NYC HEALTH + HOSPITALS

New York City Council Hearing

Oversight:

State of Nursing in NYC

Committee on Hospitals

Natalia Cineas, DNP, RN, NEA-BC, FAAN

Chief Nurse Executive

NYC Health + Hospitals

November 18, 2025

Good afternoon Chairwoman Narcisse and members of the Committee on Hospitals. I am Dr. Natalia Cineas, Chief Nurse Executive and Co-Chair of the Equity and Access Council at New York City Health and Hospitals (Health + Hospitals). Thank you for the opportunity to testify regarding the state of nursing at Health + Hospitals. While Health + Hospitals is only one piece of the broader healthcare system and workforce in our city, we are immensely proud of the impact we make. Our team of about 9,600 nurses is at the core of our mission to provide care to all New Yorkers. Nurses at Health + Hospitals are consistently our first line of defense in our hospitals, clinics, and nursing homes, providing exceptional and empathetic care to our patients.

While the American Association of Colleges of Nursing reports that there is still a nationwide and industry-wide shortage of nurses, I am excited to share updates on how Health + Hospitals has made strides in hiring and retaining nurses despite the challenges health care systems face across the country. Regardless of these challenges, we continue to uphold Health + Hospitals' mission to provide uninterrupted care, and are excited to report that the nurse turnover rate at Health + Hospitals in 2025 is 10.3%, less than the national average of 16.4%. Down from 46% in 2019, this has saved the public hospital system more than $88 million in turnover costs. In 2024, Health + Hospitals hired over 3,400 nurses, replacing temporary nurses, helping save more than $150 million in recruitment costs. Additionally, this effort provides the opportunity for the health system to truly invest in its workforce for the betterment of its patient population.

Part of this investment is directly linked to our collective bargaining agreement, which Health + Hospitals is in the midst of. The current contract took effect on July 31, 2023 and runs through 2028. With this exciting contract in place, our Nurses4NYC recruitment campaign, has provided a roadmap to encourage New

Yorkers to apply for jobs throughout the health system. Launched in 2024 and supported by social media advertising, this campaign showcases the wide range of benefits the public health system has for nurses, which includes the Nurse Residency program, fellowships, tuition reimbursement, loan forgiveness, and scholarship programs.

In addition to this recruitment effort, we are continuously focused on our efforts to engage the future nurses of New York City. Through a $400 million endowment with CUNY, we have also strengthened our longstanding partnership to expand career pathways for newly graduated nurses entering our public health system. The five components of our partnership with CUNY include the Preceptorship – Student Clinical Rotation; Employment Opportunities at NYC Health + Hospitals; Quality Improvement/EBP Projects; the Student Pipeline; and the Residency Program. Each year, this partnership enables us to recruit from a diverse pipeline of approximately 1,800 CUNY nursing graduates and place them throughout NYC Health + Hospitals. Together, we are also establishing an academic–practice collaboration that will support joint research, enhance nursing leadership curricula, and promote health equity through shared training led by CUNY faculty and our own nursing leaders. In addition, our current nursing staff now have access to more than 50 advanced, credit-bearing certificate and degree programs across CUNY campuses. Today, NYC Health + Hospitals employs more CUNY-educated nurses than any other health system in New York City.

At Health + Hospitals, it is our goal to ensure that staff across the system feel confident and prepared to transition from student to professional. Through the Nurse Residency Program, newly graduated nurses automatically participate in a 12-month initiative which offers specialized training, education, and mentorship to support that transition. With the penultimate goal of job retention, this program is structured on

essential areas such as ethics, decision-making, clinical leadership, communication, patient safety and evidence-based practices. Since its launch in 2019, the program has served over 2,000 participants across all 11 acute care sites, as well as post-acute care, Gotham Health, and Correctional Health Services. This investment aims to cultivate a dedicated and skilled clinical workforce as clinicians pursue this career.

Additionally, our Nursing Clinical Ladder Program creates a clear pathway for internal advancement, offering outstanding staff nurses the opportunity to take their careers to the next level. Launched in 2020 and co-developed with the New York State Nurses Association, this program promotes professional development, shared governance, and enhances patient care delivery by recognizing nursing expertise through three progressive tiers. Participants receive professional coaching from experienced leaders, which validates their skills, boosts engagement, and strengthens professional growth and portfolios.

Alongside these clinical-based professional development programs, NYC Health + Hospitals will offer professional advancement opportunities through the Nurse Leader Academy. This Academy, launching in early 2026, will be available to both new and experienced nurses and will provide programming informed by a system-wide needs assessment and national nursing leadership competencies. It will offer intensive workshops to develop systems thinking and prepare nurse leaders for the evolving healthcare environment. The goal of the program is to equip current and future leaders with the skills, knowledge, and perspective needed to become transformational leaders throughout their nursing careers at NYC Health + Hospitals.

Throughout our nurses' tireless efforts to uphold the value and mission of our health care system, we have been honored to see their hard work recognized in various formats. Most recently in October, 16 of our nurses were recognized at the

health system's fourth annual Doctoral Circle of Excellence event, which honors nurses who have earned a Doctor of Nursing Practice, Doctor of Health Administration, Doctor of Philosophy, Doctor of Public health, or Doctor of Education in nursing. We have previously honored 146 other nurses at Health + Hospitals who have reached this level of distinction. Only 2.7% of all Registered Nurses across the country have a doctoral degree, and we are proud to be part of that representation. Additionally, Health + Hospitals nurses are recognized through the DAISY Award, an internationally recognized honor for extraordinary patient and resident care. Recipients are nominated and selected by patients, residents, families, and colleagues. In September, we proudly presented five of our registered nurses for the DAISY Award, and our Chief Nursing Officer for Post-Acute Care received the DAISY Lifetime Achievement Award for her dedication to nursing through active mentoring, role modeling, advocating for her patients and residents, and promoting the positive image of nursing. As public service professionals, our awardees continue to prove that our nurses will always provide esteemed care for their patients, no exceptions.

As part of our ongoing commitment to fostering a positive and supportive work environment for our nursing workforce, I want to highlight two accomplishments that reflect the strength of our nursing culture. This summer, NYC Health + Hospitals/Metropolitan became the first health care organization worldwide to receive the Pathway to Excellence with Distinction designation, which NYC Health + Hospitals/Carter became the United States' first and only long-term care facility to earn the Pathway to Excellence with Distinction designation. Recognized by the American Nurses Credentialing Center (ANCC), this designation recognizes the highest performing Pathway organizations around the world and is based on validation from the workforce. I am pleased to share here

with Council that in a survey of 350 nursing professionals, 96% of respondents confirmed that the Health + Hospitals/Carter promotes a culture of excellence in person-centered care and created a positive practice environment.

Health + Hospitals continuously aims to deliver high quality health services with compassion, dignity, and respect to all, without exception. It goes without saying that our nurses are an integral part of helping reach this goal, and we are committed to ensuring they have the tools to succeed. Thank you to the committee for the opportunity to testify and for your continued support of Health + Hospitals. I look forward to answering any questions you may have.

New York State NURSES ASSOCIATION

an affiliate of National Nurses United AFL-CIO

November 21, 2025

To Whom It May Concern,

We would like to supplement the testimony provided by Janelle Mathews on November 18. Attached is a letter dated November 17, 2025, which states that The Brooklyn Hospital Center (TBHC) has been delinquent for two months in paying its contributions to the NYSNA Benefits Fund. This Fund is responsible for providing benefits to the nurses at TBHC.

If TBHC does not pay for September's benefits by November 30, 2025, as of Dec 1 nurses will not have health coverage.

This means we will be forced to either enroll in COBRA and pay monthly premiums to the Benefits Fund or convert portions of our coverage under the Fund to an individual policy and pay premiums directly to the insurance company. This is an unnecessary and significant burden for nurses at TBHC.
We are asking for your assistance in determining what is happening and how this issue can be resolved before it escalates further. At present, we are not receiving answers, which is incredibly frustrating.
Whatever you can do to help would be greatly appreciated. We do not want to lose our benefits, and we want to ensure that other hospitals do not face the same situation.

Thank you for your attention to this urgent matter.

Sincerely,

The NYSNA Political and Community Organizing Department

New York State Nurses Association
Benefits Fund
PO Box 12430, Albany, NY 12212-2430 • (518) 869-9501 • Fax: (518) 869-5032 • www.rnbenefits.org

TO: The Registered Professional Nurses at Brooklyn Hospital Center

FROM: Ronald F. Lamy, CPA, CEBS
Chief Executive Officer

DS RFL

DATE: November 17, 2025

RE: Delinquent Contributions to the Benefits Fund

As I am sure you are aware, your facility is obligated, under the Collective Bargaining Agreement, to make contributions to the Benefits Fund. These contributions are, in turn, used to pay insurance premiums for the benefits you receive.

Unfortunately, your facility is two months delinquent in its contributions. The months of delinquency are September 2025 and October 2025. The Trustees of the Fund have consistently attempted to resolve this problem; however, your facility continues to be at least two months delinquent.

The Fund has continued to provide benefits to the nurses throughout the facility's period of delinquency. Unfortunately, it is not possible for this to continue. Unless we receive contributions for September 2025 by November 30, 2025, the Trustees will be forced to terminate your coverage under the Fund effective December 1, 2025. This means that claims incurred on and after December 1, 2025 will not be covered. The Fund will continue, however, to cover claims incurred prior to December 1, 2025.

