even sure that this Medicaid dollars
7 which is supposed to be used for healthcare
8 services is actually being used for healthcare
9 services that's going over there. It's definitely
10 being used for healthcare services, whatever we're
11 keeping on our side. That's one. The other thing
12 is that people are looking at revenue service and
13 everything else, but no one is actually looking at
14 efficiencies. And we hear about efficiencies all
15 the time. But we have at least two examples, well
16 one for sure, of something that has cost the
17 Department of Health a great deal of money, and
18 yet they want to keep it. We're talking about
19 something that's called ASHR, Automated School
20 Health Record. When it was created it was created
21 without any input by the very nurses that were
22 going to use it. And the result was that there
23 was a great deal of complaint from the nurses that
24 it wasn't working for them. Since then they
25 actually paid Columbia University to come in and

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2 look at the program because they were getting so
3 many complaints and they just couldn't believe
4 that it really wasn't working. So, Columbia
5 University came in, looked at it and reported back
6 to them, the system currently seems to serve three
7 sets of users, School Health Administrators,
8 School Health Physicians, Public Health Nurses
9 assigned to the schools. ASHR is intended for
10 daily use by the Public Health Nurses. But
11 adoption of these primary uses appears to be
12 limited. This is possibly because there seems to
13 be limited functionality to really support the
14 information and work needs of public health nurses
15 assigned to the schools. We found-- we foiled
16 this information, because we-- our members called
17 us and said that Columbia was in there looking at
18 ASHR, and one of our nurses actually said that the
19 nurse informatic [phonetic] that was looking at
20 the system said it would probably be cheaper for
21 the Department of Health to just scrap it and
22 start all over again. This is a program that has
23 probably cost them millions of dollars, and yet
24 they keep patching it and they keep coming out
25 with a different version. And some of it works,

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2 but for the most part it's actually more cost
3 effective for the nurse to actually use a manual
4 written log rather than the computer system. So
5 that's one of the places where you have to start
6 looking at how business is done in the Department
7 of Health for things like this. All right? The
8 Commission on the Public Health System that I know
9 will testify later pointed out the fact that other
10 City agencies have a 10% administration cost. And
11 yet the Department of Health has an 11%
12 administration cost and it's probably even going
13 higher. I've never seen so many consultants and
14 assistant commissioners being hired since-- in a
15 very long time. So that's another place where you
16 have to start looking. Do you really need all of
17 these people, these consultants and all of that?
18 They spoke about contracting out of nurses. The
19 cost for contracts, agency contract nurses coming
20 in from a nursing agency went, in a six year
21 period, from being just maybe \$4, \$6 million to
22 now a \$33 million cost scattered over ten
23 different contracts. They talked about having a
24 hard time getting even contract nurses to go to
25 the South Bronx, so they're now paying an extra

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2 differential to these contract nurses so they'll
3 go to the South Bronx. We have proposed in past
4 negotiations with the Department of Health certain
5 incentives that would help them to recruit and
6 retain nurses in the School Health System rather
7 than them going out to the contract. That was one
8 of the things that we thought would be a good idea
9 for the very hard to recruit and retain areas.
10 But the answer we got was that they couldn't
11 afford it and they didn't have the money to give
12 it to us. But it seems like they found the money
13 to give it to the contractors. So, we have to
14 look at those contractors very, very carefully. I
15 have a supervisor that says that every time she
16 calls these agencies to get coverage just for sick
17 call, they can't find a nurse to send there. Well
18 who's looking at these contracts? If we're paying
19 them millions of dollars to provide us a nurse for
20 sick call and they're not providing a nurse, then
21 are we recouping that money because they are not
22 fulfilling their requirements? We're not sure
23 who's looking at those contracts, but they keep
24 going up and up. And just last night one of my
25 members turned around and said that she was just

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2 handed a bunch of contracts that she has to review
3 because they're going to go out and contract in
4 immunization and tuberculosis. They can't find
5 money to negotiate with us in such a way to bring
6 us up on par even with HHC nurses so we can
7 recruit and retain, but they seem to be able to
8 find lots of money for all of these contracts, and
9 I think they have to be looked at.

10 CHAIRPERSON RIVERA: Thank you.

11 Does anyone else on the Committee have any
12 questions for this panel? No? Thank you very
13 much. I appreciate it. The next panel will
14 consist of Barry Liebowitz, MD, from the Doctor's
15 Council; Niokka Jackson; Dr. Alan Matthew from
16 Department of Health and Mental Hygiene OHP;
17 Charlotte Kooistra, DDS.

18 [Pause]

19 CHAIRPERSON RIVERA: Okay, so
20 whoever wants to go first may begin. Again, it's
21 going to be a two-minute timeframe. If you have
22 written testimony and you want to submit it for
23 the record, that's perfectly fine. And if you can
24 summarize what that, you know, written testimony
25 says so it can fit within a two-minute timeframe,

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that would be perfect.

BARRY LIEBOWITZ: Thank you very much. Good afternoon, Mr. Chairman Rivera and Members of the Health Committee. My name is Dr. Barry Liebowitz. I am President of Doctors Council/SEIU, which represents more than 3,500 attending physicians and dentists in the Health and Hospital Facilities and the Oral Agencies, including the Department of Health, which manages the Oral Health Program in New York City. The Oral Health program has been operating for 105 years, surviving the Great Depression and every economic downturn in living memory. Today, 46 dental clinics serve 17,000 students a year, the vast majority of whom are minorities, and many of whom come from low-income households. It has been a critical safety net for tens of thousands of families throughout New York City. Tragically, the Department of Health, under Commissioner Thomas Frieden, intends to shut this program down, terminate it, end it, kill it. Department of Health is moving ahead with these drastic cuts despite every study showing that prevention and early intervention of dental disease saves our

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2 children from needless pain, the onset of serious
3 diseases like diabetes and heart disease and the
4 need for more expensive procedures performed in
5 our municipal hospital emergency rooms. Doctors
6 Council has been working tirelessly to appeal to
7 those of us who still believe our City has an
8 obligation to care for those in need. The City
9 Council is the last hope for thousands of children
10 who rely on this program. Today I am joined by
11 Niokka Jackson. I ask that you hear her story,
12 and while you are negotiating the budget with the
13 Mayor, know that there are thousands of stories
14 just like her.

15 NIOKKA JACKSON: Good afternoon.
16 My name is Niokka Jackson. I have two children in
17 public school. Both benefited from the clinics.
18 When I was 18 I had to have five teeth extracted
19 and a root canal, and cavities filled. I almost
20 died. I had to get emergency surgery. It was too
21 traumatic that it took me ten years to return to
22 the dentist because I became so fearful of
23 dentists. Excuse me. When my oldest daughter was
24 five, she got her tooth pushed into her gums while
25 she was playing in the playground. I took her to

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2 a community dentist, and they didn't know how
3 treat children. They didn't number her teeth
4 properly. I couldn't watch. It was too painful.
5 I was afraid she would develop the same fear I had
6 of the dentist. The following year the dental
7 services program was implemented in my daughter's
8 school. My daughter, the same child who had such
9 a traumatic experiences now goes to the dentist,
10 Dr. Mahoney, all on her own. She has her teeth
11 cleaned at least twice a year. She allows them to
12 do any fillings and extractions. When my youngest
13 daughter's tooth broke, the dentists didn't pull
14 it; she repaired it, and now it's growing in
15 properly. I'm a mom who just went back to school.
16 I have six classes and it's very hard for me to
17 miss school to take them to the dentist and all
18 their other doctors' appointments. This program
19 is a blessing because it's right there in the
20 school and the care is excellent. I don't have to
21 worry about my children getting inadequate dental
22 care. The dentists at PS 21 have been like second
23 parents to my children. It would be a tragedy for
24 Bloomberg to cut this program. I just want to end
25 by reading a letter my daughter, Ajenae, wrote to

1
2 Mayor Bloomberg. Dear Mayor Bloomberg, I am
3 writing this letter to you to ask you not to shut
4 down the dentist. Some kids have cavities. I
5 have four cavities, but the dentists put fillings
6 over the cavities. The dentist took out eight of
7 my teeth. The public dentist hurt me. That is a
8 memory I can never forget. They had to hold me
9 down at the public dentist. It is like punishing
10 one person for someone else's mess. I don't want
11 you to close down the school's dentist. The
12 dentist people are my friends. Please, please
13 don't close down the dentist. Just imagine what
14 the kids in every school is going to look like if
15 you shut down all the dentists. That was from my
16 nine year old, Ajenae.

