



**New York City Council Hearing**

**FY25 Preliminary Budget Hearing**

**Committee on Hospitals**

**Mitchell Katz, MD**

**President and Chief Executive Officer**

**NYC Health + Hospitals**

**March 5, 2024**

Good afternoon Chairperson Narcisse, and members of the Committee on Hospitals. I am Dr. Mitchell Katz, primary care physician and President and CEO of NYC Health + Hospitals (Health + Hospitals). I am joined today by John Ulberg, Senior Vice President and Chief Financial Officer at Health + Hospitals, and Dr. Patsy Yang, Senior Vice President at NYC Health + Hospitals for Correctional Health Services (CHS).

I am happy to be here to report on our finances for Fiscal Year 2025. Health + Hospitals is the largest municipal health care system in the country, serving over 1 million New Yorkers annually. Our integrated system includes 11 acute care hospitals, 5 post-acute facilities, the Gotham Health network of clinics across the 5 boroughs, and MetroPlus, our subsidiary health plan. Every day, our 40,000 employees live our mission of providing high quality health care services with compassion, dignity, and respect to all, regardless of income, gender identity, race, sexual preference, or insurance status.

### **Accomplishments**

Health + Hospitals has seen considerable advancements in our ongoing transformation efforts. I am proud of the strides we have made and the success our health system has attained. These achievements are a reflection of the dedication and hard work of our staff, who consistently provide our patients with respectful and compassionate care.

Among other successes, we have:

- Connected 300 patients to permanent housing through “Housing for Health” last year.
- Converted medical units utilized during COVID back to psychiatric units – and we are on track to have nearly 1,000 psychiatric beds online.
- Expanded our services for survivors of domestic violence by bringing behavioral health services to the city’s domestic violence shelter system, providing on-site services to adults and children.
- Earned Medicare shared savings for reducing cost and providing high quality care for patients through its Accountable Care Organization (ACO).
- Continued to grow Virtual ExpressCare, which launched telehealth abortion access – becoming the first public health system in the nation to do so.
- Made critical system investments, including opening the:
  - Ruth Bader Ginsburg Hospital on the campus of NYC Health + Hospitals/South Brooklyn Health; and
  - The first ever reentry service center on Rikers Island, a resource hub for the hundreds of people who are released from Rikers each year as well as members of the public and staff.
- CHS, in partnership with Premier Wireless & T-Mobile, distributed 284 free smartphones and plans to vulnerable New Yorkers upon their release from jail to help them remain engaged in health care and to stay connected to their loved ones.
- Broke ground on a new housing development on the NYC Health + Hospitals/Woodhull campus that will have 93 apartments, including 56 units of supportive housing for our patients.

- Our MetroPlus Health plan membership grew to over 750,000 members.
- NYC Care enrollment reached over 125,000 members – up 382% from the program’s first year and surpassing the original enrollment goal of 100,000 members.
- NYC Health + Hospitals/ Seaview was ranked the #1 Nursing Home in New York State by Newsweek.
- Nine NYC Health + Hospitals sites were recognized by Planetree International for excellence in person-centered care for the first time.
- Distributed \$1 million in debt relief to 27 behavioral health providers in exchange for a three-year commitment to serving our health system.
- Played a critical role in the asylum seeker response through our operation of the 24/7 arrival center at Roosevelt Hotel, which has completed over 117K intakes, including clinical exams for every person entering the system.

### **Financial Performance YTD**

Health + Hospitals has closed the first quarter of FY24 with a positive net budget variance of \$49M (1%) due to continued increases in inpatient and outpatient volume and overall improved cash performance, including higher revenue collectability. Our FY25 Preliminary cash plan is largely consistent with our recent performance, though we are anticipating an operating gain of \$69M in FY24 (a 1% positive).

Our Strategic Initiatives associated with revenue cycle improvements, managed care contracting improvements, and value-based payments also remain on track.

Through September, they have generated \$217 million in revenue and we are on target with our full year goal of \$1.08 billion.

### **FY25 Preliminary Financial Plan**

Our December closing cash was nearly \$500 million (18 days cash-on-hand), a position only slightly below our average cash position through the fiscal year. We have continued to work closely with our State and federal partners to receive prior and current-year payments that we are owed to maintain our stable cash position.

As we look at our Preliminary Financial Plan, our overall fiscal picture remains stable thanks to the continued great work of our staff. In reviewing our long-term outlook, we continue to believe that we are well-positioned, but we remain constantly vigilant of external risks, including expected timing of federal reimbursements, Medicaid recertification, ongoing cost pressures related to inflation and staffing pressures, and federal Disproportionate Share Hospital (DSH) cuts. We will continue to work closely with our City, State, and federal champions, while we implement our major internal Strategic Initiatives to shore up our financial position. Our Strategic Initiatives – which includes increasing patient care access, growing revenue through improved revenue cycle performance and reimbursement through insurance plan negotiations, and contracting savings – are projected to produce between \$2.2 and \$2.3 billion annually in each year.

We are also in the midst of advocating aggressively for equitable access to State funding and Medicaid rate increases as well as funding specifically, for essential safety net hospitals like NYC Health + Hospitals. We are thankful to our champions

in Albany, including State Senate Health Chair Gustavo Rivera and the Assembly Health Chair Amy Paulin, plus so many of the State Senators and Assembly Members who represent our facilities. We are also fortunate to work closely and productively with the executive branch, particularly the State Department of Health. We are also, of course, grateful to so many of you, our Council Members, who stand with us to serve our system and communities. State funding is critically important to us in our efforts to strengthen NYC Health + Hospitals.

As we look to the out years, we expect to continue to face some internal challenges and external risks. As a result, we currently project small operating losses of \$51 million and \$49 million in FY25 and FY26, respectively. By FY27 and FY28, we will be facing multiple years of Medicaid Disproportionate Share Hospital (DSH) cuts as well as further headwinds, which result in expected losses of \$288 million and \$416 million, respectively. We will continue to push for increasing internal Strategic Initiatives and we also ask the Council for their continued strong advocacy on our behalf increasing Medicaid reimbursement rates and to fight the continued delay or elimination of these harmful cuts, slated to begin March 22, 2024.

Thank you for the opportunity to testify before you today and I look forward to taking your questions.



OFFICE OF THE BROOKLYN BOROUGH PRESIDENT

**ANTONIO REYNOSO**

Brooklyn Borough President

### **City Council Committee on Hospitals Hearing on the Preliminary Budget 3.5.24**

Good afternoon, Chair Narcisse and thank you for holding this hearing today. I am here to say that we must invest in our public hospitals in order to maintain appropriate staffing levels, robust programs addressing maternal health and mental health, and high-quality care. Health equity in our hospitals is ensuring that patients receive the quality care and attention that they deserve. We applaud this administration for listening to our calls last fiscal year to successfully give our public sector nurses a contract that includes pay parity and safe staffing for critical care patients. This is only the first step in ensuring that our most vulnerable New Yorkers get the care they need.

