

COMMITTEE ON HOSPITALS

1

CITY COUNCIL
CITY OF NEW YORK

----- X

TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HOSPITALS

----- X

March 21, 2023

Start: 2:38 p.m.

Recess: 6:13 p.m.

HELD AT: COMMITTEE ROOM - CITY HALL

B E F O R E: Mercedes Narcisse, Chairperson

COUNCIL MEMBERS:

Charles Barron

Selvena N. Brooks-Powers

Jennifer Gutierrez

Rita C. Joseph

OTHER COUNCIL MEMBERS ATTENDING:

Lincoln Restler

A P P E A R A N C E S

Dr. Mitchell Katz, President and CEO of Health and Hospitals

John Ulberg, Chief Financial Officer of Health and Hospitals

Dr. Patsy Yang, Senior Vice President for Correctional Health Services

Dr. Dina Jaber, resident physician at Kings County Hospital and Regional Vice President for Committee of Interns and Residents

Dr. Michael Zingman, resident physician in psychiatry at Bellevue Hospital and also the Secretary Treasurer for the Committee of Interns and Residents

Shaiina Marston, nurse at Rikers Island Correctional Health and member of New York State Nurses Association

Marion Parkins, registered nurse at Harlem Hospital

Kristle Simms, nurse practitioner

Mon Yuck Yu, Director of Policy for the Office of the Brooklyn Borough President

Chris Norwood, Executive Director of Health People

Justin Wood, Director of Policy at New York Lawyers for the Public Interest

Carmen Garcia, Community Health Worker Supervisor at Make the Road New York

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

Medha Ghosh, Senior Policy Coordinator for Health
at the Coalition for Asian American Children and
Families

Ashley Conrad on behalf of Amariliz Tavira

Zachary Katznelson, Executive Director of the
Lippman Commission

Jennifer Parish, Director of Criminal Justice
Advocacy at the Urban Justice Center Mental
Health Project

Sue Ellen Dodell, lawyer

2 SERGEANT-AT-ARMS: Today's hearing on the
3 Committee on Hospitals. Today's date is March 21,
4 2023. Being recorded by Keith Polite.

5 SERGEANT-AT-ARMS: Good afternoon and
6 welcome to the Committee on Hospitals.

7 At this time, we ask if you can please
8 place phones on vibrate or silent mode. Thank you for
9 your cooperation.

10 Chair, we are ready to begin.

11 CHAIRPERSON NARCISSE: [GAVEL] Good
12 afternoon. My name is Mercedes Narcisse, and I am the
13 Chair on the Committee on Hospitals.

14 H and H Fiscal 2024 budget totals 9.3
15 billion dollars, of which 913 million is funding from
16 the City to cover services such as B-HEARD program,
17 NYC Care, Public Health Corps, and other vital
18 services. H and H projects a loss of 144 million in
19 Fiscal 2023 and 110 million in Fiscal 2024 due to
20 higher than anticipated expenses on temporary nurse
21 staffing to keep our facilities running and delays in
22 federal and state revenues. New York City and H and H
23 are both at a pivotal moment in our City's history.

24 Recovering from a global pandemic and now managing a

2 crisis of asylum-seekers making New York City their
3 home. This Committee has many questions on the Fiscal
4 status of the system, both in the short- and long-
5 term, the delays in funding from federal and state
6 sources, H and H's work on their asylum-seekers
7 citywide operation, and staffing needs system-wide.

8 We want to make sure that the City to
9 provide adequate services as it moves to a new phase
10 in COVID services while continuing to expand the
11 vital services under primary care and behavioral
12 healthcare that H and H provide.

13 At today's hearing, we will examine
14 several changes to H and H's budget and review the
15 913 million in Fiscal 2024 to support the City-funded
16 services like NYC Care, Public Health Corps, and
17 Correctional Health Services, and how they will
18 affect all New Yorkers. Ensuring that H and H is
19 adequately funded and staffed is a priority of the
20 Council so we look forward to discussing how the
21 state and federal supporting our hospital system.

22 I want to thank Dr. Katz, as usual, you
23 know I care about Dr. Katz, and H and H team for
24 being here today to testify, and I look forward to
25 learning more about H and H's plans to ensure that H

2 and H can financially continue providing vital
3 services to New Yorkers including the asylum-seekers
4 that we talk about to support their efforts of going
5 forward.

6 In closing, I'd like to thank the
7 Committee Staff, Assistant Director Crilhien
8 Francisco and Policy Analyst Mahnoor Butt for their
9 work in this hearing as well as my Chief-of-Staff
10 Saye Joseph and all my other Staff that contributed.

11 I will now turn to the Committee Counsel
12 to administer the oath.

13 COMMITTEE COUNSEL: Thank you, Chair. We
14 will now hear testimony from the members of the
15 Administration. Will you please raise your right
16 hand?

17 Thank you. Do you affirm to tell the
18 truth, the whole truth, and nothing but the truth
19 before this Committee and to respond honestly to the
20 Council Members' questions?

21

22 PRESIDENT KATZ: I do.

23 SENIOR VICE PRESIDENT ULBERG: I do.

24 SENIOR VICE PRESIDENT YANG: I do.

25

2 COMMITTEE COUNSEL: Thank you. You may
3 begin.

4 PRESIDENT KATZ: Good afternoon,
5 Chairperson Narcisse, so nice to see you. I think
6 it's so great that the Committee is headed by a
7 Registered Nurse who actually understands hospitals
8 and has worked in hospitals and knows how critical
9 Health and Hospitals' role is in this city. I'm Dr.
10 Mitch Katz. I'm a primary care doctor, and I'm
11 President and CEO of Health and Hospitals. I'm here
12 with my Chief Financial Officer John Ulberg and with
13 Dr. Patsy Yang who is in charge of our Correctional
14 Health Services.

15 I am happy to report on our finances for
16 Fiscal Year 2024. We are a large system, the largest
17 municipal system in the country. Every day, our
18 40,000 employees live our mission of providing high-
19 quality healthcare services with compassion, dignity,
20 and respect to all, regardless of income, gender
21 identity, race, sexual preference, or immigration
22 status.

23 This Committee knows the devastating
24 impact that COVID had when it arrived three years
25 ago. It required a huge commitment of our energy and

2 resources. We put everything into it ourselves. Our
3 staff put their lives on the line. We put whatever
4 dollars we had, whatever energy we had to get New
5 York City through, and I'm proud that, while COVID
6 has not gone away, I very much feel that we have
7 reached a point where we have shepherded the City
8 safely through the worst of COVID. How did we do
9 that? We did 14.5 million tests, it's an
10 extraordinary number, 14.5 million tests for COVID
11 were done by Health and Hospitals. Our Mobile Test to
12 Treat program has administered 4,700 Paxlovid
13 prescriptions, and our Virtual ExpressCare has
14 connected people with prescriptions 37,000 times.
15 Keep in mind that New York State when they wanted to
16 make Paxlovid available chose New York City's Health
17 and Hospitals as the group to do that. Also, we have
18 AfterCare program for Long COVID which has
19 proactively reached out to 500,000 New Yorkers and
20 referred 57,000 people to critical care.

21 As we shift into making it part of our
22 standard of care, we will still maintain our 212-
23 COVID19 number so that people can call us when they
24 want COVID care.

2 The Chair has referred to the HERRCs, and
3 I'm very proud that we've provided care to over 9,000
4 asylum-seekers. This was not originally a Health and
5 Hospitals project, but we responded to the heroic
6 efforts of our sister departments, the Department of
7 Homeless Services, the Department of Immigration
8 Services. When they reached the number of asylum-
9 seekers was so large that they no longer had
10 capacity, we swung into action to help them out.
11 We've connected 400 patients who are homeless to
12 housing. We administered 15,000 Mpox vaccinations.
13 We've expanded our B-HEARD program. Our SHOW vans are
14 on the street reaching out to homeless individuals
15 and providing buprenorphine treatment for people with
16 opioid use disorders. We've expanded our lifestyle
17 medicine service to all of our 11 hospitals and offer
18 plant-based lunches and dinners as the default
19 choice. We test wastewater for infectious diseases at
20 all our hospitals. We grew to over 426,000 unique
21 primary care patients. Our ACO earned savings. We
22 continue to make major investments into our state-of-
23 the-art lab at Bellevue, our extended care unit at
24 Kings County, and the first Cardiac Rehab Center
25 within our system. Our health plan grew to over

2 700,000 members. All of our hospitals received baby-
3 friendly designation. Kings County and South Brooklyn
4 received the prestigious Pathway to Excellence award,
5 and our Elmhurst and South Brooklyn received the
6 Beacon Award for nursing excellence.

7 In terms of the specific financial
8 performance, the Chair already mentioned the
9 challenge of hiring sufficient staff due to the
10 nursing shortage, and so we have had to rely on the
11 use of temporary nurse staffing which is not
12 something we want to do. I want every nurse in Health
13 and Hospitals to be our permanent, to have that as
14 their lifetime commitment, but at the same time I
15 have to keep my trauma centers open and I have to
16 maintain safe ratios and so the cost of maintaining
17 sufficient nursing has put us in a negative net
18 balance so we are currently anticipating a loss of
19 144 million in Fiscal Year 2023, which is about 1
20 percent, due in part to delay in the receipt of
21 certain federal revenues because, remember, we're
22 operating primarily under a cash basis. Our revenue
23 improvements continue to be on track. You'll remember
24 this was our strategy for getting out of our deficit.
25 Instead of cutting hospitals the way some people

2 thought we should, we said no, we could get out of
3 this by growing, and we've continued to succeed at
4 that. Through December, we've generated 397 million
5 in revenue, have a projected line of sight of 676
6 million for the full year on target. We don't bill
7 our patients exorbitant amounts. We only focus on
8 billing our insurance companies.

9 In terms of our closing cash, we're at
10 approximately 26 days of cash-on-hand, which is 650
11 million dollars.

12 Our Preliminary Financial Plan remains
13 stable. We work closely with our City and State and
14 Federal champions to make sure that our position is
15 one that is stable. We are advocating aggressively
16 for equitable access to State funding, and we've had
17 great success with our champions in Albany including
18 State Senate Health Chair Gustavo Rivera and the
19 Assembly Health Chair Amy Paulin plus so many of the
20 State Senators and Assembly Members who have been
21 supporting us. I know that City Council Members, that
22 all of you, have also been using your networks to
23 make sure that the State and Federal government
24 understands how important Health and Hospitals is.
25 There is still a DSH cut on the federal level, which

2 would be devastating for us, and we ask that you
3 continue, as you have in the past, to advocate for us
4 to prevent this cut from happening.

5 Thank you so much for inviting me. Thank
6 you for the privilege of being the President and CEO
7 of this amazing health system. Thank you.

8 CHAIRPERSON NARCISSE: Thank you. I have
9 to acknowledge my Colleagues, Council Members Powers
10 and Gutierrez.

11 Thank you for being here, Dr. Katz. It's
12 about getting to know how our hospitals are running
13 in New York City. First, I would like to start with
14 B-HEARD. Last Fiscal, the Council called for the
15 Behavioral Health Emergency Assistance Response
16 Division, or B-HEARD, program to be funded at 55.3
17 million, which the Administration included in the
18 executive budget. However, there continues to be
19 questions regarding the expansion of the program and
20 current operation that we need to understand. The
21 November 2022 plan reduced the budget for B-HEARD
22 this year by 3.7 million from H and H's budget for
23 Fiscal 2023. Going from 18.3 million to 14.6 million,
24 B-HEARD is budgeted for 18.3 million next year. Can

2 you explain why was B-HEARD reduced and what was the
3 impact of this reduction in services?

4 PRESIDENT KATZ: Thank you, Chair. The
5 amount was reduced to reflect the actual staffing.
6 Working as B-HEARD's social workers, I'm sure all of
7 you can appreciate it's a very special job and takes
8 a very special person who is prepared to be out in
9 the field, who is prepared to be able to de-escalate
10 a complicated situation. With the shortages in
11 general of mental health professionals, we haven't
12 been able to identify as many qualified people as we
13 would like. Each B-HEARD team includes two EMT
14 paramedics and a mental health professional, so the
15 funding reflects the actual current use. We will not
16 be decreasing. I really think that as people see how
17 useful a job this is and what a meaningful difference
18 they can make, we will have a large group of alumni
19 and current workers who will encourage others to
20 apply. We are hiring as quickly as we possibly can to
21 fill all of the slots.

22 CHAIRPERSON NARCISSE: Thank you. Given
23 that the City has reduced funding for the program two
24 years in a row, are we sure we are budgeting
25 according to the program expansion?

2 PRESIDENT KATZ: Again, I wish that we
3 were able to hire faster, although it's not a hiring
4 problem. It's an identifying people who are right for
5 this work and who want to do it and have the heart
6 for this kind of work and so I think that, in
7 general, it has been getting easier as people know
8 more about it, and we will be able to meet the
9 current targets.

10 CHAIRPERSON NARCISSE: Thank you. Was the
11 reduction in PS or OTPS related to staffing shortages
12 for social workers?

13 PRESIDENT KATZ: Correct.

14 CHAIRPERSON NARCISSE: Thank you. How many
15 staff do you currently have this year for B-HEARD and
16 how many new staff do you plan to hire?

17 PRESIDENT KATZ: I'm sorry. Give me one
18 second. I don't know that number off the top of my
19 head.

20 I think the closest I can give is B-HEARD
21 currently operates seven days a week, 16 hours a day
22 in 15 precincts so we're talking about three-person
23 teams that are operating 16 hours a day in 15
24 precincts, but we'll have to get you the exact
25 number.

2 CHAIRPERSON NARCISSE: How many staff do
3 you currently have this year, and how many new staff
4 do you plan to hire?

5 PRESIDENT KATZ: I'm sorry. I'll have to
6 provide that number to you after the meeting. I don't
7 have the exact number of staff we currently have.

8 CHAIRPERSON NARCISSE: Thank you. Can you
9 walk us through how the 18.3 million in Fiscal 2024
10 is sufficient to provide the level of services
11 needed?

12 PRESIDENT KATZ: Sure. The 18 million
13 provides the current level of support as we estimate
14 on terms of how many staff members we'll have. We've
15 had very great support the City Hall, from the City
16 Council, and from OMB on this program. If we were
17 able to identify additional staff members, I'm sure
18 they would be happy to provide us the funding to
19 continue hiring, but this based on what we believe
20 we'll be able to hire in Fiscal Year 2024.

21 CHAIRPERSON NARCISSE: Okay. What
22 challenges have there been with staffing and members
23 in the program?

24 PRESIDENT KATZ: It's a very non-
25 traditional job. Again, I think it's a job that for

2 some people is a lifetime calling and they can see
3 what a difference it makes, but this is not a
4 traditional job. This is out in the field. It's
5 dealing with people who are in crisis. It's seven
6 days a week, which can be difficult for people who
7 have responsibilities for small children or taking
8 care of parents so that it's not a Monday through
9 Friday 9 to 5 job, and it's certainly not a job that
10 anybody can do on Zoom.

11 CHAIRPERSON NARCISSE: Thank you. This
12 past summer, the data showed that under B-HEARD, the
13 percentage of subjects assisted by B-HEARD that got
14 transported to the emergency room, which is the ER
15 where I used to work, instead of diversion centers
16 actually increased from 45 percent to 59 percent. As
17 of today, what is the percentage of individuals that
18 go in the ER versus diversion centers?

19 PRESIDENT KATZ: I don't have today's
20 numbers although we publicly report all of the data
21 on the OCMH website, and we're working on a robust
22 evaluation of the B-HEARD because where people go can
23 reflect what their level of acuity is, and we've
24 certainly seen with the growth of fentanyl the number
25 of very severely impaired people is growing in New

2 York City and may require more people being able to
3 go to an emergency room in order to be able to be
4 handled. Our goal is to keep people out of jail and
5 to get them the care that they need, and those are
6 the two things that matter the most to us.

7 CHAIRPERSON NARCISSE: Got it. Thank you.
8 How is the B-HEARD program being evaluated? Is the
9 City's Health Department of H and H evaluating the
10 program?

11 PRESIDENT KATZ: We're looking for an
12 external evaluation. We think that would be the most
13 valid.

14 CHAIRPERSON NARCISSE: Okay. Have you
15 considered adding indicators for B-HEARD in the
16 Mayor's Management Report?

17 PRESIDENT KATZ: We would be completely
18 open to adding them if the management group will
19 accept our putting them in.

20 CHAIRPERSON NARCISSE: Okay. Funding for
21 evaluation, is it in the budget?

22 PRESIDENT KATZ: I think the amount for
23 the evaluation is such that we would make it
24 available.

2 CHAIRPERSON NARCISSE: Thank you. We're
3 going to staffing. What steps have been taken to
4 improve H and H's nurses ratio?

5 PRESIDENT KATZ: You, as a nurse, know how
6 challenging this is, and I just want to say that what
7 nurses went through during the COVID pandemic, what
8 heroes they were, and how taxing it was, and it's not
9 surprising that a number of nurses felt exhausted,
10 retired early, decided they wanted to do a reduced
11 caseload, and the fact that our compensation and
12 benefits have lagged behind the private systems has
13 also caused us a problem. We have gotten much better
14 at hiring. Besides using a dedicated web page and
15 social media, we have on-spot interviews where we
16 have all the hiring managers in one room, and it's a
17 little bit like speed dating, people come, they find
18 where they want to work, they meet the manager, they
19 leave with a job offer. We no longer have those
20 difficult periods of time where people put in, I
21 think when I came, a very long application and waited
22 to hear. It doesn't work that way at all now. We have
23 these group interviews and hire people as quickly as
24 we can. We have a loan forgiveness program, which I
25 think has been very effective, especially at

2 recruiting nurses who are from the same communities
3 as our patients. We have a nurse residency program in
4 order to keep our new nurses. It is a challenge, and
5 we are hoping that through our negotiation with NYSNA
6 we have a contract that enables us to keep our
7 nurses. We want to pay fair wages, and we want to
8 have wages that enable us to hire and retain our
9 nurses.

10 CHAIRPERSON NARCISSE: Thank you. Does H
11 and H have plans, what you're saying, it seems like
12 you have plans to reduce the number of temporary
13 workers. You have a plan to do that?

14 PRESIDENT KATZ: I'd like to reduce it to
15 zero. Really, in my view, you hire temporary
16 positions because somebody is on maternity or
17 paternity or someone has a short-term disability, not
18 for long-term periods of time, but, again, that
19 requires having a full-time group of nurses and that
20 requires paying wages that are comparable to those
21 that nurses can earn in the private sector in New
22 York City.

23 CHAIRPERSON NARCISSE: How much do you
24 anticipate to spend on temporary staff in Fiscal Year
25 2024?

2 PRESIDENT KATZ: In 2023, the figure is
3 how much, John?

4 CHIEF FINANCIAL OFFICER ULBERG: On
5 temporary staff, as Dr. Katz had mentioned in the
6 testimony, one of the big reasons why we're
7 overspending on the budget is because of temporary
8 staffing, and the models that we develop and the
9 analysis that we've done thus far is that it's
10 driving about 150 million dollars of our shortfall
11 for the period. We can get you the total value of
12 temp contract cost. That's no problem. We could
13 provide that information to you.

14 PRESIDENT KATZ: Going forward, we want to
15 drive it to zero.

16 CHAIRPERSON NARCISSE: For 2023? So you're
17 going to send me the cost for 2023? And 2024, what's
18 the plan?

19 CHIEF FINANCIAL OFFICER ULBERG: 2024, as
20 Dr. Katz said, our goal is to always drive that down
21 to close to zero as we possibly can. We very much
22 appreciate our own nurses working in our hospitals.
23 It provides better care as you know so that's our
24 goal.

2 CHAIRPERSON NARCISSE: But approximately,
3 you don't have roughly how much we spent in 2023?

4 PRESIDENT KATZ: No, I don't, but we can
5 provide that information to you.

6 CHAIRPERSON NARCISSE: Okay. I would like
7 to acknowledge my Colleagues, Council Member Barron,
8 Council Member Restler, and Council Member Joseph.
9 Thank you.

10 How many agencies and traveling nurses
11 are currently working in the New York City H and H
12 system in general?

13 PRESIDENT KATZ: Too many.

14 CHIEF FINANCIAL OFFICER ULBERG: I think
15 the number is roughly 2,000.

16 PRESIDENT KATZ: 2,000.

17 CHAIRPERSON NARCISSE: Could you break it
18 down by provider type? How many are in the 11 acute
19 care hospitals, in the long-term care facilities, and
20 in the clinics?