Under federal law, known as COBRA, you have the option to pay monthly premiums directly to the Fund in order to continue certain coverages for yourself and/or your eligible family members, for up to 18 months. In addition, we have a method where you may convert portions of your coverage under the Fund to an individual policy, and pay premiums directly to the insurance company.

Questions concerning COBRA should be directed to:

New York State Nurses Assoc. Benefits Fund
P.O. Box 12430
Albany, New York 12212-2430
(800) 342-4324

Should you have any questions concerning this action, please do not hesitate to contact this office.

cc: T. Gitlin, J. Cohen, N. Kaleda, M. Kramer, J. Cerrito, A. Karpovich, R. Projansky, R. Seltzer, K. Swearengen, N.Representative, L.Representative, Benefits File

New York City Council

Committee on Hospitals

Hearing Testimony:
"The State of Nursing"

Erin DuPree, MD, FACOG, Senior Vice President and Physician Executive
Quality and Clinical Initiatives

Introduction

Chair Narcisse and members of the City Council Committee on Hospitals, my name is Dr. Erin DuPree, Senior Vice President and Physician Executive at the Greater New York Hospital Association (GNYHA), which represents every public and voluntary hospital in New York City, as well as hospitals and health systems throughout New York State, New Jersey, Connecticut, and Rhode Island. GNYHA is proud to serve these hospitals and health systems and the dedicated caregivers that make them run.

Thank you for the opportunity to speak at this important hearing. GNYHA and our members have the deepest respect and admiration for nurses and their critically important work. We believe it is essential to build and expand New York's health care workforce in the wake of longstanding workforce challenges, but we face serious headwinds from massive impending health care cuts recently passed by the Federal government.

My testimony today covers the effects of the *One Big Beautiful Bill Act* (OBBBA) on the health care industry and our hospitals' efforts to improve the working conditions for nurses, with a focus on clinical staffing levels, workplace safety, creating processes to support management and frontline staff collaboration, and addressing worker burnout.

Effects of the *One Big Beautiful Bill Act*

The OBBBA includes the largest and most destructive health care cuts in American history. An estimated 1.5 million New Yorkers will lose health insurance coverage, driving up uncompensated care costs for hospitals and health systems and threatening their financial viability. A recent analysis by GNYHA and the Healthcare Association of New York State (HANYS) shows that New York hospitals can expect a direct revenue hit of $5 billion from lower reimbursements and increased uncompensated care costs, and a $3 billion cut to Medicaid reimbursements due to reduced Federal funding for New York's Medicaid program. Roughly half of that estimated impact will fall on New York City hospitals. The estimated $8 billion impact represents 7% of New York hospitals' total operating revenues (not just Medicaid revenues).

These massive cuts come at a time when New York hospitals are already struggling. In 2023, nearly 60% of New York hospitals experienced a negative operating margin and nearly 30 hospitals in New York City receive special financial subsidies from the State to keep their doors open and maintain access to hospital services in their communities.

Given hospitals' already thin operating margins, an estimated 7% reduction in operating revenues places 34,000 hospital jobs at risk across New York, deepening a workforce crisis that already has critical shortages. The OBBBA will force service reductions at some financially fragile institutions and force others to close. These staggering impacts won't be limited to Medicaid beneficiaries—service reductions and closures affect all patients, regardless of their insurance coverage. Despite

financial challenges, hospitals and their workforce continue to collaborate on solutions to strengthen care delivery and improve working conditions. GNYHA has a long history of collaboration with 1199SEIU United Healthcare Workers East. Over the past year GNYHA has engaged in discussions and collaborative efforts with the New York State Nurses Association (NYSNA) on important issues such as workplace violence prevention.

Our hospitals support nurses and their essential work by working to continuously improve communication channels, addressing core concerns about staffing and safety, providing competitive compensation, and respecting the terms of their collective bargaining agreement, when applicable. We believe a collaborative approach is key to a positive working environment and better patient care.

Improving Clinical Staffing and Workplace Safety

In 2021, good faith negotiations between management and unions broke a longstanding impasse on proposed staffing legislation in New York. These negotiations included GNYHA, HANYS, 1199SEIU, NYSNA, and the Communications Workers of America. This effort produced the Hospital Clinical Staffing Committee Law, which requires hospitals to establish clinical staffing committees to collaboratively develop the staffing plan for each unit in the hospital. The law codified an approach to nurse staffing that included management and members of the frontline team to create unit level staffing plans based on patient acuity and available resources. GNYHA and our member hospitals are strongly committed to the success of this law.

Today, every hospital in New York State has a clinical staffing committee to collaboratively develop and approve an annual clinical staffing plan. These committees are comprised of equal representation from management and the workforce, including both registered nurses (RNs) and ancillary members of the frontline team such as licensed practical nurses (LPNs), patient care technicians, nursing assistants, certified medical assistants, and unit clerks. GNYHA supports this law because it enables frontline staff to provide meaningful input on staffing decisions and plans. More than half of the hospitals across the State have increased their nursing budgets because of the law, and every hospital continues to work on implementation and sharing best practices.

The safety of our staff is of paramount importance—we are deeply committed to reducing workplace violence incidents and protecting the men and women on the frontlines who provide care in our hospitals every day. Earlier this year, GNYHA worked with the New York American College of Emergency Physicians, 1199SEIU, NYSNA, and the State Legislature to produce a workplace violence prevention bill (A.203-B/S.5294-B). This bill would require hospitals and nursing homes to establish violence prevention programs that would include conducting annual assessments and developing plans to address identified workplace violence threats and hazards. It would also require hospitals and nursing homes to always have at least one law enforcement officer or security personnel in the emergency department (with some exceptions). Violence in the

workplace is categorically unacceptable, and we believe this bill will provide greater protection for nurses and all other hospital workers, particularly those who work in the emergency department, where many hospital-based workplace violence incidents occur. We are pleased that the Assembly and Senate both passed the bill, and we are advocating for the Governor to sign it into law.

Addressing Workforce Challenges

Hospitals continue to prioritize their staffing needs to ensure the delivery of the highest quality patient care, but chronic staffing challenges, especially among critical safety net institutions, persist. GNYHA continues to advocate at all levels of government for policies and resources to support hospitals' efforts to recruit and retain full-time nurses. Nurse recruitment and retention have always been a top priority for hospitals because of nurses' vital patient care role. GNYHA is grateful for New York City's support of nurse residency programs in our hospitals through the New York Alliance for Careers in Healthcare.

A 2023 study published by the Center for Health Workforce Studies at the University at Albany reported that since the COVID-19 pandemic, less experienced or newly graduated nurses are at the bedside without adequate clinical experience, making it more difficult for them to care for acute patients and communicate effectively with patients and families.

Our hospitals have developed and implemented recruitment and retention strategies to support nurse staffing, including robust onboarding and nurse residency programs to support new hires during their critical first year, flexible scheduling, career growth, and partnering with nursing schools to build a pipeline of future nurses. GNYHA supports various legislation to strengthen the nursing workforce, including the Interstate Nursing Licensure Compact (INLC), which was included in Governor Kathy Hochul's executive budget proposal earlier this year. The INLC would allow RNs and LPNs/vocational nurses to hold a multistate license, enabling them to practice in all participating states without obtaining additional licenses. Nurses that would practice in New York would still be subject to New York's practice laws. GNYHA also supports the Nursing Shortage Correction Act (A.6251), which would provide education loan reimbursement for RNs and LPNs and free tuition for individuals who commit to working in New York State.

In past years, we have also supported workforce training initiatives to cover the costs of new programs, provided compensation to allow workers to train full-time support staff, and developed new training techniques to increase hospitals' training capacity. GNYHA also supported the creation of the Nurses Across New York (NANY) program, which provides loan repayment for nurses who agree to serve in underserved areas. We support continued investments in NANY in the State budget. GNYHA also supported the creation of the New York State Health Workforce Innovation Center to test new models of care and identify solutions that would promote a stronger and more resilient workforce. In addition, we supported the Office of Community Mental Health,

a health loan repayment program that incentivizes behavioral health professionals, including psychiatric nurse practitioners, to practice in underserved areas of the State. We will continue to advocate for further workforce investments in future State budgets and strongly oppose any potential cuts.

GNYHA also believes that allowing licensed health care professionals to practice to the full extent of their licensure strengthens worker retention by making work more rewarding. That is why we support scope of practice expansions, such as greater use of non-patient-specific standing orders.

Hospitals also have a demonstrated history of good faith engagement with unions during contract negotiations, a key part of their recruitment and retention efforts.

Over the next month, as our member hospitals negotiate contracts, it is important to highlight the uncertainty surrounding the New York State budget. Our members' financial viability depends heavily on State investment and the Medicaid rates they set: what is negotiated in the upcoming State budget process. Safety net hospitals face a tough challenge ahead. Rising wages across the health care sector have outpaced what these institutions can sustainably offer. While higher wages are essential for retaining and valuing our workforce, they create a competitive imbalance. As financially stronger health systems offer increased wages, safety net hospitals will struggle to recruit nurses and other frontline caregivers. This dynamic risks widening existing staffing gaps in the very settings that care for the highest-need patient populations. Without targeted support that accounts for the unique fiscal constraints of safety net hospitals, wage increases may unintentionally deepen workforce shortages where they are already most severe.

Addressing Health Care Worker Burnout

Hospitals prioritize the safety, health, and wellbeing of their workers and recognize increased burnout in the health care workforce. They have strengthened their existing employee wellness programs to address nutrition, physical activity, stress management, and chronic disease prevention and management. These programs work best when tied to other initiatives that impact the health care workforce, including occupational risk factors, "second victim" programs, and workplace violence prevention and mitigation.