The Preliminary Budget includes \$3.06 billion funding for H+H in Fiscal 2025, of which \$2.97 billion is City funds. Although this investment is 68% greater than the FY24 adopted budget, it still puts H+H at an operating deficit of \$51 million for FY25, which will progressively decrease between FY26 and FY28 should funding levels remain the same. (Of this investment, however, it must be noted that 59% is dedicated to asylum-seeker related services.) The most concerning cuts are those that impact the mental health of some of our most vulnerable New Yorkers. Compared to the FY24 budget at adoption, this includes:

- A decrease of \$5.7 million, or 31.3%, in the B-HEARD program
- A decrease of \$1.3 million, or 11% in the Mental Health Service Corps

B-HEARD has shown progressive improvements in staffing and responsiveness, at 25% during Q3 & Q4 of 2023 compared to 15% of total 911 call responses during the first two quarters of FY23. It has also increased the number of calls eligible for B-HEARD response, with 42% being connected to community-based behavioral health services.<sup>1</sup> Up to half of people who become victims of police violence have a mental health disability,<sup>2</sup> but 911 has become one of the main options for helping people in mental health crisis. Police officers are not trained social workers or counselors and lack comprehensive training to address situations of mental health crisis, often leading to tragic bodily harm and death. Individuals with untreated mental health illness are 16 times more likely to be killed during a police encounter compared to others who encounter police for other issues.<sup>3</sup> Unfortunately, individuals who are Black and Latinx make up a disproportionate

<sup>1</sup> [The Mayor's Office of Community Mental Health Announces Increase in B-HEARD Response Rate, Further Ensuring Community-Based Mental Health Crisis Support - Mayor's Office of Community Mental Health \(cityofnewyork.us\)](https://www1.nyc.gov/assets/commh/downloads/pdf/2023-09-14-announcement-bheard-response-rate-increase.pdf)

<sup>2</sup> <https://time.com/5857438/police-violenceblack-disabled/>

<sup>3</sup> <https://www.treatmentadvocacycenter.org/storage/documents/overlooked-in-the-undercounted.pdf>

percentage of those who are unjustly killed.<sup>4</sup> Programs like B-HEARD help triage care to mental health professionals as first responders to ensure that New Yorkers suffering from mental health crisis are treated with a trauma-informed and cultural-competent approach, preventing avoidable deaths. A divestment in this program could impact continued program expansion.

Of similar concern is the divestment in the Mental Health Service Corps, a workforce development program that integrates behavioral health into a variety of settings including primary care, women's health, pediatrics, and other non-behavioral health care settings, which may impact the number of providers in the program. Since its launch in 2020, the program has provided over 2,700 New Yorkers with mental health services at 48 clinical sites in the Health + Hospitals system, including 76% located within areas with federally-designated mental health professional shortages.<sup>5</sup> My office's [Brooklyn Comprehensive Plan](#) shows the high rates poor mental health among communities of color, with a focus in South Williamsburg, Brownsville, East New York, Sunset Park, Borough Park and Coney Island. Those who need these services are vulnerable and underserved populations, including those identifying as LGTQIA+, domestic violence survivors, hate crime survivors, asylum seekers and recent immigrants, veterans, and people with disabilities, among others. In communities with the lowest connection to mental health care, only 20% of those with mental health needs receive treatment.<sup>6</sup> Mental Health Corps services become critical lifelines for residents who cannot afford mental health care.

Cuts to these two programs will only contribute to the cycle of incarceration because of mental illness, increasing correctional health care costs. The National Alliance on Mental Illness estimates that between 25% and 40% of all mentally-ill Americans will be jailed or incarcerated at some point in their lives, compared to 6.6% of the general population.<sup>7</sup>

The anticipated operating losses will also result in lost opportunities for investments that are critical to improving maternal health care.

Currently, New York City faces one of the most severe maternal mortality crises, with Brooklyn having the highest rates. According to DOHMH's 2011-2015 Maternal Mortality Report, Black and Brown birthing people are dying at eight times the rate of their White counterparts. When I was elected, I promised that I would make Brooklyn the safest place to give birth. During my first year, I invested my entire capital budget of \$45 million to three Brooklyn H+H hospitals – Woodhull, South Brooklyn, and Kings County – so that they could improve their NICU and Mother-Baby Units and build state-of-the-art birthing centers. I hope that these capital investments will allow our hospitals to in turn, invest in its personnel.

Of these personnel improvements, I want to call attention to our midwifery workforce. Midwives are critical to reducing maternal death rates. Midwives work with patients throughout their prenatal and postpartum experience to offer clinical assessments, guidance, and emotional support. However, perhaps most important, they center a philosophy of care built on a trusting partnership between midwife and the childbearing person, prioritizing their autonomy, self-

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<sup>4</sup> <https://www.treatmentadvocacycenter.org/storage/documents/overlooked-in-the-undercounted.pdf>

<sup>5</sup> <https://mentalhealth.cityofnewyork.us/impact-stories/client-stories/a-new-generation-of-mental-health-clinicians>

<sup>6</sup> <https://mentalhealth.cityofnewyork.us/wp-content/uploads/2023/02/2023-OCMH-Annual-Report.pdf>

<sup>7</sup> [Fact Sheet: Incarceration and Mental Health | Weill Cornell Medicine Psychiatry](#)



determination, and satisfaction, and ensuring informed decision-making in a safe and trusting environment. In fact, my wife had two successful births at Woodhull Hospital in large part due to the care of midwives. According to a NIH [2023 study](#), the inclusion of midwives as part of the birthing team is associated with “fewer emergency Caesarean sections, higher rates of vaginal births, lower rates of episiotomies, and shorter neonatal stays in intensive care units.” If appropriately integrated into the healthcare delivery system, midwives could help avert 41% of maternal deaths, 39% of neonatal deaths and 26% of stillbirths; even a moderate increase in staffing can avert deaths by 22%.<sup>8</sup>

When I started my fatherhood journey, I was disappointed to learn that of our three Brooklyn H+H hospitals, Woodhull is the only Brooklyn H+H hospital that has centered midwives in obstetric care for our birthing people. In 2021, 72.4% of its births were attended to by a licensed midwife, while this number was disproportionately lower at Kings County Hospital and South Brooklyn Health Hospital at 7.5% and 12.2%, respectively.<sup>2</sup> In the same year, the cesarean birth rate in Woodhull was 23.3%, while it was 34.3% in Kings County and 34% in South Brooklyn Health.<sup>9</sup> I was further surprised to learn that at Kings and South Brooklyn Health hospitals, midwives were not always playing a leadership role, and some Birthing Suites housed only one midwife.

Midwives need to be a part of a patient’s care journey from Day One. We need a collaborative model where midwifery care is strong, autonomous and integrated part of perinatal care and hold leadership roles. This requires a significant investment to ensure that we pay obstetricians and midwives appropriately, so we are adequately staffed to allow for a partnership model to thrive.

I am deeply concerned about the implications of this budget on state of care among our public hospitals. New York State Department of Health’s January 2024 [Study on the Healthcare System of Inequities and Perinatal Access](#) demonstrates that a significant proportion of Brooklyn residents, especially those with commercial insurance are electing to access care outside of Brooklyn. Those who do elect to stay in Brooklyn for perinatal care are not going to our public hospitals. The majority of births in Brooklyn are happening at private institutions – 29% in Maimonides, 19% in NYU Langone BK, and 17% at NewYork-Presbyterian/Methodist. There is no reason Brooklyn’s public hospitals should fall behind and it must start from proper investments in fair wages and adequate staffing for maternal and mental health.

Thank you again for the opportunity to testify today. I look forward to working with the Council throughout the budget process to ensure that our public hospitals have the support they need to provide equitable and quality care.

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<sup>8</sup> <https://www.commonwealthfund.org/publications/issue-briefs/2023/may/expanding-role-midwives-address-maternal-health-crisis>

<sup>9</sup> <https://health.data.ny.gov/Health/Hospital-Maternity-Information-Beginning-2008/net3-iygw/data>



## Coalition For Asian American Children+Families

**New York City Council  
Committee on Hospitals  
March 5, 2024**

### **Testimony of Medha Ghosh, MPH, Senior Policy Coordinator for Health Coalition for Asian American Children and Families (CACF)**

Good afternoon, my name is Medha Ghosh, and I am the Senior Policy Coordinator for Health at CACF, the Coalition for Asian American Children and Families. Thank you very much to Chair Narcisse for holding this hearing and providing this opportunity to testify.