21 CHIEF FINANCIAL OFFICER ULBERG:
22 Predominantly, most of these nurses are in our
23 inpatient facilities.

24 PRESIDENT KATZ: It's overwhelmingly
25 hospital. It isn't the other two sectors.

2 CHAIRPERSON NARCISSE: Not acute care?

3 PRESIDENT KATZ: No. It's all acute care.

4 That's the hardest areas to recruit nurses right now
5 is ICU, emergency room, surgical nurses. Those are
6 the nurses. We are able still to recruit nurses for
7 the nursing home and outpatient nurses, but the
8 emergency room nurses, surgical nurses, ICU nurses
9 are very hard for us to recruit.

10 CHAIRPERSON NARCISSE: Really? I used to
11 be an ER nurse so I have to find out. Can you give us
12 down the units in each of the facilities in New York
13 City the number of agency nurses currently working?
14 How does this compare to New York City H and H RN
15 headcount?

16 CHIEF FINANCIAL OFFICER ULBERG: If I
17 understand the question, 2,000 is the number of
18 temporary nurses out of a total of about 8,000. I
19 think what Dr. Katz also had mentioned is how
20 committed we are to the nurse staffing ratios. From a
21 budgetary perspective, we try to make sure that
22 there's enough resources at the bedside and we fully
23 appreciate the value of the ratios so to ensure that
24 we do have the resources at the bedside we have gone
25 forward and hired temporary nurses. We've been very

2 busy at our facilities, in particular the Eds have
3 been very busy over the past couple of months, but,
4 again, our goal is to hire our own nurses in the
5 future and spend our resources on our own staff.

6 PRESIDENT KATZ: There is also some hope
7 that things will be better just because of the
8 epidemiology of the situation. The last period was
9 the triple pandemic of COVID, flu, and RSV, and we
10 have had census, for example, Bellevue is currently
11 running a census 200 patients higher than pre-COVID
12 so it's both been difficulty in workforce but also
13 just that the workforce had to grow in order to deal
14 with a much larger census. We have seen over the last
15 few weeks as the COVID numbers have improved, the RSV
16 numbers have improved, and the flu numbers have
17 improved that we're not as crowded, and when we're
18 not as crowded we don't have to rely as much on the
19 temporary nurses.

20 CHAIRPERSON NARCISSE: Can you provide the
21 current RN headcount by facilities?

22 PRESIDENT KATZ: It's overall 8,000, but
23 we'll have to get it to you by facility.

24 CHAIRPERSON NARCISSE: 8,000 but not what?

25 PRESIDENT KATZ: 8,000 is the total.

2 CHAIRPERSON NARCISSE: Okay. How has this
3 number changed throughout the pandemic? You just
4 mentioned that it changed by facility?

5 PRESIDENT KATZ: Yeah, we'd have to get it
6 to you by hospital.

7 CHAIRPERSON NARCISSE: Okay. Can you tell
8 us what agency and traveling nurse utilization was
9 prior to 2020 and how that number changed over the
10 past four years?

11 PRESIDENT KATZ: John, I'll see if he has
12 any exact, but I can tell you in general it's just
13 huge compared to 2020. We relied much less on
14 temporary nurses because our census was much smaller
15 and we hadn't lost the large number of nurses that we
16 lost who left the profession after COVID or who left
17 for higher salaries elsewhere so it used to be very
18 low, and we want to get back to that. We want our own
19 nurses.

20 CHIEF FINANCIAL OFFICER ULBERG: For
21 modeling purposes, we usually assume about 5 percent
22 of the nurses would be contract nurses at a maximum,
23 but we could provide the information pre-COVID.

24 CHAIRPERSON NARCISSE: Thank you. Can you
25 tell us the average rate billed to H and H for agency

2 traveling nurses, and how much do the nurses cost per
3 hour per year?

4 CHIEF FINANCIAL OFFICER ULBERG: The
5 amount per hour has ranged tremendously with our
6 experience with COVID. We renegotiate those rates
7 frequently, depending on the needs, it's a market in
8 essence.

9 CHAIRPERSON NARCISSE: Give me a number.

10 CHIEF FINANCIAL OFFICER ULBERG: Today's
11 is about 110 dollars an hour, but that number will
12 change next week. I'll just be clear. It fluctuates
13 quite a bit, and that's what we've been struggling
14 with from our financial plan's perspective.

15 CHAIRPERSON NARCISSE: The 110 per hour is
16 the agency?

17 CHIEF FINANCIAL OFFICER ULBERG: Correct.
18 That's what they charge us, and sometimes that varies
19 by the type of nurse too.

20 CHAIRPERSON NARCISSE: The years of
21 experience?

22 CHIEF FINANCIAL OFFICER ULBERG: Years of
23 experience or the type of nurse. ED nurses tend to
24 cost us a little bit more because the market is in

1 COMMITTEE ON HOSPITALS

26

2 greater demand for ED nurses at the moment so it
3 fluctuates 110 to 130.

4 CHAIRPERSON NARCISSE: How much is the one
5 who's working in the hospital right now getting per
6 hour?

7 CHIEF FINANCIAL OFFICER ULBERG: Today, it
8 probably averages around 110. We can provide that
9 information...

10 PRESIDENT KATZ: No, she's asking our
11 regular staff nurse.

12 CHAIRPERSON NARCISSE: The regular nurse,
13 not this traveling nurse.

14 CHIEF FINANCIAL OFFICER ULBERG: Our
15 regular nurse per hour is probably about 70 to 80
16 dollars an hour.

17 CHAIRPERSON NARCISSE: So you know how
18 that feels, right, between the nurses that are
19 working, that's where I have a lot of complaints
20 coming to me as a nurse, and they're holding me
21 accountable on that one.

22 CHIEF FINANCIAL OFFICER ULBERG: Yes. As
23 the CFO, I also experience that same feeling.

24 CHAIRPERSON NARCISSE: For each year of
25 the pandemic, could you provide us a detailed

2 turnover rate by facility and unit for registered
3 nurses?

4 PRESIDENT KATZ: We'll provide it.

5 CHAIRPERSON NARCISSE: You don't have it?

6 PRESIDENT KATZ: No.

7 CHAIRPERSON NARCISSE: Okay. Has turnover
8 at H and H increased or decreased during the
9 pandemic?

10 PRESIDENT KATZ: Increased substantially,
11 but that's the same as all the health systems are
12 reporting. That's a common phenomenon. As a nurse who
13 lived through that, you can understand why.

14 CHAIRPERSON NARCISSE: What is the current
15 cost to H and H, which I asked you, for the training?
16 If you have to train a registered nurse that just
17 came to you, how much approximately does it cost?

18 PRESIDENT KATZ: The way I think about it
19 is how long does the training take? In general, I'd
20 say the training takes about six months so it's
21 basically costing you a half year of their salary to
22 train a nurse, and that's why in previous years
23 before COVID one of the first things we did was
24 negotiate a retention bonus to hold people at four
25 and five years, and OMB was very helpful. John did an

2 analysis that showed that we were losing money
3 because we were taking nurses, we were training them.
4 During the training time, we are paying for the
5 training, they're not working yet then they would
6 leave us with two years' experience, and we'd have to
7 repeat the whole cycle. John did a detailed analysis
8 showing that that was a money-losing effort, and OMB
9 helped us out and gave retention bonuses for nurses
10 to stay on, especially in those early years before
11 the City pension begins to kick in. A nurse three
12 years out of school is not interested in the City
13 pension. He or she is thinking about how am I going
14 to pay my rent.

15 CHAIRPERSON NARCISSE: You got that right.
16 I want to get somewhere. I heard something, OMB,
17 would you agree that the City's healthcare workers
18 have placed their lives on the line providing so much
19 care for us during this pandemic and they are still
20 our frontline workers, right? Would you care for
21 their well-being?

22 PRESIDENT KATZ: Absolutely.

23 CHAIRPERSON NARCISSE: Okay. Given the
24 current strain of the healthcare system, would you
25

2 agree that we need to address retention and new
3 recruitment?

4 PRESIDENT KATZ: Absolutely.

5 CHAIRPERSON NARCISSE: (INAUDIBLE) to all
6 the things that they're doing, right?

7 PRESIDENT KATZ: Yes.

8 CHAIRPERSON NARCISSE: Let's say for
9 argument's sake, if the head of a hospital or ER or
10 HR person has to retire, how do you proceed to hire
11 the next person?

12 PRESIDENT KATZ: Depending upon whether
13 it's a position with the list or it's a managerial
14 non-list, we would do an open recruitment and hire if
15 there's no list.

16 CHAIRPERSON NARCISSE: Do you have to
17 communicate with anyone else if you have to hire the
18 head of a hospital?

19 PRESIDENT KATZ: No.

20 CHAIRPERSON NARCISSE: You have anyone to
21 speak to? You just hire the person? Because from the
22 last hearing, I heard a question, and I heard that
23 the answer was OMB has to approve the process. Is
24 that correct?

25

2 PRESIDENT KATZ: Not for Health and
3 Hospitals because, remember, we were created in
4 separate legislation as a State agency so our hiring...

5 CHAIRPERSON NARCISSE: So your hiring has
6 nothing...

7 PRESIDENT KATZ: Is not controlled by OMB.
8 Of course, we require and depend on OMB to help us
9 with the subsidy that enables us to run but, no, our
10 positions, we're not under vacancy control by OMB.

11 CHAIRPERSON NARCISSE: Not at all?

12 PRESIDENT KATZ: Also, most of our money
13 comes from revenue that we generate, and so often if
14 I don't fill a position, I actually lose money
15 because I can't, especially in healthcare, and you
16 remember this from your work, healthcare is a team
17 effort so if I have the surgeon, the
18 anesthesiologist, the first nurse, but no circulating
19 nurse, there's no surgery, and then I'm paying three
20 people but I got no revenue. I think OMB understands
21 that and allows us to hire appropriately.

22 CHAIRPERSON NARCISSE: Thank you. You know
23 I appreciate folks caring for the City, especially in
24 addressing the inequities, but in order to do so we

2 need to have nurses that love the city, that stay in
3 the city, and I heard you say that.

4 PRESIDENT KATZ: Absolutely.

5 CHAIRPERSON NARCISSE: And I'm going to
6 hold you accountable for that because that's what we
7 want to see more of the nurses to stay home and work
8 and feel like they're not being disrespected, and
9 that's what I'm hearing, and it just saddens me, by
10 nurses, the people, the backbone of the healthcare
11 system in our city is saying that they feel
12 disrespected, like they feel like it's a slap in
13 their face for them not having the financial support
14 because, yes, they love the work but financially they
15 have to be able to pay the bill. You just said it
16 yourself.

17 I'm going to call on some of my
18 Colleagues because they want to ask some questions.
19 Council Member Brooks-Powers.

20 COUNCIL MEMBER BROOKS-POWERS: Thank you.
21 Thank you, Dr. Katz, for your testimony, the work
22 that you have been doing, continue doing, especially
23 in my District, in the 31st Council District. We
24 appreciate you deeply for that.

25 PRESIDENT KATZ: Thank you.

2 COUNCIL MEMBER BROOKS-POWERS: In line
3 with some of the questions of the Chair, I had some
4 similar ones, especially in terms of our nurses who I
5 always say we beat the pans at 7 p.m. every evening
6 for them and right now we're failing them in terms of
7 making sure they're able to afford a quality life. A
8 piece in the Daily News this morning said that there
9 was high turnover and the hiring of the so-called
10 traveling nurses at Jacobi Medical Center is likely
11 costing the City tens of millions of dollars a year
12 in additional cost. On average, these nurses make two
13 to three times on average than nurses on staff
14 permanently, and I'm hearing this in my District at
15 St. John's as well that it's a big difference in
16 terms of what the agency nurses are being paid versus
17 the staff nurses so I think this is across the
18 industry right now. Does Health and Hospitals believe
19 these figures are accurate, and how does Health and
20 Hospitals plan to address these concerns at Jacobi
21 Medical and elsewhere?

22 PRESIDENT KATZ: Thank you, Council
23 Member, and it's an honor to work with you in your
24 District.

2 As we've all agreed, the goal should be
3 us hiring permanent nurses, and the nurses who work
4 under registry do get paid more, although they do not
5 get the 110. One of the things that most bothers me
6 is actually there's a middle person getting a large
7 cut of the money. This is the way the market works.
8 The registry company is taking a portion of the
9 money, which is not seen by any nurse, but even if
10 you factor that in, it is true that the agency nurses
11 are earning more, not just at Jacobi. We are very
12 clear. It's all of our acute care hospitals, and the
13 solution is that we need to have payments to our
14 nurses that is fair and equitable, especially
15 compared to the market in New York City. The reality
16 is that being a nurse is a noble profession, whether
17 you're working for us or you're working for another
18 safety net provider or another hospital, and so it's
19 understandable that a nurse might say I could earn 20
20 dollars more an hour over there and then leave us.
21 Even though people love our mission and the fact that
22 we have the best mission in town, they're not going
23 to stay with us if it's too large a difference in
24 salary, and we're hoping in the new NYSNA contract,
25 the good thing is we have a vehicle, all of us, to

2 solve this. The City is in active negotiations with
3 NYSNA, and that's the vehicle to provide compensation
4 that is fair for the nurses and that recognizes their
5 amazing contribution to the City.

6 COUNCIL MEMBER BROOKS-POWERS: Dr. Katz, I
7 just have a few more questions, and I know the clock
8 is running on me. One, I would love to hear an update
9 on the City's ongoing negotiations with NYSNA, but
10 also, just a few more I'm going to just ask you so
11 you can then answer them if that's okay.

12 PRESIDENT KATZ: Sure.

13 COUNCIL MEMBER BROOKS-POWERS: The
14 Council's report on Health and Hospitals budget is
15 critical of Health and Hospitals' 10-year capital
16 plan which frontloads costs in the next few years,
17 and, per the Health and Hospitals' plan, projected
18 spending in Fiscal '25 25 is more than six times
19 projected spending in Fiscal '29. Why is Health and
20 Hospitals taking this approach.

21 Also, currently there is no funding
22 included in Fiscal 2024 for Health and Hospitals to
23 continue operating HERRCs. What is Health and
24 Hospitals' thinking about the long-term future of

2 these sites, what would Health and Hospitals need to
3 continue their operation?

4 I do want to ask about the Distressed
5 Hospital Fund. I'm especially interested in this and
6 wanting to know how much of this account has Health
7 and Hospitals received and expects to receive from
8 the State.

9 PRESIDENT KATZ: Okay. I'm going to do
10 them quickly and then come back because of what you
11 said about...

12 COUNCIL MEMBER BROOKS-POWERS: I have a
13 few more.

14 PRESIDENT KATZ: Okay, I'm writing.

15 COUNCIL MEMBER BROOKS-POWERS:
16 Preparedness, we saw what COVID did. We got caught on
17 our heels, and recently Health and Hospitals
18 announced plans to downsize its COVID-19 testing. My
19 District was one of the epicenters in that pandemic.
20 I'm concerned and wanting to know how will this
21 impact the preparedness of the system for another
22 surge or a public health emergency.

23 My last question is how much does Health
24 and Hospitals anticipate to receive from the Capital

2 Transformation Fund and what impact may that have on
3 the system's capital needs? That's it.

4 PRESIDENT KATZ: Do you know the Capital
5 Transfer Fund?

6 CHIEF FINANCIAL OFFICER ULBERG: That's
7 the State dollars for the Capital...

8 COUNCIL MEMBER BROOKS-POWERS: I'm sorry.
9 I can't hear you.

10 CHIEF FINANCIAL OFFICER ULBERG: The State
11 funding, it's in the State budget, that Capital
12 Transformation money?

13 COUNCIL MEMBER BROOKS-POWERS: Yes.

14 PRESIDENT KATZ: We'll do them backwards.

15 CHIEF FINANCIAL OFFICER ULBERG: On that
16 one, there's a billion dollars that's proposed in the
17 budget. We've been advocating in Albany that a carve-
18 out of about 300 million should be set aside for
19 safety net hospitals of which Health and Hospitals
20 would receive a portion of those funds. That has been
21 our position in Albany, and, again, they are actively
22 negotiating the budget, and we hope that we're
23 successful there and will receive a portion of that.
24 It obviously would help us. Our capital needs are
25 very significant at Health and Hospitals.

2 COUNCIL MEMBER BROOKS-POWERS: Okay.

3 PRESIDENT KATZ: On the testing, while
4 it's true that the end of the emergency we are
5 decreasing our testing capabilities. More and more
6 people are going for home testing, and home testing
7 kits are available free from the federal government.
8 People can request up to five. What we're trying to
9 do is to make it part of medical care so last
10 Wednesday when I was in clinic, one of my patients
11 had symptoms that could've been COVID and a year ago,
12 or even two months ago, I would've sent him down for
13 testing and instead I swabbed his nose so now we just
14 keep the bottles and we do the tests so I think what
15 COVID testing will become is the same as any other
16 testing we do like a strep throat test. If you have a
17 child with strep throat, you don't go to a special
18 center. You go to your pediatrician, and they swab
19 your child's throat.

20 Preparedness, I think we're good. We have
21 the six-months' supply of all of our PPE so I'm not
22 worried about that.

23 The Distressed Hospital Funds, I'm sad to
24 say that I think we will get zero. That's how it
25 stands right now. We don't see a line toward Health

2 and Hospitals getting any dollars, although we're
3 continuing to request that.

4 Under the HERRC budget, we work closely
5 with OMB where Board is very clear because of the
6 legislation that created Health and Hospitals that
7 we're doing HERRC not as Health and Hospitals but as
8 a 24-hour, seven-day-a-week agency that's good at
9 operations. We recognized when our sister departments
10 were overwhelmed with the huge number of asylum-
11 seekers, we were happy to help out and OMB reviews
12 our budgets and approves our budgets so it's a joint
13 decision, and that will be true going forward, that
14 they will fund us for our efforts. We've had no
15 challenges for that. Whatever we agree on the budget
16 together, and then the money flows. Obviously, we
17 don't take a subsidy from it. We just whatever it
18 costs is what it costs.

19 Can you answer, John, the 10-year capital
20 frontload?

21 CHIEF FINANCIAL OFFICER ULBERG: Yes. Our
22 capital budget is roughly 4.7 billion dollars, of
23 which 3.9...

24 COUNCIL MEMBER BROOKS-POWERS: I'm sorry.
25 I'm having a hard time hearing you.

2 CHIEF FINANCIAL OFFICER ULBERG: Our total
3 capital budget is about 4.7 billion dollars. Of that
4 amount, roughly 700 million is federal. The balance
5 is City-funded. We're happy to go through the details
6 of the capital budget with you. There's many, many
7 lines that comprise the budget. The reason why you
8 see that difference in the flow of funding and why
9 it's front-ended is basically our estimate of when
10 we're going to develop the project and spend the
11 money. It changes from year to year based on where
12 we're at with a particular project, but that in
13 general explains why you see the dollars flowing
14 differently.

15 COUNCIL MEMBER BROOKS-POWERS: Because
16 you're frontloading it, is there a risk that this
17 amount might be far off from what's being projected?

18 CHIEF FINANCIAL OFFICER ULBERG: No, I
19 don't think. Usually we're very accurate in terms of
20 when we say we're going to spend the dollars within a
21 particular Fiscal Year we, in fact, do spend the
22 dollars. It's something that we work on with OMB. In
23 fact, one of the small adjustments we made in the
24 capital budget was to bring some of the dollars from

2 the outer years into more current years because we
3 think we can develop the projects more quickly.

4 COUNCIL MEMBER BROOKS-POWERS: Thank you.
5 Thank you, Madam Chair.

6 CHAIRPERSON NARCISSE: No problem. Next is
7 Council Member Gutierrez.

8 COUNCIL MEMBER GUTIERREZ: Thank you,
9 Chair. Good afternoon. Thank you so much. I don't
10 know if I've said this before, but I am a fan of our
11 public hospitals so I'm really glad you're here.