As we look towards the future, artificial intelligence (AI) will impact the medical profession and every sector of the economy. GNYHA's AI Advisory Group stays on top of these emerging issues to not only better understand these new technologies, but to also use this information to inform advocacy. These new technologies should ease the burden of data entry and reporting so that our nurses can focus more on patient care and less on bureaucracy. Our hospitals are taking a multifaceted approach focused on education, professional involvement in development, seamless integration into workflows, and clear ethical guidelines.

Conclusion

Thank you for the opportunity to testify on this important issue. GNYHA and our member hospitals will continue to advocate in Albany and Washington, DC, for increased investments to strengthen New York's nurses and broader health care workforce. We welcome the City Council to join our efforts to protect New York's health care system and the patients it serves during this difficult and tumultuous time.

Testimony of Anne Goldman, vice president for non-DOE and private sector members at the Federation of Nurses/UFT, submitted before the City Council Committee on Hospitals

My name is Anne Goldman, and I am the vice president for non-DOE members at the United Federation of Teachers and the head of the Federation of Nurses/UFT. On behalf of the union's more than 200,000 members, I want to thank Chair Mercedes Narcisse and the Committee on Hospitals for holding today's hearing on the state of nursing in New York City.

Today I want to talk about three topics that inform the state of nursing in this city: safe staffing, recruitment and retention. All three are critically important to maintaining a strong health care workforce that provides the highest quality of patient care.

The Federation of Nurses/UFT has been at the forefront of the fight to enforce safe staffing because safe staffing is the key to delivering comprehensive patient care. We have always bargained for nurse-to-patient ratios that enable our nurses to provide each patient with adequate attention. If hospitals do not comply with these ratios, it puts both nurses and patients at risk. Nurses suffer the moral injury of not being able to provide optimum care to their patients, and patients are in danger of not receiving the care they need.

For these reasons, we pushed state lawmakers to pass legislation giving the New York Department of Health the authority to enforce safe staffing ratios. We also created a process to file short-staffing grievances so that they would be addressed in a timely fashion. When the employer, NYU Langone Hospital–Brooklyn, failed to address the staffing shortages, we went to arbitration and won. The hospital was forced to provide additional pay to all the nurses who had worked short-staffed shifts. Thanks to our most recent contract with NYU Langone, the employer is paying about $1 million to roughly 700 nurses who filed grievances. Within that contract, there is also a new expedited arbitration process to make sure nurses who had to work short-staffed shifts are compensated more quickly. We accomplished this because we were data-driven and efficient and launched this campaign in a way that the employer could not ignore.

The expedited process we created to address short-staffing grievances strengthens our ability to recruit and retain nurses, as it makes our hospitals more appealing

workplaces. To further bolster our workforce and strengthen recruitment efforts, we must acknowledge the need for appropriate orientation and clinical support for our newest nurses, many of whom graduated during the pandemic. During the COVID crisis, the main goal was to keep everyone alive and breathing. Employers fast-tracked nurses, without the proper orientation and clinical expertise around them, to get as many workers as possible out on the hospital floors. Now, in the post-COVID era, we have returned to being able to treat the whole person in front of us, and we need veteran nurses to mentor and guide our newest hires.

Further, all nurses, including senior nurses, want to receive continuing education throughout their careers. As new trends and technologies emerge in the health care field, we want to stay up to date. To ask a nurse to operate a new machine without any preparation is like asking a chef to cook in a kitchen without any knowledge of the ingredients or tools. They may be a five-star Michelin chef, but if they can't use the correct equipment, they will not succeed. The very same thing is true when it comes to health care. If nurses do not understand the latest technology, patients will not receive effective care.

Addressing the previous two topics, short staffing and continuing education, will lead to increased retention. When nurses feel that they are working in an environment with the correct staffing ratios and are given opportunities for professional learning, they are more likely to stay in the profession. Also, giving nurses voice and agency is another crucial way to increase retention. The union provides an avenue for nurses to voice any concerns about their workplace and to provide input on working conditions. A concern that is often brought to our union is about the safety of nurses. One of the wonderful things about our hospitals is that people know they can come to us when they are in trouble, but that also means we can be caught in the crossfire. It is imperative that we protect the staff, patients and families that are in our facilities. We must constantly review safety procedures with the hospital security guards and our employer to ensure they know what visitors are in the building and are monitoring our emergency rooms. Nurses will do whatever they can to protect their patients, but we also need protection.

In conclusion, we are proud to be nurses and to care for any and every patient that walks into our exam rooms. In return we ask for appropriate staffing ratios, ongoing mentorship and education, and safety. I firmly believe that addressing these topics will improve the recruitment and retention of nurses in New York City. I am honored to be in front of you today, and I thank you for your time.

Testimony in Support of Int. 1303-2025 — Staten Island Community Board 1

Good evening Chair, members of Community Board 1, and fellow residents.
My name is Nkechi Udeozo, and I am a graduate student in Public Health at CUNY, as well as someone deeply committed to improving health literacy and access for all New Yorkers. I appreciate the opportunity to speak tonight.

I am here to express my strong support for Int**.** 1303-2025, a City Council bill that would require the New York City Department of Health and Mental Hygiene (DOHMH) to develop a public-education campaign on fertility health, infertility risk factors, treatment options, and insurance coverage.

Why this matters for CB1

This bill is especially meaningful for CB1, because our community includes many working-class families, immigrants, multilingual households, and young adults who often face barriers to specialty care and health information. Let me highlight a few relevant data points:

- CB1 has a population of approximately 181,000 people (2023 estimate) with a median household income of about $85,200. Data USA
- The racial/ethnic composition of the district is diverse: about 34.7% White (non-Hispanic), 21.3% Black or African American (non-Hispanic), ~10% Asian (non-Hispanic), and around 30.5% Hispanic of any race. Data USA
- Approximately 26% of residents are foreign-born, and around 38.8% of households report that a non-English language is spoken at home as the primary shared language. Data USA
- The poverty rate in the district stands at about 15.9%, which is higher than the national average of ~12.4%. Data USA
- Health-insurance coverage is quite high (about 94.8% of the population), but having insurance does not always equate with understanding coverage or navigating specialty services. Data USA

Given this demographic profile—diverse, multilingual, working-class, and with a notable share of immigrants—there is a clear need for targeted, culturally competent, accessible fertility-health education and navigation.

Fertility education gap & how Int. 1303-2025 helps

Many Staten Islanders in CB1 do not know that:

- New York State requires certain insurance plans to cover infertility treatment or that Medicaid covers options like ovulation-inducing medications.
- Fertility challenges can be influenced by risk factors such as age, smoking, reproductive health history, environmental exposures, or chronic medical conditions—all of which are likely to be under-recognized in our community.
- Early awareness and intervention often improve outcomes—but without clear information and support, families delay care.

At a recent community meeting elsewhere in the city, when I mentioned this bill, there was near-silence. People simply weren't aware that a campaign like this could reach their community. That silence demonstrates the gap in knowledge here in CB1 too.

Int. 1303-2025 will help CB1 residents by:

- Providing clear, culturally sensitive fertility information via community centers, clinics, schools, and through public health channels in our district
- Ensuring that non-English-speaking households receive information in languages they understand (given nearly 39% speak a non-English primary language at home)
- Helping residents understand their insurance-coverage rights and how to navigate fertility-treatment pathways
- Reducing stigma around fertility challenges—which affect men and women and which often go unspoken

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Equity, health literacy & long-term community impact

Fertility health is not just a personal or medical issue—it is a matter of equity, dignity, and long-term family planning. In a district like CB1—where many residents are immigrants, multilingual, and navigating complex systems—access to basic reproductive-health education should not depend on income, insurance literacy, or ability to self-navigate.

By supporting Int. 1303-2025, CB1 would help ensure that our community—neighborhoods like St. George, Stapleton, Mariners Harbor, Clifton and Tompkinsville—receives the information needed to make informed decisions about their reproductive future.

Conclusion & call to action

Tonight, I respectfully urge Community Board 1 to support Int. 1303-2025 and to help raise awareness about fertility-health education in our district. Your endorsement and community outreach can make a difference in bridging the information gap and ensuring that CB1 residents receive the knowledge and tools they need.

Thank you for your time and your commitment to the wellbeing of the Staten Island community.

Mother Cabrini
HEALTH FOUNDATION

New York City Council
Committee on Hospitals
November 18, 2025

Good morning, Chair and Members of the Committee. My name is Lester Marks, and I am Vice President, Strategy and Impact at the Mother Cabrini Health Foundation. Our mission is to provide grants to improve the health and wellbeing of vulnerable New Yorkers, bolster the health outcomes of diverse communities, eliminate barriers to care, and bridge gaps in health services.

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

The report found major factors that contribute to persistent RN shortages including:

- challenges with new RN preparedness,
- unsupportive work environments,
- workplace violence,
- burnout,
- the experience gap created by retirement of older nurses, and
- generational differences in career expectations that impact nurse tenure at hospitals.