17 [Applause]

18 NIOKKA JACKSON: Thank you.

19 CHARLOTTE KOOISTRA: Good day.

20 Thank you. Good day. My name is Charlotte
21 Kooistra. I have been a Department of Health
22 Dentist for 23 years. I have watched the
23 dismantling of this department for years. I am at
24 a loss as to say why. Every study I have seen
25 stresses the importance of good oral health and

1
2 its vital importance to general good health,
3 especially in regards to diabetes and
4 cardiovascular disease. Furthermore, many school
5 hours are lost due to oral health problems and
6 children in poor oral health have trouble learning
7 due to pain. Also children in pain are known to
8 have poor nutrition. It has been stated by the
9 Department of Health that everyone has access to
10 dental care. Again, studies show that this is not
11 true. While in theory, many of our patients have
12 Medicaid or SCHIPS, they do not have access to
13 dentists. Most dentists who accept Medicaid and
14 SCHIPS do not treat children. Again, this is
15 backed up by studies by the GAO, New York State
16 and others. There are also many who do not have
17 any insurance, especially dental insurance. In
18 these difficult economic times, more children will
19 be without insurance as their parents lose their
20 jobs or the companies they work for reduce health
21 benefits to be more profitable. The Department of
22 Education will have even more paperwork. New York
23 City will no longer be exempt from the New York
24 State requirement of dental notes. The closing of
25 our department will cost the City much more than

1
2 the cost to keep it open. Between the costs of
3 the Department of Education losing money while
4 children are taken out of school to go to the
5 dentist, the cost of sending and keeping track of
6 the dental notes, and most importantly the added
7 medical costs of poorly controlled diabetes and
8 cardiovascular disease. Study after study
9 stresses the importance and necessity of school-
10 based dental clinics. This is our program. If
11 our department is allowed to close, children will
12 suffer. Please do not allow this to happen. I
13 and the children and New York City thank you for
14 your time and your help.

15 [Applause]

16 ALAN MATTHEW: Thank you, Mr.
17 Chair, Council Members. My name is Dr. Alan
18 Matthew and I began working with the Oral Health
19 Program in 1995. My purpose today is to stand in
20 the gap and offer my voice to the voiceless, and
21 they are the countless uninsured children in the
22 City of New York. I am compelled to ask this
23 question, how is it that an Oral Health Program
24 that has serviced the under served for over 100
25 years, before the Great Depression, throughout

1
2 previous economic downturns managed to endure, and
3 yet today this program faces extinction all in the
4 name of a shift in the Commissioner's mission and
5 goals for this program? Once upon a time our goal
6 was to promote access to dental care and follow up
7 treatment for any child who sought the need. Have
8 our goals changed? Has our mission changed? Well
9 on behalf of all of my coworkers of the Oral
10 Health Program, the answer is certainly not. We
11 are here because we see what is coming, uninsured
12 children from families of the working poor, the
13 poor and the immigrant population will fall
14 through the cracks without a safety net. Less
15 than one in five Medicaid covered children
16 received a single visit in a yearlong study that
17 was put forward by the Surgeon General's report
18 called Oral Health and Oral Health in America.
19 Dr. David Satcher's report stated that eligibility
20 for Medicaid does not ensure enrollment and
21 enrollment does not ensure that individuals obtain
22 needed care. So the social impact of oral
23 diseases in children are really substantial. Also
24 citing the report from the Surgeon General, more
25 than 51 million school hours are lost each year to

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2 dental related illnesses. I would just like to
3 close in saying children don't get to choose their
4 parents. It's not their fault that father and
5 mother lost their job and then also lost their
6 health coverage. We have a moral obligation to
7 care for our children in need. Let not the rich
8 history of this program come to an end. Vote yes
9 to restore. Thank you very much.

10 [Applause]

11 CHAIRPERSON RIVERA: Thank you very
12 much. I want to thank each and every one of you
13 for coming up here, especially the mother to give
14 us her own personal testimony, because that does
15 make a significant difference, the real life
16 testimony of your situation, so thank you. Does
17 anybody on the Committee have any questions?
18 Seeing none, thank you very much. Thank you.
19 Next and at this point in time, I know the
20 clapping is, you know, very helpful. But
21 unfortunately it does take a couple of seconds and
22 it builds up. So we want to make sure that
23 everybody gets a chance to speak, so if you can
24 keep it to a minimum I appreciate it. We want to
25 make sure everybody has a chance. Margaret

1
2 Mahoney, DDS; Dr. John Elmuccio, Carol Pittman and
3 Joan Siegel from Citizens' Committee for Children.

4 [Pause]

5 CHAIRPERSON RIVERA: Okay. So you
6 can choose who goes first and you can state your
7 name for the record and proceed with your
8 testimony.

9 JOAN SIEGEL: Okay. Good
10 afternoon. My name is Joan Siegel, and I am the
11 Senior Policy Associate for Health and Mental
12 Health for Citizens' Committee for Children of New
13 York, which is a privately funded-- privately
14 supported multi issue advocacy organization with
15 the goal of ensuring that children are healthy,
16 housed, educated and safe. In this fiscal
17 climate, we believe that both sides of the ledger,
18 revenue and expenses must be addressed so that
19 funding for cost-effective programs and services
20 that prevent child abuse keep children safe,
21 housed, fed, healthy, clothed and educated are
22 preserved. CCC believes that progressive tax
23 increases must be implemented as they were after
24 the September 11th attacks. In December 2008 we
25 commissioned a poll that found that 73% of New

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2 York voters supported raising income taxes for
3 those earning over \$250,000 over reductions in
4 government services. We support, therefore,
5 Council Speaker Quinn's proposal to increase
6 income taxes and think it can go further by
7 allocating a portion of the money raised to
8 children and family services. We understand that
9 budget reductions will be made so that you, as you
10 work with the Mayor and fellow Council Members on
11 budget reductions, we urge you to be strategic and
12 deliberate to avoid across the board reductions.
13 We encourage the Council to restore \$2.4 million
14 for the Oral Health Program for the 35,000 dental
15 visits for children annually. We ask that you
16 restore the \$2.7 million primary care capacity
17 initiative. 62% of the city's zip codes had
18 inadequate number of primary care physicians,
19 which is a Council statistic, which is contrary to
20 what the Commissioner said this morning. We're
21 asking for full restoration of three Council
22 initiatives, \$3.5 million for the infant mortality
23 initiative, since infant mortality continues to
24 rise in some areas, \$3.3 million for obesity
25 prevention and podiatric screening, \$545,000 for

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asthma control-- okay, I'll sum up pretty quickly. We're asking you to restore the money for the child health clinics. We're going to work with the State for HHC's fair share of the increased stimulus funds and ensure inpatient rebasing rates, but if the State fails to step up, we're asking that the City step in and protect these vital mental health services. Thank you for this opportunity to testify.