12 PRESIDENT KATZ: Thank you.

13 COUNCIL MEMBER GUTIERREZ: Chair Narcisse
14 does a fantastic job.

15 I just wanted to confirm on the B-HEARD
16 piece, and I just really want to uplift that Chair
17 Narcisse came hard, started with the B-HEARD
18 questions, because I think we have an administration
19 that wants to support B-HEARD, but I think that
20 there's also a lot of questions that us, as Council
21 Members, we're doing the work on the ground with our
22 communities, are seeing how it's not necessarily
23 meeting the bar that our communities need for safety
24 so if you could just confirm, and I apologize if you

2 said it already, do you have a sense of what the
3 percentages of the calls are still going to PD?

4 PRESIDENT KATZ: I don't have that number.
5 We'd be happy to provide it. I would just say, again,
6 we like and (INAUDIBLE) program. I think it's not
7 surprising when you consider how novel it is that
8 it's taking the City some effort to get it to where
9 we want it to be, and that's how I view it is that I
10 just want to make sure that every year it gets
11 better, every year it's more staffed, every year we
12 handle more calls, but I'm not surprised that it's
13 challenging given the work and the mission of it.

14 COUNCIL MEMBER GUTIERREZ: Yeah. It
15 doesn't sound like you have that but just wanting to
16 get a sense of the idea is to reduce interactions
17 with PD because these are folks with, for example,
18 mental health crises. We've confirmed PD is not
19 equipped to respond to that. We just want to get the
20 data to confirm how many of those calls are still,
21 majority it sounds like, being re-routed to PD and
22 whether or not this is doing what it's intended to
23 do.

24 PRESIDENT KATZ: Understood.

2 COUNCIL MEMBER GUTIERREZ: Okay. Thank
3 you. The next piece that I wanted to ask about was
4 about the campaign Coverage for All. I'm not sure if
5 you're familiar with it, but it's a coalition for all
6 stakeholders wanting to raise the bar about getting
7 every single New Yorker insured. Right now, they're
8 having a big fight in the State, and the Council, I
9 believe, does its part in covering NYCares to ensure
10 that every single New Yorker independent of their
11 immigration status gets access to emergency care.
12 What responsibility do we have as a City to fund
13 health insurance for every single New Yorker and what
14 impact does that have in providing better health
15 outcomes, what impact does it have in continuing to
16 serve the most vulnerable black and brown
17 communities, and what impact do you think it would
18 have in the service that is being provided in those
19 hospitals, if you could just tell me where you land
20 on that?

21 PRESIDENT KATZ: I'm a big believer in
22 single-payer system, and I wish New York State would
23 have a single-payer system that would include
24 everybody including people who are undocumented. I
25 think that's the only way that you can really both

2 cover everybody and decrease the administrative
3 expenses, which provide very little value. All the
4 time in my own practice, I see people, even people
5 who have insurance who I prescribe an asthma inhaler,
6 and I ask them the next visit how the inhaler was and
7 they tell me under their insurance it was going to be
8 80 dollars and they couldn't afford it so even if you
9 have insurance the way the current system is set up,
10 there's no guarantee that you're actually going to
11 get what you need. Many people have large co-pays,
12 people have unaffordable amounts of money. I think
13 the only answer really is a single-payer system. We
14 could still have multiple providers, that's not a
15 problem, but we would all have a single benefit that
16 we could all be sure that ourselves and our neighbors
17 are getting all of the care that they deserve. I
18 think you would see a major improvement. You'd see
19 people getting cancer prevention care that they don't
20 currently get. You would see them get medications
21 that they may not get again. In New York City,
22 because of City Council and because of the Mayor,
23 people on NYCares sometimes have better access in my
24 experience than some of the private insured patients
25 who have exorbitant co-pays.

2 COUNCIL MEMBER GUTIERREZ: Yeah. I'm sorry
3 to interrupt you, but do you have a sense of how many
4 New Yorkers walk in through H and H uninsured?

5 PRESIDENT KATZ: Yeah. Our uninsured rate,
6 depending upon the practice, is about 20 percent.

7 COUNCIL MEMBER GUTIERREZ: 20 percent?

8 PRESIDENT KATZ: Right.

9 COUNCIL MEMBER GUTIERREZ: Okay, and do
10 you have a sense of how many of those folks identify
11 as undocumented?

12 PRESIDENT KATZ: Overwhelmingly.

13 COUNCIL MEMBER GUTIERREZ: Overwhelmingly?
14 Okay, fantastic. Can I just get two more questions
15 in, Chair.

16 CHAIRPERSON NARCISSE: Go ahead.

17 COUNCIL MEMBER GUTIERREZ: I apologize.
18 Thank you. My next question is regarding residents.
19 It's something that is very important to me. My
20 sister was a resident during the pandemic, and I'm
21 sure you know there was an exorbitant amount of
22 stress for every single hospital employee, nurses,
23 administrative staff, and residents, they have some
24 of the highest suicidal rates, so my understanding in
25 advocating for them is that they're regular New

2 Yorkers, they're also fighting for housing just like
3 everyone else and just like the nurses, residents are
4 also fighting for pay parity. Can you speak to the
5 increase that some of the H and H residents are not
6 experiencing? For example, at Elmhurst Hospital, I
7 know that they're fighting for an increase and just
8 having pay parity with some of the other residents
9 from other hospitals like Bellevue, for example. Can
10 you share a little bit about where the negotiations
11 are there?

12 PRESIDENT KATZ: Especially with
13 residents, they're probably our lowest paid workers
14 on an hourly wage because they're generally working
15 80 hours a week so they are very low-paid and they
16 have a very stressful job and we rely on them to take
17 care of our patients. We are in negotiations now with
18 CIR that represents our residents and, as with NYSNA,
19 I hope that the result is that we come up with
20 contracts that are fair. I am not out to try to get
21 the lowest amount ever. I'm out to provide people a
22 fair wage. I know what it's like to live in New York
23 City and what the stresses people have in terms of
24 getting apartments. I understand even City Council

2 Members have trouble finding apartments in New York
3 City.

4 COUNCIL MEMBER GUTIERREZ: That's real.

5 PRESIDENT KATZ: I saw the keys finally.
6 They need to get a wage that is equitable and, yes,
7 it's true that the other residency programs are
8 generally paying their residents more, but as with...

9 COUNCIL MEMBER GUTIERREZ: It's a
10 challenge to keep residents in some of these public
11 hospitals for that reason in the same way that it's a
12 challenge to keep nurses.

13 PRESIDENT KATZ: Absolutely.

14 COUNCIL MEMBER GUTIERREZ: It's a very
15 similar campaign so I just wanted to make sure you
16 are supportive, and I was also born at Elmhurst
17 Hospital so show those residents and those nurses
18 some love. We've debated whether or not there was
19 overlap.

20 My last question, thank you, Chair, and I
21 know Chair Narcisse has been asking all the nurse
22 questions about pay parity so that's why I'm not
23 asking about those specifically. I'm very curious, my
24 two last questions, answer them however you want, are
25 about language access. We had a very, very

2 comprehensive joint hearing last year with your
3 Committee and the Women's Committee about language
4 access and how crumbly the existing language access
5 resource is, which I think is just Language Line. We
6 had a ton of people testify about connectivity, about
7 the infrastructure is really poor depending on where
8 some residents are in their buildings, they have to
9 use their own cellphones to interpret just because
10 the actual equipment is really poor so I'm curious if
11 you can speak to what kind of budget we have for
12 language access, what can we expect as far as
13 improvement, and then the last piece is about nurse
14 retention, I know you alluded to that, Chair
15 Narcisse, I don't know if it was a comprehensive
16 enough response, but I don't think that we're doing
17 enough. We're not doing enough to keep the nurses. We
18 certainly don't demonstrate that by paying them
19 enough. We don't demonstrate that by taking years and
20 years to achieve pay parity for them so it's a
21 concern that we say that we want to keep them here
22 but we don't respond to that need with respectful
23 wages, with respectful staffing-to-patient ratios,
24 with options for housing in a lot of these instances
25 so I'm just curious if you can get into a little bit

2 more detail about what H and H is doing to retain
3 nurses in our facilities. Thank you.

4 PRESIDENT KATZ: I'll start on the first.
5 We spend 10 million dollars annually on our language
6 capability, and I will say as a primary care doctor,
7 I speak Spanish, but I need the translator for my
8 Mandarin-speaking patients, my Cantonese-speaking
9 patients, I have a Tibetan-speaking patient, I have
10 Bengali-speaking patients, and I have a patient who
11 speaks American Sign Language, and I'm able, granted,
12 and I'll get to where I think the problem is. From my
13 desk, I have no problem. I can always get it on the
14 phone, and I can also do a video visit in person and
15 the ASL is on a video and works quite well. It's as
16 if the person is in our room. I see the interpreter.
17 The interpreter sees my patient. I think where we
18 have some problems, it's as much an engineering
19 problem. In some of our facilities, remembering the
20 age, we don't have high enough powered wi-fi in all
21 of our places to be able to get the phone or the
22 video capability, and we're trying to fix that for a
23 variety of reasons, not just translation but also
24 because we want to be able to do patient care
25 monitoring remotely so that if a patient is down the

2 hall, we want the nurse to be able to see the heart
3 rhythm so we're upgrading all of our buildings, but,
4 in general, compared to any other system I've worked
5 in, I feel like the language capability is quite
6 good, never perfect..

7 COUNCIL MEMBER GUTIERREZ: You'll hear
8 from some folks later today that disagree.

9 PRESIDENT KATZ: Never perfect, that I
10 understand. The other issue, there is more to do with
11 nurse retention, but so much right now is the salary
12 differential and the fact that there are
13 alternatives. If you want to be a firefighter in New
14 York City, you're going to want to be one of the
15 brave New York Fire Department people. If you want to
16 be a nurse and take great care of patients, there are
17 a number of options that you have, and so if our
18 salaries are 20,000 dollars less and people are
19 trying to raise two kids in New York City, it's not
20 surprising that after they get their training with us
21 they go off somewhere else. I think you can always do
22 better, and money is not the only factor that keeps
23 people in their jobs. People stay because of
24 camaraderie with their coworkers, they stay because
25 they have a great boss, they stay because of a

2 mission, but when the differential gets too large it
3 becomes very hard to hold onto people, and I think
4 that's where we are now.

5 CHAIRPERSON NARCISSE: Thank you. Before I
6 turn it over to my Colleagues, I want to do a
7 followup question with the language access because I
8 have some hospitals that are telling me they don't
9 have the budget, and I was shocked because one of
10 them is located in a place where mostly Haitians
11 speaking, Creole speakers, and they do not have
12 staffing to support that so, to me, if you're
13 delivering care, it's kind of hard for me, if you
14 don't have folks that can communicate.

15 PRESIDENT KATZ: I agree. I will look into
16 that issue.

17 CHAIRPERSON NARCISSE: Yeah. If you say
18 (INAUDIBLE) is one in the middle of Brooklyn, and you
19 know which one, Kings County.

20 PRESIDENT KATZ: I have a good idea of
21 which one that is.

22 CHAIRPERSON NARCISSE: Okay. What is the
23 cost difference of providing in-person translation
24 compared to tele-translation?

2 PRESIDENT KATZ: The big advantage of
3 tele-translation is the efficiency that you use it
4 when you use it. You pay by the minute because lots
5 of people are calling in to the same line so let's
6 say they have a Bengali interpreter who's working an
7 eight-hour shift for the translation company, but
8 multiple hospitals are calling that Bengali
9 translator. When you have a person, then that person
10 depends upon whether you need the Bengali translator
11 at that moment, and often you have moments when you
12 don't need the Bengali translator and other moments
13 when you need two Bengali translators because you
14 have two people who speak Bengali in different rooms
15 and so the efficiency has always been for the phone
16 line because you can get as much or as little at any
17 moment that you wanted and there's also no transport
18 time there. From my office, I pick up the phone, I
19 dial the number, and I get the person or I press the
20 button for the ASL, and the person appears. Within
21 facilities, if the person is in 14 ICU and you're in
22 the emergency room, especially if the person in 14
23 ICU still needs the translator, you're not going to
24 get them immediately so that's why most systems have
25 gone more to the video or the phone just because it

2 guarantees you access at any moment. I think there
3 are situations like difficult family meetings where
4 it would be better to have someone in person,
5 especially if there are multiple people talking and
6 you're trying to understand what's going on in the
7 room, and that's when we tend to use the people who
8 are actually in-person.

9 CHAIRPERSON NARCISSE: The concern I have
10 again is the culture because some folks are not easy,
11 you can say the same thing on a visual or a
12 television or a telephone, and then the person that's
13 actually talking to them, they will hear that person
14 but they cannot hear the same thing you say on TV or
15 on the telephone, especially for the seniors.

16 PRESIDENT KATZ: And the masks don't help
17 by the way. The fact that we're all speaking through
18 masks.

19 CHAIRPERSON NARCISSE: In the
20 communication line, before I pass, I have seen on TV
21 this lady that could not hear, could not speak, and
22 was sent home and was lost on the train for many
23 days. How is that communication because the first
24 thing I ask myself, how do you communicate with a
25 person and you did not speak Sign Language, you don't

2 have Braille available, but you spoke to that person.
3 That raises a red flag for me.

4 PRESIDENT KATZ: Sure. Understand that.

5 CHAIRPERSON NARCISSE: Moving forward, I
6 know you're a smart man, have you addressed that,
7 that would not happen in a city hospital?

8 PRESIDENT KATZ: I agree. Again, I've
9 practiced medicine long enough to know you can have
10 huge communication problems in the same language, and
11 anytime you add something that makes it more
12 difficult, whether it's somebody wearing a mask or
13 someone with decreased visual acuity or somebody with
14 a hearing issue, somebody with different cultural
15 ideas, there are a variety of ways that make
16 communication go badly, and our goal should always be
17 the very best communication and to really best marry
18 what the two people have the same skill to say
19 whether it's language or it's some other form of
20 communication, but I understand that case you're
21 talking about and we'll do our best to make sure that
22 never happens at Health and Hospitals.

23 CHAIRPERSON NARCISSE: Thank you. One of
24 the followup questions I had with the pay and some of

2 the staff are still complaining they did not get
3 their COVID hazard pay.

4 PRESIDENT KATZ: Yes, I've gotten many of
5 those emails.

6 CHAIRPERSON NARCISSE: How are we doing
7 with that, the doctors, nurses?

8 PRESIDENT KATZ: The doctors did not get
9 it except for the residents. The program, just so
10 everybody has the same understanding as the Chair,
11 the program was a State program which paid a bonus.
12 It was not for work during the time of COVID. The pay
13 period started after the time of COVID. One of the
14 complaints people had is I worked so hard during
15 COVID. Yes, but that wasn't the time period the State
16 did the bonuses so that, I can't help with. The State
17 set an absolute ceiling at 120,000 so you were not
18 eligible if you earned more than 120,000, and they
19 set a variety of job classifications where certain
20 job classifications were covered and certain job
21 classifications were not covered. In part, they did
22 that because they needed a program that they could
23 administer fairly and that would be relatively
24 simple. The problem is that some job classifications
25 are a little indescrpt, such as coordinating

2 manager, and maybe coordinating manager sounds like a
3 completely administrative job but maybe during part
4 of the time you really were working with patients
5 because the bonus is only available if you are doing
6 direct patient care, not available if you're in
7 administration so what we have done is we have made
8 appeals to the State, and we've succeeded on some of
9 them, so the original rules excluded institutional
10 police, and we felt that was completely unfair
11 because their whole job is actually interacting with
12 people. Institutional police is not in any way an
13 administrative job, and we were able to get those
14 included and even just recently we sent a letter to
15 the State asking them to consider adding HCIs who are
16 healthcare investigators to the list. Ultimately, the
17 City does not control the program. It's a State
18 program. We can only advocate to them.

19 CHAIRPERSON NARCISSE: Thank you, but at
20 the same time, can you add something on the website
21 because this created a lot of confusion. People feel
22 like it's unfair. You explained it to me, and you
23 said you continue fighting. Maybe that's something
24 you can put somewhere on your website so people can
25 have a better understanding of what's going on when

2 you come to H and H not getting that money but
3 continue fighting because we need them to feel love.

4 The last one before I turn it back to my
5 Colleagues. I'm doing followup questions from their
6 questions. COVID-19, you say the testing is federal,
7 we've got that, but are the people going to be aware
8 you're going to have information for them so they
9 know where to get it because something may be
10 available, they used to get it H and H, now they're
11 going to come to H and H and some of them are going
12 to go home and do not follow up from the federal part
13 understanding it, so are people being trained to make
14 sure they make the reference so people can make sure
15 that we're together on that, we're teaching our
16 communities.

17 PRESIDENT KATZ: Correct. So someone who
18 comes to the hospital looking for the COVID test site
19 will be sent to adult medicine if they're an adult or
20 to pediatrics if it's a child where we'll have the
21 capability to test them.

22 CHAIRPERSON NARCISSE: Okay. Now I'm
23 turning it over to my Colleagues to ask questions.
24 Council Member Barron.

2 COUNCIL MEMBER BARRON: Thank you. I want
3 to deal in a macro issue around health. We live in a
4 capitalistic government society that prioritizes
5 profit over people. Racism permeates every
6 institution including the healthcare delivery system.
7 Even so-called Obamacare, the private companies were
8 laughing their way to the bank, couldn't even get a
9 public option much less single-payer, so they laughed
10 their way to the bank, made megabucks but when it
11 comes to the delivery, the service of healthcare to
12 our communities, even countries that they criticized
13 like Cuba, healthcare is free, the government
14 provides it, Angola, a poor country in Africa, free,
15 the government provides it, or Venezuela who they
16 think is the worst country in the world, free
17 healthcare, yet we have a 6.8 trillion dollar
18 national budget, a 102.7 billion dollar city budget,
19 a 227 billion dollar state budget, and healthcare
20 delivery is a problem. Many of our hospitals have to
21 deal with Medicaid reimbursements. That's gone down,
22 the percentage of the reimbursements. A lot of the
23 white hospitals, they have private insurance so when
24 they cut Medicaid and, especially if you say
25 something like former Governor Cuomo Medicaid

2 redesign, Medicaid savings, those are cuts, those are
3 cuts so my concern on your level, on the city level
4 even though you're not a city agency, but city
5 services were cut for you too. The Mayor cut city
6 services, money funding for city services, that was
7 cut. When the nurses went out and had their
8 settlement, that didn't mean black nurses, especially
9 if they were 1199 and some of the other unions who
10 mainly had black nurses, it did not include that. You
11 say 70, 80 dollars an hour. I know a lot of nurses
12 that ain't hearing that or receiving that and then
13 definitely not receiving housing like in some
14 professions, housing is included in it. My concern is
15 that what is H and H doing differently now that COVID
16 has subsided because during COVID, even though we
17 suffered most, black people, we died most, but guess
18 where they built a facility at, the Javits Center,
19 white community. Guess where they built the facility
20 at in the park? Central Park, white community. Guess
21 where the boat that had 1,000 beds on it went to?
22 Didn't go to Harlem. It didn't go to East New York.
23 White community. We don't like addressing the fact of
24 capitalistic greed and racism, and it permeates every
25 institution, and I think we need to speak honestly

2 about it and see how we're going to do some things
3 differently. We had to fight for PPE, we had to fight
4 for testing sites, we had to fight for everything and
5 we were dying more than everybody, but we didn't get
6 more than everybody so that kind of behavior has to
7 stop, and I want to know what's in place to deal with
8 those real issues and then I have a few questions on
9 something a little more micro.

10 PRESIDENT KATZ: You've set it out,
11 Council Member, so well, I don't have a lot to add
12 other than to affirmatively agree with you. It makes
13 me proud as a New Yorker that New York City kept
14 Health and Hospitals. A lot of other cities got rid
15 of their public system. There wasn't the political
16 support. Philadelphia, lots of poor people but no
17 public hospital. Washington, D.C., which trained more
18 African American physicians than any other hospital
19 in its day, no more public hospital there. Not in
20 Milwaukee, not in Sacramento, not in San Diego, not
21 in Boston. At least, New York City, and I think it
22 was because of people like you, kept its public
23 hospital, and I do think while racism pervades
24 everything, at least we have a system where many of
25 the leaders are African American...

2 COUNCIL MEMBER BARRON: Forgive me if I
3 don't give them credit for keeping the public
4 hospital. There are certain things you're supposed to
5 do when you're taking public tax-paying money so I
6 don't give them credit for that. Now that we have it,
7 it needs to really... Give me another minute or two?
8 Now that we have it, it has to be adequately funded
9 and for the Mayor to cut services and y'all don't say
10 nothing, I know you don't want to criticize the Mayor
11 and all of that, but come on now, every agency is
12 getting cuts from this Mayor, every single agency, so
13 at some point we have to say that these cuts are
14 unacceptable, and I hope we do that here in the City
15 Council. We shouldn't accept the 3 percent PEG in
16 every agency because it's not necessary when you have
17 a surplus and you have 8.3 billion in a reserve
18 budget so I'm just concerned on how that's delivered.