In addition, according to data referenced in the report, 15% of hospital patient care RNs between the ages of 20 and 39 reported plans to leave their current position within the next 12 months, underscoring the urgency of addressing these challenges

As a result of this report and our ongoing research, in May of 2025, the Mother Cabrini Health Foundation launched a $51 million investment to empower nursing professionals, reduce burnout, address workforce shortages and improve patient care in 13 New York State hospitals serving high-need populations. The first-of-its-kind investment stems from the Foundation's ongoing commitment to bolster the healthcare workforce across New York State and included St. Barnabas Hospital, Calvary Hospital and Montefiore Medical Center, Einstein in the Bronx, NY.

The Nursing Initiative grant program has focused on safety net hospitals and hospitals that serve the most vulnerable or at-risk populations. It will help hospitals achieve industry-leading frameworks in nursing excellence, establish innovative programs to support front-line nurses, and help recent nurse graduates transition into the profession. Each hospital received between $1 – $5 million over five years to pursue American Nursing Credentialing Center (ANCC) Magnet Recognition or Pathway to Excellence status, driving nursing excellence and healthcare transformation. The grant will also assist hospitals to establish or expand virtual nursing and nurse residency programs. This new Initiative will ultimately support more than 6,500 nurses statewide and positively impact care for more than 7 million outpatient visits annually.

While this initiative is still in its early months and too soon for definitive conclusions, we wanted to ensure the Committee is aware of this important work. As the Nursing Initiative progresses, we look forward to sharing updates on our learnings, with the goal of informing the entire field and assisting other hospitals in their efforts to improve the working environment for nurses—and ultimately enhance the quality-of-care patients receive.

Thank you for your time and continued focus on this important field.

About the Mother Cabrini Health Foundation

The Mother Cabrini Health Foundation is a private, nonprofit organization established in 2019 to improve the health and wellbeing of New Yorkers, bolster the health outcomes of vulnerable communities, eliminate barriers to care, and bridge gaps in health services. Named after a tireless advocate for immigrants, children, and the poor, the Foundation funds programs and initiatives across New York State that provide direct health care services and address social determinants under five grant program areas: Access to Care, Basic Needs, Healthcare Workforce, Mental & Behavioral Health, and the General Fund. In 2024, the Foundation marked $1 billion in grantmaking to support communities across the State.

For more information, visit https://www.cabrinihealth.org/

New York City Council, Committee on Hospitals
The State of Nursing
Testimony from the New York Staffing Association

Now more than ever, our city needs the help of nurses in all healthcare facilities. Patient volumes remain among the highest in the nation. As nurses are often asked to do more with less, keeping safe patient to staff ratios are critically important.

The New York Staffing Association represents numerous staffing firms dedicated to providing nurses to facilities that need them most. Many of the nurses share the same story – they are placed into temporary positions and then go on to accept full-time jobs at a facility, they need additional income for their family so use temporary assignments to increase their earnings, while others who seek flexible schedules continue working in these part-time positions.

We have included some stories from the field, that offer snapshots on schedules, challenges and professional hurdles many nurses face. Our first two nurses both dreamed of coming to the United States for work. They both started their journeys with healthcare staffing agencies in temporary positions, later accepting full-time jobs and joining a union.

Riza worked with a NYSA member that sponsored her to come to the United States. During her application process, she learned she was pregnant with twins.
"My dream was to come to the United States as a nurse. The agency made it happen. They reassured me that they would wait for me, and they did."

Riza arrived in Queens ready to work at a nursing home with two kids under two, right before the pandemic shut everything down. "I was so scared, but it made me tougher. I always felt supported by the agency."

Yuri, a surgical nurse from South Korea, worked with a NYSA member as she settled during her first year in the United States. "I was very new to this country, they were there to give me answers. With their support, I was able to make a smooth transition and eventually join an ICU fellowship." Yuri later moved to a full time Post-Anesthesia Care Unit position in Manhattan.

Others take different paths, such as Sirena, who worked part-time while obtaining her nursing degree. While in school she worked as a health aide and after graduation she now works for her staffing agency as an RN with some of the city's toughest cases at the Administration for Children's Services. "We give our all in this job." Sirena loves working with the children at ACS, which operates 24 hours per day. She often takes 12-hour shifts and can work with infants to teenagers depending on the need of the day.

These stories simply offer a glimpse into the ever-growing need for a strong system of support and advocacy for the city's nurses.

Many healthcare facilities across the city continue to face persistent workforce shortages, fueled by burnout, rising living costs, and the demanding nature of frontline care. Temporary health care staffing agencies help the facilities provide the care their patients need. We are all in this together. It is the aim of each staffing agency to provide dependable support that allow hospitals, rehab centers, nursing homes and many others to operate safely and with proper care.

VNS Health Testimony: **November 18, 2025**
Committee on Hospitals Oversight Hearing on the State of Nursing

Introduction

Good afternoon, Chair Narcisse and members of the Committee on Hospitals. My name is Dan Lowenstein and I am the Senior Vice President of Government Affairs at VNS Health, New York's largest nonprofit home and community-based health care organization. Thank you for the opportunity to testify.

To understand what is at stake in New York's home health access crisis, and the vital role that nurses play in the work of VNS Health, I want to begin with a story that reflects what too many families are experiencing.

Imagine your grandmother falls, breaks her hip, and, after surgery, and is ready to leave the hospital. The medical team recommends Medicare home health care so a nurse can monitor her wound, manage her medications, and help her avoid infection. However, no home health agency can accept the referral because of workforce shortages and shrinking capacity. Your grandmother waits. After three days, she is discharged without the home health care her doctor ordered. Your family tries to fill the gap: changing wound dressings after work, juggling medications, helping her walk, but it is not enough. She spikes a fever from an infected wound, collapses, and is rushed back to the hospital with sepsis, putting her life at risk and restarting her recovery from the beginning.

This story is not a hypothetical – situations like this happen every day across the city. The home health system is under tremendous strain, and when home health collapses, families and hospitals pay the price.

VNS Health and Home Health

Certified Home Health Agencies (CHHAs) provide short-term, home-based medical care for homebound patients with skilled needs, such as nursing and physical therapy. Unlike long term care programs that focus on personal care or daily living supports, such as the Consumer Directed Personal Assistance Program (CDPAP) or License Home Care Services Agencies (LHCSAs), CHHAs deliver skilled, shorter term medical care that helps stabilize patients after hospitalization and manage complex illnesses at home. Each year, CHHAs serve approximately 400,000 New Yorkers.

As the largest CHHA in New York City, VNS Health's work is foundational to the city's post-acute care system. Our CHHA serves approximately 6,500 patients at any given time across the city and admits more than 60,000 new patients each year.

VNS Health employs over 1,200 registered nurses, licensed practical nurses, and nurse practitioners, with 360 of these clinicians serving as home health nurses in our CHHA. These nurses provide wound care, medication management, chronic disease support, and essential

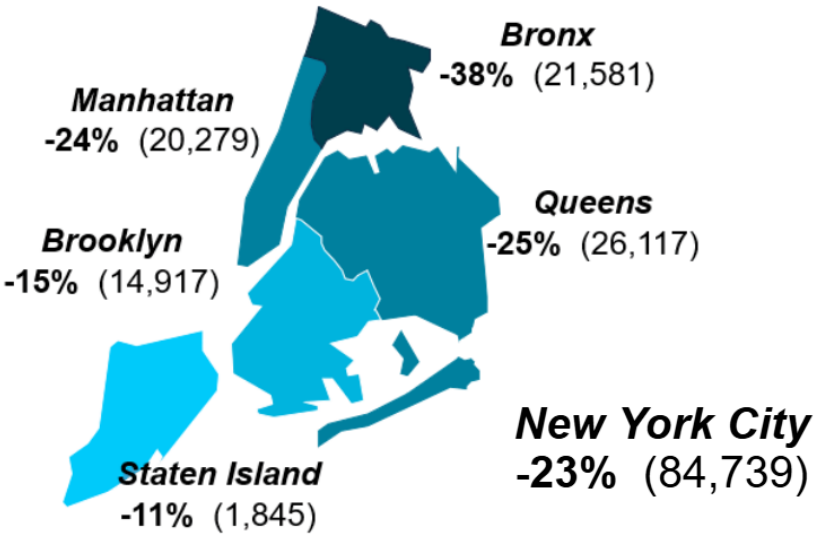
patient education that prevents complications and reduces hospitalizations. Their work is vital to patient safety and to the functioning of our healthcare system.

The Home Health Access Crisis

Despite the essential role of home health, access to this service has eroded at a dangerous pace. A combination of workforce shortages, shrinking reimbursement, and rising patient complexity has created what is now called a home health access crisis. Patients are being discharged from hospitals faster and with more complex needs, yet CHHAs increasingly cannot accept referrals because they don't have the staff to meet demand.

This crisis has escalated rapidly. From 2018 to 2024, at least 9 CHHAs have closed across New York City, leaving fewer than 35 to serve the entire city. In this same time frame, there has been a 23% decline in Medicare home health admissions across New York City. That's nearly 85,000 New York City residents who should have received home health care but did not.[i] It's far worse in communities already hit hard by health disparities. The Bronx, for example, has seen a 38% decline in access to home health.

Collapse in Medicare Home Health Admissions 2018-2024



Bold percentages show the change in home health use from 2018 to 2024. Non-bold numbers estimate total Medicare beneficiaries (both Traditional & Medicare Advantage) who went without home health between 2019-2024 based on 2018 usage.

Sources: CMS MA State/County Penetration 2018-2024 (December).
Market Saturation File & County Data File (2018–2024) release version 20, accessed July 2025.

When patients who need home health or hospice services cannot access them, they are 36% more likely to be readmitted, 41% more likely to die, and on average, have $2,450 higher health care costs.[ii] These consequences are felt across the entire health system, from emergency department backlogs to extended hospital stays.