JOHN ELMUCCIO: Good afternoon. My name is John Elmuccio. I've served as a dentist with the New York City Oral Health Program for more than 25 years. And during this time I have had the privilege to be entrusted to provide dental services to our most important citizens, the children and youth of our city. Our program is not only important, but it is essential for many of our patients. It is very common that many patients of varying ages, first come to us with advanced and previously untreated dental disease. For various reasons it is only because of the availability of our program that they are able to receive the care that they need. We're also able to provide maintenance for our patients and

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2 preventative services. Our dental sealant
3 program, for example, has been very successful. I
4 must stress, however, that it is only because of
5 our location in the schools, the existence of our
6 health centers and the fact that our services are
7 free, that many of our patients receive the care
8 that they need. Without our program, many of our
9 patients would simply not receive our needed care.
10 The demand for our services far exceeds what we
11 can provide with our limited budget. Our program
12 should be expanded, not eliminated. Given the
13 current economic circumstances that many families
14 are currently experiencing, it is even more
15 important that our program exist and continue into
16 the future. I ask all of you for the sake of the
17 children that you do whatever is in your power to
18 maintain the existence of this vital program.

19 Thank you.

20 [Applause]

21 MARGARET MAHONEY: Good afternoon.
22 My name is Dr. Margaret Mahoney and I appreciate
23 the opportunity to discuss with you the need to
24 maintain the Oral Health Program. I currently
25 serve three school-based clinics in the Bronx.

1
2 This program targets a great unmet need in under
3 serviced communities. One out of every two
4 children that I examine needs basic dental
5 treatment. Only about five percent have had
6 preventive sealants. I do not believe that most
7 of the children treated in the school-based
8 clinics will receive any treatment if they are
9 closed. Available dental care is no good unless a
10 child is able to utilize it. The school-based
11 dental clinics are an efficient and cost-effective
12 way to deliver preventive and primary services to
13 vulnerable low-income children. Parents are not
14 required to arrange or accompany a child to
15 appointments and thus do not lose time from work.
16 Further, the child experiences a minimal loss of
17 school time. Good oral health cannot be separated
18 from good general health. Untreated oral diseases
19 negatively impact a child's quality of life and
20 academic performance. If this program closes,
21 where will these at-need children obtain care? No
22 doubt they will become dental homeless. Often a
23 low priority is given to dental services by their
24 parents. Even when a priority, most have
25 inadequate financial resources and lack insurance.

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2 In addition, treatment of children by Medicaid
3 providers is limited. This is highlighted in a
4 September 2008 report by the US GAO that found one
5 out of every eight Medicaid eligible children
6 never see a dentist. The uninsured will be in an
7 even worse situation. Elimination of or reduction
8 in this program will surely result in a lack of
9 dental care for many of the City's most vulnerable
10 children. Please save the Oral Health Program
11 that has provided dental services to needy
12 children for over 100 years.

13 CHAIRPERSON RIVERA: Thank you.

14 [Applause]

15 CAROL PITTMAN: Good afternoon. My
16 name is Carol Pittman. I'm the Community Affairs
17 Representative for the New York State Nurses
18 Association. Our association represents over
19 36,000 registered nurses statewide, including
20 26,000 who work in the five boroughs, among them
21 the 7,500 RNs of HHC and the Mayoral Agencies. In
22 August of '08, after the Berger Commission
23 recommended hospital closures statewide, the City
24 Council released a community health assessment as
25 part of its Primary Care Initiative. The

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2 community health assessment documents vast
3 disparities among New York City's diverse
4 communities. It names 11 communities in the five
5 boroughs that the Primary Care Initiative targeted
6 for expansion of services in order to address
7 these disparities and the overcrowding in services
8 currently available. Since then, Mary Immaculate
9 Hospital and St. John's Queens have closed. There
10 will be layoffs at Brookdale Hospital in Brooklyn,
11 and layoffs at HHC. This leaves communities
12 already short on access to healthcare even
13 shorter. Despite the need before our eyes, the
14 Health Commissioner proposes to cut \$2.7 million
15 in Council funding for the Primary Care
16 Initiative. What with rising unemployment, this
17 funding is no less needed now than it was last
18 year. So firstly we urge you to restore the
19 funding for the Primary Care Initiative. Second,
20 don't shut down the City's Child Oral Health
21 Program. Lack of dental healthcare can lead to
22 serious health problems, which you've already
23 heard about. Restore all funding for the 24 child
24 health clinics that provide locally accessible
25 primary and preventive care to children. Restore

1
2 the \$3.5 million for community-based services to
3 reduce infant mortality and don't cut school
4 health services. New York must insist on its fair
5 share. According to the Commission on the
6 Public's Health System, a minimum of \$16.2 million
7 is needed to restore these critical services.
8 We'll work with you on putting pressure on State
9 and federal officials. Thank you.

10 CHAIRPERSON RIVERA: Thank you very
11 much. Are there any questions on behalf of the
12 Committee? Seeing none, thank you very much. The
13 next panel will consist of Dorella Walters and
14 Lisa Zullig from God's Love We Deliver; Melissa
15 Corrado, from Primary Care Development
16 Corporation; and Allison Klurfeld from Ryan Health
17 Network.

18 [Pause]

19 CHAIRPERSON RIVERA: You can decide
20 amongst yourselves who can go first.

21 [Pause]

22 DORELLA WALTERS: Sorry. Can you
23 hear me now? Sorry. My name is Dorella Walters
24 and I am Senior Director of Program Services at
25 God's Love We Deliver, and this is my colleague

1
2 Lisa Zullig, she's our Director of Nutrition
3 Services. We began our services in 1985, serving
4 a population that had HIV and AIDS, and our
5 mission was to prepare and deliver nutritious
6 meals to those individuals and their dependent
7 children. Eight years ago we expanded our mission
8 to serve individuals with life-altering illnesses
9 that include cancer, Alzheimer's disease, multiple
10 sclerosis, and severe diabetes. We also provide
11 nutritional counseling and education. This spring
12 we'll be providing our 10 millionth meal, and
13 through the dedicated work of our staff and over
14 1,500 volunteers, we serve two meals a day to
15 approximately 1,700 clients, ever day, every
16 weekday. Last year we delivered over 769,000
17 meals to over 3,000 clients and their children in
18 all five boroughs. Many of our clients are long
19 term survivors of HIV and AIDS and have
20 experienced multiple treatment regimens and still
21 need to contend with coexisting illnesses. Poor
22 access to food and nutrition services exacerbates
23 these conditions and that causes them to have a
24 spiraling need for additional treatments and
25 increasing medical costs. We urge you to consider

1
2 the needs of those who are living with life
3 threatening illnesses, for whom there is no stream
4 of funding for food and nutrition services. The
5 food safety net in New York City provides for
6 children, eligible seniors and low-income
7 individuals, but there is no provision for
8 consistent nutritional and food support for those
9 who are seriously ill. So we ask you as you
10 consider your budget priorities, especially in the
11 spending of new dollars from the Community
12 Services Block Grant Program in the Stimulus
13 Package, we implore you to direct some of those
14 funds to nutritious home-delivered meals for the
15 most vulnerable population. While we recognize
16 that HHS has still not given you guidance on that,
17 we ask that you begin to consider this as a high
18 priority, and we thank you for your time.