19 As far as some particulars are concerned,
20 in many of our communities, when our people come,
21 their primary care is the emergency room, not primary
22 care doctors so how are we going to address so that
23 poor people, struggling people, can have primary care
24 doctors and not the emergency room?

2 PRESIDENT KATZ: Very challenging.

3 Sometimes I think that people use the emergency rooms
4 in a rational way. I know that's an unusual view, but
5 the way I think about it is you're a single mom, you
6 have two kids, a 2 o'clock appointment at an office
7 is not going to work for you because you don't have
8 any sick leave or you have to pick up your kid and so
9 it's not surprising that given the problems with how
10 healthcare is financed and directed here that the
11 time that you go is in the evening and you know that
12 if you go in the evening, it will be open at the
13 emergency department and that you will get all of the
14 things that you need and part of the challenge is
15 that primary care, and I say this as a primary care
16 doctor who loves doing it, is still based on a kind
17 of middle-class model that assumes that somebody can
18 take off of work, and I say to you, Council Member,
19 I'll see you at 3:30 next Thursday..

20 COUNCIL MEMBER BARRON: I'll say doc, can
21 you make it at 6 when I get off work.

22 PRESIDENT KATZ: Oh, no, no, I'm sorry,
23 sir. I'm only here until 4:30. I couldn't possibly be
24 there until 6, but, of course, the ED is open until 6

2 so I always want to make sure that nobody blames the
3 person who is trying to get the care that they need...

4 COUNCIL MEMBER BARRON: No, I don't blame
5 them. I blame the system for not...

6 PRESIDENT KATZ: Absolutely.

7 COUNCIL MEMBER BARRON: Providing primary
8 care physicians for our people because that's what
9 our people really need.

10 PRESIDENT KATZ: I agree.

11 COUNCIL MEMBER BARRON: And they do have
12 urgent care now so that they don't have to go to the
13 emergency room so some places have urgent care when
14 it's not a major, major issue, but these are the
15 kinds of things around healthcare. I want to commend
16 you, and I very rarely do this in these settings, for
17 your commitment to (INAUDIBLE) Y'all better record
18 this because you will not hear it again.

19 CHAIRPERSON NARCISSE: That's a great one.

20 COUNCIL MEMBER BARRON: Turn off the tape.
21 Hey my buddies, turn the tape off. You got it? Cut
22 it. I appreciate your commitment to single-payer...

23 PRESIDENT KATZ: Thank you, sir.

24 COUNCIL MEMBER BARRON: Because that is
25 definitely the answer. I was a co-sponsor with Dick

2 Gottfried and the State, it's right here, we have a
3 bill right here in New York State, New York Health
4 Act, that has single-payer which will provide free
5 healthcare for everybody including immigrants in the
6 State, and that bill is hanging in the air even
7 though you've got black heads of both bodies and
8 black mayors and black folks in high places, but that
9 doesn't always solve the problem unless you have
10 people who are committed to the people in those spots
11 so I commend you for single-payer.

12 PRESIDENT KATZ: Thank you, sir.

13 CHAIRPERSON NARCISSE: Being loved by
14 Council Member Charles Barron. You must be doing an
15 excellent job.

16 COUNCIL MEMBER BARRON: Oh, no. I didn't
17 say he was doing an excellent job. I said I commend
18 him for single-payer, period.

19 PRESIDENT KATZ: I'm honored anyway, sir.

20 CHAIRPERSON NARCISSE: Just take it as it
21 comes. Grab it.

22 Now, I want to hear from Council Member
23 Rita Joseph.

24 COUNCIL MEMBER JOSEPH: Thank you, Chair.
25 Thank you, Dr. Katz. Thank you for being here. I have

2 so many questions I really don't know where to start.
3 I represent Kings County in the 40th Council District
4 so language access has been something that's very
5 important to me. I represent a huge Haitian American
6 and Creole-speaking community, and that's one of the
7 biggest barriers for them getting care, and the video
8 and the phone doesn't work for them. They want in-
9 person, and when I approached administration from
10 what we were told, I actually sent a letter to the
11 CEO of Kings County, there was nothing in the budget,
12 but when we talked, there's a 10 million dollar
13 language access budget so how can we work to, we
14 can't make this a cookie-cutter. We must really meet
15 the needs of the community and meet the community
16 where they are so I want to know how can we make this
17 work for this unique population? It's not unique.
18 There's a lot. You have a huge clientele of Haitian
19 patients so how do we make it work to meet their
20 needs as well and making sure that they have care. I
21 have also a Mental Health Continuum question and I
22 also have maternal health questions.

23 PRESIDENT KATZ: I can handle this one.
24 I'll take care of it. We do have a large budget and
25 it does do endless phone. I didn't realize there was

2 a probably at Kings surrounding in-person, and I'll
3 fix it between now and the next budget hearing.

4 COUNCIL MEMBER JOSEPH: I would love that
5 and then we can follow up. Last year, I fought in the
6 budget for something called Mental Health Continuum,
7 and I just wanted to follow up on that. As the
8 Education Chair, it's a priority for me to have
9 Mental Health Continuum. We added about 5 million in
10 the budget for that, and we want to provide details
11 of the H and H contribution to this program and how
12 much funding is there for Fiscal '24.

13 PRESIDENT KATZ: Right. We think this was
14 a great idea of yours and a great idea of the City's,
15 and we do it, as you know, in collaboration with the
16 Department of Education and with DOHMH. I don't know
17 if we yet have a 2024 number. John, do you know?

18 CHIEF FINANCIAL OFFICER ULBERG: We do not
19 yet have the 2024..

20 COUNCIL MEMBER JOSEPH: Okay. All right,
21 we'll work on getting that. Is there an extension to
22 support the H and H that you already provide to the
23 DOE as an extension?

24 PRESIDENT KATZ: We have a 2023
25 allocation. That would be the sensible extension.

2 COUNCIL MEMBER JOSEPH: Has the program
3 been impacted by vacancy reduction citywide?

4 PRESIDENT KATZ: Again, we wouldn't be
5 affected by that, but it could be that the other
6 parts are affected by it.

7 COUNCIL MEMBER JOSEPH: Okay. Thank you.
8 In the Fiscal 2024 preliminary budget, it includes 3
9 million dollars for maternal health, medical home,
10 and OB simulations. I was at the ceremony with BP
11 Reynoso when we gave about 15.5 million dollars to
12 our maternal health program. That hospital is also in
13 my District. Can you provide a breakdown of the 3
14 million, how much of the funding will go to
15 personnel, training, equipment?

16 PRESIDENT KATZ: You have the number
17 exactly right. It's 3 million for the maternal
18 medical home and the OB simulations. It's 11 training
19 mannequins and the construction and outfitting of six
20 mini-sim labs so that's the sim lab part, but we'll
21 have to provide to you after this is the budget on
22 how the 3 million is being spent on staffing. That I
23 don't have here.

24

25

2 COUNCIL MEMBER JOSEPH: Okay, and who will
3 qualify for the maternal medical home? What are the
4 qualifications?

5 PRESIDENT KATZ: Any woman who is coming
6 to that hospital will be offered a medical home. Just
7 as we would offer a primary care home to somebody who
8 needs primary care, the whole idea is that good
9 maternal care should be seen as an interdisciplinary
10 thing. It shouldn't just be the OB. It should involve
11 midwives, it should involve doulas, it should involve
12 social workers...

13 COUNCIL MEMBER JOSEPH: A holistic
14 approach.

15 PRESIDENT KATZ: Right. Every woman should
16 be able to...

17 COUNCIL MEMBER JOSEPH: Oh, absolutely.
18 How many midwives does H and H have on staff?

19 PRESIDENT KATZ: We're growing our
20 midwives. Seven of the 11 facilities have existing
21 midwives. Historically, we have not had midwives at
22 all of our facilities, but we've made a mission-based
23 decision that we're now hiring for all 11 hospitals,
24 midwives. I don't have the number of midwives,

2 though, through the system. That we'd have to
3 provide.

4 COUNCIL MEMBER JOSEPH: Chair, can I just?
5 Thank you. How many doulas do you have?

6 PRESIDENT KATZ: The doulas are all
7 through the City's CBO program so they don't work for
8 Health and Hospitals, but we refer any woman who asks
9 for a doula...

10 COUNCIL MEMBER JOSEPH: Who are your
11 partnerships?

12 PRESIDENT KATZ: I don't know the list. I
13 just know that it's a City-funded program. The
14 obstetricians would know, but we will find out the
15 names.

16 COUNCIL MEMBER JOSEPH: Thank you. Also,
17 what are we doing with our pay parities for our H and
18 H nurses? That's going to be the biggest topic you'll
19 hear about.

20 PRESIDENT KATZ: We're going to have a
21 positive contract negotiation with NYSNA. I really
22 believe that. I really believe that NYSNA has always
23 been very supportive of us, and we've always been
24 very supportive of NYSNA. I think while they
25 recognize our challenges, they often say that we

2 treat them as professionals in ways that they're not
3 always treated in other hospitals so I'm very hopeful
4 that we will have a positive negotiation.

5 COUNCIL MEMBER JOSEPH: Yes, we hope so
6 because pay parity is very important to this Council.
7 For the City, we saw they stepped up during COVID.
8 I'm married to a nurse so this is personal.

9 PRESIDENT KATZ: They were amazing.

10 COUNCIL MEMBER JOSEPH: Now you know, so I
11 have to make sure that their voices are heard. He's
12 not here, but we care for them just as much as I care
13 for teachers as a forever educator so I want to make
14 sure that pay parity is front and centered in this
15 conversation.

16 PRESIDENT KATZ: Understood. Thank you.

17 COUNCIL MEMBER JOSEPH: Thank you so much.
18 Thank you, Chair.

19 CHAIRPERSON NARCISSE: No problem. I don't
20 have to follow up for Kings County because I told you
21 I'm going to call, but she put it on the table,
22 that's Kings County (INAUDIBLE)

23 PRESIDENT KATZ: I think you mentioned
24 that it was a hospital in the center of (INAUDIBLE)

2 CHAIRPERSON NARCISSE: In the center of
3 the Haitian (INAUDIBLE)

4 PRESIDENT KATZ: Which did provide
5 something of a hint to me since I do have three
6 hospitals, one south, one north, and one in the
7 center.

8 CHAIRPERSON NARCISSE: Yes, center of the
9 Haitian population. I believe that even in Haiti they
10 know about Kings County.

11 When it comes to doulas, the followup
12 that I have, can you give me a number by facility
13 that have doulas, the numbers?

14 PRESIDENT KATZ: For us, doulas are an
15 external referral because the City pays but the City
16 pays via DOHMH contracting with community-based
17 organizations so that's how we do it. When we think a
18 woman would benefit or she thinks she would benefit,
19 we call to the CBOs and arrange for her to get a
20 doula.

21 CHAIRPERSON NARCISSE: Okay. For
22 facilities that don't have a midwife or doula on
23 staff, does H and H, because you don't have the staff
24 apparently, you have to call the CBOs, which CBOs do
25 you have contracts with for the doulas?

2 PRESIDENT KATZ: Again, they're all
3 through DOHMH, but we, like other hospitals, can
4 refer, and I think that was done so that other
5 hospitals (INAUDIBLE)

6 CHAIRPERSON NARCISSE: Can utilize.

7 PRESIDENT KATZ: Can also get doulas for
8 their patients.

9 CHAIRPERSON NARCISSE: Now I have to call
10 on my Colleagues here. Council Member Restler.

11 COUNCIL MEMBER RESTLER: Thank you so
12 much, Chair Narcisse. I really appreciate the
13 opportunity to be with you and your terrific
14 leadership of this Committee.

15 Dr. Katz, it is always good to see you.

16 PRESIDENT KATZ: Pleasure, sir.

17 COUNCIL MEMBER RESTLER: You are a
18 treasure, and we are very lucky to have you serving
19 the City of New York. Even Charles Barron approves. I
20 think that's the first time that's ever happened.

21 CHAIRPERSON NARCISSE: I could not believe
22 that one. I was out of my mind.

23 COUNCIL MEMBER RESTLER: I hope somebody
24 got that on video. I will just briefly, as an aside,
25 as you said so well, nobody is a better champion for

2 our public hospital system than NYSNA. They have been
3 forever. They always step up and fight to ensure that
4 our public hospitals have the resources that we need,
5 and I've seen contract negotiations that you've
6 navigated with them in the past that have been
7 amicable, that have led to good outcomes. We need
8 that to happen again and hope that it will here as
9 well.

10 I really just want to echo a couple of
11 the sentiments that Council Member Gutierrez brought
12 up so eloquently. As much as 20 percent of the
13 patients we see at Health and Hospitals are
14 undocumented? None of the voluntary hospitals see
15 anywhere close to that so we are the safety net
16 hospital system for the City of New York, and I just
17 think it echoes the sentiments of your CFO, we need
18 to do so much better in Albany than we currently do
19 when it comes to DSH funding, when it comes to
20 getting the safety net funding that we deserve. Our
21 public hospitals are the place that serve uninsured
22 New Yorkers, and we deserve to get the resources that
23 back that up.

24 I want to thank you for everything you
25 do. Also, appreciate your sentiment that the growth

2 of B-HEARD is a good thing for New York City but we
3 need to always be refining it and reforming it and
4 improving it. I know you didn't have the data at your
5 fingertips, but we know that a modest minority of the
6 9-1-1 mental health calls are actually going to B-
7 HEARD. We want to see that number exponentially
8 expand so that the social workers and the EMTs that
9 are responding to these calls are able to engage as
10 many people who are in need as possible and respond
11 in real-time to provide the assistance and support
12 they need, and I think there's been a lot of
13 advocates who have had constructive criticism to how
14 to make it a stronger program, and I hope that H and
15 H will be openminded in continuing to reform and
16 improve it.

17 Two areas I just want to ask a couple of
18 questions on today. One is on vacancies. We've been
19 talking with every agency head in the City about the
20 vacancy rate. I don't have that data in front of me.
21 Do you know the current vacancy rate for H and H?

22 PRESIDENT KATZ: I do. It's 23 percent.

23 COUNCIL MEMBER RESTLER: 23 percent
24 vacancy rate, and do you have that broken down
25 clinical and non-clinical?

2 PRESIDENT KATZ: I don't have it here. I
3 do want to say that doesn't mean that there's nobody
4 working. That's 23 percent of the full-time positions
5 are empty and so that's why we have to hire so many
6 temporary nurses or registry nurses so that we're
7 able to deliver the services.

8 COUNCIL MEMBER RESTLER: Do you believe
9 that that is predominantly the nursing shortage that
10 we're facing and why...

11 PRESIDENT KATZ: Yes, because we know that
12 we currently have 8,000 nurses permanent and 2,000
13 are working as temp nurses, which is 25 percent, and
14 that's our largest single group, and, again, that's
15 not what we want.

16 COUNCIL MEMBER RESTLER: Well, hopefully
17 with improved salaries in a new NYSNA contract, we'll
18 be able to attract more NYSNA nurses, retain more
19 NYSNA nurses, reduce our reliance on these extremely
20 expensive traveling nurses. It would be very helpful
21 to provide the clinical and non-clinical breakdown on
22 those vacancy rates. I'm interested how H and H is
23 doing in comparison to the rest of the City. I'm
24 interested in understanding if there is more that we
25 can do to help you to support hiring and where the

2 gaps are beyond nurses that you've prioritized or if
3 there are particular areas. Let me just pause on
4 that.

5 Are there areas other than nurses where
6 you feel like there are major gaps or vacancies that
7 we can be good partners in prioritizing hiring?

8 PRESIDENT KATZ: Mental health. We think
9 there are a few possibilities. When we've done loan
10 repayments in collaboration with the Mayor, we think
11 that loan repayment is the single best way because
12 then we're attracting people from communities that
13 serve our patients and then they have a commitment to
14 stay with us so we would really like to do more loan
15 repayment. We also think, and we're trying to work
16 with the State, that there needs to be around mental
17 health some greater flexibility around
18 interdisciplinary teams because we have to accept
19 there's just not enough psychiatrist and if all the
20 work is going to be said to be done by psychiatrists,
21 we're going to have closed beds because there just
22 are not enough psychiatrists who want to do inpatient
23 hospital work. They're able to do counseling often by
24 Zoom and they're not prepared to do inpatient work
25 and so we need greater flexibility with the State in

2 training people for other jobs as well as for
3 allowing people to cross over and do useful work as a
4 pharmacist, as a nurse, and then in other capacities.

5 COUNCIL MEMBER RESTLER: Great. Speaker
6 Adams raised the notion of social work fellows in her
7 State of the City. If there are other ways in which
8 we can be supportive to build out the pipelines in
9 these areas to support workers in these areas, please
10 let us know. We'd love to follow your lead.

11 Would it be okay if I do one more topic?
12 Thank you very much, Madam Chair.

13 I'd like to ask about therapeutic beds,
14 and it's good to see Dr. Yang. My recollection was
15 that these nearly 400 beds would begin to come online
16 or were slated to begin to come online in December of
17 last year. We all know how horrible the conditions
18 are on Rikers Island today, deadly than ever for the
19 detainees that are there. These are beds that should
20 have already been taking people off Rikers Island to
21 provide high-quality inpatient care to people with
22 serious physical health needs, chronic health
23 conditions, and yet I can't get any understanding of
24 a timeline. Where are we? This is fully funded. I
25 know you're deeply invested in this at Bellevue, at

2 North Central Bronx, and at Woodhall in Chi's
3 District, but it's across the street from Jen and me
4 and Woodhall, do we have timelines for when these
5 beds are going to come online?

6 SENIOR VICE PRESIDENT YANG: Yes. Thank
7 you for asking. We totally agree about the importance
8 of these beds. Bellevue is still in the works, very
9 much underway in construction. The target date right
10 now for Bellevue for construction completion is the
11 end of this year.

12 COUNCIL MEMBER RESTLER: Okay.

13 SENIOR VICE PRESIDENT YANG: Still planned
14 is '24 and '25 for Woodhall and North Central Bronx
15 respectively.

16 COUNCIL MEMBER RESTLER: '24 and '25
17 completion?

18 SENIOR VICE PRESIDENT YANG: That is the
19 plan right now.

20 COUNCIL MEMBER RESTLER: Has there been
21 any movement on either of these? Is DOC cooperating
22 in any way on either of these locations?

23 SENIOR VICE PRESIDENT YANG: They are.
24 We've been working with this administration. They
25 have identified a number of design issues that

2 affected their ability to manage and do custody
3 management the way that they need.

4 COUNCIL MEMBER RESTLER: Have those issues
5 yet been resolved?

6 SENIOR VICE PRESIDENT YANG: We are about
7 done with resolving them.

8 COUNCIL MEMBER RESTLER: Okay. My
9 understanding is that DOC was totally nonresponsive
10 in engaging with H and H on this and came very late
11 to the party to flag issues and have not been easy to
12 coordinate with, and it has delayed this process
13 unnecessarily. If there are issues with coordination
14 and DOC is not being as responsive as it should, we
15 want to be aggressively proactively consistently
16 pushing them to do their jobs. We are deeply
17 concerned about the delays and the lack of confidence
18 in the 2024, 2025 timeline, that's next year, when we
19 haven't seen any actual movement at Woodhall, any
20 actual movement at NCB, it's very, very
21 disconcerting.

22 SENIOR VICE PRESIDENT YANG: Our focus
23 right now is very much focused on Bellevue and
24 getting that up and going.

2 COUNCIL MEMBER RESTLER: Are there any
3 major obstacles that you're concerned about that
4 you'd like to put on our radar?

5 SENIOR VICE PRESIDENT YANG: Not at this
6 time. I think we're working really closely with the
7 Department as well as with OMB and everybody else who
8 is involved.

9 COUNCIL MEMBER RESTLER: Who is the point
10 at DOC?

11 SENIOR VICE PRESIDENT YANG: There are a
12 number of people. I deal with the Commissioner on
13 this project, and I know he understands the
14 importance of it and supports it.