Although federal reimbursement policies are driving much of this crisis, the impacts are deeply local. The strain is felt in neighborhoods where chronic illness and socioeconomic challenges already make access to care fragile. The City has an important role to play in mitigating these impacts and protecting access to care for vulnerable residents.

How VNS Health Recruits and Retains Home Health Nurses

VNS Health is committed to sustaining and strengthening the home health nursing profession through targeted investments in training, development, and safety. These programs are not reimbursed and are designed to expand the workforce and support nurses throughout their career.

1. Home Health Nurse Residency and Preceptor Training Programs

The VNS Health Home Health Nurse Residency Program is a specialized 24 month, evidence-based training pathway that bridges the gap between academic preparation and the realities of home based clinical practice. Newly graduated nurses learn to navigate complex home environments, manage high acuity conditions, and deliver patient centered care with confidence. Each resident is equipped to provide more than one thousand visits annually, significantly expanding home health capacity.

Recruitment is only the beginning; retention depends on mentorship and support. That is why VNS Health has expanded its preceptor training program to invest in experienced nurses who guide new clinicians during their most vulnerable period of transition. Increasing the number of preceptors distributes workload more evenly, reduces burnout, strengthens clinical oversight, and ensures that every new nurse has consistent, high quality training. These supports lead to better patient outcomes, stronger clinical judgment, and improved retention.

2. Scholarship Partnership with Touro University

To further build the workforce pipeline, VNS Health partnered with Touro University to offer full scholarships to students committed to a career in home health care. This program covers all tuition costs and provides paid internships between semesters, giving students hands on experience caring for patients in their homes. After graduation, these nurses join VNS Health to serve the communities where they trained. This model reduces financial barriers, builds a more diverse workforce, and strengthens community-based care.

3. Public Safety and Support for Staff

Protecting nurses in the field is essential to sustaining the workforce. According to a recent study, safety is the top concern for nearly half of nurses considering careers in home health. Home health clinicians are often the only providers entering a patient’s home, and their work requires them to travel at all hours. To protect staff, VNS Health invests significant, unreimbursed resources into safety supports, including walking escorts for staff who request them, access to car services and rideshare transportation, and transportation stipends.

City Partnership to Support Home Health Nurses

The City Council can play a vital role in stabilizing the home health workforce and protecting patients' access to care. While federal reimbursement policies have contributed to the home health access crisis, there are meaningful steps the City can take right now to support the clinicians who make it possible for patients to recover safely at home. We urge the Council to partner with organizations like VNS Health in two key areas: ***investing in parking permits for nurses and in long-term strategies that strengthen the nursing pipeline.***

1. Parking Permits for Home Health and Hospice Nurses

Home health and hospice nurses deliver critical care that keeps New Yorkers stable, prevents avoidable hospitalizations, and supports families at their most vulnerable moments. Yet their ability to provide this care often hinges on something as basic as finding a place to park. Every day, nurses lose valuable time circling for legal spots, and many have absorbed thousands of dollars in tickets, or even had their cars towed, simply for trying to reach their patients.

One VNS Health nurse in Brooklyn described responding to a patient in acute respiratory distress. After failing to find parking, she double-parked so she could reach the patient quickly; within two minutes, she received a $100 ticket. Another nurse routinely spends up to thirty minutes searching for parking before each visit, leaving patients waiting for wound care, medication management, or urgent clinical assessment. These are not minor inconveniences. They delay care, contribute to missed or late visits, and accelerate workforce burnout.

Parking barriers also raise safety concerns. Nurses often visit patients early in the morning or late in the evening. Many report feeling unsafe when forced to park far from a patient's home or when they must rush back to their car to avoid a ticket. Some have considered leaving the field entirely because they cannot sustain the financial strain or stress that chronic ticketing creates.

A citywide parking permit for home health and hospice clinicians would provide predictable, proximate parking so nurses can spend their time delivering care—not circling the block. This simple intervention would allow clinicians to see more patients each day, speed hospital discharges, and support the stability of a workforce that is already stretched thin.

Parking permits would also advance health equity. Communities with higher proportions of Black, Hispanic, and low-income residents already face the longest waits for home health services. Many of these neighborhoods are becoming "home health deserts" due to workforce shortages. When nurses cannot reliably park, they cannot reliably reach these communities—and patients suffer worse outcomes as a result. Ensuring clinicians have safe, dependable parking in hard-to-serve areas would help close these gaps and ensure that access to care does not depend on a patient's ZIP code.

As one nurse put it: *If I cannot park, I cannot see the patient—and if I cannot see the patient, that patient is at risk of hospitalization.* Eliminating this preventable barrier is one of the most

effective steps the City can take to protect access to care and strengthen the broader health system.

2. Funding for Training and Partnership Programs

New York City has an opportunity, and an urgent responsibility, to build a home health workforce that can meet the needs of a growing, aging population. The City can do this by launching *new* training, education, and academic partnership programs designed specifically for home-based care. These programs do not exist today at the scale required, but with targeted investment, they can become one of the most impactful tools for expanding access to care.

Home health requires strong clinical judgment, independence, and the ability to manage complex medical needs in real-world home environments. Newly graduated nurses often lack structured preparation for this work, which contributes to high turnover and insufficient staffing across the city.

A City-funded training initiative, modeled on clinical residencies and preceptorships used in hospitals, would:

- Provide hands-on, evidence-based preparation for new nurses
- Build confidence and competence in delivering care in patients' homes
- Create a reliable pipeline of clinicians ready to serve New Yorkers across all neighborhoods

This is the kind of infrastructure needed to stabilize and grow a workforce that has been strained for years. City support for academic partnerships would expand the long-term pipeline of home health clinicians. Scholarship programs, paid internships, and structured training models would open doors for students who may otherwise face financial or experiential barriers to pursuing nursing careers. These investments would:

- Attract students who reflect the diversity of the communities they will serve
- Strengthen clinical training environments
- Provide students real-world experience caring for patients where they live

This is not just a workforce initiative- it is a patient access initiative. Every new nurse trained through these programs increases the number of patients who can be safely discharged home, reduces preventable complications, and strengthens continuity of care.

In communities already experiencing long wait times and shortages of home health clinicians, City investment would directly expand access to timely, high-quality care. It would also relieve pressure on hospitals struggling with capacity constraints and rising acuity.

Conclusion

We thank the Committee for holding this hearing and for recognizing the critical role nurses play in every part of our health system. Home health nurses are essential partners in recovery and stability for patients leaving the hospital, living with chronic illness, or navigating complex conditions. With your support, we can strengthen the nursing workforce, expand access to care, and ensure that every New Yorker has the opportunity to heal safely at home.

We appreciate the opportunity to testify and are happy to answer any questions.

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[i] CMS Market Saturation Reports, Home Health, 2018-2024. Accessed July 2025. https://data.cms.gov/summary-statistics-on-use-and-payments/program-integrity-market-saturation-by-type-of-service/market-saturation-utilization-state-county

[ii] CMS Medicare 2024 claims filed. Analyzed by CareJourney

DRAFT TESTIMONY

TESTIMONY

Good afternoon. My name is Alizia McMyers. I have been a Registered Nurse for over 33 years. I currently work at Harlem Hospital.

I want to thank the City Council for giving us the opportunity to share our thoughts and concerns about the state of nursing in New York City.

I would like to share my thoughts about the staffing crisis at H+H Hospitals. I am the vice-president of the bargaining unit at Harlem Hospital. As a result, nurses bring a number of issues and concerns to my attention, one of the foremost being safe staffing.

Our staffing numbers were decimated post-pandemic. And while there have been mass hirings, especially at Health & Hospitals and the Mayorals, there are times when it is still simply, not enough.

The acuity of patients is higher and they are coming to the hospital sicker. Because of the looming cuts to insurance, patients are not seeking care from their primary care physician or their clinical care provider. Patients are waiting until they absolutely must get help and have to come to the hospital.

On paper, our staffing numbers look sufficient. However, acuity is not taken into account. In the past, a nurse could treat 6 patients. Today, it is like we are tackling 10-12 patients because there is so much more we have to do for them. We have to administer more medications. Patients have to undergo more procedures. And although we work with ancillary staff, nurses have to take on more tasks in order to fully care for our patients.

Nurses are experiencing extreme stress and burnout because we are caring for more patients. As a result, nurses are leaving H+H.

H+H has made great efforts to hire more nurses, but because they cannot retain them, we find ourselves continually under-staffed. New nurses come to H+H to gain experience. After 6 months to a year they leave to work for facilities with higher pay, where they feel safer and better respected. We find ourselves on a never-ending hamster wheel.

I hope that we can continue to work with the city and state to ensure safe staffing in every hospital, in every borough. We look forward to working with you to achieve that.

Thank you

Good afternoon. My name is Ari Moma. I'm a member of the New York State Nurses Association and a psychiatric nurse at Interfaith Medical Center in Brooklyn, where I've worked for 27 years.

I'd like to thank the city council for holding this hearing today and for listening to frontline nurses.

The hardest part of being a nurse is short staffing. We do our very best, but when there are too few nurses at the bedside, our patients don't get the care they deserve.

I say this not only as a nurse, but as a family member. My own mother died in a hospital where staffing was dangerously inadequate. She was brought back from a test without her oxygen reconnected. The nurse responsible for her had far too many patients to check on her in time. By the time my brother arrived, she was unresponsive.