19 MELISSA CORRADO: Hello. I'm
20 Melissa Corrado from the Primary Care Development
21 Corporation. I'm the Director of Emergency
22 Preparedness Initiatives. Thank you for the
23 opportunity to be here today to talk to you about
24 primary care and its particular vulnerability that
25 we're facing in these economic times. The primary

1
2 care sector is financially vulnerable. PCDC and
3 the New York State Health Foundation have been
4 doing a study to examine specifically this
5 vulnerability, and we found that health centers,
6 community health centers that serve vulnerable
7 populations have margins of .5%. And on average,
8 16 and a half days of cash on hand. So in these
9 times we find-- we are hoping that the Council can
10 help support in two important ways to ensure that
11 we're able to continue providing much needed
12 services to New York's communities. Number one is
13 the continued support of the Primary Care
14 Initiative. Both the Mayor and the Council have
15 spoken forcefully about the importance of primary
16 care to this sector. However, in the Mayor's
17 preliminary budget, funding for this initiative
18 was reduced to \$1 million, so we strongly urge the
19 Council to restore full funding for this program.
20 The second is around primary care emergency
21 preparedness. Statistics show that one in four
22 small businesses fail when a disaster strikes.
23 And with a particularly vulnerable sector, we
24 don't want this to occur in primary care. Council
25 has been very supportive of emergency

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preparedness, have funded our initiative for the past four years, and we urge the Council to continue funding our emergency preparedness work. We are proud that as a direct result of our program, primary care providers are now being considered for representation at the City's Office of Emergency Management, which is unprecedented across the country. So we want to continue to be able to support them into the integration of the City's response efforts.

ALLISON KLURFELD: Hello. My name is Allison Klurfeld. Good afternoon to all the members of the City Council and thank you for the opportunity to testify today on behalf of the William F. Ryan Community Health Network. The Ryan Network is comprised of three federally qualified community health centers in Manhattan, as well as school-based health centers, homeless health programs and Mobile Medical Vans. Each year we provide high-quality, cost-effective primary care as well as dental care and specialties to over 45,000 uninsured, under insured and medically disenfranchised people. Just stepping away from the testimony, dental

1
2 service is certainly an important part of primary
3 care, but you know, we're at capacity just as much
4 as many-- just as HHC said, we certainly would
5 support efforts to expand rather than decrease
6 dental services in the City. But getting back to
7 more our specific issues, so in a time of fiscal
8 crisis we don't want to be penny wise and pound
9 foolish by cutting funding for not just dental
10 care but healthcare services at a time when New
11 Yorkers are really most likely to need them. So
12 investing in community health centers like Ryan
13 not only benefits patients through access to
14 comprehensive primary care, but actually generates
15 savings for the City by decreasing a reliance on
16 hospital emergency rooms and decreasing Medicaid
17 costs. As healthcare and health insurance costs
18 have risen, more and more people have turned to us
19 and to other community health centers for their
20 medical care. Our network has recently
21 experienced in the first quarter of this year an
22 increase in uninsured patients from 33 to 35% of
23 the total, and we know this number is only going
24 to grow with continued job losses. We urge the
25 City Council to remain steadfast in the commitment

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2 to protecting vital services and programs. Of
3 particular import to us, in Fiscal Year 2006 \$1
4 million of City Administrative Funds were
5 designated by the Mayor for Ryan Nina and \$1.2
6 million capital allocation by Speaker Queen to
7 Ryan Chelsea/Clinton, both for a comprehensive
8 electronic health record system. Based on these
9 commitments we have already signed a contract with
10 a vendor and the implementation process is
11 underway, with completion expected early next
12 year. We have already spent a significant amount
13 of money on this effort, over \$1 million and more
14 to come. Finishing up quickly-- unfortunately we
15 have already been advised that these award dollars
16 are being pushed out until 2013, even though the
17 process is already underway. This delay would be
18 devastating to us, and we really urge you to
19 support the restoration of these funds so that we
20 can continue to move ahead with this project to
21 really improve both productivity and quality of
22 care for our patients, so thank you very much.

23 CHAIRPERSON RIVERA: Thank you.

24 Are there any questions on behalf of-- thank you
25 very much ladies. I appreciate it. Next we have

1
2 Addie Backlund, Executive Director of the
3 American-Italian Cancer Foundation; Anne Bove;
4 Arthur Springer; and Murray Rosenthal.

5 [Pause]

6 CHAIRPERSON RIVERA: So that's
7 Murray Rosenthal, Arthur Springer, Anne Bove and
8 Addie Backlund from the American-Italian Cancer
9 Foundation. Okay. So you can decide who goes
10 first and you may proceed. Press the button.

11 ADDIE BACKLUND: Good afternoon.
12 I'm Addie Backlund, the Executive Director of the
13 American-Italian Cancer Foundation and an 11-month
14 breast cancer survivor. Each year approximately
15 1,200 women in New York City die of breast cancer.
16 Early detection could save their lives, just as it
17 saved mine. Early detection also saves a great
18 deal of money. The treatment of uninsured women
19 with late stage breast cancer costs New York many
20 millions of dollars each year. And for those of
21 you that don't know, I had stage one breast cancer
22 and my chemotherapy alone was over \$150,000. So
23 that just shows a little bit of the costly nature
24 of the treatment. The American-Italian Cancer
25 Foundation's no-cost mobile mammography program

1
2 serves economically disadvantaged and medically
3 underserved women in your districts, providing
4 mammograms, clinical breast exams, education in
5 breast self-exam and general information on
6 leading a healthy lifestyle. We bring our mobile
7 mammography equipment to the New York City that
8 need these services the most. We partner with
9 City Council Members and community leaders to make
10 certain that as many women as possible take
11 advantage of these services, helping to ensure
12 that appointments are scheduled and that women
13 show up on the appointed screening day. We make
14 it easy for these women we serve by eliminating
15 their need to travel and by being sensitive to
16 cultural or language barriers that may deter them
17 from receiving annual mammograms. And through the
18 generosity of the New York City Council and other
19 donors, there are no out of pocket costs. For
20 17.5% of the women we serve, the mammogram
21 received is their first. Funding from the New
22 York City Council helps support the program's
23 operating expenses, which are approximately \$2,000
24 per van per site served. We also ensure that
25 there are no out of pocket expenses for those who

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are under insured. While the New York State Cancer Services Program has traditionally funded mammograms and clinical breast exams for the uninsured, unfortunately the New York State Cancer Services is cutting back. We've been informed that they're going to fund only a very limited number of uninsured women in the coming year and that they're not going to fund those in the 40 to 49 bracket. To finish up quickly, we know it's the right thing to do. We are hoping for not only a renewal of our grant, \$200,000 that we've received in the past from the City Council, but this will also help us leverage dollars from other donors so we can-- we know it's the right thing to do to serve these groups, even as the New York State Cancer Services Program cuts back. Thank you so much for this opportunity.

CHAIRPERSON RIVERA: Thank you.

ANNE BOVE: My name is Anne Bove.

I'm a registered nurse who works at Bellevue Hospital. I'm also a member on the Commission on Public Health Systems, NYRNA District 13 and the New York State Nurses Association. I wish to thank you for this forum and an opportunity to

1
2 express my concerns about privatization in general
3 terms, but more specifically now it will affect
4 dialysis at Bellevue Hospital and nursing
5 education in terms of the HHC CUNY partnership.
6 Generically in terms of looking at privatization,
7 privatization removes that safety net that helps
8 to secure the community. Elmhurst Hospital is not
9 the only hospital that is going to privatize their
10 chronic dialysis unit. Bellevue Hospital is also
11 going to privatize its chronic dialysis unit. Mr.
12 Aviles did not mention it, maybe as an oversight.
13 Our concern or my concern in particular is the
14 fact that major issue that was brought about
15 privatization has to do with the fact of billing,
16 and not being able to recoup the funds necessary
17 in order to sustain that chronic dialysis service.
18 If an outside vendor can generate a profit, why
19 can't Bellevue? And why can't our recouping funds
20 be made functional so that we can get the monies
21 that are coming to us. With the preliminary
22 contract provisions, the vendor would be
23 responsible for a good-faith effort in
24 reimbursement and Bellevue would be responsible
25 for payment to the vendor of funds not received.