15 COUNCIL MEMBER RESTLER: Do you feel that
16 DOC is invested in bringing these 400 beds online?

17 SENIOR VICE PRESIDENT YANG: Right now,
18 we're really focused on getting Bellevue done this
19 year and see how that goes.

20 COUNCIL MEMBER RESTLER: We want to help
21 you make this happen.

22 SENIOR VICE PRESIDENT YANG: Thank you.

23 COUNCIL MEMBER RESTLER: I don't believe
24 400 beds is enough, and considering we all know that
25 Rikers is the largest psychiatric facility in the

2 state, we need more capacity at our hospitals to
3 connect people to the care that they deserve and to
4 treat people with humanity and dignity, and I'm very
5 concerned that we don't have an administration that
6 is committed to this and that things are moving far
7 too slowly and it's at the expense of people's lives.
8 One of my constituents is in Rikers Island today. He
9 has serious mental health, serious substance use
10 needs. He will not be helped there. It is not where
11 he belongs, and we have solutions but it's a lack of
12 political will that is slowing them down. Thank you
13 for your work.

14 SENIOR VICE PRESIDENT YANG: Appreciate
15 your support.

16 CHAIRPERSON NARCISSE: Thank you. A
17 followup question that I have from what I'm hearing.
18 Perhaps you can answer that. Do you believe that
19 we're in better shape to deal with a pandemic more
20 than like three years ago with the shortage, with the
21 cut in the budget, shortage of nurses?

22 PRESIDENT KATZ: We are in the sense that
23 we've learned a whole lot during COVID about sort of
24 emergency preparedness, emergency communication.
25 We've learned to turn on things. I think the success

2 of sheltering 9,200 asylum-seekers occurred because
3 we got so good in COVID at creating residences for
4 people when we were trying to isolate them, that
5 those same reflexes of okay, we have hundreds of
6 people coming off a bus now and we need to take care
7 of them. All of a sudden, we knew how to do that
8 because we had learned how to do it under COVID so
9 you never know what the next emergency is, you know
10 that, it's a weather emergency, it's a man-made
11 emergency, it's a biological emergency, but I do feel
12 like practicing emergency planning, emergency
13 communication over the last three years has made us a
14 lot more adept at making change and making things
15 happen quickly.

16 CHAIRPERSON NARCISSE: That's what brought
17 to talking about nursing shortage because what we
18 went through in this pandemic. I'm always terrified
19 for anything else happen and we're not really
20 addressing the core problem which is the backbone of
21 our healthcare system so when I hear (INAUDIBLE) we
22 need to do something, I believe that you understand
23 the urgency to make sure we have enough nurses in our
24 hospital, all the staff, but nurses hold the hospital
25 going.

2 PRESIDENT KATZ: I totally agree.

3 CHAIRPERSON NARCISSE: Asylum-seekers, of
4 the 1 billion in federal funding added in November
5 2022 plan to Fiscal 2023 for the City's response to
6 the asylum-seekers crisis, 310 million, or 30
7 percent, was added to H and H budget. This funding
8 was later reduced in the preliminary plan by 7.3
9 million by shifting funding to DOHMH and HPD. Can you
10 provide a breakdown of the over 302 million by
11 expense type and purpose? For example, how much is
12 allocated to HERRCs costs, support services, language
13 services, and other expenses?

14 PRESIDENT KATZ: Sure. We'd be happy to
15 provide the Council with all of those contracts. I'd
16 just say on the shift we've always done this with our
17 sister agencies, and so some of the shift was just
18 simply the responsibilities that we first thought
19 would be done by us are actually going to be done by
20 DOHMH or HPD so we just switched the money. It's not
21 any decrease in expenses, but, yes, each of the
22 contracts has a detailed amount that explains how
23 much is food, how much is translation. I understand
24 that 90 percent of the staff that we've hired to work
25 at the HERRCs are Spanish-speaking so we have not had

2 a large translation expense because we've been able
3 to hire people who speak the same language, but, yes,
4 the contracts go over down to the dollar what each of
5 the expenses is.

6 CHAIRPERSON NARCISSE: I did not see it so
7 if you have not sent it, whoever is supposed to send
8 it for us, can you please provide it?

9 PRESIDENT KATZ: We resend it.

10 CHAIRPERSON NARCISSE: Thank you. Why was
11 this amount reduced by 7.3 million since the City has
12 added new HERRCs since the release of the preliminary
13 plan, what is the actual spending to date on the
14 HERRCs, how much total has been spent citywide on
15 HERRCs, and how much is projected?

16 PRESIDENT KATZ: The 7.3 went to our other
17 agencies so that's so that DOHMH and HPD can do their
18 portion of the job. The City estimates total spending
19 at 1.4 billion in Fiscal Year '23. How much have we
20 spent to date, John? Do you know that?

21 CHIEF FINANCIAL OFFICER ULBERG: 141
22 million.

23 PRESIDENT KATZ: As of January 2023.

24

25

2 CHAIRPERSON NARCISSE: What is the
3 timeline for vendor selection in an emergency? How
4 many vendors is H and H working with?

5 PRESIDENT KATZ: We're working with 13
6 vendors, and part of why it was done via Health and
7 Hospitals is as a State-created agency we can
8 contract more rapidly, and that enabled us to provide
9 the services in a timely way. Our Board reviews the
10 contracts and can terminate any vendor if they
11 haven't met the deliverables. Also reviewed by OMB
12 prior to any contract being executed.

13 CHAIRPERSON NARCISSE: Thank you. This one
14 I'm very much interested in because I used to be a
15 vendor. I know how difficult that can be. Can
16 solicitation for emergency procurement include cost
17 flexibility?

18 PRESIDENT KATZ: Yes, it can.

19 CHAIRPERSON NARCISSE: Okay. How does H
20 and H work currently to coordinate the needs of
21 asylum-seekers with NYCEM, MOIA, CBOs, and other
22 agencies?

23 PRESIDENT KATZ: New York City really
24 should be proud I think of how it's handled the
25 asylum-seekers when you consider how other cities put

2 them on busses. I'll never forget the woman who came
3 off the bus with diabetes having had nothing to eat,
4 the other woman who was pregnant and about to
5 deliver, the person who said I thought I was going to
6 Oregon when they got off the New York bus. Well,
7 we've handled everybody with respect and with an aim
8 to help them. We work closely with the sister
9 agencies. We figure out who does what. It's a very
10 successful model. NYCEM, for example, does facility
11 management at the Brooklyn Cruise Terminal, DOE
12 provides the on-school enrollment so I think it's
13 been a great success.

14 CHAIRPERSON NARCISSE: How much is H and H
15 spending on contracts to help the system manage the
16 HERRCs, how many contractors that supported H and H
17 during COVID are also contracted to work on the
18 HERRCs?

19 PRESIDENT KATZ: I don't know that figure.
20 I'll have to get back to you on that figure.

21 CHAIRPERSON NARCISSE: You know why I
22 asked that question too, right? It's because if they
23 were there present to help, they were contracted, we
24 continue doing business with them.

25 PRESIDENT KATZ: Okay, got it.

2 CHAIRPERSON NARCISSE: I know that a lot
3 of black and brown communities were out there helping
4 out.

5 PRESIDENT KATZ: They sure were.

6 CHAIRPERSON NARCISSE: All right. I have a
7 question on Medicaid rates. The proposed State budget
8 includes a proposal to increase Medicaid rates by 5
9 percent for inpatient and nursing home, but that may
10 not be sufficient to keep up with the cost and
11 inflation. What does the 5 percent rate increase mean
12 for the finances of the system, how much would H and
13 H expect to receive if enacted?

14 PRESIDENT KATZ: If it was enacted, we
15 would receive 80 million dollars, but the reality is
16 that the State has made other cuts at the same time
17 so if you add the additions and the cuts it basically
18 leaves us even so we will not in the end have any
19 additional dollars which is a problem because of how
20 much healthcare inflation is running. Besides, we've
21 talked a lot about the staffing issues. We haven't
22 talked about drug costs or other kinds of durable
23 goods costs which are running at least 6 to 8 percent
24 higher than last year.

2 CHAIRPERSON NARCISSE: Council Member
3 Gutierrez has a question that's burning in her.

4 COUNCIL MEMBER GUTIERREZ: Thank you. Just
5 one question. Thank you so much, Chair Narcisse, for
6 your generosity.

7 I just wanted to know if you had any
8 ability to update the Council on some of the maternal
9 mortality bills that were passed last summer I
10 believe. It was regarding increasing services to
11 midwives and doulas and some of the 13 neighborhoods
12 as deemed by the Administration's Racial Equity
13 Study, and a number of us were on those bills,
14 sponsored those bills, I can give you the bill
15 number, but part of it was obviously also creating a
16 pipeline for more doulas as well as a report by 2024
17 more or less to assess kind of the need so just
18 curious if you have any information on kind of where
19 you are. The program, to my knowledge, was supposed
20 to start immediately and obviously talking about,
21 Council Member Joseph brought up the importance of
22 midwives and doulas as well as Chair Narcisse. I was
23 lucky to have one at Woodhall. That's where I chose
24 to deliver my baby. I think that service is
25 transformational in keeping our communities alive

2 and healthy which is why I was so happy to have
3 passed that legislation so just curious where you are
4 at. I think that's an area that me and the
5 Administration are very much aligned with and in
6 agreement about so curious to know if you can give
7 any updates on where that's at. Thank you.

8 PRESIDENT KATZ: Thank you for your
9 support of the bill. Thank you for having your baby
10 at Woodhall. That's a nice endorsement of the
11 wonderful midwifery program at Woodhall. Yes, that
12 bill was instrumental in the creation of the maternal
13 medical homes and making sure that those homes are
14 interdisciplinary, that they include midwives,
15 referrals to doulas, that they include social
16 workers, that they include looking at all of the
17 social determinants, access to food, transportation,
18 housing, substance treatment, mental health, legal
19 services, all the things that might make a
20 difference, and we've been able to switch all of
21 those programs from a more traditional woman goes to
22 see an obstetrician to woman is supported by a whole
23 maternal home staff of people whose whole goal is a
24 healthy mom and a healthy baby.

2 COUNCIL MEMBER GUTIERREZ: Is there
3 anything that you can speak to regarding the doula
4 training program? As I understand, the bill calls for
5 the City hospitals employing up to 50 doulas and just
6 creating that pipeline so is there anything you can
7 share on that, and it's bill number 472.

8 PRESIDENT KATZ: Yeah, I'd have to get
9 back to you on the doula training program. I don't
10 know that..

11 COUNCIL MEMBER GUTIERREZ: Okay. Thank
12 you. Thank you, Chair. Thank you so much.

13 CHAIRPERSON NARCISSE: (INAUDIBLE) end of
14 public health emergency. New York City Health and
15 Hospitals announced plans that last Friday to
16 downsize its COVID-19 testing, vaccination, and
17 treatment, we spoke about that earlier, operations in
18 preparation for May 11 expiration of the federal
19 pandemic emergency declarations. H and H is set to
20 close its COVID testing tent and relocate operations
21 to its outpatient clinics. Its fleet of 40 mobile
22 test-to-treat units will reduce to 20. Where are the
23 outpatient clinics where testing will be available
24 after March 31 located, how is H and H choosing the
25 sites? H and H plans to reduce its fleet of 40 mobile

2 test-to-treat units to 20. What financial steps has H
3 and H taken as a result of the end of the public
4 health emergency on COVID?

5 PRESIDENT KATZ: Right. For everybody's
6 knowledge, May 11, when the federal pandemic
7 emergency ends so does funding through FEMA so at
8 that point all operations will be purely paid for by
9 the City, by Health and Hospitals, by private
10 insurance when people have it. With that and also
11 with the markedly lower numbers of people getting
12 COVID, especially people getting very sick in the
13 hospital, everything will shift to our normal way for
14 providing care, and that's the 11 hospitals and the
15 more than 40 outpatient sites including the 14 Gotham
16 federally-qualified health centers and all of them
17 will vaccinate people as we vaccinate them today for
18 tetanus or pneumococcal vaccination, and we'll test
19 them for COVID just as we would test them for strep
20 throat. We'll make the care for COVID part of our
21 standard care. We will maintain the test-to-treat
22 units as we know that Paxlovid despite its
23 effectiveness remains underutilized, and we will
24 still maintain the 212-COVID19 hotline because we
25 think that there will always be a need for people to

2 be able to call us up if they're not sure where to
3 go.

4 CHAIRPERSON NARCISSE: I think Council
5 Member Barron (INAUDIBLE) to this. During the height
6 of the pandemic, we lost so many lives but yet black
7 and brown communities, and yet we did not get our
8 fair share in delivering of care, in the testing and
9 stuff so now, as we scale down, I'm going to ask you
10 directly, would you be distributing them or locating
11 them strategically to address the inequities in our
12 communities?

13 PRESIDENT KATZ: Yes, absolutely, and
14 that's part of what we do always.

15 CHAIRPERSON NARCISSE: All right. Thank
16 you. Aside from testing sites and mobile units, what
17 are some of the activities that H and H plans to
18 continue to provide in FY24, testing, medication, I
19 think you've answered most of them already. How sure
20 are that gaps in services will result as the end of
21 the PHE?

22 PRESIDENT KATZ: I think the biggest one
23 is our Virtual ExpressCare where we've had a lot of
24 success connecting people directly with an emergency
25 medicine doctor or nurse practitioner and be able to

2 direct them to further care, get them on Paxlovid or
3 get them their appropriate treatment so that resource
4 will remain, the virtual care, the 24-hour phone line
5 will maintain, the 20 mobile test-to-treat units will
6 be maintained, and then all the other services that
7 people are used to, they'll still be able to get at
8 our hospitals and at all our Gotham Health Clinics.

9 CHAIRPERSON NARCISSE: The end of the PHE
10 is not going to cause too much..

11 PRESIDENT KATZ: I don't see it, no. Part
12 of what we've noticed is even before we got to the
13 May 11 deadline, the demand, say for COVID testing,
14 is very low because people have learned how to use
15 the home tests, and, frankly, the home tests are
16 better because you're not exposing anybody else so
17 it's actually, in this case, it's not less than, it's
18 more than. If you have a home test, better you should
19 do the home test than you should go on the bus to the
20 hospital to get tested and expose a bunch of people
21 on the way, and we can, through the COVID hotline, if
22 people don't have tests, we can get them the tests so
23 there are a lot of different ways that I think we can
24 make this work.

2 CHAIRPERSON NARCISSE: I appreciate that
3 because I give the test in my office. I encourage it
4 for everything that I do. I do food giveaways every
5 Monday. I make sure I have enough tests for
6 everybody.

7 The budget includes 354 million in
8 funding for COVID-related services. How will H and H
9 expect to use this new 190 million added in the
10 preliminary plan, does H and H expect to be
11 reimbursed for these services by federal funds in
12 Fiscal 2024, does this funding cover any surge or
13 wave in COVID-positivity rates, and how confident are
14 we that we are well-equipped to handle any unexpected
15 surges?

16 PRESIDENT KATZ: I feel pretty confident
17 about our ability to handle any crisis at this point
18 having lived through three years of crises. My level
19 of confidence for us is very high. The 190 is, we
20 will attempt to get federal reimbursement for it, but
21 right now it exists in the budget as City dollars,
22 and it will continue to pay for the services that we
23 are already delivering and will continue to deliver
24 into the next year so it's not a new service. It's a
25 continuation of our services.

2 CHAIRPERSON NARCISSE: Thank you. Mental
3 health beds. At the start of the year, H and H
4 reported to the Council having 928 inpatient
5 behavioral health beds currently available with the
6 anticipation of opening at least 200 more inpatient
7 behavioral health beds in the coming year. H and H
8 also reported it's conducting a financial analysis
9 for costs associated with staffing and capital needs
10 to open additional beds. The reopening of planned
11 beds in psychiatry will, of course, involve staffing
12 up the units that were closed, conducting
13 environmental work on some units to ensure they are
14 up to Code and mitigate any risks to it. How many
15 psychiatric beds are currently available at this
16 moment in H and H system, what is the occupancy rate
17 right now?

18 PRESIDENT KATZ: Right now, we have 1,000
19 psychiatric beds with an occupancy rate of 79
20 percent.

21 CHAIRPERSON NARCISSE: That was fast.
22 Thank you. Have you completed this financial analysis
23 on the cost to open more beds, do we expect funding
24 to be included in the executive budget, what is the
25 ratio of staff to beds that you are aiming for?

2 PRESIDENT KATZ: Well, John does the
3 finance question. The ratio of staff is 1:7 on
4 nursing and 1:15 on ancillary personnel. Can you
5 answer the...

6 CHIEF FINANCIAL OFFICER ULBERG: On the
7 number, it ranges between 650 and 700 million dollars
8 is what we're anticipating. There's also revenue that
9 would offset those costs as we're providing services
10 to those that are insured.

11 CHAIRPERSON NARCISSE: All right. Is H and
12 H expecting any resources from the State to reopen
13 those beds?

14 PRESIDENT KATZ: The State did provide
15 about a 20 percent increase to the fee-for-service
16 rate for psychiatric services, which was helpful. The
17 issue with that is that the minority of the services
18 we provided are on a fee-for-service basis. The
19 majority really comes from Medicaid Managed Care so
20 we are advocating for increases from the State as it
21 relates to and hopefully comparable increases as to
22 what they made on the fee-for-service side, but,
23 yeah, we're always in ongoing conversations with the
24 leadership of both the Office of Mental Health and

2 the Department of Health to make sure that our beds
3 are adequately resourced and reimbursed.

4 CHAIRPERSON NARCISSE: Thank you.

5 Asthma/COPD Community Healthcare Worker Program. In
6 March 2023, H and H informed several community-based
7 organizations working on the Asthma Community
8 Healthcare Workers Program that H and H would not
9 renew their contract in the Fiscal 2024. This program
10 originally funded by New York State 1115 Medicaid
11 Waiver redesigned through One City Health focuses on
12 reducing our volatile hospitalizations among New York
13 City children who suffer from frequent or severe
14 asthma attacks. H and H now plans to use its in-house
15 generalist community health workers to take over the
16 CBO work. Can you describe the success of the program
17 and describe how much it will be funded in FY24?

18 PRESIDENT KATZ: I've only good things to
19 say about the Asthma Community Healthcare Worker
20 Program, which I think was great. The issue is that
21 it was funded by the New York State 1115 Medicaid
22 Waiver which has since ended, and so there are no
23 dollars from One City left. Because we recognize that
24 it is important to still be able to do the work,
25 we've asked that our in-house community health

2 workers take over the mission with training because
3 that would be a way of maintaining the service. It
4 does also have the advantage now that we've been
5 doing in-house community health workers, we do see
6 the advantage that when they are part of the care
7 team, it is often easier to work with because primary
8 care doctors like me can make the referral to the
9 community health workers and the community health
10 workers can see my notes and can chart back to me how
11 the patient is doing and be part of an
12 interdisciplinary team, but the overall issue is the
13 ending of the One City contract.

14 CHAIRPERSON NARCISSE: So there's no
15 possibility to hold the CBOs?

16 PRESIDENT KATZ: Not via One City. That
17 program has ended.

18 CHAIRPERSON NARCISSE: I have some concern
19 as a nurse because all those folks were seen by CBOs
20 that's already used to them, familiar with their
21 cases, I used to do homecare by the way too, so now
22 suddenly they're coming to the hospital. Would they
23 come to the site really? Because they're already used
24 to that environment and some of them knows those

2 patients for years probably so that will kind of put
3 a hold in the continuity of care for me.

4 PRESIDENT KATZ: I understand. Health and
5 Hospitals is not a funder. The Waiver was a funder,
6 and we administered it, and I think it was a great
7 program, but that program went away, and Health and
8 Hospitals in and of itself is not a funder.

9 CHAIRPERSON NARCISSE: My followup with
10 that, what is the effort that H and H is making in
11 reaching out to those clients that have been getting
12 care from those..

13 PRESIDENT KATZ: What we'll do is as long
14 as, of course always respecting client
15 confidentiality because they may not be one of our
16 patients and then we would need to seek their
17 permission, but our community health workers can
18 reach out and continue the same services that those
19 people were getting as long as we have their
20 permission to reach out to them. I'm assuming some of
21 them were already our patients so they went to
22 Woodhall. Some of them probably weren't our patients;
23 they went elsewhere. We could certainly with
24 permission reach out to them even if they're not our
25 patients.