Founded in 1986, CACF is the nation's only pan-Asian children and families' advocacy organization and leads the fight for improved and equitable policies, systems, funding, and services to support those in need. The Asian American Pacific Islander (AAPI) population comprises nearly 18% of New York City. Many in our diverse communities face high levels of poverty, overcrowding, uninsurance, and linguistic isolation. Yet, the needs of the AAPI community are consistently overlooked, misunderstood, and uncounted. We are constantly fighting the harmful impacts of the model minority myth, which prevents our needs from being recognized and understood. Our communities, as well as the organizations that serve the community, too often lack the resources to provide critical services to the most marginalized AAPI New Yorkers. Working with over 90 member and partner organizations across the City to identify and speak out on the many common challenges our community faces, CACF is building a community too powerful to ignore.

The Preliminary Budget for FY25 fails to fund key initiatives that were funded in the FY24 Adopted Budget including \$5.0 million in FY24 for the Mental Health Continuum. The Mental Health Continuum is an innovative, evidence-based model for supporting students with significant mental health needs by integrating a range of direct services and developing stronger partnerships between schools and hospital-based mental health clinics. We want to stress, in particular, the social emotional needs of AAPI young people in our New York City public school system to emphasize the importance of maintaining funding for the Mental Health Continuum as well as ensuring the budget properly supports mental health care for our youth. The following ongoing issues (which are informed by the analysis of CACF's youth leadership program, the Asian American Student Advocacy Project, and stories they collected from AAPI students, as well as parents and community-based organizations' staff interacting with students) may result in schools neglecting to properly address AAPI students' mental health needs across the City:

- Bias and racist stereotyping from teachers and administrators as a result of the model minority myth's perpetuation that AAPI students do not face mental health challenges
  - "[Being an Asian American] also means that I had to come from a family that has a history of anxiety disorders, a family that grew up as poor, rural farmers, that had to immigrate to America, that exacerbates the anxiety disorders. Because I'm AA, I have to face the microaggressions of being called a "bat-eater" or "disgusting."

# CACF

## Coalition For Asian American Children+Families

- Tendency to minimize the importance of mental health in some school communities, depending on individual administrators' perspectives
  - "Sometimes I will tell my friends but not teachers, I just feel they probably won't understand."
- Lack of culturally responsive evaluators, evaluation tools, and mental health providers and services
  - "My gym teacher, who was a female African American, told me to take it one step at a time when I felt depressed and couldn't do my loads of projects, and that made me feel less stressed and anxious. My Lounge Club teachers gave me a safe space to talk about anything, and that club was founded just for the purpose of mental health."

To ensure access to mental health care for all, the City needs to invest in developing a continuum of care that incorporates both nontraditional and traditional forms of care; identify a range of access points; and look to redefine safety away from the absence of crime and towards the presence of wellness across communities.

We would also like to uplift the need for more language service support in our hospitals for our asylum seeker community. We have heard many AAPI communities are crossing the Southern border and then arriving in NYC and facing huge language barriers. For instance, we have spoken with groups working with families coming from Afghanistan requiring language support in Farsi and Pashto. It is critical that our hospitals have enough language service funding to support the additional language needs of asylum seekers.

CACF is grateful to already be partnering with H+H on issues of language access and we look forward to continuing that work and know that it is of utmost importance in the well-being of all New Yorkers. Overall, we see a need for more intentional collaboration between the City and community-based organizations to better identify language access and mental health services gaps in our communities and to find and implement solutions that will have a direct positive impact on the wellbeing of all our communities.

Thank you very much for your time.

**NYC Council Committee on Hospitals**

**March 5, 2024**

**New York City Council Budget and Oversight Hearings on The Preliminary Budget for Fiscal Year 2025, The Preliminary Capital Plan for Fiscal Years 2024-2028, and The Fiscal 2024 Preliminary Mayor's Management Report**

**Testimony Submitted By:** Myra Batchelder, MPA

Thank you! My name is Myra Batchelder and I lead COVID Advocacy Initiative and COVID Advocacy NY.

We are still in the midst of the COVID pandemic. We are still losing around 1,000-2,000 people in the US every week to COVID. Millions and millions of people in the US are still struggling with Long COVID and other serious health issues brought on by COVID.

As NYC Council discusses the budget, there are a number of things NYC should do to improve COVID prevention in the city. I'm here today to highlight several.

**1) NYC must provide funding for free high-quality masks, including N95, KN95, and KF94 masks, and COVID tests.**

Everyone should have access to the tools needed to protect themselves and their families and others from COVID, including high-quality masks and tests.

Many New Yorkers can't afford to purchase high-quality masks and tests. In 2022, approximately [23% of NYC's residents](#) were unable to afford basic necessities like housing and food.

Your ability to protect yourself and your family from getting COVID and to know whether you have COVID should not depend on your bank account.

CDC's decision last week to end the 5 day COVID isolation guidance puts even more people at risk. It is more important than ever to ensure everyone has access to these tools.

**Free high-quality masks and rapid tests should be provided at H&H facilities, to community groups, at public locations across the city, and also directly to the public.**

I have heard that some mask and test distribution efforts led by the city have ended or are in the midst of ending, including free mask distribution to some community groups and free rapid test distribution at public libraries. These programs and others should be funded and continued.

In addition, free COVID PCR tests should also continue to be made available in the city.

**2) I also urge NYC Council to provide funding and pass Bill [Int 0332-2024](#) that will provide free masks, other PPE, and rapid tests to New Yorkers through the mail.**

Thank you to Council Member Mercedes Narcisse, Chair of the Council's Committee on Hospitals, for introducing this important bill!

Masks and rapid tests should be distributed through the mail so that everyone can access them including those who are immunocompromised, at higher risk for severe COVID, and avoiding indoor public spaces.

The federal government ended their free mask program and just suspended the free rapid test program. People need to have access to these essential tools. NYC already provides free condoms and other health tools, and should provide free masks and rapid tests as well.

Free masks also help protect people from bad air quality from wildfire smoke and other climate related health impacts. People should be able to access free masks ahead of time. They should not have to go out during poor air quality to get needed masks.

**3) In addition, NYC Council must do everything it can to require masks and other COVID prevention efforts in the healthcare settings that NYC Council has oversight of including NYC H+H.**

Ending the mask requirement in healthcare settings has led to more unsafe medical settings and more people postponing needed medical care, particularly people who are at higher risk such as those who are immunocompromised, disabled, or elderly. It is unacceptable to make medical care inaccessible, especially for the most vulnerable amongst us.

[Polls](#) indicate that healthcare settings are the top place the public supports requiring masks.

No one should have to risk their life and health to access healthcare.

It was great to see NYC H+H reinstate their mask requirements during the worst of the winter surge, but that is not enough. I urge the NYC Council to do everything they can to ensure masks continue to be required at NYC H+H facilities year round and that other COVID prevention efforts are also taken.

I urge NYC to provide funding and support for these and other COVID efforts. Thank you!



**Testimony of Nevien Swailmyeen, Health Justice Advocate of New York Lawyers for the Public Interest to the New York City Council Committee on Hospitals on March 5, 2024, regarding the New York City FY25 Budget**

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My name is Nevien Swailmyeen, and I am the Health Justice Advocate at New York Lawyers for the Public Interest (NYLPI).

