

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HOSPITALS

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February 11, 2021

Start: 11:10 AM

Recess: 11:15 AM

HELD AT: REMOTE HEARING (VIRTUAL ROOM 3)

B E F O R E: CHAIR CARLINA RIVERA

COUNCIL MEMBERS: Antonio Reynoso  
Diana Ayala  
Francisco Moya  
Mark Levine  
Mathieu Eugene

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

1 COMMITTEE ON HOSPITALS

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2 SERGEANT: Would you please start the recordings.

3 TECHNICIAN 1: PC recording rolling.

4 TECHNICIAN 2: Recording to the Cloud all set.

5 TECHNICIAN 1: Back up is rolling.

6 ALAN MAISEL: Sergeant Rowe (sp?) with your  
7 opening statement please.

8 SERGEANT: Good morning everyone. Welcome to  
9 today's remote New York City Council vote of the  
10 Committee on Hospitals. At this time would all  
11 panelists please turn on your video. To minimize  
12 disruption please place electronic devices to vibrate  
13 or silent. Thank you for your cooperation. Chair  
14 Rivera we are ready to begin.

15 CHAIR RIVERA: Good morning everyone. I am Council  
16 Member Carlina Rivera Chair of the City Council  
17 Committee on Hospitals. Thank you all for being here  
18 today. Today we're voting on Resolution 512-A  
19 sponsored by Council Member Helen Rosenthal, which  
20 calls on New York State to require medical schools to  
21 train all students about implicit bias. Implicit  
22 bias is when individuals have attitudes towards  
23 people or associate stereotypes with them without  
24 conscious knowledge, and research has shown that  
25 people have implicit attitudes regarding race,

2 gender, age, disability, weight and sexual  
3 orientation. Several general patterns of bias have  
4 repeatedly been shown in research such as socially  
5 dominant groups often having implicit bias against  
6 traditionally marginalized groups. According to  
7 Health Affairs studies consistently recognize the  
8 role of implicit bias and worsening health  
9 conditions, increasing healthcare costs and  
10 exacerbating health disparities resulting in  
11 disparate maternal outcomes, substandard pain  
12 management for black patients, unequal cardiovascular  
13 technique for women. Lesser mental health services  
14 for patients with mental illness and mistreatment and  
15 avoidance of obese patients. The Committee on  
16 Hospitals has touched upon implicit bias and other  
17 topics related to health equity frequently, and we've  
18 seen how care that is not culturally humble and  
19 confident can cause inequitable health outcomes for  
20 people of color, people with disabilities, people who  
21 are Lesbian, Gay, Bisexual, Intersex, Transgender,  
22 Queen, Questioning, Gender Non-Conforming and/or non-  
23 binary, LGBTQ Plus, T-G-N-C-E-M-B-Y, children,  
24 individuals who are overweight, those experiencing  
25 behavioral health issues and those who are female. We

2 must ensure we are doing all we can as a city to  
3 eradicate long-standing institutional racism, ablism  
4 and other forms of oppression including oppression  
5 perpetuated by our own healthcare system. It makes no  
6 sense that implicit bias training is inconsistent  
7 among medical schools. Every single doctor should  
8 understand structural racism and other forms of  
9 oppression in the medical field and each should  
10 actively engage in activities to promote reflection  
11 on their own implicit biases. As we continue to watch  
12 the inequitable impacts of COVID on communities no  
13 one can deny this reality many of us have know for so  
14 long, and implementing across the board meaningful  
15 implicit bias training is one important step to  
16 address our inequitable healthcare system. I very  
17 much look forward to voting on this legislation  
18 today, and would again like to thank my colleagues  
19 for being here. I also want to thank the staff of the  
20 Hospitals Committee Counsel Aarbani Abujah (sp?)  
21 Policy Analyst Emily Balkan, Finance Analyst John  
22 Chang and Data Analyst Rachel Alexandra for all of  
23 their work. I'm going to check if Council Member  
24 Rosenthal is here. I know she was running a press

1 COMMITTEE ON HOSPITALS

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2 conference. I'm not sure if she's left that up.

3 Okay. I guess I'll turn it over to Counsel.

4 LEGAL COUNSEL: Thank you Chair. I'm going to  
5 turn it over the Clerk.

6 CLERK WILLIAM MARTIN: And good morning every one  
7 William Martin Committee Clerk. Roll call vote  
8 Committee on Hospitals. Proposed Resolution 512-A.  
9 Chair Rivera.

10 CHAIR RIVERA: I proudly vote aye.

11 CLERK WILLIAM MARTIN: Eugene (bell).

12 COUNCIL MEMBER EUGENE: I vote aye.

13 CLERK WILLIAM MARTIN: Thank you. Levine.

14 COUNCIL MEMBER LEVINE: I vote aye. Thank you.

15 CLERK WILLIAM MARTIN: Maisel

16 COUNCIL MEMBER MAISEL: Yes.

17 CLERK WILLIAM MARTIN: Moya.

18 COUNCIL MEMBER MOYA: Mine is yeah but again I'm  
19 proudly staying right there with the Speaker  
20 (inaudible)

21 CLERK WILLIAM MARTIN: Council Member Moya.  
22 (bell)

23 COUNCIL MEMBER MOYA: I vote aye.

24 CLERK WILLIAM MARTIN: Thank you. One moment.  
25 (pause)

2 COUNCIL MEMBER: He has heard the bill and  
3 friendly relations. It's listed on it.

4 CLERK: Okay, by a vote of 5 in the affirmative,  
5 zero in the negative and no abstentions, the  
6 resolution has been adopted by the committee. Thank  
7 you.

8 CHAIR RIVERA: Okay. Thank you so much everyone,  
9 and with that I hereby adjourn the Committee on  
10 Hospitals.

11 CLERK: Alright, thank you.

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C E R T I F I C A T E

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



Date March 10, 2021