If proper staffing had been in place, my mother might still be alive.

Unsafe staffing costs lives. Safe staffing saves lives.

At Interfaith Medical Center, one of the biggest issues we have is high turnover among the nurses. Nurses don't stay on the job when they are always working short staffed.

When nurses have safe staffing that allows them to provide safe quality care, they stay. When they stay, patient care improves. But when hospitals ignore working conditions, nurses leave, creating a revolving door – and patient care suffers.

Every patient – whether they live in Manhattan, the Bronx, Brooklyn, or upstate; whether they are documented or undocumented; whether they are rich or poor; whether they are Black, brown or white – deserves safe staffing. Every patient is a VIP.

Safe patient care is a right, not a privilege.

During COVID, nurses learned just how precious every moment is. We became not only caregivers, but the only family many patients had. We held hands with patients taking their last breaths. Those moments changed us forever.

Our Central Brooklyn community needs more healthcare resources – not fewer.

When Interfaith was at risk of closing, the community rose up because they knew it would be disastrous to lose their only accessible hospital.

Now, NYSNA nurses are fighting for fair contracts at New York City private hospitals. We're asking the city council to support us in that fight so that we can provide our communities with the best possible care and keep on doing the jobs we love.

Thank you.

Hi everyone, my name is Beth Loudin and I'm a nurse at NY-Presbyterian Children's Hospital in the neuro-intensive care unit (ICU). I'm also the president of our local bargaining unit.

As a nurse, I provide highly specialized care in the cardiac neo-natal ICU unit for babies who are in critical condition. We do our best to fix their little broken hearts.

Despite the vital work my colleagues and I do to take care of New York's babies, at the bargaining table, we've repeatedly seen NYP undervalue our role and thus undervalue the health of our patients.

Over the last couple of years, hospital executives have spent unnecessary time, effort and money fighting the progress we've made in safe staffing.

When nurses meticulously tracked ratios in units across the hospital system to show that the hospital was not putting enough nurses on staff to safely take care of patients, arbitrators agreed with us. Instead of adding more nurses and retaining the nurses who stayed, NYP fought against nurses, appealed these cases, and spent untold amounts in legal fees to do so. They've chosen to fund expensive lawyers rather than invest in safe patient care.

Amidst healthcare cuts at the federal level, New Yorkers need wealthy hospitals like NYP to step in and protect care. Instead, NYP cut 2% of their staff and relocated services to other campuses. Earlier last year, management cut midwifery services at the Allen Hospital, and this year got rid of essential palliative care and pediatric care units!

That's why nurses like me are speaking out because we must hold the richest hospitals in the city accountable. NYP can afford to safely staff. Over 30 of their top executives each brought in over $1 million a year in salary, benefits and perks in 2023. If NYP wants to save this upcoming year, we're calling on them to look to their outrageous executive compensation, which is some of the highest in the country.

We're here demanding that hospitals invest in safe patient care because we know they can afford to do better. Thank you.

Dalia Branford - Wyckoff - City Council testimony

Good afternoon. My name is Dalia Branford. I'm a member of the New York State Nurses Association and pediatric nurse at Wyckoff where I've worked for over 19 years.

I'm also the Local Bargaining Unit president at my hospital, which means that I'm in every union contract negotiation session we have with management.

I'd like to start by thanking the City Council for holding this hearing and for giving NYSNA nurses the opportunity to share our concerns with you today.

Our top priority as nurses is to make sure that our patients receive the best possible care. As a pediatric nurse, I know that having a sick child is one of the most stressful things a parent can go through. Helping children get better, making sure they get the care they need, fulfilling the trust that parents have in us, and seeing a child walk out of the hospital happy and smiling is the best feeling.

I love being a pediatric nurse. But I'm concerned that Wyckoff doesn't have a plan to make sure that all the units in our hospital are always safely staffed with enough trained and experienced nurses at the bedside.

Right now, management is violating our union contract by floating us to other units during our shifts and then floating us back. Floating is when hospital management tells me that instead of working my shift in the pediatric unit, I need to go work in another unit that's short-staffed for part of my shift or all of my shift. But that means that my unit is left with fewer nurses to care for our pediatric patients.

Now, they want pediatric nurses like me to take care of postpartum mothers in the mother/baby unit. But my training on mother/baby care was almost 20 years ago.

As a safety-net hospital with vulnerable patients, in a city where Black mothers already face a maternal mortality risk 5 times higher than white patients – that's just not right.

Instead of scheduling enough trained nurses to safely staff each unit at our hospital, Wyckoff's staffing plan is to float nurses to other units, even if we don't have the proper training to care for those patients.

We need Wyckoff management to follow our union contract because we fought for and won safe staffing in that contract. And we need them to negotiate a fair contract that shows they're ready to work with us to protect our patients instead of trying to cut corners when it comes to safe patient care.

I'm also concerned about my own healthcare coverage. If Wyckoff increased my insurance premiums, that would be a hardship. Nursing is a physically demanding job, and we need access to affordable quality healthcare to keep caring for our patients.

We see every day how unaffordable care hurts the people who can least afford it. That's why we see patients coming into the hospital sicker than ever before because they haven't been able to get the care they need.

All New Yorkers deserve safe and affordable healthcare – including both nurses and our patients.

And nurses need a fair contract that protects patient care.

Thank you.

Darla Joiner

- Hi, my name is Darla Joiner. I am president of the NYSNA local bargaining unit at Mount Sinai. I'm here because we need to talk about Mount Sinai's union-busting tactics.

- We are dealing with a boss that instills fear, a boss that divides us, a boss that villainizes us. When we tried to exercise our union rights, our boss retaliated against us. This is called union busting. We have to call it out. We have to take a stand, and we must stop it.

- When nurses from labor and delivery came out on their breaks to advocate for bargaining to take place at the hospital, something the hospital avoids because management doesn't want to have a critical mass of nurses at bargaining, they were disciplined. A month later, their disciplines still stand as we fight to get them removed. These nurses are admirable. These nurses still manage to support each other by standing up and taking action. They are here today and still have a fighting spirit.

- We are calling on our elected allies to be like them. We should all be like them. We cannot let management divide and conquer, we must all stand together and fight together.

- We are facing hospital management who has repeatedly tried to fight nurses who are vocal patient advocates when we demand safe staffing and when we demand a voice on the job.

- They have been finding ways to chip away at our rights as union members since the last contract and fighting against the things we have worked so hard to achieve—like safe staffing and our strong benefits.

- At many of our negotiating tables, we have seen little to no progress. Management at Sinai has refused to put forth a single proposal. They discipline nurses gathering at union meetings, they corner nurses when we try to give updates about bargaining to our coworkers, and they recently disciplined one of our Executive Committee members for distributing petitions.

- We are here because we will not let their tactics get in the way of our fight for safe patient care. We are here because patients, nurses, and this community deserve better.

Denash Forbes Testimony

Hi, my name is Denash Forbes and I have been a nurse at Mount Sinai West for 35 years. I am also a NYSNA Director at Large. At Mount Sinai, I work in the intensive care unit (ICU). I care for the sickest patients in the hospital. Every day, I work so hard to give my patients the care they deserve.

When we don't have enough nurses on the floor, I have to work even harder, because I feel every single patient deserves the best care. Safe staffing is essential to providing safe patient care. But instead of investing in frontline staff, Mount Sinai has routinely understaffed and chosen to spend their dollars elsewhere.

Mount Sinai has invested untold millions in artificial intelligence technologies – over $100 million in one AI facility alone, and have several investments, software products, and facilities whose economic costs are not publicly disclosed. Nurses were not a part of this discussion and had no input in the creation of the facility. Meanwhile, they've implemented new technologies which directly affect patient care, again without the input of nurses.

The hospital system proudly celebrates Sofiya, the latest AI assistant in Mount Sinai's cardiac catheterization lab. Nurses have to check Sofiya's work to make sure she hasn't made any mistakes. When hospitals try to cut corners like this on safe patient care, mistakes are made, biases are magnified, and more work is often created down the line.

Do we want Mount Sinai's artificial care, or do we want real human care? We are asking for Mount Sinai to prioritize their patients. We are asking for Mount Sinai to prioritize our safety over the creation of machines and technologies that have little research to back them up. This is not just about this contract campaign. This is about the future of care in this city and what we want healthcare to look like.

Without intervention, these hospitals will continue to put profits before patients. When they tried to close Beth Israel, they spent over $70,000 on lobbyists. They have shown time and time again their profit motive is stronger than their care for patients.

Legislators here have a choice to demand transparency and accountability.

Diane Minett, RN, BSN

My name is Diane Minett, and I am a registered nurse in the Medical Intensive Care Unit (ICU) at Richmond University Medical Center (RUMC). I was born and raised on Staten Island, and I have proudly served as a nurse at RUMC for 27 years.

Staten Island is the only borough in New York City without a public hospital. RUMC fills that critical gap — we are the safety-net hospital for our community. Located on the North Shore, we are often the only accessible option for patients, with the next closest hospitals 25–30 minutes away.

RUMC is a Level I Trauma Center and a certified Stroke Center. We provide specialized cardiac services, receive STEMI patients, and regularly save the lives of individuals experiencing heart attacks, major blockages, and other life-threatening emergencies. The Staten Island community depends on the essential, lifesaving care we provide — from newborns to seniors and everyone in between. Many of our patients are underinsured and rely on Medicaid, making our role as a safety-net provider even more vital.