We appreciate the opportunity to offer testimony today on the proposed FY 2025 executive budget. At the outset, we want to thank the City Council for continuing the Immigrant Health Initiative (IHI), which has directly supported NYLPI's programs aimed at improving the health and well-being of immigrant New Yorkers and their families through health education, outreach, and sustained policy advocacy.

Your support has led to increased enrollment by eligible immigrants in state-funded Medicaid. The improved access to Medicaid has had life-changing and often life-saving effects on the lives of our clients. In 2023, we were able to provide immigration and health screenings to 143 seriously ill people in the community and in detention. We provided direct legal representation for over 60 cases. We obtained state-funded healthcare for more than 30 previously uninsured immigrants. IHI funding also allowed NYLPI to advocate on behalf of over 20 clients who, even with our support in becoming eligible for state-funded healthcare, needed further advocacy with healthcare administration entities to ensure their enrollment.

In this budget process, we call on the Council to continue defending vital city services and investments from budget cuts that will inevitably lead to loss of access and inequitable healthcare outcomes. The Independent Budget Office has announced an estimated \$3.3 billion surplus<sup>1</sup> while the New York City Council Finance Division has predicted a \$3.5 billion surplus<sup>2</sup> for the 2025 fiscal year. Now is not the time to retreat from our city's public health, equity, and sustainability goals.

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<sup>1</sup> Analysis of the 2025 Preliminary Budget and Financial Plan by the Independent Budget Office, available at [print-2024-preliminary-budget-report-february.pdf \(nyc.ny.us\)](https://www.ibo.nyc.gov/2024-preliminary-budget-report-february.pdf)

<sup>2</sup> New York City Council's February 2024 Economic and Tax Revenue Forecast, available at [https://council.nyc.gov/wp-content/uploads/2024/03/Dashboard\\_FY25-Prelim\\_EMBARGOED.pdf](https://council.nyc.gov/wp-content/uploads/2024/03/Dashboard_FY25-Prelim_EMBARGOED.pdf)

## Coverage For All Would Benefit Our City's Health System

We urgently need our Governor and State Legislature to expand the state's Essential Plan and Medicaid programs to cover all New Yorkers up to 250% of the Federal Poverty Level regardless of immigration status. We applaud the City Council for passing Resolution 84 of 2022 in support of Coverage For All legislation.<sup>3</sup> We also thank Dr. Michelle Morse of the City's Department of Health and Mental Hygiene for giving detailed comments, at the time, in support of including low-income immigrant New Yorkers in the State's Section 1332 Waiver, which could be paid for with a \$2 billion annual health fund surplus.<sup>4</sup> We ask the council to continue to support this work.

Enrolling in a comprehensive health insurance plan could directly benefit up to 250,000 uninsured immigrant New Yorkers – many of them essential workers – who would gain access to covering lifesaving medical procedures like kidney and other organ transplants. This would have an immediate positive impact for H&H and the City, which currently spend \$100 million annually for NYC Care – a laudable but limited “insurance-like” program allowing uninsured New Yorkers to receive primary care at H&H facilities and would also phase out the City's contribution to the State's limited and stopgap Emergency Medicaid program.

Using federal dollars to cover immigrant New Yorkers would also allow our safety net hospitals to provide more comprehensive care and to recoup substantially higher reimbursements for care than they receive under Emergency Medicaid. Moreover, NYC Comptroller Brad Lander's office has found that covering all New Yorkers would result in more than \$700 million in economic benefits through increased life expectancy, productivity, personal financial stability, and reduced emergency room visits.<sup>5</sup>

## Equitable Access to Transplants Can Save Lives and Save Money

We want to thank Chairperson Narcisse for sponsoring and introducing legislation that would create a new Office of Organ Transplant Equity within the Department of Health.<sup>6</sup> The Office would handle providing accessible information and specialized care coordination to all New

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<sup>3</sup> Resolution 84 of 2022, available at:

<https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=5534252&GUID=277531D9-A106-425F-AABA-BA3DB5CC713E&Options=&Search=>

<sup>4</sup> Comments of Dr. Michelle Morse, Chief Medical Officer, NYC Department of Health and Mental Hygiene, March 11, 2023, available

at: <https://www.nyc.gov/assets/doh/downloads/pdf/public/comments/comment-20230311-section-1332-essential-plan-extension.pdf>

<sup>5</sup> “Economic Benefits of Coverage For All, NYC Comptroller's Office, March 15, 2022. Available at:

[https://comptroller.nyc.gov/reports/economic-benefits-of-coverage-for-all/#:~:text=%E2%80%9CCoverage%20for%20All%E2%80%9D%20\(A880A,excluded%20due%20to%20immigration%20status](https://comptroller.nyc.gov/reports/economic-benefits-of-coverage-for-all/#:~:text=%E2%80%9CCoverage%20for%20All%E2%80%9D%20(A880A,excluded%20due%20to%20immigration%20status)

<sup>6</sup> Introduction of bill No. 1250, available at:

<https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=6417993&GUID=D5A4F4AF-72BD-4881-85A6-3659E9FF6D5B&Options=ID%7cText%7c&Search=Int+1250-2023>

Yorkers about life-saving organ transplant options available in every borough. The Office would also help uninsured and underinsured New Yorkers obtain the necessary insurance to cover organ transplant surgeries and follow-up care. Additionally, the new program would coordinate education for healthcare providers at dialysis centers and hospital-based transplant centers about how to end barriers to transplant care for underserved communities.

Currently, many of NYLPI's immigrant clients with renal disease are forced to depend on long-term dialysis treatments, which are debilitating, less effective, and far more expensive than kidney transplants. We hope to continue partnering with the Council, Health and Hospitals, and other safety net hospitals to ensure that low-income communities, immigrant communities, and communities of color have fair access to life-saving kidney and other transplant screenings and surgeries.

In 2021, NYLPI launched a pilot Transplant Pipeline with the kidney transplant program at SUNY Downstate Medical Center. In the years since its establishment, this program has trained hundreds of health care and legal services providers, including providers at Montefiore Medical Center, the Bronx Health Collective, Bellevue, and Kings County Dialysis Centers, and caseworkers at the AIDS Center of Queens County and Hispanic AIDS Forum. In 2023, our transplant equity efforts resulted in a report published by New York Lawyers for the Public Interest (NYLPI), Make the Road NY, and the New York Immigration Coalition. The report, "They Can Donate But They Can't Receive," documents the many barriers' immigrants face receiving life-saving organ transplants.<sup>7</sup> The report explains how New York City and State can save lives and money by helping patients on dialysis receive equitable access to transplant care. Released in English and Spanish, the report represents both a culmination of NYLPI's years of work to enhance health access for immigrant communities and a launch pad for new partnerships and initiatives in the fight for transplant equity.

The Transplant Pipeline pilot has been transformative for a number of our clients. One of our clients E. had been on dialysis since 2019 and had lost his mother to end-stage renal disease. Despite the critical nature of his condition, he was not eligible for comprehensive health insurance. However, he was able to qualify for state-funded health insurance through our direct representation. Within two years of qualifying for health insurance, he was listed for a kidney transplant, and successfully received his transplant in January 2024.

In the past year, 7 formerly uninsured people have received kidney transplants, and several more are expected to be listed or transplanted soon. This pilot program can be scaled up. In the coming year, we hope to work in concert with the City Council, with H&H, and with the State and City Departments of Health to fund and implement best practices that would ensure that patients can

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<sup>7</sup> "They Can Donate But They Can't Receive," available at <https://www.nylpi.org/campaign/transplant-equity-campaign/>



equitably access organ transplant services regardless of immigration status, language, ethnicity, or gender.