2 CHAIRPERSON NARCISSE: What's the
3 possibility of working with the CBOs and doing it in
4 transition instead of, there's no possibility
5 because, my concern is about the patients because how
6 are they going to get that continuity of care because
7 asthma is a big thing, especially, I will say it
8 again, black and brown communities and not getting
9 care.

10 PRESIDENT KATZ: Right. I understand. I
11 just don't have an alternative funding mechanism one
12 the One City ended.

13 CHAIRPERSON NARCISSE: Currently, H and H
14 has over 1.7 billion dollars in FEMA grant funding
15 for Super Storm Sandy repairs, 922 million for South
16 Brooklyn Health, 498 million for Bellevue Hospital,
17 180 million for Coler Hospital, 120 million for
18 Metropolitan Hospital. Can you provide an update on
19 how these projects are doing?

20 CHIEF FINANCIAL OFFICER ULBERG: I would
21 say first we're very grateful for the FEMA funding.
22 We spent over a billion dollars of the 1.7 billion
23 dollars that's been allocated to us. It's allowed us
24 to build a new neighborhood on Coney Island for 922
25

2 million dollars, which, if you haven't been to it
3 yet, it's...

4 CHAIRPERSON NARCISSE: I've been to it,
5 from the beginning.

6 CHIEF FINANCIAL OFFICER ULBERG: It's
7 fabulous. Something good came out of a very terrible
8 storm. I think that is one for us to be thankful for.
9 That is 90 percent complete, and we expect it to be
10 fully operational in 2024. The other projects at
11 Bellevue, Metropolitan, and Coler are related to
12 building flood walls to protect our facilities in the
13 event of, unfortunately, if there were to be another
14 storm of that size. The completion date at Bellevue
15 will be in 2030, at Metropolitan estimated completion
16 date will be the fourth quarter of 2024, and at Coler
17 projected completion date of 2031.

18 CHAIRPERSON NARCISSE: What for Coler?

19 CHIEF FINANCIAL OFFICER ULBERG: 2031.
20 We're in frequent contact with FEMA about making sure
21 that they understand that we are continuing to
22 aggressively pursue these projects, and we've assured
23 them that they will be brought to completion, and
24 whatever funds we don't use we will obviously return
25 back to the federal government.

2 CHAIRPERSON NARCISSE: Okay. Thank you.
3 10-year capital strategy. The majority of H and H 10-
4 year capital strategy, 3 billion or 80 percent, is
5 projected for routine reconstruction followed by
6 funding for EMS equipment. How much of this routine
7 reconstruction funding for repairs related to making
8 H and H facilities more accessible? How much funding
9 does the City project to spend on new facilities,
10 especially for communities without H and H
11 facilities?

12 CHIEF FINANCIAL OFFICER ULBERG: I would
13 say I think Dr. Katz could probably speak better to
14 this, but all of our facilities have to be ADA
15 compliant so we build obviously to those
16 specifications, and where we can we go beyond those
17 specifications.

18 In terms of a breakdown of the 3 billion,
19 we'd be certainly happy to provide that to you along
20 with any other details you'd like regarding the
21 capital plan. We'd be happy to have a separate
22 meeting with you on that plan as well as other
23 elements of the budget that we've presented today.

24 PRESIDENT KATZ: I'll just say this
25 because I haven't said it. It's nice that we're in

2 person, meeting together, and prior to COVID we used
3 to get together with Council staff and go through
4 whenever we produced our financial report to our
5 Board, we thought that was a very helpful way to keep
6 our communications open about our performance and
7 achievements.

8 CHAIRPERSON NARCISSE: Thank you. Street
9 Health Outreach and Wellness. The Street Health
10 Outreach and Wellness Program utilizes mobile units
11 to provide health screenings, vaccinations, wound
12 care, basic material necessities such as socks or
13 bottled water, behavioral health and social services
14 referral reports, and harm reduction services to New
15 Yorkers who are unsheltered. What is the total
16 funding for this program in Fiscal Year 2024? How
17 many of the eight vans do we currently have on the
18 street, and how is the program running?

19 PRESIDENT KATZ: It's 18.1 million dollars
20 in total funding, and I'm happy to say all eight vans
21 are currently operational.

22 CHAIRPERSON NARCISSE: Thank you. How many
23 new staff positions does the program have and what
24 are the titles? How many service referrals have you

2 fulfilled through these vans, and what are the most
3 requested services?

4 PRESIDENT KATZ: The vans have physicians,
5 patient care associates, social workers, clerical
6 associates, addiction counselor, peer counsel,
7 security person, and a driver, and we've done...

8 CHAIRPERSON NARCISSE: Security and
9 drivers?

10 PRESIDENT KATZ: And a driver.

11 CHAIRPERSON NARCISSE: Okay, thank you.

12 Got it.

13 PRESIDENT KATZ: To drive the van itself,
14 and we've provided thousands of services with
15 behavioral health being the number one service that
16 we do. We also do social support, substance use
17 treatment, food, finance, employment, and help to
18 house people.

19 CHAIRPERSON NARCISSE: Thank you. Cash
20 plan. H and H's cash plan shows the system receiving
21 1.58 billion in funding for the city services in
22 Fiscal 2023. However, OMB's financial documents show
23 the system receiving 1.78 billion from the City for
24 the same period. How do you explain that?

25

2 CHIEF FINANCIAL OFFICER ULBERG: Both
3 numbers are correct. The City reports its finances
4 primarily on an accrual basis, and Health and
5 Hospitals on a cash basis so it's that conversion of
6 the two, but both numbers are accurate.

7 CHAIRPERSON NARCISSE: Thank you. What is
8 H and H's cash on hand as of today, how many days
9 does that cover?

10 CHIEF FINANCIAL OFFICER ULBERG: Today was
11 a good day for us.

12 CHAIRPERSON NARCISSE: It's a good day for
13 me too.

14 CHIEF FINANCIAL OFFICER ULBERG: We have
15 good days and not so good days, but today was a good
16 day with 750 million. We got a big payment from the
17 State that we'd been looking for for quite some time
18 and that equates to about 30 to 32 days of cash on
19 hand. We pay attention to the day's cash on hand.
20 It's very important that we obviously have enough
21 cash to run our operations, but 750 is that number.

22 CHAIRPERSON NARCISSE: Okay. H and H's
23 cash plan anticipated operating loss for the next two
24 years, 144 million in FY23 and 110 million in FY24.
25 What are the major driving forces behind this loss

2 and what is H and H doing to mitigate any impact on
3 the system?

4 CHIEF FINANCIAL OFFICER ULBERG: I think
5 we've kind of spoken to this. The 144 million and the
6 110 million are primarily driven by the cost of the
7 temporary staffing across the organization. Also,
8 within that, there's been delays in payment from the
9 federal government, CMS, and the State so we're
10 anticipating continued delay, but we will do our best
11 and work our hardest to try to bring those dollars in
12 sooner. We've notified both the State and CMS the
13 importance of being timely with their transactions
14 with us, but, again, I think the real cost pressure
15 is the combination of the temporary staffing cost as
16 well as just general inflationary pressures on our
17 supply chain like drugs.

18 CHAIRPERSON NARCISSE: Okay, so some of
19 the money will go to regular nurses, our city nurses
20 soon so you don't have that problem.

21 Preliminary Mayor's Management Report.
22 Regarding the NYCares indicators, it shows that total
23 enrollment is 105,070, but that does not mean that H
24 and H signed up 105,000 folks in the first four
25 months of FY23. It is simply they achieved that

2 number of the total enrollees, correct, just as H and
3 H did last year with 100,000? Can you answer that one
4 for me? If that is the case, then shouldn't the
5 indicator include the number of new enrollees signed
6 up in the first four months, not the total
7 populations of enrollees? What are your thoughts on
8 the proposal to add all low-income immigrants to the
9 State Essential Plan Waiver, and how it could benefit
10 H and H and safety net hospitals?

11 PRESIDENT KATZ: We're totally in favor of
12 adding all undocumented persons to the Waiver so that
13 they would be covered, and we think that would be a
14 great boon for their health and access. We can work
15 with the Mayor's Management Team on what the best way
16 to show the data of both, both numbers are valuable.
17 How many people are currently in the program is
18 valuable, and how many people got added to the
19 program is valuable so we are happy to work with them
20 on that.

21 CHAIRPERSON NARCISSE: Okay, thank you
22 because they need our help.

23 MetroPlus membership. Similar to NYCares,
24 the PMMR reports the number of individuals enrolled
25 in the time period but not the number of new

2 enrollees. Shouldn't the metric on MetroPlus
3 membership focus on the growth in the period rather
4 than the total number? How many new individuals have
5 been able to enroll in MetroPlus?

6 PRESIDENT KATZ: I'll have to get back to
7 you on the number of new people who joined in the
8 last period of time. As with the earlier one, they're
9 both valuable numbers. You, as a policymaker, you
10 want to know how many people are in your plan, and
11 you should know it's 700,000, and that's something
12 that we should all be proud of. It's right to also
13 know how many are new members so we'll figure out
14 with them how to share both numbers.

15 CHAIRPERSON NARCISSE: Thank you. We want
16 to make it work with you, Dr. Katz.

17 PRESIDENT KATZ: Thank you.

18 CHAIRPERSON NARCISSE: Okay. Correctional
19 Health Services. Considering that violence, serious
20 injury, stabbing, slashing, assaults have risen in
21 the City's jails, has CHS' budget seen a
22 corresponding increase in the resources? Can CHS give
23 the Committee an estimate of its needs? Can CHS
24 provide an update on all of their options available
25 for discharge planning for a person exiting

2 detention? If a person has both a physical and a
3 mental health condition, how do the two different
4 types of care coordinate?

5 SENIOR VICE PRESIDENT YANG: Thanks for
6 that question. We have not needed to increase our
7 budget, but nor have we seen a decrease.

8 CHAIRPERSON NARCISSE: Can you speak a
9 little louder, please?

10 SENIOR VICE PRESIDENT YANG: We haven't
11 needed to increase our budget, but we also have not
12 decreased it. We continue to recruit staff who can
13 handle the patients who need to be seen.

14 Regarding re-entry, we begin on day one
15 on a person's admission into the jail system to begin
16 to prepare them for leaving jail and hopefully not
17 coming back to us. Depending on what their individual
18 needs are, because those services are very patient-
19 specific, whether it's a medical or mental health
20 issue, we will begin working with them to make sure
21 that they have all the public benefits that they need
22 including, very importantly, Medicaid. We work with
23 community providers, especially Health and Hospitals
24 system providers in the community to connect people
25 to care if they have not already got a provider in

2 the community with appointments. We give people who
3 needed medication their seven-day supply, for
4 example, for people who are on psychiatric
5 medications as well as prescriptions in the community
6 for a 21-day supply while we connect them with a
7 provider.

8 CHAIRPERSON NARCISSE: Thank you. By the
9 way, I used to work in a re-entry program, and one of
10 the things that I used to see a lot that they're
11 being discharged and they're not getting enough
12 information, but that was a few years back. I hope by
13 now everything's got situated better, that people are
14 not lost in the process so when they come to you, by
15 the time they come out, no arrangements were made
16 whatsoever. Technology is the biggest things, that
17 they don't know how to use a phone, they don't have
18 any kind of, we call it re-entry so it should be
19 planning way before the person is being discharged,
20 especially those that have a lot of mental health
21 needs.

22 Capital funding has been committed for
23 nearly 400 outposted therapeutic housing units at
24 Bellevue, Woodhall, and North Central Bronx to move
25 people who are in the City's jails with the most

2 acute care needs to the hospital, I think Restler
3 touched that already. I think you answered that one
4 too so I'm not going to ask you for myself.

5 Has CHS budgeted for the staff you think
6 would be necessary to operate this unit, and how many
7 staff is that? What's that number again? I forgot
8 that number again. How many staff do you need to
9 operate?

10 SENIOR VICE PRESIDENT YANG: Depending on
11 the patients and their clinical needs, they will be
12 moved to the therapeutic units. The first units will
13 be at Bellevue. Our staff will be moving with those
14 patients. These are not new patients. They are
15 patients who are the most clinically vulnerable or
16 fragile that are going to be moved off-site so we
17 will go with them.

18 CHAIRPERSON NARCISSE: So right now, I can
19 say to be safe that you have enough staff to do the
20 transition?

21 SENIOR VICE PRESIDENT YANG: Yes.

22 CHAIRPERSON NARCISSE: Okay. Mental
23 health, I think somebody asked some questions on
24 mental health. A priority of this Committee is
25 Council Member. I think by now you know, guys. Mental

2 health is very important to us. Last year, the City
3 added 5 million, I think Chair Joseph asked that
4 question, but she didn't ask you that part, has this
5 program been impacted by the vacancy reduction? I
6 think you answered that one.

7 PRESIDENT KATZ: No.

8 CHAIRPERSON NARCISSE: Has this program,
9 the program that we have right now been impacted by
10 the vacancy reduction?

11 PRESIDENT KATZ: No.

12 CHAIRPERSON NARCISSE: No? Okay. Thank
13 you. State budget. The State budget included several
14 proposals that if enacted will negatively impact H
15 and H.. I think you answered that one for me too. I
16 don't have to ask you that question again because
17 you've given me that answer, I already have that.

18 I think I want to give everybody a break
19 for five minutes.

20 Dr. Katz, I appreciate your time, I
21 appreciate your time. You've been great so I thank
22 you for answering all the questions, but now you know
23 where our needs are and what we like to see in the
24 City of New York. Prioritize it by making sure that
25 we have enough staff and that comes with the nurses

2 because we need to keep the hospitals running, and I
3 don't want them to leave the State of New York
4 because I have a few friends that called me, they're
5 gone, so let's keep our good nurses home.

6 PRESIDENT KATZ: Let's get them back.

7 CHAIRPERSON NARCISSE: Yes. Thank you.

8 PRESIDENT KATZ: Thank you.

9 CHAIRPERSON NARCISSE: Thank you for your
10 testimony and answering the questions and have a good
11 evening. Thank you so much.

12 PRESIDENT KATZ: It's an honor to be.

13 CHAIRPERSON NARCISSE: I always said I
14 would advise you if you can, anyone can stay because
15 we're going to have the testimonies, but I know it's
16 been a long day so thank you.

17 PRESIDENT KATZ: In our case, I have a
18 public hearing in Staten Island so no, I'm going to
19 go to that hearing.

20 CHAIRPERSON NARCISSE: Thank you.

21 PRESIDENT KATZ: Thank you.

22 CHAIRPERSON NARCISSE: Drive there safely.
23 You all get the train safely. Thank you.

24

25

2 COMMITTEE COUNSEL: We will be taking a
3 five-minute break, and we will begin public testimony
4 afterward. Thank you.

5 Hello, everyone. We'll be starting at
6 5:15 public testimony. Thank you.

7 Okay, we will now hear testimony from the
8 public. I would like to remind everyone that I will
9 call up individuals in panels and all the testimony
10 will be limited to two minutes.

11 The first panel will be remote. If you
12 are testifying remotely, once your name is called a
13 member of our Staff will unmute you and you may begin
14 once the Sergeant-at-Arms sets the clock and cues
15 you.

16 The first panel would be Dr. Dina Jaber,
17 Dr. Michael Zingman, and Dr. Andu Rao (phonetic). Dr.
18 Diana, if you're here.

19 SERGEANT-AT-ARMS: Starting time.

20 DR. DINA JABER: Hello. I'm Dr. Dina
21 Jaber, and I'm a resident physician at Kings County
22 Hospital, and I'm the Regional Vice President for
23 CIR. I'm testifying today on behalf of thousands of
24 resident physicians at the H and H system who are
25 part of the Committee of Interns and Residents to say

2 it's absolutely crucial that every City Council
3 Member stand against Mayor Adams' proposed budget
4 cuts to one of the most vital resources in New York
5 City. Rather than cutting the budget for the safety
6 net system providing care to millions of New Yorkers
7 each year, we should be working to invest in NYCHHC.
8 As it stands, our hospitals are seriously
9 understaffed at this time. Resident physicians are
10 constantly filling in gaps to ensure patients get
11 safe and quality care. We're often doing tasks that
12 fall out of our roles including transporting
13 patients, drawing blood, and helping set up
14 appointments for our patients when they leave the
15 hospital. We're all passionate about providing great
16 care to New Yorkers for every minute we spend doing
17 these tasks, but we are not answering patient
18 questions or family questions and doing what we were
19 trained to do when we're doing all these extra tasks.
20 It's exhausting for us, and it's not fair to our
21 patients to provide the excellent care that we could
22 be providing. NYCHHC needs more nurses, more
23 phlebotomists, social workers, patient care techs,
24 and many other positions, and this Council and every
25 level of our government must invest in this system.

2 One of the urgent needs I want to discuss
3 today is language access. New Yorkers speak over 200
4 languages, and we need translation equipment and need
5 to hire in-person translators so that we can ensure
6 we're properly handling the complexities of our
7 patients' cases. Currently at Kings County, we don't
8 have proper access to Haitian Creole interpretation
9 between the hours of 8 p.m. and 8 a.m. It's a large
10 part of our population, and currently we have video
11 interpreters and phone interpreters but not always
12 does that work for us, especially after hours,
13 between 8 p.m. and 8 a.m., care for our patients
14 doesn't stop there. We have to oftentimes wait for 45
15 minutes to get connected to a Haitian Creole
16 interpreter, and oftentimes they can't hear or see
17 our patients..

18 SERGEANT-AT-ARMS: Time expired.

19 DR. DINA JABER: Translation is lost. We
20 want to thank you, Chair Narcisse, for your
21 leadership and support of CIR's efforts to improve
22 language access at Kings County Hospital, and we hope
23 that this budget will fight against cuts to H and H
24 and fight for language justice at Kings County and
25 all of our H and H hospitals.

2 New York should lead the way nationwide
3 in creating more humane, compassionate, and equitable
4 healthcare system by supporting H and H and its
5 workers now. I'm calling on this Body to do just that
6 and to resolutely and loudly oppose this proposed
7 budget cut and for the well-being of millions of New
8 Yorkers who rely on Health and Hospitals for the
9 union workers who care for them. Thank you.

10 CHAIRPERSON NARCISSE: Thank you for your
11 testimony. I'm in agreement with you. One of the
12 things we spoke about, and Dr. Katz committed to, is
13 making sure that we have the interpreter or
14 translator, Haitian Creole. He has a budget and he's
15 going to look into it. He told me consider it to be
16 done so that answers that question. As far as we're
17 committed to make sure that New York City has the
18 best quality healthcare, we're in, and all of my
19 Colleagues are on the same page when it comes to that
20 so I thank you for your testimony.

21 COMMITTEE COUNSEL: Thank you. Dr. Michael
22 Zingman.

23 DR. MICHAEL ZINGMAN: Hi. My name is Dr.
24 Michael Zingman, and I'm a resident physician in
25 psychiatry at Bellevue Hospital and also the

2 Secretary Treasurer for our union, the Committee of
3 Interns and Residents, which represents more than
4 7,000 physicians in New York including over 2,500 in
5 H and H itself.

6 Every day, I see what H and H is capable
7 of at its best in terms of offering quality
8 accessible care to people who otherwise could not
9 access care. Though my fellow residents and I also
10 see as well as anyone where there are startling gaps
11 in resources that our elected officials must address
12 immediately. There is no doubt in my mind that
13 supporting the hospital system, H and H, is one of
14 the most important things our City and State can do
15 for the public health of New York. This budget must
16 invest in H and H, not cut funding for H and H. As
17 residents, we experience the impact of the current
18 underfunding of H and H every hour we spend in the
19 hospitals. We are severely understaffed, which means
20 residents are constantly covering gaps, doing blood
21 draws, transporting patients, and so on instead of
22 focusing on the aspects of patient care we were
23 trained to provide. Our patient care census also
24 continues to be high and is not decreasing. This
25 makes it untenable for healthcare workers and is

2 untenable for our city. Nothing could be more
3 important than properly investing in H and H so that
4 we can better staff these essential safety net
5 hospitals. This also means paying healthcare workers
6 fairly. Elmhurst Hospital resident physicians who are
7 employed by Mt. Sinai should not make less than those
8 at Mt. Sinai Hospital on the Upper East Side.
9 Likewise, Bellevue residents such as me, should not
10 be paid 5,000 dollars a year less than our colleagues
11 who do the same exact job as us but happen to be
12 employed by NYU Langone. Like our nursing colleagues,
13 we need pay parity for all New York City healthcare
14 workers.