Across New York City, nurse retention has become one of the most pressing healthcare challenges. Many nurses enter acute care to gain critical experience and then leave for higher-paying roles or less demanding specialties. This turnover affects hospitals citywide — and RUMC is no exception. Our city does not need more nurse injectors or aesthetic providers; it needs more committed bedside nurses caring for patients in essential hospital settings. Strengthening retention is key to maintaining the stability and quality of patient care throughout all boroughs.

RUMC is also the only facility on Staten Island that provides psychiatric services, which significantly increases the complexity and intensity of the care we deliver. Because we serve the entire borough's psychiatric emergencies, we frequently encounter violent or unpredictable situations that place nurses and medical staff at risk. I was personally bitten by a patient — my finger was injured, and yet I had to continue providing care. I was fortunate not to face serious long-term consequences, but other nurses have suffered far worse, including cardiac events following assaults. Violence against healthcare workers is never acceptable, and stronger protections are urgently needed.

Despite these challenges, being a nurse at RUMC is a labor of love and profound service. This hospital truly feels like a family. Our nursing leadership listens, supports us, and works tirelessly to advocate for the needs of both staff and patients.

Today, our greatest need is securing the resources — financial, staffing, and structural — that will allow RUMC to continue providing essential, high-quality care for the Staten Island community. Our patients depend on us, and we need the support to keep delivering the lifesaving work they rely on.

Diedra Gilkes

Hi, my name is Deidra Gilkes, and I have worked at Kingsbrook Jewish Medical Center in Brooklyn for 25 years. I started out as a tech and worked my way up to being a registered nurse. I've been an RN at Kingsbrook for 10 years now.

It's sad to see how much our hospital has changed. It sometimes feels like a forgotten hospital. Different administrators have come through, but they are not bringing positive change. Instead, more and more services have been eliminated.

Our hospital went through a transformation plan but went back on its commitment to keep services open for our community. Our emergency department recently closed. Now we just have a nursing home, radiology, rehabilitation, and a young adult program that cares for many mentally and physically challenged young adults.

I work in the sub-acute rehab caring for patients recovering from strokes, surgeries and gunshot wounds. Most times the nurses are short-staffed. That can lead to delays in medication and care. It means I never take a real lunch break—I'm just grabbing a quick bite on my 12-hour shift and getting back to my patients as soon as I can, because there aren't enough nurses to cover my break.

Other areas of the hospital are understaffed, too. In the young adult unit, we should have 1 nurse caring for a maximum of 6 patients, but they routinely are asked to care for 7 or 8. It's even gone as high as 10 patients. It's really hard to retain nurses in these conditions, because the work is difficult and can be dangerous.

Understaffing can increase workplace violence, and we already deal with an underserved and difficult population. Recently, we had to call for the police to escort a patient out of the hospital because he was verbally and physically abusive to the staff. It's hard to feel safe when our security is slow to respond to problems and we don't have safety equipment like weapons detection systems at the entrances. Anyone could walk in with a gun and harm a patient or staff member. This is one of our major demands in our contract negotiations.

We are a small safety net hospital, but we deserve to be safe at work. Our patients deserve to have enough nurses to care for them.

The hospital always seems to have enough money to hire more administrators. We have no idea what they do, but they aren't listening to the nurses. They aren't getting us the resources and nurses we need. The newest administrators seem to care about profits more than patients. We would like to see them prioritize patient care instead—and that's why we are fighting for a fair contract.

Good afternoon. My name is Flandersia Jones. I'm a member of the New York State Nurses Association and a nurse in the Med/Surg Oncology unit at BronxCare where 've worked for over 20 years.

The best part of my job is seeing my patients leave the hospital better than they came in and meeting them in my community in the Bronx. I live 5 blocks from the hospital so most of my patients are my neighbors.

We're a safety-net hospital. We take care of everyone.

Most of our patients are immigrants, and many are undocumented with no health insurance. Some have stopped coming in because they are so afraid of ICE. Now, they only come in when they are in the most dire situations and they have no other choice.

We're also seeing increased rates of addiction in our community because there are not enough mental health and drug rehab resources in the South Bronx.

Many patients are unhoused and now that it's getting colder, we have patients who come into the hospital just to get out of the streets because they need someplace warm and don't have anywhere else to go.

We need more resources in our community.

And we need more resources inside our hospital to keep nurses and patients safe.

That includes safe staffing. There was a day recently when we were so short staffed and this poor elderly lady was ringing the call bell but we had

a code – that's when someone is in a critical life or death situation and needs immediate assistance. So most of the nurses were on the code and the others were with other patients and we couldn't get to her in time. She fell and broke her hip.

Meanwhile, the violence is getting worse in our hospital. But management refuses to put in metal detectors. Sometimes we find patients with knives or other weapons on our units.

I got bitten by a patient with dementia. She broke the skin on my hand and I still have a scar. I went to the emergency room at my own hospital for treatment. BronxCare sent me a copayment bill for $125 – for an injury I got at work.

I'm terrified of what would happen if our healthcare expenses got even higher. Nursing is a high-risk, physically demanding job.

Nurses just want to be safe going to work and going back home to our families. We need safe staffing and more resources to care for our patients. And we need a fair union contract that protects nurses and our patients.

Thank you.

Gueldye Beaubrun

Hello, my name is Gueldye Beaubrun, and I have been a nurse for 34 years. I've worked at Mount Sinai Hospital in the Emergency Department for the last 22 years. I work on the night shift.

I'd like to address the active shooter incident that happened at Mount Sinai last week. A troubled young man with a gun who threatened to shoot up the hospital was in and near the entrance to our ED at around shift-change, 7 pm, last Thursday night.

Thankfully, he was not able to enter the patient care area. He struggled with a security guard and left the hospital. Soon after, he was shot by NYPD and came back to us as a trauma patient. Nurses and doctors tried our best to save his life but could not. That's just what we do—care for all patients who come through our doors. But we deserve to be cared for, too.

I hate to think what would have happened if the shooter had come into any other hospital entrance instead of the one entrance that has a weapons detection system.

I hate to think what would have happened if our one security officer was somewhere else in the building responding to an emergency—which often happens, leaving our ED entrance unguarded.

This incident was very frightening for the nurses who were there, but many nurses had no idea there was a serious security issue happening at the hospital at all. Most of our members came into work and left work at shift change having no idea they were walking into a potential crime scene. They had no idea, because there were no announcements, communications, or security protocols enacted to alert us to an active shooter.

I was not working that night. I had to go into work the next night. I stood with a co-worker who was trembling because she had been there the night before. Some of us feel scared, and most of us feel angry.

We're angry because we have told Mount Sinai administrators for years that we feel unsafe, and they don't seem to care.

We have asked for more weapons detection systems at all entrances, and they have responded that they are still in the "pilot" phase. Their security administrator has dismissed our concerns as "anecdotal" and said things like "nurses wouldn't understand things having to do with security."

But we live it every day on the frontlines. I had a workplace violence incident in the spring, and I had to scream for my coworkers to come help. The patient was under the influence – he was falling off the stretcher, stumbling and attacking people. Our one security officer left his post to help on the floors, and that left me screaming for my fellow nurses for help.

We have had many other incidents. Hospital visitors are largely unscreened. There have been safety and security problems on the labor and delivery floors and in our ED, which is often packed with over 200 patients and staff.

The only reason we have the one weapons detection system at the ED entrance is because we have had so many incidents and the nurses demanded it.

Hospital administrators must be more prepared. They must listen to the nurses and focus on prevention instead of waiting for tragedy to strike.

CEO Brendan Carr told staff in an email last Friday that weapons detection systems will finally roll out to all hospital entrances in 2026. The horse is out of the barn, so now administration starts running.

Does it have to take a tragedy for them to act? I've been to their corporate offices on 42nd Street. That building has excellent security, and office workers face far fewer dangers than nurses. I'm sure their building security wasn't in an inadequate "pilot phase" for years.

We have been at the bargaining table with Mount Sinai for two months, and hospital administrators have yet to respond to a single proposal. We put forward very comprehensive proposals on health and safety and on workplace violence, and we have heard nothing back.

Healthcare is supposed to be about prevention. We can't wait any longer for them to take real action to protect nurses, patients, and our community.

Irina Viruet, RN

Hi my name is Irina Viruet and I have worked in the child and adolescent psychiatric unit at Mount Sinai West for about 2.5 years.

I am here to speak about the issue of workplace violence, a pillar of our contract demands, and a very important issue to me personally.

Many people don't know that nursing is one of the most dangerous professions and that hospitals are some of the most dangerous workplaces in the country. There are some risks that come with the job. For example, nurses are often lifting heavy patients, working with dangerous tools, and in close contact with infectious diseases. However, nurses are routinely attacked by patients and their loved ones. It is also an issue that is only getting worse as public services are cut and patients grow anxious about the rising costs of healthcare.

Hospitals have a responsibility to protect nurses and patients, and right now, not enough is being done.

I'm passionate about workplace violence because I have experienced it. I am still suffering the consequences today. I was recently attacked by a patient and injured. I had to call security after the fact, and go back and forth on the phone with them until they finally came.

My unit is the only unit in the hospital with no security on the floor. We don't have behavioral health aids to help with patients in crisis. We don't have panic buttons to signal when we're in danger.

These are all features in every other hospital I have worked in—public and private sector. They would improve nurse safety and reduce workplace violence. But Mount Sinai, one of the richest hospitals in New York City, does not have these basic safety measures in place.