### Protect and Defend SUNY Downstate

We are alarmed by the sudden news of the restructuring of SUNY Downstate Medical Center, the only safety net hospital in New York City with a kidney transplantation program and the only organ transplantation program located in Brooklyn. SUNY Chancellor John King Jr., with the endorsement of Governor Hochul, has put forth a ‘transformational’ proposal for SUNY Downstate Medical Center in Brooklyn. Under this plan, SUNY Downstate would be relegated to a subsidiary role within a designated wing at Kings County Hospital Center.<sup>8</sup> Such a reconfiguration would, in practice, lead to the termination of SUNY Downstate’s operation. The strategy threatens to compromise the fundamental mission of Downstate and inflict detrimental effects on the communities it is pledged to serve.

The proposed closure of SUNY Downstate University Hospital carries significant ramifications for the community at large. The hospital’s critical role as healthcare provider in New York City cannot be understated. The closure could worsen health inequities throughout the city, as SUNY Downstate serves a predominantly low-income, medically underserved population that often face substantial barriers to care at voluntary hospitals.

Patients grappling with end-stage renal disease, including those we proudly serve, face imminent repercussions from the impending closure of SUNY Downstate Hospital. NYLPI has documented how organ transplant listing process reveals a pattern of biased listing protocols, such as race-based algorithms, which have systematically marginalized low-income and Black/African American individuals from vital kidney transplant opportunities.<sup>9</sup> SUNY Downstate, as the sole ‘public’ hospital in New York offering a kidney transplant program, is an indispensable lifeline for many medically underserved New Yorkers in particular Black/African American and immigrant communities. It is imperative that any future strategies for SUNY Downstate incorporate robust measures to safeguard the interests of patients currently awaiting or in the process of securing a transplant.

We urge the committee to take oversight steps to ensure that kidney transplant patients from across the city who are currently receiving care at SUNY Downstate continue to receive the lifesaving care they need without delay.

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<sup>8</sup> “Transitioning SUNY Downstate Medical Center,” available at <https://www.suny.edu/hospitals/downstate/>

<sup>9</sup> Lu, Y., Norman, S.P. & Doshi, M.D. Understanding Structural Racism as a Barrier to Living Donor Kidney Transplantation and Transplant Care. *Curr Transpl Rep* 9, 119–126 (2022). <https://doi.org/10.1007/s40472-021-00338-x>

## Conclusion

We extend deep gratitude to you, Chairperson Narcisse, and the Committee, for the opportunity to provide testimony today. We look forward to continued partnership with the City Council to advance health, immigrant, disability, and environmental justice for all New Yorkers.

**Nevien Swailmyeen, Health Justice Program**  
**New York Lawyers for the Public Interest**  
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*NYLPI has fought for more than 40 years to protect civil rights and achieve lived equality for communities in need. Led by community priorities, we pursue health, immigrant, disability, and environmental justice. NYLPI combines the power of law, organizing, and the private bar to make lasting change where it is needed most.*

*NYLPI's Health Justice Program brings a racial equity and immigrant justice focus to health care advocacy, including ongoing work addressing the human rights crisis in immigration detention and advocating for healthcare for all New Yorkers.*

I am a longtime NYC resident and also an essential employee since March 2020. As council members, it is your duty to listen and support your constituents. As your constituent, I am urging the following:

1. **Provide funding for free high-quality N95 and KN95 masks and COVID rapid tests.**
2. **Provide funding and pass Bill [Int 0332-2024](#) that will provide free masks, other PPE, and rapid tests to New Yorkers through the mail.**
3. **Advocate for the requirement of masks and other COVID prevention efforts in healthcare settings**

Personally, I have put off receiving medical care because I cannot risk being in doctors offices with medical professionals who refuse to wear masks as COVID cases surge. Additionally, I have spent countless dollars over the past couple of years trying to keep myself safe purchasing masks. Since the city has closed down most of its free testing sites and rapid test distribution has run out at libraries, it has become ridiculously expensive to buy rapid tests. Protection from COVID should not be limited to those who have money. Everyone should have access to the tools needed to protect themselves and everyone should be able to access medical appointments safely. **It is of no benefit for you if your constituents are no longer able to vote for you because they are all dead or extraordinarily sick due to COVID.** I urge you to take the necessary action on these concerns.

Brittany Shropshire

[REDACTED]

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**From:** Damien Archbold <damien.archbold@gmail.com>  
**Sent:** Saturday, March 2, 2024 9:00 PM  
**To:** Testimony  
**Subject:** [EXTERNAL] H+H resident doctors

[REDACTED]

Hello Councilmembers,

I attended the hearing on Thursday re: working conditions, staffing and pay for resident doctors at H+H hospitals - I appreciate your attention to this matter.

As an attending physician (anesthesiologist) at Elmhurst Hospital, I believe strongly in the H+H mission of promoting health for all New Yorkers regardless of their ability to pay. I also bear witness to an understaffed, underfunded system that does not always live up to its values and mission.

Dr Danielle Ofri (Bellevue) wrote: “the goodwill of doctors is wondrously elastic, and ruthlessly exploited”.

Resident doctors are an essential part of the team of frontline clinicians that keep our public hospitals from completely collapsing. They are scandalously underpaid, overworked, and treated disrespectfully by H+H administrators.

CMS (the taxpayer) pays a hospital approximately \$140,000 per year per resident in GME payments.

<https://www.graham-center.org/maps-data-tools/gme-data-tables.html>

At Elmhurst Hospital, administrators choose not to employ enough patient transport staff, instead relying on resident physicians for this purpose. This is one of a multitude of examples in which resident doctors are exploited and forced not to operate at the “top of their license”.

When I led the airway team at Elmhurst Hospital in March/April 2020, I have horrifying memories of totally overwhelmed residents, set up to fail by decades of disinvestment in public health, sobbing in corridors having witnessed their patients suffer and die alone unnecessarily, over and over again.

It is important for the committee to understand this fact: when a resident physician works beyond their 80 hour week, or is required to be a patient transporter (violating ACGME regulations), reporting this to the ACGME runs the real risk of jeopardizing their career. If the ACGME puts their residency program on probation, they may well not be able to finish training, or face major disruption in their lives.

So begins the learned helplessness we see in physicians who feel disempowered to advocate for their patients by a system designed to keep them overwhelmed and precarious.

I don't believe the residents demands for equal pay for equal work by non-profit-employed physicians goes far enough.

I strongly support my resident physician colleagues in their fight with H+H administrators for fair pay, staffing and working conditions.

Please continue keeping H+H administrators accountable to their stated mission, and push back against the Mayor's office austerity agenda for the most marginalized New Yorkers.

Kind regards,  
Dr Damien Archbold



It is of utmost importance that New York City:

- Provides funding for free high-quality masks (N95, KN95, KF94) and COVID rapid tests.
- Provides funding and passes [Int 0332-2024](#), the NYC Council bill that would provide free masks and rapid tests through the mail.
- Requires masks and other COVID prevention efforts in healthcare and all [NYC Health + Hospitals](#) settings.

COVID is still circulating and still dangerous to people's health. More needs to be done to keep people safe.