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This is obviously a potential compromise financially for Bellevue Hospital. Obviously access to care is paramount. A private vendor by the nature of its existence cannot support the mission of Health and Hospital Corporation, Bellevue's, to provide care regardless of ability to pay. This partnership in provision of care is a dichotomy of a philosophy and potentially leads to inconsistency of healthcare delivery. In summary, if Bellevue's dialysis is privatized, what service will be next? What oversight will be provided to ensure safe, quality care? And this patient population is extremely vulnerable and should be handled with care, not parceled out. And just in summary, with the HHC CUNY, we should be partnering HHC and CUNY, not HHC and the private sector or CUNY and the private sector. And I think funds will be very much saved and utilization of services much appreciated.

CHAIRPERSON RIVERA: Thank you.

Next?

ARTHUR SPRINGER: I'm Arthur Springer. I've been a patient at Bellevue Hospital outpatient clinics for 18 years, and I'm

1
2 also a lay advocate for people with disabilities
3 more generally. I'm going to make four points and
4 I'll try to give it to you in writing as soon as
5 possible. The first is stimulus, the second is
6 impact of the \$300 million cuts on people not just
7 budgets and programs; the third is propaganda; and
8 the fourth is accommodation to people with
9 disabilities. I would hope that the Council could
10 consider itself a caucus of the whole to somehow
11 help bring about the legislature's and the
12 Governor's understanding that what he is
13 attempting to do with stimulus Medicaid funds is
14 not only a mistake but a political disaster, and
15 to get as much as possible to make up what Mr.
16 Aviles a month ago called a \$400 million deficit,
17 and has improved to a \$300 million one. The
18 impact on people, there has been no attempt to do
19 that in the Berger Commission work and many other
20 similar projects where budget cuts result in
21 reducing and closing down services. I believe it
22 would be desirable to do it here. The third is
23 propaganda. Nobody is against what is called
24 Primary Preventive Care in the community. What we
25 are against is the extent to which the so-called

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2 primary and preventive lobby wishes to do so to
3 the exclusion of more comprehensive services to
4 large numbers of people those clinics do not
5 serve. Last point would be accommodation. I
6 would hope that the Council can accommodate to
7 people with disabilities in this funding crisis
8 that is appropriate to a time when we are about to
9 get, hopefully, some form of universal healthcare.
10 And that means that two out of three subway lines
11 that come to the Council do not have elevators or
12 escalators; they should. They cut off lots of
13 people from staying in touch with the Council. At
14 the opposite extreme I would hope that the
15 testimony that was given today both by the
16 agencies and the public can go on to a City
17 Council website so that hundreds of thousands of
18 people who could not get here or don't even know
19 there was a here can have the opportunity to look
20 at it. I think that would be a huge step forward
21 into the 20th Century, and maybe later on we can
22 talk about the 21st. Thank you.

23 CHAIRPERSON RIVERA: Next?

24 MURRAY ROSENTHAL: Good afternoon.
25 My name is Murray Rosenthal, and I'm a concerned

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2 dentist in New York City. I guess I'll be the
3 last one to talk maybe about the Dental Program,
4 so I will generally do a summation of much of what
5 was said. I was the Dental Director of the Bureau
6 of Dental Health Services of New York City's
7 Department of Health from 1987 to 1991. During
8 that period my team changed the direction of the
9 program. We instituted a more comprehensive care
10 program, developed the portable dental clinics for
11 the schools that you heard today, and we
12 identified those children at risk and treated
13 them, and this is not at risk for cavities, but
14 also at risk for periodontal disease, pathologies,
15 all pathologies, and malocclusions. As a result
16 of this, untreated dental decay diminished amongst
17 school-aged children in New York City. And this
18 was documented by the State. We treated over
19 60,000 children yearly, many who never had any
20 dental care or adequate and appropriate dental
21 care. Peggy Hamburg, who is now head of the FDA
22 was then the Dental Commissioner, called it a
23 premiere program. We open the dental doors for
24 care to children and provided high-quality,
25 preventive oriented dental services in the

1
2 schools. This program continued for many years.
3 The Department of Health and Mental Hygiene's
4 dental program was changed recently to provide
5 primarily dental sealants and children were often
6 referred to local Medicaid dentists for treatment.
7 This is over 100 years of the City providing basic
8 dental and preventive services to children. I've
9 discussed this with some of the staff of this
10 program, and they indicated that most children do
11 not go to the dentist for needed services. Why?
12 And this was reiterated before, parents are
13 working and do not have time to take their
14 children to the dentist. People often cannot
15 afford the transportation needed to take their
16 child, and perhaps siblings, to the dentist. Or
17 there is a lack of motivation and urgency for
18 examinations and preventive care, which I've seen
19 for years.

20 CHAIRPERSON RIVERA: If you could
21 sum up.

22 MURRAY ROSENTHAL: In addition most
23 dentists do not accept or see very few Medicaid
24 patients. And why is this? Because of low fees,
25 overwhelming paperwork required and slow payments.

1

2 Access to dental service is compromised because of
3 both situations. Now the problem with access to
4 dental care has not changed for decades. Among
5 low-income individuals, only 30-33% are seen by a
6 dentist in any one year, compared to over 50% for
7 the general population. And this has been stable.
8 And in 2006--

9 CHAIRPERSON RIVERA: [Interposing]
10 If you can sum up.

11 MURRAY ROSENTHAL: --only 6% of
12 Medicaid eligible kids-- people, in New Mexico saw
13 a dentist.

14 CHAIRPERSON RIVERA: Could you sum
15 up your testimony, please.

16 MURRAY ROSENTHAL: Pardon me?

17 CHAIRPERSON RIVERA: If you can sum
18 up the testimony. We're over the two minutes.

19 MURRAY ROSENTHAL: I'm sorry. I'm
20 hard of hearing.

21 CHAIRPERSON RIVERA: Oh, if you can
22 sum up the testimony.

23 MURRAY ROSENTHAL: Let me finish
24 this, yeah. A recent report from the Government
25 Accounting Office stated, and I quote, children

1
2 with Medicaid remain at higher risk of dental
3 disease compared to children with private health
4 insurance, this is a 2008 report. Children with
5 Medicaid were almost twice as likely to have an
6 untreated tooth--

7 CHAIRPERSON RIVERA: [Interposing]

8 Sir, if you can sum up your testimony because we
9 do have, you know, a significant amount of-- if
10 you can sum up your testimony because we do have a
11 significant amount of people that need to testify.

12 MURRAY ROSENTHAL: Okay. You know,
13 I'm hearing impaired.

14 CHAIRPERSON RIVERA: Okay. No
15 problem.

16 MURRAY ROSENTHAL: I'll come up,
17 you know--

18 CHAIRPERSON RIVERA: [Interposing]
19 That's okay.

20 MURRAY ROSENTHAL: This room is not
21 good for me. Okay. I'll sum up here. Well let
22 me just finish. It's just another minute. In
23 2007 a boy died of a brain abscess due to lack of
24 treatment of an abscessed tooth. The mother could
25 not find a dentist to treat her son. The closure

1
2 of the dental program in New York City will result
3 in many children not receiving needed dental
4 services and perhaps developing more serious
5 conditions as a result. Okay. Now I've recently
6 served as the dental director of the Children's
7 Aid Society, and just had a paper published that
8 demonstrated the benefits of a school based dental
9 clinic. Our findings show that school based
10 clinics are less expensive than community clinics,
11 that they provide more preventive care and that
12 they are accessible to all children, not just the
13 few who visit a dental office. A school based
14 clinic guarantees that care will be render as it
15 does not depend on a parent or caregiver to take
16 the child to a dental office.