15 SERGEANT-AT-ARMS: Time expired.

16 DR. MICHAEL ZINGMAN: I also urge all City
17 and State elected officials to use your platforms and
18 your offices to advocate for the inclusion of
19 Coverage for All in the State budget. We should be
20 expanding budget through the essential plan for
21 undocumented New Yorkers because it's the right thing
22 to do but also will save the State money and mean
23 higher reimbursement rates for H and H where these
24 hospitals currently provide the bulk of care for
25 undocumented New Yorkers through emergency Medicaid.

2 As a union, one of the ways CIR works to
3 improve patient care and the education needs of
4 residents is through the Patient Care Trust Fund,
5 which is part of our contract. The PCTF awards grants
6 for research and equipment annually. Every year, we
7 receive millions of dollars in equipment grant
8 requests from residents across the H and H system. To
9 apply for the grant, residents have to sign off from
10 their program and faculty to assert that the
11 department and hospital do not have the means to
12 purchase the equipment, and every year so many of
13 these equipment grant applications are for basic
14 equipment needs that it would be unthinkable at many
15 hospitals that we wouldn't have them. We need more
16 resources and funding, not less. Yet, Mayor Adams is
17 proposing we cut H and H funding while simultaneously
18 suggesting that we increase forced removals or
19 hospitalizations for unhoused New Yorkers, another
20 move that harms public health for the most
21 underserved populations in this City. Everyone
22 listening must at least agree that resident
23 physicians and other healthcare workers should not
24 have to scramble and exhaust ourselves day-in and
25 day-out to provide quality care and keep patients

2 safe in the largest and what should be the best
3 public healthcare system in the U.S. We deserve
4 better, and our patients deserve world-class care.
5 Thanks.

6 CHAIRPERSON NARCISSE: Thank you, Doctor,
7 for your testimony. We are here to support hospitals.
8 H and H is very important to me and to all of my
9 Colleagues, and I have been a nurse for over three
10 decades so we're supporting the staff in the hospital
11 because we need the best quality healthcare in New
12 York City. Thank you for your work and thank you for
13 your commitment.

14 COMMITTEE COUNSEL: Thank you. Now, we
15 will move back to in-person panels. I will call on
16 Kristle Simms, Shaiina Marston, Abolaji Ademimpe, and
17 Marion Parkins.

18 You can go in whatever you would like.
19 Please just state your name before. Thank you.

20 SHAIINA MARSTON: Good evening and thank
21 you to the Chair and to the Committee for hearing
22 from us today. My name is Shaiina Marston. I'm a
23 nurse. I'm a member of NYSNA, New York State Nurses
24 Association, representing more than 9,000 nurses in
25 the public nurses sector of H and H and Mayoral

2 Agencies. I work at Rikers Island Correctional
3 Health.

4 Working as a nurse at Rikers Island jail
5 is not for the faint of heart. It requires a high
6 level of skill, attention to details, and a
7 commitment to providing quality care in a challenging
8 environment. We must be aware of the dangers we face
9 and take steps to protect ourselves and our patients
10 while still providing the care they need. Nurses
11 working at Rikers Island jail face unique and
12 significant dangers every day. The nature of the
13 environment we work in, the type of patients we care
14 for, the inadequate staffing levels all contribute to
15 these dangers. These nurses are exposed to verbal
16 assaults, verbal abuse, and these nurses are exposed
17 to physical assault and verbal abuse and infectious
18 diseases, all of which can have long-term impacts on
19 their physical and emotional well-being. Many of our
20 patients are often dealing with complex medical and
21 mental health issues that require specialized care.
22 Many of them feel forgotten and abandoned in jail.
23 Incarcerated people, too, deserve the best healthcare
24 they deserve, and they deserve to be supported
25 compassionately. At Rikers, we must provide total

2 care including vital signs and wound care. Sometimes
3 a nurse is working without the support of a patient
4 care attendant or an LPN so just one nurse will be
5 rounding, documenting medical notes, and managing
6 medications all on their own. The staffing crisis in
7 New York City has created safety concerns within our
8 jail system. We have one nurse sometimes covering two
9 mental health units, totaling 50 patients. That's
10 right, 50 patients. This is beyond short-staffed and
11 has become a true crisis. Our work feels impossible
12 to do in a 12-hour shift, forcing us to stay beyond
13 our shift to complete our tasks. This stress is not
14 the fault of our patients. We burn out and naturally
15 take the energy home to our families. H and H is
16 underfunded, and our staff is underpaid. Nurses get
17 sick... [CRYING] Sorry.

18 CHAIRPERSON NARCISSE: It's okay. This is
19 your home.

20 SHAIINA MARSTON: We get sick, we get
21 pregnant, and yet our pay and our benefits are not
22 comparable to our private sector colleagues. New York
23 City Health and Hospitals Mayoral helped save New
24 York during COVID. We are asking for financial
25 support in order to provide better pay and better

2 working conditions. We don't want to work two jobs.
3 Our current job should be effective and should be
4 enough for us to provide for our families, to be able
5 to pay our rent, to be able to send our kids to
6 school. The amount of money I get for a year, they're
7 telling me that my son, I cannot get any federal
8 support because I'm making a lot of money, and
9 they're not thinking about the bills I have to pay,
10 they're not thinking about anything like that, but I
11 work, and I decided to work at Rikers Island because
12 I want to serve a population that is underserved, and
13 a lot of people don't want to work in that area, but
14 I choose to work there because I want to give back to
15 my community and to people who look like me because I
16 care. We are calling on the City to live up to its
17 commitment to pay parity between the public and
18 private sector. Thank you for this opportunity. I'm
19 sorry.

20 CHAIRPERSON NARCISSE: That's okay. Don't
21 be sorry because I hear you. Being a nurse, going to
22 Rikers Island is a tough place to be, and thank you
23 for your service because, like you said, I don't
24 think many people want to be there and for you to be
25 there, that's the least we can do, and we are

2 committed to ask questions and push forward and do
3 whatever we can when it comes to the budget to make
4 sure that this gap is narrowed down or gone
5 completely.

6 SHAIINA MARSTON: Thank you. I sat here,
7 and I listened to Miss Yang talk about Correction and
8 they have the staff. They don't.

9 CHAIRPERSON NARCISSE: They don't have the
10 staff?

11 SHAIINA MARSTON: They don't have the
12 staff. I'm a living example. Every day the nurses
13 there are working short-staffed. They're taking on
14 more tasks than they're supposed to, and management
15 tells us we're hiring, we're desperate, we need the
16 support, and I wish she was here to hear from me
17 personally, we need the support. Thank you.

18 CHAIRPERSON NARCISSE: All right. One
19 other thing too, we're going to follow up because
20 whatever, I was hoping they can stay but most of the
21 time they don't stay but it's not the end. They're
22 going to get everything you said right here and get a
23 followup letter and ask the questions.

24 SHAIINA MARSTON: Thank you.

25 CHAIRPERSON NARCISSE: Thank you.

2 SHAIINA MARSTON: You're welcome.

3 MARION PARKINS: Good evening. My name is
4 Marion Parkins. I'm an RN. I have been a registered
5 nurse for 29 years. I have worked at Harlem Hospital
6 for over 30+ years. I want to thank the Committee
7 Chair and the Council for taking the time to hear
8 from me today.

9 I strongly encourage the City to direct
10 more funding towards NYC H and H. We are in a
11 starving crisis, and when I say it's a crisis, it's a
12 crisis. This is the worst of the COVID-19 pandemic
13 has ever ended but heavy patient load continues.
14 Staffing is the worst that I have ever seen in my
15 time as a nurse. We have more agency nurses working
16 in our hospital than staff nurses. We hire new
17 nurses, but they leave quickly to higher salaries and
18 less patients. At City Hospitals, not enough staff
19 means worse care for our patients. There are long
20 waits. Our emergency department is swamped. Sometimes
21 patients choose to leave before receiving the care
22 they need. On our med/surg floor, nurses do blood
23 scan, they do all the blood work, and they don't get
24 a break but they have to go (INAUDIBLE) doing the
25 one-to-one, and now they're rolling out new plan for

2 the nurses to do. I spoke with two nurses a week ago
3 leaving the facilities after 9 o'clock because they
4 have to stay at the bedside and round and do other
5 stuff before they leave the hospital. You have a 54-
6 bed unit with only five nurses, and, if they're
7 agency, they can walk out. The City Hospital needs
8 more staff. During the height of COVID, travel nurses
9 were brought in but not trained to provide proper
10 care. This doubled the workload of our staff nurses.
11 The nurse-to-patient ratio in our contract has never
12 been respected, and we are disrespected. There are
13 times when nurses come to work and they care for even
14 20 patients at a time. Where's the care? There is no
15 acknowledgement that we are working understaffed,
16 management is disrespectful when dealing with the
17 staff. To provide safe quality care for New York
18 City, we need enough nurses at the bedside. Even
19 traveling nurses are choosing to work at wealthier
20 hospitals, leaving us nowhere to turn for relief in
21 the City Hospitals. We need permanently trained
22 staff, not expensive short-term travel nurses that
23 undermine the quality of our care for our patients.
24 On top of low wages, our pension was dramatically
25 reduced with Tier 6 and our healthcare is at risk. We

2 need fair funding to New York City Public Healthcare
3 System. Pay parity and fair working conditions are
4 both vital for recruiting and retaining nurses for
5 the community. Thank you for your time today.

6 CHAIRPERSON NARCISSE: Thank you for your
7 testimony, and we hear you.

8 KRISTLE SIMMS: First, I want to thank
9 City Council, Honorable Nurse Narcisse, and the
10 Hospitals Committee for holding this hearing today
11 and listening to the frontline nurses. H and H is a
12 fantastic place to work. I've been there for 16
13 years. There are many wonderful, caring, empathetic
14 colleagues from all walks of life to engage with. Our
15 patients are interesting, some medical marvels,
16 survivors, and, most importantly, demographically
17 diverse. Mostly black Caribbean, Latinx, English and
18 non-English-speaking immigrants from all across the
19 world. Many of our patients are in the NYPD, FDNY,
20 incarcerated, commercially insured, uninsured, or
21 underinsured, and they all deserve the same quality
22 healthcare as anyone else in this country and in the
23 beautiful City of New York, but the crisis of
24 understaffing and high turnover at our public
25 hospitals threatens care for New York City's most

2 vulnerable patients. Over the past three years, we
3 have had a tremendous exodus of nurses leaving our
4 public hospitals. H and H has not provided
5 comprehensive systemwide on turnover, vacancies, or
6 the amount of money that's going toward filling
7 staffing gaps with temporary agency nurses.

8 An internal report at Jacobi showed just
9 how bad the understaffing and turnover is at my
10 hospital. Between February and November of 2022,
11 about 183 nurses total left Jacobi for any reason,
12 including retirement. Of those, 115 resigned for
13 reasons other than retirement. In total,
14 approximately 20 percent of all staff nurses at
15 Jacobi left during those months. 25 percent of the
16 nurses who resigned didn't even make it a full year.
17 The most resignations were from the emergency
18 department, 24, where our colleagues tell us that a
19 nurse quits almost every shift because working
20 conditions are so bad. Almost every unit in the
21 hospital has had at least one vacancy as of January
22 2023 with as many as eight vacancies in some units
23 because H and H is limiting the financial backing to
24 support and keep dedicated and experienced nurses at
25 the bedside long-term. There has been a reliance on

1 expensive agency nurses that make two to three times
2 the salary of staff nurses, thus decreasing staff
3 morale. To note, it is not 70 dollars an hour that
4 nurses make at H and H. It's \$43.45. As of January
5 2023, 53 percent of active nurses in critical care
6 areas at Jacobi were agency nurses, and 59 percent of
7 active nurses in med/surg areas at Jacobi were agency
8 nurses. There were 146 agency nurses at Jacobi on
9 average over a three-month period from November 2022
10 through January 2023. Even with a very conservative
11 estimate, the City is likely spending 18.5 to 24.2
12 million per year on traveler agency nurses just for
13 Jacobi alone.

14
15 Nurses have left because of burnout from
16 COVID-19, because they're tired of working short-
17 staffed, and because the pay is so low. Many of us
18 are frustrated by not being able to provide the care
19 our patients deserve due to the demands of an unjust
20 healthcare system. The most detrimental plight is
21 that nurses at H and H cannot continue to be
22 financially marginalized from being paid a fair wage
23 as our public sector sisters and brothers to the tune
24 of 19,846 dollars difference.

2 As a nurse practitioner, when I get
3 called by the sickle cell patient that's been in the
4 emergency room waiting for pain medications for over
5 45 minutes, I cringe. The patient does not know or
6 understand that they are not forgotten or
7 unprioritized. It's just that there are not enough
8 nurses to care for our bustling emergency rooms with
9 one nurse to 20 or 30 patients. Worse than that,
10 imagine being a patient in the ER and hearing level 1
11 trauma over the loudspeaker. That could be a heart
12 attack, stroke, horrific car accident, a gunshot
13 wound, or a stab victim and simultaneously happening.
14 H and H Trauma Facilities pride ourselves on taking
15 care of the critically ill. Yet, our monetary value
16 and worth are not equal to the care we provide. What
17 about the cancer patient who is nervous, distrustful
18 of the healthcare system, not healthcare literate,
19 and cannot afford their chemotherapy? Those are the
20 patients that I take care of every day. It gives me
21 great pride to be able to be the trusted provider to
22 educate and guide these patients that look like me
23 and are reminiscent of my own family, providing them
24 with compassion, patience, and dignity. When that
25 same patient's eyes glisten when they see me during

2 that clinic day and they update me on the good, the
3 bad, and the ugly of their treatment or their
4 personal life because they trust the care we give, it
5 pains me to think that I have to choose between these
6 meaningful relationships and the value of my work,
7 choosing between my purposeful career and how to
8 balance my checkbook or taking on per diem jobs and
9 overtime to make ends meet. With most of our nurses
10 being the same demographics as the patients that we
11 see, why shouldn't we have the health equity for our
12 patients and ourselves?

13 I implore the City Council to help the H
14 and H Mayoral stop the bleed of nurses from H and H t
15 the private sector. We train nurses and help to mold
16 the residents that become physicians with teamwork
17 and collaboration. We cannot afford to train our
18 nurses for 3 to 12 months and then they leave with a
19 wealth of knowledge for a higher paying job. This
20 decreased return on investment is disgraceful and an
21 outrage as the aging nurses are entitled to retire at
22 some point, Miss Parkins. However, who will continue
23 to care for our patients if we cannot retain these
24 nurses in the current state of affairs? The number
25 one reason that nurses give in exit interviews for

2 why they're leaving Jacobi is the low salary that
3 doesn't compete with the private sector. We're
4 calling on the City to follow through on its
5 agreement for pay parity with the private sector. The
6 City made that commitment in our contract, and it's
7 time for them to follow through. Our patients need
8 nurses to stay on for the long run, and that won't
9 happen without pay parity. Thank you.

10 CHAIRPERSON NARCISSE: Thank you for your
11 testimony. We appreciate it. We heard you loud and
12 clear, and we have your testimony. Thank you.

13 COMMITTEE COUNSEL: Before you go, can I
14 have your name?

15 KRISTLE SIMMS: Oh, I'm sorry. Kristle, K
16 R I S T L E, Simms, S I M M S.

17 COMMITTEE COUNSEL: Thank you.

18 SHAIINA MARSTON: Thank you.

19 COMMITTEE COUNSEL: The next panel will be
20 Mon Yuck Yu, Justin Wood, Chris Norwood, and Thomas
21 Gaban. Apologies if I mispronounced someone's name.

22 Please begin when ready.

23 MON YUCK YU: Good afternoon, Chair
24 Narcisse. My name is Mon Yuck Yu. I'm the Director of
25 Policy for the Office of the Brooklyn Borough

2 President, Antonio Reynoso, and I will be
3 representing him and his testimony today.

4 Thank you, again, for holding this
5 hearing today. I am here to speak about the staffing
6 crisis within our public hospitals. We can only
7 achieve health equity when we properly staff our
8 hospitals and have pay parity. Funding for our public
9 hospitals this budget cycle must consider the
10 following: safe staffing ratios. Nurses are the
11 backbone of the healthcare system. It has been nearly
12 two years since New York's Nurse Staffing Law passed,
13 but our hospitals are still operating at unsafe
14 staffing ratios. As of February 2023, the medical
15 intensive care unit at H and H Kings County Hospital,
16 for example, is operating a 4.873 to 1 patient to
17 nurse ratio, far above the 2 to 1 ratio required by
18 the State Legislature. High nurse to patient ratios
19 are related to a 7 percent increase in hospital
20 mortality for each additional patient as a result of
21 infections like pneumonia, cardiac arrest, and 60-day
22 mortality readmission. Treatment costs for these
23 issues could be mitigated when appropriate staffing
24 ratios are put into place. Safe staffing also reduces
25 stress, anxiety, burnout, and turnover among staff.

2 This has the potential of saving costs for
3 recruitment and training which together costs 82,000
4 to 88,000 dollars per new hire. The crisis that we
5 face is not just a shortage of nurses but in safe
6 work environments, and it puts healthcare in peril.

7 The second issue I want to discuss is pay
8 parity. Not only are unsafe staffing ratios a risk
9 for staff attrition, pay gaps between nurses in the
10 public and private sectors are forcing nurses to
11 leave our public hospitals as we've heard today. At
12 the heels of private sector nurses winning historic
13 agreements that enhance safe staffing ratios and
14 raise their pay by 19.9 percent this past January, we
15 owe our public sector nurses the same, and we will
16 witness a growing pay gap of 19,000 dollars between
17 public and private sectors. Right now, we're not
18 paying our public sector nurses what they need and
19 deserve so instead they're leaving for private
20 institutions that pay more and provide better
21 contracts, and this creates a detrimental cycle of
22 staff shortages that in turn affects staffing ratios.

23 The third issue I want to discuss is
24 midwifery care. Currently, New York City faces one of
25 the most severe maternal mortality crises with

2 Brooklyn having the highest rates. During my first
3 year, I invested my entire capital budget of 45
4 million dollars in three Brooklyn H and H hospitals
5 so they could improve their NICU and mother/baby
6 units and build state-of-the-art birthing centers. I
7 hope that these capital investments will allow our
8 hospitals to in turn invest in its personnel. Of
9 these personal improvements, I want to call attention
10 to our midwifery workforce. A facility with an
11 adequate staffing of midwives can avert 41 percent of
12 maternal deaths while even a moderate increase in
13 staffing can avert deaths by 22 percent. When I
14 started my fatherhood journey, I was disappointed to
15 learn that of our three of our Brooklyn H and H
16 hospitals, Woodhall is the only Brooklyn H and H
17 hospital that has centered midwives and obstetric
18 care for our birthing people. In 2019, 68.1 percent
19 of its births were attended by a licensed midwife.
20 While the number was disproportionately lower at
21 Kings County Hospital and Coney Island South Brooklyn
22 at 15.8 percent and 17.3 percent respectively. I was
23 further surprised to learn that at Kings and South
24 Brooklyn, midwives are not always playing a
25 leadership role, and some birthing suites house only

2 one midwife. Midwives need to be part of a patient's
3 care journey from day one. I highly encourage the
4 Administration to consider investing in expanding
5 midwifery care, ensuring that midwives are holding
6 leadership positions so that we can put a stop to
7 this preventable maternal mortality crisis once and
8 for all. Thank you, again, for this opportunity to
9 testify today. I look forward to working with the
10 Council through the budget process to ensure our
11 public hospitals have the support they need to
12 provide equitable and quality care.

13 CHAIRPERSON NARCISSE: Thank you for
14 testimony.

15 I'm sorry for the sound you hear. We have
16 an event next door that was scheduled. This is the
17 People's House so different things going on.