Thank you.  
Eliana Martel

Testimony from Gregg Levine (journalist living in Manhattan)

*The following is the full version of my testimony, delivered March 5, 2024, in support of Bill Int 0332-2024 that will provide free masks, other PPE, and rapid tests to New Yorkers through the mail.*

From the earliest days of the Covid-19 pandemic, I have approached my life in New York City with the idea that I should do everything to reduce my risks, but ALSO that I should do everything to reduce my risk to others. I did not want to catch this virus, but I also did not want to be the one who passed this disease on to someone else.

I have gotten every vaccination and booster as soon as it was made available to me. I have avoided crowded settings whenever it was possible, and I wear a well-fitting, high-quality mask whenever I am indoors in public.

It is a minor inconvenience sometimes, but it is so much less trouble than being sick myself or knowing I caused someone else to become ill.

Early in the pandemic, I felt I was one of many in this city who wanted to stay well and keep those around us safe. But over time, this idea that we are all responsible—from government leaders to each individual citizen—that we are all our brothers' & sisters' keepers, seemed to fade.

So, come January 2023, the virus finally caught me. I was still limiting public activity, still wearing a mask in public settings, but so very few others were. I don't know if it was on a subway train, picking up a quart of milk at the corner bodega, or sitting in a crowded waiting room in order to see a doctor, but in one of those spaces there were enough people infected with coronavirus and not taking basic precautions to spread the virus to me.

I tested positive on a home test, but had to run around the neighborhood, feeling sick, to find a place where I could confirm my infection with a PCR test. For the next two weeks, I was as sick as I had been in 20 years. I am convinced that had I not been vaccinated, I would have died.

But even after I finally tested negative and came out of isolation, my illness did not seem to end. I had shortness of breath, chest pain, tachycardia, elevated blood pressure, and extreme fatigue—what we now understand to be Long Covid.

My life ever since has been defined by the disease.

In a way, I am lucky. I live in NYC, where we have two good programs looking at Long Covid. I put myself on both waiting lists, and months later, I finally got in to see qualified and caring professionals with the experience to treat my disease.

But here's the wild thing—even though I was already sick and aware that another infection could make me sicker, even though I was in two of the country's best hospitals, every trip to the doctor meant I had to be surrounded by people who were not taking even the most basic precautions to protect themselves or others.

Patients, many of them coughing and sniffing, sat unmasked with me in crowded waiting rooms. And, while in the early months of 2023, staff and doctors mostly wore masks of varying quality, by the summer, masking became the exception instead of the rule.

This was shocking to me. In general, around the country, tens of thousands were still hospitalized with Covid; hundreds, sometimes thousands, were still dying each week (something that is true to this day). And yet, the medical facilities, like the subway system and so many other public places, phased out the simple things that were keeping more people from getting sick.

The abandonment of mask requirements reminded me of a quote from the late Supreme Court Justice Ruth Bader Ginsburg, “It was like throwing away your umbrella in a rainstorm because you weren’t getting wet.”

Here I was, already suffering, surrounded by others who were suffering, and yet I must make a bargain with myself to get care: What’s more risky—not getting the care I need, or chancing re-infection by going into places that were hell-bent on being “back to normal?”

For me, this was not an academic question. I made a lot of visits to health facilities in 2023. And in November, after having to spend 90 minutes in an imaging center where I was masked but absolutely no one else—not patients or staff—were, I contracted an upper respiratory infection. I did not test positive for Covid that week, but the symptoms were similar, and as it persisted over the next several weeks, I kept testing, and in late December, I found myself again positive for Covid.

Was it that initial infection, or did the first infection mask the start of a new Covid infection? With no affordable, convenient PCR tests nearby, it is hard to say, but the result is the same: without more masking and more access to the best tests, more people are in more places with high amounts of an airborne and highly infectious disease.

And this is where you come in—the city, its leaders—you have a chance to make my story a rare one, instead one that plagues so many of us.

The recent trend, as shown by the federal CDC is to throw up our hands, adopt a fatalism based on a logic that reminds me of Yogi Berra: We can’t make rules because no one will follow them.

It doesn’t make any more sense than saying “some don’t wear seatbelts, so we shouldn’t require them.” Or the answer to regular outbreaks of cholera isn’t to clean up the water, it’s to learn to live with cholera.

That’s nonsense, of course, and it is—of course—not leadership. We can all do simple things to make the city a safer place during this ongoing pandemic, and city government can be a leader in helping all of us do those things.

It was not long ago that political leaders liked to remark “Never let a crisis go to waste.” Well, Covid for those of us who are sick now—for many who could become sick later—is still a crisis.



It needs leaders who see an opportunity to earn their salaries and help their constituents. You have the power to require masks at public hospitals. You have the means to fund programs that give New Yorkers access to high-quality masks. You could even start to require cleaner indoor air at public facilities such as schools and government offices, along with hospitals.

You could fund more access to more and better testing—for Covid, and other airborne diseases that are currently making life harder for so many of your fellow citizens. You want us each to take personal responsibility for our own health—give us the tools to do that.

But also, show us WHY we can—and THAT we can. Be leaders so we all can be better.

Current policies seem to assume that there are sick people—chronically ill, disabled people—who are a separate group from the rest of us—the healthy, the hearty, those who are NOT vulnerable. That thinking implies that only the vulnerable need worry about Covid.

But that is a misunderstanding of the way things work—of the way life works. At some point in all our lives, we will be vulnerable. Maybe to Covid, maybe to another disease, maybe to a terrible accident or a bad economic event. Maybe just to advancing age. We will all need help at some point for some reason.

At this moment, it is SARS COV2 that presents the challenge—so let's meet it. Let's require basic mitigation, like quality masks and cleaner indoor air. Let's give everyone the tools to help one another—again with masks, and with rapid, available and affordable testing. We are all each other's keepers, but this is in your hands.

###

Dear City Council,

My name is Hannah Lang and I am a resident of Flatbush, and I am urgently asking for NYC to reinstate funding for COVID protections throughout the city. As a disabled New Yorker, I know that COVID is still spreading rampantly, especially in a city as crowded as ours. As the cost of living continues to rise, PPE such as respirators and tests to know if we're even sick are more crucial, and also more expensive. I just learned that libraries no longer have free COVID tests, a resource that me and all of my friends rely heavily on to protect ourselves and others. Now that tests are not available in public libraries, it is impossible for low-income people like myself to get free tests.

I am urging the City Council to once again be a leader in the fight against the spread of COVID, as we were in 2020. This virus continues to kill thousands of people each week, and disable countless more. Without free and accessible ways to protect ourselves, the hospital system will continue to be overloaded, more people will fall ill and be unable to work, and more will become permanently disabled.

Please provide funding for free high-filtrations masks, including N94, KN95, and KF94 respirators, as well as COVID tests (RAT at-home tests and PCRs) around the city. I am also urging you to provide funding for and pass [Int 0332-2024](#), a bill that was just reintroduced that would provide free masks and rapid tests through the mail to New Yorkers.

Finally, please continue to require masks and other COVID prevention efforts in healthcare and NYC Health + Hospitals settings. Many of us need more frequent doctors appointments after contracting COVID, and now run the risk of further damage to our health as sick people in hospitals are unmasked.

Once again, I am urgently begging you to provide free COVID resources for all New Yorkers so we can protect against the spread of infection. Thank you.

Hannah Lang

Committee on Hospitals

March 5, 2024 at 1 p.m.

Written Testimony of Impacted New Yorker and Health care Patient

I am a longtime resident of New York City and I have an incurable 9/11 related cancer. I regularly receive health care in New York City.

My access to health care in New York City has been significantly negatively impacted by federal, state, and local policies regarding respirators and isolation guidelines for SARS2 positive patients.