17 CHAIRPERSON RIVERA: Okay. Excuse
18 me, Murray. I'm going to have to ask you to stop,
19 yes.

20 MURRAY ROSENTHAL: Iote m finished.

21 CHAIRPERSON RIVERA: Because we are
22 significantly-- thank you.

23 [Applause]

24 CHAIRPERSON RIVERA: Seeing no
25 questions on behalf of the panel, thank you very

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much. We'll move on to the next one. And I do apologize again for the two-minute clock. We do want to make sure everyone has a chance to testify. The next panel is Julissa Greenberg; Melanie D'Anges [phonetic], I hope I pronounced that correctly; Brigid Figliulio [phonetic]; okay, and Charles Spencer. So again, that's Charles Spencer, Brigid Figliulio, and Julissa and Melanie D'Anges.

MELANIE D'ANGES: That's the first person who's ever said my name correctly.

CHAIRPERSON RIVERA: Okay. I don't always get it correct, but I try. Okay so we have-- just press the-- is Charles Spencer here with us too or no? Okay.

JULISSA V. GREENBERG: Okay, thanks for your time. I'm going to be briefer than that 32-page document in the other room. I'm here just to support our School Dentist who spoke so eloquently before, PS 18 in Staten Island New York. I am a product of going to the dentist at the school, some 30 years ago in Chelsea, and I've never had any dental problems other than those seven fillings, so it was a great program. One

1
2 thing they didn't touch upon is you can go to the
3 dentist until you're 21 years old for free, and
4 this is a great program and it really needs to be
5 kept up, expanded and it should not be taken out
6 of the schools. I often translate for many
7 Hispanics, Mexicans, Puerto Ricans, to get them
8 this healthcare for their kids, and they come in
9 with, you know, people who-- just kids that just
10 don't have the necessary dental care, and it's
11 really a blessing for them, and just to know that
12 their child can get this really great premium
13 dental care until they're 21 is amazing. So I
14 really hope that you consider expanding the
15 program, not shutting it down, and it's really--
16 it's worthwhile. So that's it.

17 MELANIE D'ANGES: Hello, I'm
18 Melanie D'Anges. I'm from PS 18, I'm the-- Staten
19 Island New York, but I'm not the PTA president,
20 but I'm an acting. I was going to speak about
21 this whole big thing about, you know, the budget
22 cuts and everything. But I thought about saying
23 my children have come from different backgrounds.
24 One I've had insurance for, I've had Medicaid for
25 him when he first started out. Then I would up

1
2 losing the Medicaid. So I would have to pay out
3 of pocket to have him see a dentist. When we were
4 living n Queens, the only dentist when he was on
5 Medicaid that he could see were about two hours
6 away; at that time I had an infant. At that time
7 I was a single mom. I had no way to get there.
8 So the thing is, is that now that I have insurance
9 for my other ones, it's still more convenient to
10 have these program in the school. The dentist is
11 so amazing. My kids love him. The assistant
12 even-- is just such a wonderful, wonderful woman.
13 I mean she makes the kids feel at ease. And you
14 know, I could talk about how like Barack Obama was
15 talking last night about how you, you know these
16 are the kids, they're our next generation.
17 They're the ones who have to run the country. And
18 if they don't have healthy teeth they're not going
19 to have healthy hearts. They're not going to have
20 healthy brains. I mean the diabetes risk,
21 especially in low-income families where we come
22 from-- I come from-- the school that I am working
23 with is predominantly low-income and it's just sad
24 that they would have this taken away from them.
25 And it's just, you know, I know you guys want a

1
2 solution as to where the money is going to come
3 from. I can't give you that, I just can give you
4 the heart behind what is needed from the kids and
5 from the schools. The schools, I mean it's just--
6 I don't know. I keep on-- the co-pays alone that
7 I even have to pay for the children I do have
8 insurance for, it's astronomical. And I'm just
9 telling you from my heart, this program needs to
10 be continued and the drop in the budget that I saw
11 from the \$5 million to \$1 million in two years,
12 that's just-- it's just saddening and
13 disheartening and appalling if it was go to away.
14 Thank you for your time.

15 BRIGID FIGLIULIO: Okay, these are
16 my Moms. I'm the parent coordinator at PS 18 in
17 Staten Island, and we came here on behalf of our
18 dental clinic. The school that we are a part of
19 is a Beacon Center. We're open seven days a week.
20 They service children-- their families are in
21 gangs. There's a lot of violence in the
22 neighborhood. There's a lot of things that are
23 going on. Some of the parents, we have wonderful
24 parents, and some of them are not that involved
25 with their children because they're doing things

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2 that maybe parents shouldn't be doing. And
3 because of the dental clinic, the children are
4 being taken care of where their parents may not be
5 taking care of them. These children have this
6 school as their safe haven, and part of it is the
7 dental program. The children during the day stay
8 until 6:00 at night sometimes and then children
9 from the community come in until 10:00. The later
10 children that come in could be up to 21. They may
11 wander in to the dental clinic and get help for
12 something that their parents may be negligent in
13 taking care of. These clinics are a vital part of
14 these communities and some of these things may not
15 be documented, but it doesn't mean that they're
16 not helping these communities and they're not
17 really, really important and valuable. Some of
18 these kids, if they're really sick, they're not
19 going to even think about going to school. And in
20 these communities, we really need them to be in
21 school because the only way out of the situation
22 that they're in is education. And please don't
23 cut these programs, they're really important.

24 [Applause]

25 CHAIRPERSON RIVERA: Just for the

1
2 record, the City Council is not cutting the
3 program. It's the Mayor's Office who is cutting
4 the program. We like the program, so we're with
5 you. So I just wanted to put that on the record.
6 The next panel is Valencia Bethune-Grant from the
7 New York City Department of Oral Health; also
8 joining will be Lyndel Urbano from the Gay Men's
9 Health Crisis; Grace Otto from HHC; and Robert
10 Lederer, as well, from the Bronx Health Link. And
11 I want to personally thank Council Member Inez
12 Dickens for staying through the marathon session.

13 [Applause]

14 CHAIRPERSON RIVERA: Okay, that's
15 fine. Thank you. So you can begin. Just state
16 your name. Whoever wants to go first, just state
17 your name for the record.

18 LYNDEL URBANO: Good afternoon.
19 I'm Lyndel Urbano from Gay Men's Health Crisis.
20 Thanks for this opportunity to testify. GMHC is
21 deeply concerned by the proposed City budget cuts
22 to HIV/AIDS services and calls for City leaders to
23 swiftly restore funding. Further cuts will make
24 it even more difficult to provide essential
25 services while HIV incidence continues to increase

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2 among New York City youth, minority groups and
3 women. Additional cuts to prevention services
4 will result in high future costs to care for
5 increased numbers of people living with HIV and
6 AIDS. Studies show that investing in HIV
7 prevention could save billions in future costs.
8 Yet in 2008, New York City cut funding for
9 HIV/AIDS prevention by 42%, even as the most
10 recent HIV epidemiological statistics show that
11 people living with HIV and AIDS in New York City
12 continues to increase. Organizations across the
13 City are feeling the impact. The budgetary
14 decisions made by City leaders over the past year
15 have adversely affected our organization and our
16 clients at a times when HIV/AIDS continues to
17 ravage our city. GMHC has lost about two-thirds
18 of its City funding and stands to lose even more
19 in future funding cuts. Ultimately cuts in HIV
20 services will result in the closure or scaling
21 back of services and our organization will
22 continue to see increased demand for our services
23 as displaced individuals seek services at GMHC.
24 The proposed additional cuts ultimately means that
25 GMHC and similar service provider will need to

1
2 accommodate those who are no longer able to access
3 services at, for example, the East Harlem STD
4 clinic. At the end of the day, we are being asked
5 to do more with fewer resources, even as HIV
6 prevention rates continue to grow. We are deeply
7 disappointed that the Mayor has not adequately
8 addressed HIV/AIDS in this year's City budget.
9 Communities that have been most significantly
10 affected by the epidemic will be devastated by the
11 loss of services, and those at risk will be
12 increasingly vulnerable as a result of these
13 reductions. We urge our City leaders to recognize
14 the impact of the fiscal year 2009 budget and
15 additional proposed cuts in fiscal year 2010. And
16 we ask you to enact a budget modification to
17 restore this critical HIV/AIDS funding.