18 CHRIS NORWOOD: Thank you so much. I'm
19 Chris Norwood, Executive Director of Health People. I
20 really wanted to look at some overall issues of
21 policy and funding. The first is the need to truly
22 incorporate community groups into the work and
23 mission of H and H and of their hospitals' endless
24 crisis of staff and overwhelmed facilities. The value
25 of community groups is that many have proven programs

2 that reduce emergency visits and hospitalizations. A
3 lot of these programs, for asthma as you heard,
4 mental health, high blood pressure, diabetes, proved
5 themselves during the last 1115 Waiver. Health
6 People, my own organization, for example, under H and
7 H at that time took the six-session Diabetes Health
8 Management program right into homeless shelters,
9 evaluation by DOH showed that emergency visits for
10 the 201 participants plunged by 45 percent and
11 hospitalizations by 74 percent in six months. I would
12 hardly feel in a position to second-guess the
13 Administration of H and H and all they did during the
14 pandemic, but I think it is really time to start
15 thinking of things another way and how aligning with
16 community groups and finding out ways to support them
17 can totally contribute to the mission of H and H by
18 keeping their patients as well as can be and out of
19 the hospital. I would also suggest that if we analyze
20 the Asthma Program that actually it can be delivered
21 for less cost in the community.

22 The other policy and funding issue is to
23 look at things that are incredibly expensive that
24 should not be occurring. I know we've discussed this,
25 a major example of that, diabetes-related lower limb

2 amputations which have grown by 100 percent in New
3 York City in 10 years and which costs, it's not only
4 that they cost so much financially, they're now about
5 500,000 in direct medical costs over time, surgery,
6 anesthesia, prosthetics, a lot of mental health
7 counseling for people who are totally shattered, it's
8 what they cost hospital systems. The use of
9 personnel, the pressure, people who that happens to
10 are always in the emergency room later, so I use, in
11 two minutes, as much as I can to suggest it's all
12 hands on deck and to suggest how we can all work
13 together to use the resources that are available to
14 support wellness, that benefits the hospital system,
15 and benefits the people in the community.

16 CHAIRPERSON NARCISSE: Thank you for your
17 testimony. I believe in preventative care so that's
18 all right. Thank you. Appreciate you.

19 JUSTIN WOOD: Thank you so much, Chair
20 Narcisse and to the other Members of the Council, for
21 holding this hearing and for the opportunity to
22 testify. My name is Justin Wood. I'm the Director of
23 Policy at New York Lawyers for the Public Interest.
24 I'll try to skip around a little bit here, and we'll
25 submit a full written statement. At the outset, we

2 want to thank you and the entire City Council for
3 continuing to support the Immigrant Health Initiative
4 for the last few years. That has directly supported
5 our work in immigrant health and improving the health
6 and well-being of all sorts of immigrant New Yorkers
7 and families through health education, outreach, and
8 sustained policy advocacy so we want to open with a
9 big thank you for that.

10 Also appreciate the questions and Health
11 and Hospitals going on the record today in strong
12 support of Coverage for All. This would be
13 particularly impact up to 245,000 immigrant New
14 Yorkers who uninsured currently. This would have a
15 huge impact for New York City communities of allowing
16 uninsured New Yorkers to enroll in the Essential
17 Plan. This is a very active issue in the State budget
18 discussions now, and, of course, it's very relevant
19 to this Committee and New York City's Health and
20 Hospitals partly because this would just improve
21 health outcomes, financial stability, reduce ER
22 visits, and save lives for uninsured New Yorkers to
23 be able to enroll in a comprehensive health plan.
24 Secondly, this is a win/win for our City and our
25 State economy. Better outcomes allow people to be

2 more productive. The Comptroller has found 700
3 million in savings to New York City from Coverage for
4 All. Of course, for H and H, we're currently
5 budgeting 100 million we heard today for NYCares, and
6 the hospitals are receiving inadequate compensation
7 from Emergency Medicaid which is a very inadequate
8 program.

9 We thank you and the Council for passing
10 Resolution I believe it was 84 last year in support
11 of Coverage for All, and, of course, we urge every
12 elected official to use their voice with the Governor
13 over the next two weeks or so to get this into the
14 budget and support the Senate's version of this.

15 Just finally, I know we're over time,
16 wanted to highlight some work that we hope to do with
17 you and other Members of the Committee on transplant
18 equity. One of the big issues our clients come to us
19 with in New York City is inequitable access to kidney
20 transplants in particular. We know that when people
21 are uninsured or relying on Emergency Medicaid they
22 often don't even get access to screenings at
23 Transplant Centers, and we know that kidney
24 transplants when compared with long-term dialysis
25 improve outcomes, save lots of money for the health

2 system, and again save lives. We have a pilot program
3 at SUNY Downstate actually, a Transplant Equity Pilot
4 Program, where we've started to do this work. It
5 includes provider education on insurance options for
6 patients. It includes coordination and specifically
7 hiring immigrant health coordinators, language access
8 to make sure that that transplant care is available
9 to all, and we would love to see this program scaled
10 up at other safety net hospitals like H and H and
11 work with the Council to secure that funding, and we
12 are in touch with H and H about that as well.

13 Thank you very much for the opportunity
14 to testify this evening and for the work of this
15 Committee.

16 CHAIRPERSON NARCISSE: Thank you for your
17 testimony. Like I told you, I'm very much interested
18 in that. Thank you.

19 COMMITTEE COUNSEL: Thank you all. Now, we
20 will move on to the remote testimony. If you're on
21 Zoom, wait for me to call the panels and then wait
22 for the Sergeant to cue you.

23 The next panel will be Carmen Garcia,
24 Medha Ghosh, Amariliz Tavira, and Zachary Katznelson,

2 Jennifer J. Parish, Sue Ellen Dodell. We will begin
3 with Carmen Garcia whenever you're ready.

4 SERGEANT-AT-ARMS: Starting time.

5 CARMEN GARCIA: Good afternoon and thank
6 you, Chairwoman Narcisse. My name is Carmen Garcia,
7 and I'm a Community Health Worker Supervisor at Make
8 the Road New York. With a membership of 25,000, Make
9 the Road has now been serving New York immigrants and
10 working-class communities of color for 25 years. We
11 provide health, legal, adult education, and youth
12 services plus community organizing, transformative
13 education, and policy innovation. Make the Road's
14 Fiscal Year '24 requests on behalf of immigrants and
15 working-class New Yorkers include the following. We
16 request 200,000 for Make the Road under the Speaker's
17 Initiative for our wraparound (INAUDIBLE) legal,
18 adult literacy, and youth services, reaching over
19 15,000 individuals per year citywide. City Council
20 must expand funding for the Access Health Initiative
21 to 4 million dollars, allocate 2.3 million in funding
22 for the Managed Care Consumer Assistance Program, and
23 (INAUDIBLE) funding for ending the epidemic at 7.7
24 million and the Immigrant Health Initiative
25 (INAUDIBLE). We request renewed allocations to Make

1 COMMITTEE ON HOSPITALS 143

2 the Road 110,000 under the Access Health Initiative,
3 80,000 under the Immigrant Health Initiative, 76,218
4 under the MCCAP Initiative, and 75,000 under ending
5 the epidemic to help address healthcare disparities,
6 50,000 for the Food Pantries Initiative for our
7 pantries in Queens and in Brooklyn. We request also
8 continued funding the Community Health Worker Asthma
9 and COPD program in which NYC Health and Hospitals
10 are partners with community-based organizations like
11 us. We directly hired community health workers who
12 then worked at H and H sites and are part of their
13 care team, supporting H and H patients with home
14 visits that address environmental factors and other...

15 SERGEANT-AT-ARMS: time expired.

16 CARMEN GARCIA: Services that address
17 social dependence of health. This is essential that
18 this program continues with the (INAUDIBLE) CBOs. We
19 ask that the Council and the Mayor continue to
20 advocate for Coverage for All in the State budget and
21 for the State to include immigrants in the 1332
22 Waiver request. This would allow the State to access
23 federal funding to expand health coverage to all
24 immigrants, regardless of their immigration status.
25 The administration must expand funding for the

2 NYCares program to guarantee low-cost and no-cost
3 services to New Yorkers who don't qualify for or
4 can't health insurance. NYCares must 100 million per
5 year to continue the program with CBO partners. They
6 should also receive adequate funds to expand the
7 program to federally qualified health centers.

8 Thank you so much for hearing. Thanks.

9 CHAIRPERSON NARCISSE: Thank you for your
10 testimony.

11 COMMITTEE COUNSEL: Thank you, Carmen.

12 Next is Medha Ghosh, whenever you're ready.

13 SERGEANT-AT-ARMS: Starting time.

14 MEDHA GHOSH: Good evening. My name is
15 Medha Ghosh, and I'm a Senior Policy Coordinator for
16 Health at CACF, the Coalition for Asian American
17 Children and Families. Thank you very much, Chair
18 Narcisse, for holding this hearing and providing an
19 opportunity to testify. Founded in 1986, CACF is the
20 nation's only Pan-Asian children and family's
21 advocacy organization and leads the fight for
22 improved and equitable policy, systems funding, and
23 service assistance for those in need. Nearly 19
24 million people reside in the New York City
25 metropolitan area, and over 800 different languages

are spoken. Because of New York's linguistic diversity, it is incredibly important to ensure language access. Language barriers are a huge obstacle faced by many folks in immigrant communities and especially in the API community. In New York City, the API community has the highest rate of linguistic of any group as 40 percent have limited English proficiency, meaning that they speak English less than very well. Moreover, more than two in three aging seniors in NYC are LEP, and nearly half of all immigrants in NYC are LEP. Language barriers can prevent folks from accessing vital services like healthcare. Despite there being 76 language access policies targeting healthcare settings in New York, we have found that many LEP patients still report facing difficulties like being unable to find an interpreter that speaks their dialect or being unable to fill out paperwork because a translated version in their language does not exist. A lack of linguistically accessible services in hospitals can have grave consequences. More than half of adverse events that occurred to LEP patients in U.S. hospitals were likely the result of communication errors, and nearly half of these events involved some

2 kind of physical harm. Our campaign, Lost in
3 Translation, aims to ensure that New Yorkers have
4 equitable access to linguistically and culturally
5 responsive healthcare services. As part of our work,
6 we conducted a focus group with patient navigators to
7 better understand the experience of LEP patients. One
8 navigator said a child was asked by a doctor to
9 interpret for his mother. The doctor told the child
10 that his mother had cancer, and the child refused to
11 tell her. The doctor continued to ask him to
12 interpret even though it was not his responsibility.
13 Putting the burden of interpretation of medical
14 information on the child of the patient is beyond
15 unacceptable. New York City's H and H hospitals and
16 clinics must have readily available quality
17 interpretation services at all times. In addition..

18 SERGEANT-AT-ARMS: Time expired.

19 MEDHA GHOSH: (INAUDIBLE) must provide
20 quality translated materials to ensure that our LEP
21 community members have access to accurate up-to-date
22 information.

23 For Fiscal Year 2024, we urge the New
24 York City Council to oppose the proposed budget cuts
25 and ensure that the budget for H and H hospitals and

2 clinics include better access to quality
3 interpretation and translation services for LEP
4 patients. We also want to uplift Coverage for All and
5 hope the Council will use their voice to ensure that
6 it's included in the State budget.

7 Thank you very much for your time.

8 CHAIRPERSON NARCISSE: Thank you for your
9 testimony.

10 COMMITTEE COUNSEL: Thank you. Next is
11 Amariliz Tavira. Begin when you're ready.

12 SERGEANT-AT-ARMS: Starting time.

13 ASHLEY CONRAD: Thank you, Chair Narcisse,
14 for holding this budget hearing and allowing me to
15 testify. My name is Ashley Conrad. I am the Senior
16 Community Organizer at Freedom Agenda. Unfortunately,
17 Amariliz Tavira can't be here so I will be reading
18 testimony on her behalf, which I will begin now.

19 My brother, Erick Tavira, was 28 when he
20 lost his life inside of Rikers Island. My brother
21 took himself to a Metropolitan Hospital to seek
22 treatment. Instead, that got him a trip to Rikers
23 Island instead. My brother was waiting to be looked
24 at. There is a video that was released by a news
25 reporter about that incident. It showed how my

2 brother was waiting and then all of a sudden he
3 starts a conversation or what appears to be a
4 conversation or argument with someone behind the
5 camera. It turned out that that person was a hospital
6 police. Unfortunately, the hospital police did not
7 deescalate the situation, but what the video clearly
8 showed provoked my brother. My brother was diagnosed
9 with schizophrenia at the age of 16. That is
10 something on the record, especially in a hospital he
11 had been in before. He struggled with it most of his
12 life until the end. The video was very disturbing. It
13 showed clearly how my brother begged for them to stop
14 what was happening. All he wanted was help, and they
15 denied him that, the hospital and the hospital
16 police. Maybe if the City were to fund the hospitals
17 more than they do Rikers, it may have made a
18 difference. The Department of Correction has more
19 officers than people in their custody, but still my
20 brother died there due to lack of care. What if the
21 hospital had more medical staff there that day than
22 patients or than NYPD? There would not have to be as
23 much hospital police who are still police and not
24 professionals in treating people...

25 SERGEANT-AT-ARMS: Time has expired.

2 ASHLEY CONRAD: With mental illness. We
3 need more doctors and nurses for hospitals to be able
4 to treat any and every patient that comes in and not
5 criminalize them. Instead, the Mayor is trying to add
6 more money to the DOC's budget, but I ask that you
7 not let that happen. All the extra money being wasted
8 on extra staff at Rikers who don't even care for the
9 people in their custody should be moved to hospitals
10 and treatments for people in the community so we can
11 get people the help they need and finally close
12 Rikers. My brother was a beautiful human being who
13 had a severe mental illness and just needed help.
14 Thank you.

15 CHAIRPERSON NARCISSE: Thank you for your
16 testimony.

17 COMMITTEE COUNSEL: Thank you. Zachary
18 Katznelson.

19 SERGEANT-AT-ARMS: Starting time.

20 ZACHARY KATZNELSON: Thank you. Good
21 evening. I'm Zachary Katznelson, Executive Director
22 of the Lippman Commission. I'd like to speak out
23 about Rikers and the secure hospital beds that Chair
24 Narcisse and Council Member Restler raised earlier.
25 Thank you for doing so.

2 I just want to reiterate how crucial the
3 400 secure hospital beds are to our effort to close
4 Rikers and ensure people get the care that they need.
5 As soon as those promised beds are brought online,
6 those folks can be moved out of the chaos of Rikers
7 and into proper care so please do continue pushing H
8 and H and the Department of Correction at every
9 opportunity to ensure those beds come online as soon
10 as humanly possibly, but please do not stop there.
11 Those beds are meant primarily for people with
12 physical illnesses rather than mental illness and so
13 very few will be able to be used to help people with
14 serious mental illness. There are over 1,100 people
15 at Rikers with a serious mental illness right now.
16 Mayor Adams, himself, has said repeatedly that people
17 with mental illness should be in treatment and not
18 jail, but we need to make sure the beds are there to
19 provide them with the treatment that they need.
20 Similarly, about half the people coming into Rikers
21 battle with drug and alcohol addiction, and they too
22 need care. Imagine if we could provide them with
23 treatment and secure beds outside of the jails. If we
24 built not 400 more beds but 1,500 therapeutic beds in
25 the hospital system, we'd be providing people with

2 the care they need and every one of those would be
3 filled. That's how great the need is amongst people
4 at Rikers. If we put that money in the budget,
5 together we can move people out of the chaos and
6 violence of Rikers into care and we can do it as soon
7 as in the next couple of years so we'd love to work
8 together to try to make that happen. Thank you so
9 much.

10 CHAIRPERSON NARCISSE: Thank you for your
11 testimony. Appreciate it.

12 COMMITTEE COUNSEL: Thank you. Jennifer
13 Parish.

14 SERGEANT-AT-ARMS: Starting time.

15 JENNIFER PARISH: Good evening. Thanks for
16 this opportunity to testify. My name is Jennifer
17 Parish, and I'm the Director of Criminal Justice
18 Advocacy at the Urban Justice Center Mental Health
19 Project, and I'm testifying today to stress the need
20 to close Rikers Island and reduce the number of
21 people with mental health challenges who are
22 incarcerated in New York City jails as soon as
23 possible. The Council should fund an expansion of
24 outposted therapeutic housing units to move people
25 with mental health challenges and other health

2 conditions out of city jails and into specialized
3 units in city hospitals. This can be done in advance
4 of the closure of Rikers Island. Correctional Health
5 Services recognized the need for people with health
6 conditions who require a higher level of care to be
7 placed in housing units outside of Rikers. The City
8 committed to open outposted therapeutic housing units
9 in Bellevue, Woodhall, and North Central Bronx
10 Hospitals. These units are expected to include
11 approximately 390 beds. Unfortunately, the opening of
12 the Bellevue unit which was originally planned to be
13 completed in December 2022 has been delayed. The
14 Council should urge the completion of these
15 therapeutic units be expedited and that the model be
16 expanded. 390 beds are simply not enough. The number
17 of people diagnosed with serious mental illness in
18 the jails has been increasing over the last three
19 years and is now about 20 percent of the jail
20 population. That is more than 1,100 people in need of
21 significant mental health treatment languishing in
22 DOC custody, subjected to some of the worst jail
23 conditions in the country. In the jails, there are
24 mental health units that purportedly provide a higher
25 level of care. However, the mental observation units

2 do not have mental health staff stationed on the unit
3 and even the quality of care on the (INAUDIBLE) units
4 has declined in the last few years as Department of
5 Correction's dysfunction has resulted in unstaffed
6 posts and prevented people from receiving the
7 treatment they require. In fact, two of the 19 deaths
8 that occurred last year took place on mental health
9 units. It's imperative that we get people who are
10 assessed as needing to be in specialized mental
11 health units off of Rikers and into outposted
12 therapeutic housing units. Although people in these
13 units will still be in DOC custody, they will be
14 safer...

15 SERGEANT-AT-ARMS: Time expired.

16 JENNIFER PARISH: And more likely to have
17 their treatment needs met in these units than Rikers.
18 We urge the Council to support expanding funding for
19 this purpose. Thank you.

20 CHAIRPERSON NARCISSE: Thank you for your
21 testimony. We hear you clearly. Thank you.

22 COMMITTEE COUNSEL: Thank you. Lastly, Sue
23 Ellen Dodell, whenever you're ready.

24 SERGEANT-AT-ARMS: Starting time.

2 SUE ELLEN DODELL: Good afternoon. My name
3 is Sue Ellen Dodell. I'm a lawyer, and I've worked
4 for the City since 1979. I'm concerned about the
5 effect on public hospitals and the effect on the H
6 and H budget of the contract that the City is about
7 to enter into with Aetna for a Medicare Advantage
8 Plan for City retirees. The Plan is inferior to
9 traditional Medicare because it reduces retirees'
10 access to necessary medical care and will have grave
11 consequences for the H and H budget. City retirees
12 will be forced to delay necessary care, resulting in
13 an increased reliance on urgent care facilities,
14 emergency rooms, and Medicaid. As you conduct today's
15 budget hearing and think about the effect of the
16 Aetna Plan on public hospitals, consider that private
17 hospitals do not have to remain in the Aetna Plan and
18 their withdrawal from the Plan will virtually ensure
19 that public hospitals in New York City will be forced
20 to serve these patients. This increased demand on
21 City hospitals will greatly impact the City's budget.
22 Further, because the care received by City retirees
23 in the Aetna Plan will be inferior to traditional
24 Medicare, it will result in increased costs to the
25 City when retirees and others covered in the Aetna

2 Plan will need to seek treatment at H and H
3 hospitals. I urge you to support the legislation
4 sponsored by Council Member Farias which would
5 continue to provide retirees with a robust Medigap
6 plan. Thank you.

7 CHAIRPERSON NARCISSE: Thank you. Heard
8 you loud and clear. Thank you so much for your
9 testimony.

10 COMMITTEE COUNSEL: Thank you. If there is
11 anyone present in the room or on Zoom that hasn't had
12 the opportunity to testify, please raise your hand.

13 Seeing no one else, I would like to note
14 that written testimony which will be reviewed in full
15 by Committee Staff may be submitted to the record up
16 to 72 hours after the close of this hearing by
17 emailing it to testimony@council.nyc.gov. I will now
18 recognize individuals who signed up to testify but
19 did not show up. Dr. Andu Rao, David Miranda,
20 Kimberly George, Thomas (INAUDIBLE), Sharon McLennon
21 (phonetic), (INAUDIBLE), Alex Stein. Thank you.

22 Chair Narcisse, we have concluded public
23 testimony for this hearing.

24 CHAIRPERSON NARCISSE: I want to say thank
25 you to everyone and thank you for everyone that

2 testified and all the Staff here. Thank you so much.

3 It was a great hearing. I appreciate your time.

4 Seeing none, we close the hearing.

5 [GAVEL]

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

C E R T I F I C A T E

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



Date April 5, 2023