For the past four years my access to health care, transit, and our local economy has been severely restricted.

Absent any alternative, in some cases I have had to request health care providers wear respirators under the Americans with Disabilities Act. You can imagine the chilling effect this has on the provider/patient relationship.

I write today to urge each of you to support the following measures without further delay:

- 1). Provide funding for free respirators (N95, KN95, KF94) and COVID rapid tests and distribute to community groups, at public locations across the city, and also directly to the public. [Studies show](#) that providing free respirators increases the number of people who wear them and decreases COVID-19 transmission.
- 2). Provide funding and pass NYC Council Bill [Int 0332-2024](#) that will provide free respirators and other PPE, and rapid tests to New Yorkers through the mail.
- 3). Ensure respirator use, improved ventilation standards, and other COVID prevention efforts in all healthcare settings in New York City pursuant to New York City human rights law.

Submitted by Jacqueline Esposito

**Please fund bill Int 0332 2024—NYC needs free COVID-19 rapid antigen tests and masks to promote prevention.**

As Founder of MaskTogetherAmerica, a grassroots awareness campaign created to support public health and people with weakened immune systems, I testify today to emphasize the urgency for New York and the rest of our country to embrace the layered approach in mitigation. Vaccination and treatment don't stop transmission. In general, pharmaceutical interventions are not applicable to everyone due to their immune systems and medical conditions. WE need to promote the usage of non-pharmaceutical intervention to ensure health equity.

The Costs of COVID-19 rapid tests and masks greatly discourage people from using them. Providing Free access to masks and tests give people more options and the community as a whole more protection.

Covid is a serious threat to the high-risk community, which I am a part of. I am immunocompromised because of an autoimmune disorder. I know that each infection will exacerbate my underlying condition. My condition prohibited me from taking mRNA and protein-based vaccines. Many people like me can't survive without mask protection.

COVID-19 has already killed millions. At least [65 million people](#) have Long Covid around the world. Roughly  $\frac{3}{4}$  of US adults are at high risk of severe Covid because of medical conditions, disabilities, racial discrimination, social disparities and environmental factors. That doesn't even include children. COVID-19 is a leading cause of death and severe sickness in children. People suffering from Long Covid are also part of the high-risk community because many of them have been disabled by organ damage and chronic symptoms.

People who get Long Covid require comprehensive care and a complicated diagnostic process. Our country doesn't have safety nets or universal health coverage. Hospital and medication costs can make a person without adequate health insurance homeless.

I am suffering from 2 Long Covid conditions and I really do not want to get infected again. We need to encourage New York City to mask up and stop the spread, especially during a wave. Let's be proactive. Funding for free masks and tests will help normalize mitigation and keep the city safe.

Julie Lam

I'm writing to urge that members of the city council provide New York Health + Hospitals with the proper funding and resources required to minimize COVID spread and protect New Yorkers who are immunocompromised from COVID. While the return to relative normalcy that we have seen since 2021 has been appreciated by all New Yorkers, there are COVID prevention efforts like we can implement in health care settings that have minimal impact on everything but the spread of diseases like COVID. These include:

- Mandating masking in health care settings in New York Health + Hospital facilities. In the absence of masking mandates, there should be clear mechanisms in place for patients who are immunocompromised or who have other risk factors for COVID-19 to request that their medical providers wear masks and that they have a place to wait a sufficient distance away from other non-masked people.

- Funding the distribution of COVID tests (including COVID/flu/RSV hybrid tests that can give patients better context for their illness and the proper next route of treatment), high-quality masks (N95 or equivalent), and test-to-treat programs to provide Paxlovid to all New Yorkers regardless of their insurance status. This could be through in-person visits, through telemedicine, or through the mail as suggested by Int 0332-2024.

- Providing COVID vaccination to any New Yorker who has not received it free of charge regardless of insurance status and continuing to fund and support the existing New York Health + Hospitals locations that provide this service.

COVID isn't over — about a 1,000 residents of New York State are hospitalized with COVID-19 at the moment and hundreds have died in New York each month in 2024. On top of this, the neurological risks of "Long COVID" are poorly understood enough that the long term costs of failing to control the spread of COVID in medical settings may be higher than we currently realize. I urge members of city council to take the continued fight against COVID seriously when sketching out the future budget of New York Health + Hospitals.

Kyle Weber  
Forest Hills, New York

Hello,

My name is Dr. Lucky Tran. I am a scientist and public health communicator who works at Columbia, and I am also a member of the COVID Advocacy New York.

I am testifying today to urge the city to continue funding and implementing COVID prevention efforts.

I am concerned at the prospect of COVID budgets being cut because as the World Health Organization reminds us, we are still in a pandemic.

The data tells us this too. This winter surge is the second largest of the pandemic, according to COVID wastewater levels. And we are still seeing high levels of death and chronic illness caused by COVID.

One of the most important public health problems that isn't being meaningfully addressed is that people who are most vulnerable or higher risk have to delay medical care because of the lack of COVID protections.

This to me as someone who works in healthcare, is absolutely unacceptable.

You can do something tangible to address this crisis. You can require masks in healthcare settings.

I appreciate H & H having a mask requirement in place for a few weeks, however this came weeks too late, and it's already been lifted despite COVID levels still being high.

No one should have to risk getting sick in order to access healthcare.

You can also do more to make sure that staff and patients have access to N95 and high quality masks. In practice, too often, I've experienced and heard the same from others that many people including staff have trouble accessing high quality masks when in healthcare settings. I think we can do better!

You should also be providing funding to help all New Yorkers access high quality masks, tests and other COVID prevention tools for free.

Many people still want to take action to protect themselves and their communities, but can't afford the tools needed to do so.

The federal programs for masks and tests have ended, and weren't sufficient in the first place.

The city already spends money to provide important health tools like condoms, hygiene products and harm reduction items. COVID is still around and causing harm, so the city should continue to spend on COVID prevention tools too.

On this, thank you chairperson Narcisse for introducing Bill INT 0332-2024, which would provide free masks, other PPE, and rapid tests to New Yorkers through the mail. I urge the New York City Council to pass it.

Your actions right now will be recorded in history. You can choose to acknowledge that we are still in a pandemic, and COVID is still around and causing harm. Or you can deny things and make things worse.

You have the ability to take actions that will make an incredible difference to the lives of many New Yorkers, particularly the most marginalized. I urge you to go down in history for the right reasons.

Thank you!

Dr. Lucky Tran

Testimony

Dear New York City Council,

I am writing as a concerned constituent begging you to please reinstate as many masking requirements as possible, especially and specifically in public spaces where people are required to go, such as on public transportation and in hospitals and other medical settings. These are places that everyone needs to be able to go safely, and masks help keep them safe. It helps keep ALL of us safer. Everyone is safer if service workers are safer. Who wants to pick up covid at the grocery store? No one! Who wants to have to go to work while having covid or any other illness? No one!

I myself am an able bodied college student. I am not immunocompromised. If I get sick, I will be okay. And I still wear a mask to prevent spreading germs to other people when I'm on public transportation, when I'm in class at school, when I'm in any medical setting, and a variety of other places. I live a normal life. I still go to parties, I see my friends, I go out in the city and do regular things. If it's indoors in public, I wear a mask, and it's super easy and a great way to stay healthy! Even more important, if I am contagious with something and I don't know it (from going to all those parties and seeing all my friends), then I've protected all those random strangers from my germs and helped stop the spread. Who wants to get sick from a random college student? No one! We should be keeping our germs to ourselves.