18 CHAIRPERSON RIVERA: Thank you.

19 Next?

20 VALENCIA BETHUNE-GRANT: Hi. My
21 name is Valencia. I've been with Oral Health
22 since 1985 and at PS 21 since 1990. I have a
23 letter from a parent who could not be here. She
24 says: I am a single mother of three. I have been
25 taking my daughter to the dental clinic at PS 21

1
2 for about a year. I called 311 to ask them if the
3 City of New York had free dental services for kids
4 under 18 and they referred me to PS 21 with Dr.
5 Mahoney, since I could not afford the expense of
6 private dental care to have her teeth removed and
7 filled. Everyone treated my daughter so good, and
8 Dr. Mahoney made sure that she was comfortable.
9 She contacted me to make sure everything was going
10 okay with her dental treatment. I cannot say how
11 much this dental program means to me and my
12 daughter. I urge that everything possible be done
13 to ensure that this program continues. I cannot
14 say how much I use and need this program. If
15 this-- at this point I cannot take them anywhere
16 else. It's almost financially impossible. Please
17 do everything to keep the clinic open. And I also
18 have a letter that I received in my mailbox from a
19 child at PS 21, that Dale Brooks was supposed to
20 read but didn't get a chance. It says, Dear
21 Dentist, my tooth is killing me! I wanted you to
22 pull it out because it is loose. Call my name on
23 the loudspeaker or make an appointment for me,
24 please. Merly. As I stated, I've been there
25 since 1990. I've treated many children who are

1
2 now adults and they bring their own children back.
3 I don't have any children biologically, but the
4 children of Oral Health are my kids. I have a
5 wall about big as that full of pictures. And it's
6 devastating. One kid said to me it's going to be
7 real depressing to take that down. And I think
8 that's when it really hit: these are my children.
9 Please save my kids.

10 [Applause]

11 GRACE OTTO: My name is Grace Otto
12 and I am a registered nurse at Bellevue Hospital
13 for the past 25 years and a member of the New York
14 State Nurses Association. First I just want to
15 say how proud I am to work for the Health and
16 Hospitals Corporation, specifically Bellevue. I
17 believe that HHC systems should be the premiere
18 healthcare model that our nation should aspire to
19 if we want to assure the best possible care and
20 access for healthcare for all. On this premise, I
21 wanted to address some of the several issues that
22 came up this afternoon related to the proposed
23 budget cuts. In support, actually, of my
24 colleagues at Coler-Goldwater, I want to bring up
25 the hospital's recent decision to do away with the

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2 nurses working alternative work schedule, or AWS.
3 If this occurs, the nurses will leave. It will
4 cost the hospitals and HHC much more money to
5 recruit, train and orient new staff and most
6 importantly places those patients at unnecessary
7 risk. The hospital was already placed on notice
8 that at least more than 20% have vowed to resign
9 if this goes through. You are aware of the
10 national nursing shortage, and we need the City to
11 address the growing critical nursing shortage
12 within its own facilities. Councilwoman Lappin
13 and Assemblyman Kellner are both in support of
14 keeping the alternate work schedule at Coler
15 Hospital. In fact we need to continue to hire
16 more nurses as areas are already feeling
17 compromised and can no longer stretch themselves
18 to ensure the best quality care that our patients
19 deserve. We have a contractual process as well
20 where a nurse will complete a protest of
21 assignment when he or she thinks their license and
22 care is in jeopardy, and these POAs are increasing
23 by the day. It would also behoove HHC to
24 investigate every non-direct caregiver as we have
25 had a vast increase of managers over the past six

1
2 months. Currently there are postings, as I speak,
3 for managerial positions and not staff on line
4 positions. I've suggested in my write up of some
5 of the things that could be looked at, and I'll
6 submit it. Thank you for your time.

7 CHAIRPERSON RIVERA: Thank you.

8 ROBERT LEDERER: I quote m Robert
9 Lederer, Researcher and Policy Analyst with the
10 Bronx Health Link, which is a clearing house for
11 people in the health and human service field in
12 the Bronx, and we work extensively to improve
13 birth outcomes, prenatal care and reproductive
14 health of Bronx women. I'm here today to impress
15 upon you the urgency of rejecting the Mayor's
16 proposed cuts in a wide range of health programs.
17 Despite limited improvements, the Bronx rates of
18 infant mortality, prematurity, low birth weight,
19 teen pregnancy and late prenatal care continue to
20 exceed those of the City and the country. Our
21 agency is one of several funded by the City
22 Council's infant mortality reduction initiative or
23 IMRI. These programs help at-risk women in
24 particular to learn to manage life stress, access
25 services easier and faster and overcome barriers

1
2 to use available resources. And the IMRI agencies
3 are especially successful in seeking out hard to
4 reach women with culturally appropriate programs
5 and bilingual educators. In 2008 the City Health
6 Department credited the IMRI, along with other
7 programs, as playing a role in the reduction of
8 infant mortality that has occurred. Yet each
9 year, including this year, the Mayor has submitted
10 a budget that zeroes out this modest program. And
11 each year the Council and community organizations
12 have had to fight to restore it. With 20,000
13 babies born in the Bronx each year, our agency has
14 begun to meet that need with outreach to 2,500
15 people, workshops to another 2,300 and engaging
16 300 people in peer education and home visits to
17 147 people. We're aware that the budget crisis
18 requires certain cuts, but we must note that aside
19 from the compelling moral issues of improving
20 survival odds for women and children, there's also
21 the economic point that research has shown that
22 the type of programs like ours in other locations
23 lead to reduced expenses for medical care down the
24 line. And we also want to oppose the cuts that
25 have been proposed in the dental health clinics,

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2 in the children's health clinics and several of
3 the other cuts proposed by the Health Department.

4

CHAIRPERSON RIVERA: Thank you very
5 much. The next panel is going to consist of Ngozi
6 Moses, Judy Wessler, and Ivie Bien-Aime, Parent
7 Coordinator from Brooklyn.

8

IVIE BIEN-AIME: I'm sorry; you
9 want me to start? Okay. I just want to thank you
10 for hearing us out today. My name is Ivie Bien-
11 Aime. I'm the Parent Coordinator at IS 68 Middle
12 School in Canarsie, Brooklyn. Based in our school
13 is the dental office, which we're talking about
14 today. These dental programs are very important
15 to our community. The dental office in our
16 community services up to eight schools, including
17 four elementary schools, two high schools and two
18 other middle schools besides our own. We're
19 asking-- I'm here as a parent advocate, I'm here
20 as a community advocate, asking you to stop the
21 Mayor's plans to close this program down. I'm
22 here to speak on behalf of single parents and
23 grandparents, all parents who are faced with
24 economic hardships, often faced with the difficult
25 decision to forgo dental preventive care. They're

1
2 actually making decisions not to take care of
3 something that could prevent going into an
4 emergency room. I'm asking you to look into your
5 hearts and find a way to keep these programs open.
6 As a DOE employee, I have been working with them
7 for three Years.. I am often surprised to find a
8 lot of parents still having children that are
9 still uninsured in New York City. I used to work
10 for Child Healthcare Plus. I worked as one of
11 those member services representatives running the
12 streets trying to get people to insure their
13 children. And I look in the schools today and I
14 cannot believe how many people are still
15 uninsured. So I'm saying it's out there. There
16 are many families that are facing economic
17 hardship. You know, do whatever you can to keep
18 this program open in the schools, because it's
19 really necessary. It's needed. So that's what
20 I'm here to talk about. Thank you.