If we all return to masking indoors, less people will get sick! The economy will flourish even more because people are at work and staying healthy. Right now, covid is surging and going out into crowded public spaces is a big risk of getting sick. If people wear masks, we can do the same things, just more safely and with less spread of disease. It is so easy and so cheap. As your constituent I am begging you to do something about this. You have the power to keep people safe. Please please use it.

Sincerely,

Ray Craig

Washington Heights, 10032



I am writing in support of Int 0332-2024 and a mask mandate in New York City hospitals. COVID remains one of the leading causes of death in the US, with over 2,000 people dying each week since the fall, and it remains a mass disabling event. Recent studies have shown that even mild cases lead to potentially long-term heart complications, issues with fatigue, and brain fog equivalent to losing 3 to 6 IQ points. Masks and testing are effective ways to reduce the spread of COVID, and a mask mandate in NYC hospitals plus free N95/KN95 masks and tests via mail would go a long way to making masks and testing accessible.

New Yorkers want to take care of each other and we also follow the news closely. Every time there is an increase in cases, I see more people wearing masks on the subway and in public. But for many, masks are prohibitively expensive. I pay about \$50 to \$100 every several months to resupply on N95s and KN95s, but many people in this city cannot afford to do so.

Likewise, even with the federal government providing free testing (if proactively requested), many families do not have enough rapid tests. For now, New Yorkers have COVID sick days mandated by the state government, and if we get a positive result on a rapid test, many of us will stay at home to prevent the spread. Sending people rapid tests will make it easier for New Yorkers to do the right thing, and it will save lives and many trips to the hospital, or days lost to being sick to COVID.

I urge you to support Int 0332-2024 and a mask mandate in New York City hospitals. Thank you.  
Ross Levin

Friday, March 8, 2024

Re: Support for Int 0332-2024 and further action to protect the health of all NYC residents

Dear Councilmembers,

I watched the NYC Council Health Committee hearing on March 5th with great interest. I am glad that the Council seems to be aware of the ongoing issues the city is facing due to the continuing COVID pandemic.

Part of why the pandemic is continuing, and why we are seeing more impacts, is because we have given up all precautions and mitigations. The best “treatment” for any disease is PREVENTION.

I strongly support bill Int 0332-2024 that proposes to send free PPE and rapid tests to New Yorkers by mail. This is a good step and leads in many ways.

Please continue to lead the way by going further to protect the health, and therefore the economy, of New York City residents by also doing the following:

1. Provide funding for and direct agencies and health systems to implement free distribution of high quality PPE (N95 or similar, NOT surgical/procedure or cloth masks)
2. Require providers in all healthcare settings to wear N95 or similar PPE. We know from previous studies that nosocomial infections (acquired in the hospital) are much more deadly, and very common. It is too late to put on an N95 after surges have begun or it is confirmed that a patient is infected— SARS-2 along with TB, measles, RSV, and other infections are airborne. We can't be reactive when trying to prevent illness. Sick providers mean overrun hospitals. COVID has long term impacts that reduce productivity and quality of life, which means less work, less spending, less learning by students. It can also make people more vulnerable to other circulating illnesses like RSV.
3. Accelerating implementing clean air standards that incorporate ventilation, filtration, and monitoring in all public spaces, especially in healthcare, schools, and public transit. This helps not only with reducing respiratory illness, but also impacts from air pollution that cause health issues. We clean our water, we need to clean our air.

I hope the Council will show the country, and the world, the way forward to help mitigate the current pandemic, as well as the next.

Best,

Wayne

As a New Yorker, I urge the council to provide funding for free masks and test via funding INT 0332 2024. I strongly support this bill and it is vital that this bill is funded.

A common refrain of politicians since the advent of life-saving COVID-19 vaccines has been that less government support is needed in the prevention and treatment of COVID-19 because citizens have been "given the tools" to deal with covid infections (and subsequent reinfections that the public is told are normal and expected). However, those tools are falling away one by one, with the closure of federal and state "free test" programs and n95s becoming difficult and expensive to procure once again. Virtually none of these "tools" are available to the average citizen for free as of 2024, yet COVID-19 still exists and circulates in great numbers.

Additionally, virtually everyone who contracts covid runs a small chance of developing long covid, and some studies have shown increased chances of stroke and cardiovascular issues following multiple covid infections, even in people under 65. The best treatment for COVID-19 is obviously prevention. People who have a higher risk of COVID complications - or just the average person who would like to avoid a lengthy illness - should be able to go to preventative care appointments or to the ER for non-COVID related issues without worrying about a high chance of catching COVID. Additionally, people who are experiencing COVID-related problems or think they may have COVID should be provided with high-quality PPE at no cost when they enter ERs or doctor's offices. For this reason, I believe that high-quality masks should still be in use by both staff and patients at medical facilities and provided at no cost to those using them. If we are focused on community health and maintaining a healthy working population in the long term, free PPE (like high-quality respirators of 94+ grade) and free COVID testing should be provided to all New Yorkers interacting with medical systems.

When I had COVID-19 in 2022, I had to crawl to the bathroom because I was too weak to transfer into my wheelchair. COVID is at high levels in NYC hospitals and wastewater, and I am terrified of getting it a second time. New York Health and Hospitals must require high quality masks (N95, KN95, KF94) in all of its facilities. New York city should distribute high quality masks and tests via mail at no additional cost to recipients.

**I am in support of INT 0332 2024 and urge the council to support it.**

**Please provide funding for free masks and test, fund the bill I stated above, and demand respirators and clean air in medical and forced-congregate settings.**

**Please also condemn the recent CDC's new isolation guidelines, as they are not based in science and will result in more infection, disability, and death.**

To Whom it May Concern:

The City of New York has been doing an abysmal job at keeping New Yorkers safe. Instead of following the line of the fascist cop Mayor Eric Adams, you need to be making sure Black, poor, disabled New Yorkers are safe. High quality respirators and high quality tests are expensive, and this city has neglected us. Local community groups, such as Mask Bloc NYC and People's PPE have been filling the very large gaps that the state has left us with.

With the CDC dropping its guidelines, we have been completely left to fend for ourselves. It is difficult to find remote work, employers and society are hostile to those of us who continue to mask. Masking needs to be normalized and this city owes us access to resources. We are currently still in a surge, of 780,000 COVID cases per day. As layers of mitigation continue to disappear, every day basic tasks become burdensome with trying to avoid catching COVID. I am often the only person masking in the grocery store, the pharmacy, medical facilities. Leaving the burden on disabled people is trash, not to mention eugenics. Over 1500 continue to die from COVID every week and nobody fucking cares.

It is exhausting being gaslighted by medical staff from receptionists to providers from asking whether I have COVID because I am wearing an N95 (which literally happened just today) to being outright hostile for asking providers to wear N95s to help mitigate the transmission of COVID.

You all need to step the fuck up or bodies will start piling on your doorsteps, I promise.

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_  
 in favor     in opposition

Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name: Dr. Mitchell Katz

Address: Primary Care Physician and President

I represent: and CEO

Address: NYC H+H

*Please complete this card and return to the Sergeant-at-Arms*

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_  
 in favor     in opposition

Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name: Dr. Patsy Yang

Address: Senior Vice President

I represent: H+H / CHS

Address: \_\_\_\_\_

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**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name: John Ulberg

Address: Senior Vice President and

I represent: Chief financial officer

Address: NYC HTH

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**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name: Nevien Swailmyer

Address: 151 W 30<sup>th</sup> St, NY, NY

I represent: New York Lawyers For The Public Interest

Address: 151 W 30<sup>th</sup> Street, NY, NY

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