21 [Pause]

22 JUDY WESSLER: Judy Wessler,
23 Director of the Commission on the Public's Health
24 System. And you've already heard a lot of our
25 testimony in what other people said. So I just

1
2 want to add a few points. First is that I thought
3 that the questioning of the Commissioner of Health
4 this morning was excellent, and I want to thank
5 the Council Members for really pushing and trying
6 to get answers. One thing that-- there were a
7 couple of things that were a little questionable
8 in what the Commissioner said, but in particular
9 the Oral Health Clinics are not Article 28
10 certified. I know that because I asked the State
11 Commissioner of Health if he couldn't do something
12 to intervene to keep these clinics open. So,
13 relying on waiting until the State says something
14 about this, which is what I believe I heard the
15 Commissioner say, that they are Article 28, is not
16 accurate. And I would hope that you would follow
17 up on that. In addition, there are a myriad of
18 other programs, some of which you've heard about
19 today. We feel very strongly that both the Mayor
20 and the Commissioner are proposing programs that
21 are very hurtful to children and their families,
22 and that that is not something that the Council
23 should stand for, and has not stood for in past
24 years, and we would hope that we could work with
25 you again to make sure that these funds are

1
2 restored and that these programs are not cut in
3 the way that they are proposed. And we did
4 propose a few places where funding could be found
5 for these programs. And it was Council Member
6 Yassky who actually did a review, I believe, of
7 the administrative costs of different City
8 agencies and found that the City Department of
9 Health and Mental Hygiene had the highest
10 administrative costs, at 11%, whereas almost all
11 other agencies were under 10%. We would ask that
12 you please take a look at that and that that is
13 potentially an area very ripe for reductions so
14 that some of that money could go into these
15 programs. As well we would ask that you not allow
16 the Commissioner to start a new program around the
17 restaurants this year for the \$2 million that he's
18 proposing to spend, that that money should be
19 going into these programs instead. Because even
20 if it is revenue generating, it won't be revenue
21 generating immediately, so it's \$2 million that's
22 being spent that could be spent on these programs.
23 And finally the City will be getting some FMAP
24 matching dollars, and some of those dollars really
25 should be spent in saving these programs as well

1
2 as taking care of HHC, because we need those
3 programs. Thank you.

4 CHAIRPERSON RIVERA: Thank you.

5 Next?

6 [Applause]

7 NGOZI MOSES: I'm Ngozi Moses from
8 Brooklyn Perinatal Network, the Brooklyn Taskforce
9 on Infant and Maternal Mortality and Family
10 Health, and the Citywide Coalition to End Infant
11 Mortality. I will change my testimony today to
12 comment, because I lot of what I've heard is in my
13 printed document, and so I want to start at the
14 end by saying that in the community when we vote
15 for our representatives, we expect you to stand up
16 to the Mayor and the Commissioner of Health and to
17 make sure that the needs of our communities are
18 met. Neither the Mayor or the Commissioner of
19 Health really understand poverty, low-income
20 communities, the needs of working people. And we
21 are looking to you to fight and represent us and
22 not give in to the Mayor.

23 [Applause]

24 NGOZI MOSES: I want to say that
25 for every dollar that is spent on the programs

1
2 that you heard about today, you save five dollars
3 or more in future spending, current and future
4 spending. And so the closing of the clinics for
5 children, we oppose all of the cuts that you hear;
6 the closing of the clinics for the-- in the
7 schools, the dental clinics, the child health
8 clinics cuts, the infant mortality cuts, the
9 primary care funds and all the other funds.

10 Evidence is showing that when you take care of
11 children from early, even before their born, you
12 save lifespan dollars from both education as well
13 as health right through. And so we are-- we don't
14 want an administration to be penny wise and pound-
15 foolish. The Mayor is a businessman and he should
16 understand that if we undermine the health of our
17 most precious resources, our children, this city
18 will really not have a future, expect you're just
19 depending on the visitors to come in and spend the
20 money and then import foreigners to come in to do
21 the work. We need to prepare our most precious
22 resource, our children. Thank you.

23 [Applause]

24 CHAIRPERSON RIVERA: Thank you very
25 much ladies. I appreciate it. The next panel is

1
2 going to consist of Ana Jimenez Bautista; Verona
3 Rowe from School Based Health Centers and Peter
4 Cheng.

5 VERONA ROWE: Peter had to leave.

6 CHAIRPERSON RIVERA: Okay. So it's
7 Verona Rowe and Ana Jimenez Bautista.

8 ANA JIMENEZ BAUTISTA: Good
9 evening, members of the City Council and other
10 people present. My name is Ana Jimenez Bautista
11 from the New York State Coalition for School Based
12 Health Centers. And I thank you for the
13 opportunity to testify today. And on behalf of
14 the coalition, we want to thank you for the
15 committee's past support of the City's school
16 based health centers. We strongly urge you to
17 protect school based health centers from any
18 potential budget cuts and to safeguard and access
19 health for children and adolescents through school
20 based health centers. As you know, health
21 problems are on the rise. And at the same time,
22 funding is being diminished. School based health
23 centers offer critical comprehensive services,
24 high quality primary healthcare including medical,
25 mental, oral and community health services for New

1
2 York children all across the City. There's about
3 131 school based health centers serving over
4 120,000 students. And they are the safety net.
5 They are proven to improve school attendance and
6 performance, reduce emergency visits, prevent
7 unnecessary hospitalization, engage hard to reach
8 youth populations, reduce teen pregnancies and
9 birth, and lower total annual Medicaid
10 expenditures. Unfortunately funding to keep New
11 York City's 131 school-based health centers open
12 and to launch new centers each year is not
13 guaranteed. Moreover, funding levels have not
14 increased and there is insufficient funding for
15 maintenance and expansion of services in centers
16 for which there is an urgent need among
17 underserved communities. Please continue to help
18 the lives of New York's children and teens by
19 supporting school based health centers that
20 provide them critically needed services. Protect
21 school based health centers from any potential
22 budget cuts for the next fiscal year. Thank you.

23 VERONA ROWE: Good afternoon. My
24 name is Verona Rowe and I'm a member of the New
25 York State Coalition of School Based Health

1
2 Centers, and I represent the Brooklyn area. And
3 I'm here just to support my colleague here. And
4 I'm also a proud aunt of students who benefited
5 from the school based health center services, and
6 also I have children who benefited from this
7 program. And I am currently working with this
8 program in order to help to give other children
9 the chance to experience what my children had.
10 Thank you kindly.

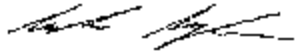
11 CHAIRPERSON RIVERA: Thank you very
12 much. Seeing no other people to testify, I want
13 to thank everybody for joining us here today for
14 the marathon session on the overall health budget.
15 This is the first hearing. We will have another
16 round in May and hopefully we'll be able to
17 salvage some of the budgetary cuts that the mayor
18 has proposed. Thank you again for coming and I
19 want to thank the staff fro the Health Committee
20 for putting together this hearing. And I want to
21 thank Council Member Dickens for staying the whole
22 entire time. Thank you. This hearing is
23 adjourned.

24

C E R T I F I C A T E

ngfenp1033

I, Erika Swyler, certify that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.



Signature _____

Date April 9, 2009 _____