If Sinai had more protections in place, I would not be out on workers' comp. It has not been easy financially or emotionally.

Now I'm facing a difficult choice: Do I follow doctors' orders and stay out longer? Do I watch my bills pile up, knowing I can't afford to be out of work much longer? Do I go back to my unit where I know that nothing has changed to improve my safety?

I'm not the only nurse who has experienced workplace violence. Nurses on my floor often experience verbal and physical abuse. No one is more unpredictable than adolescents and teens in mental health crisis. These are daily occurrences in our hospital and in hospitals across the city. We need our hospitals to take action.

We are calling on Mount Sinai to protect nurses because we should not be afraid to come to work. It's time to do more to prevent workplace violence against nurses!

Good afternoon. My name is Janelle Mathews, I'm a member of the New York State Nurses Association, and I have been a nurse at the Brooklyn Hospital Center for the past 15 years.

I'd like to thank the city council for holding this hearing and for listening to frontline nurses.

I'm concerned about safe staffing at my hospital.

I work in the Med/Surg unit. A year ago, my unit was downsized to 10 beds. We're supposed to be staffed with 3 nurses and 2 techs on every shift. But far too often our nurses are floated to another unit, or only schedule 2 nurses are scheduled.

On a recent shift, there were only two nurses and one tech that day. The other nurse had to go down to the pharmacy to get a medication. The tech was on break. So I was the only nurse left on the floor with 10 patients.

It's not safe for 1 nurse to care for 10 patients. I should have a maximum of 5 patients at any time. I was in one room caring for a patient and heard the call bell, but I couldn't respond to the call bell. It could have been something minor, but it also could have been a patient having an aura of an impending seizure, or someone at risk of falling.

It's not fair to our patients when they don't have a nurse available to care for them.

We keep telling management we need to always have 3 nurses on our unit, especially since we have seen an increase in the acuity of our patients, but our warnings about patient safety fall on deaf ears.

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

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

We requested a hospital security watch because the patient was a danger to herself and to us. But the hospital didn't provide us with the security watch or the appropriate equipment we needed to maintain safety on the unit.

Myself and 3 other staff members unfortunately were hurt in separate incidents. I got hurt when the patient got out of bed and fell onto me. I caught her, but it then took 4 of us to get her back into bed safely. I tumbled into the bed during the process, as we got her resettled.

A few hours later she was awake and the whole cycle started again.

Nurses are on the frontlines of keeping our patients and our communities safe. But we can't do that without support from our hospitals.

We recently had a homeless patient who came in with a bad wound. The hospital wanted to discharge her even though she had nowhere to go. We can't just discharge our patients onto the streets. We advocated to keep the patient until antibiotic treatment was completed and she had a bed in the homeless shelter, and access to the ongoing wound care she needed.

While we work night and day caring for your loved ones, we also need to care for our own families. But here at the Brooklyn Hospital Center nurses almost lost access to our own healthcare benefits.

We received a letter from the benefits department saying that our hospital hadn't been paying into our benefits plan and that we were on the verge of losing our

healthcare on October 1st. They finally made their payments, but that did not come without worry. I was very worried for my family.

My daughter has asthma, and she needs her medications. She needs follow ups with her pulmonologist. I have my own healthcare needs as well. It's terrifying when you go to work every day to care for patients and at the end of the day hear that you might not be able to get healthcare for yourself and your family.

How can we work in healthcare, where we risk injuries, infectious diseases and growing workplace violence, and not have healthcare benefits ourselves?

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

We need a fair union contract now that protects our patients, our community, and our nurses.

Thank you.

Good afternoon Council members. My name is Johnaira Dilone-Florian. I'm a member of the New York State Nurses Association and a Nurse Practitioner at Montefiore's outpatient neurosurgery clinic in the Bronx. I am here today because the safety of our community depends on decisions made in this room.

I grew up in the Bronx and the best part of my job is being able to care for people in my community. My patients could be my mom or dad, siblings, or any member of my family– so I can relate to them.

Our patients in the Bronx are more vulnerable than ever. Many of them are undocumented. Recently there was a patient in our hospital who was in ICE custody. ICE agents were inside the hospital, and they didn't allow the patient to recover safely from surgery before taking him.

ICE should never be allowed to interfere with patient care. Every patient deserves safe and proper care regardless of immigration status.

I'm concerned that Montefiore isn't doing enough to keep our patients safe. And I'm concerned that Montefiore isn't investing in our Bronx community.

Meanwhile, Montefiore is investing upstate, including a $750 Million expansion at White Plains Hospital, and is exploring affiliation with two more upstate hospitals.

But here in the Bronx, we are still experiencing overcrowding in our hospital's emergency room. Overcrowding is a symptom of a system stretched beyond capacity. On the units, there are patients placed in hallways, where they have no privacy, inadequate bathroom access, and no quick access to oxygen.

Three years ago, Montefiore nurses went on strike to win safe staffing at our hospital. Since then, we have hired a lot more nurses but there are still staffing shortages that need to be fixed.

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

For context, $16.4 million is more than $1.3 million per month – over $300,000 per week – and almost $44,000 per day. Meanwhile, the median household income in the Bronx was $49,000 in 2023.

If Montefiore can afford to pay their CEO as much money every day as many Bronx families earn in one year, if they can afford to invest three quarters of a billion dollars in White Plains, then they can afford to invest in safe patient care for the Bronx.

We need an end to overcrowding in our emergency room. We need to make sure that every patient can get care in a hospital room with a qualified nurse at their bedside. When we invest in safety, dignity, and humanity, we save lives and our communities are safer.

Thank you for your time, your leadership, and your commitment to building a safer, stronger community.

Lisa Yeno, RN, BSN, CCRN

Hi my name is Lisa Yeno, and I have been a nurse for 31 years—the last 26 years at Richmond University Medical Center on Staten Island.

I work in the medical intensive care unit, or ICU, and I serve on NYSNA's executive committee at my hospital.

I grew up on Staten Island and really care about delivering the best care to this community. So many of my colleagues feel the same way. A lot of nurses here are so committed and have worked for decades at RUMC.

We are an important safety net hospital for Staten Island. We serve a lower socioeconomic area. A lot of people don't have the means to travel out of Staten Island to other boroughs for their care, so the hospital has very important place in the community.

The funding that RUMC receives from city, state, and federal sources keeps us going, serving the undeserved.

Like a lot of hospitals, staffing is always an issue here. Unlike some other hospitals, I feel our administration tries to invest in patient care, but the money is not always there.

The nurses would like to see greater investment in staffing and security. We need to keep nurses and patients safe. The hospital has cut back on security guards. At the same time, there has been an increase in violence in the last year. We've had multiple assaults in the mental health units and the emergency department. A nurse in the ED had their tibia broken. Right after the federal healthcare cuts were passed this summer, a patient stabbed a security guard and a nurse in the ED.

Nursing is a difficult job, but I don't want to ever be portrayed as a martyr. We choose every day to be nurses. But we don't choose to work understaffed and under threat of violence. We've sometimes heard from the public to stop complaining – that "this is what you signed up for." We signed up to be nurses, but we didn't sign up to be treated inhumanely. It should not hurt to be a nurse.

I feel like retention will continue to be a problem in nursing unless we improve these conditions—in RUMC and in other hospitals. Nurses and patients deserve an environment that is safe and conducive to healing. And in struggling safety net hospitals like RUMC, it is fair hospital funding that will help us get there.

DRAFT TESTIMONY

Good afternoon. My name is Michelle Jones. I have been a Registered Nurse for 40 years and work in an outpatient setting at Flushing Hospital.

I want to thank the Council for giving us the opportunity to share our concerns about the state of nursing in New York City.

Flushing Hospital is a safety net hospital. As such, access to care for vulnerable communities, including immigrants and the un or under-insured is of the utmost concern to the nurses who work there.

A nurses' first duty is to care for and to advocate for our patients. Nurses care for all New Yorkers—regardless of immigration status, income or insurance status, race, religion, ability or disability, sexuality, or gender identity or expression.

Our aim is to ensure there are no closures or a decrease in access to services. We want all the people who call Flushing home, and those beyond, to be able to obtain the quality care they deserve.

At Flushing I am witnessing that a lack of insurance, and the fear of deportation, are preventing people from getting the medical care they need.

The uninsured are likely not seeking a doctor or forgoing needed care due to cost. With the barriers created by the lack of insurance or insurance that does not cover the cost of services, patients are seeking care only when major health crises arise or are utilizing the emergency room for primary care needs.

Federal Medicaid cuts will be disastrous and will exacerbate an already tenuous situation. Nurses are doing everything possible to reverse the cuts and to ensure that New York state and City fill in the gaps left by federal healthcare cuts. Protecting patients also means holding hospitals accountable and ensuring that they do their part.

Nurses are also very concerned that the Trump administration executive order overturning the long-standing status of hospitals and healthcare facilities as "sensitive locations", generally excluded from immigration enforcement, will harm our immigrant patients' health by deterring sick people from seeking medical care. We are also concerned this policy will harm public health, as untreated illnesses will circulate more widely in our communities if people do not seek the care they need.

As a result of these barriers, people are not receiving the preventive care they need to keep them healthy. This includes vaccinations, cancer screenings or follow-up care. In addition, patients in the midst of a disease process, for example diabetes, hypertension or cancer, require a multi-disciplinary approach to their care which can be obtained in a primary care setting.

Unfortunately, too many individuals are forgoing the care they need.

November 19, 2025

Testimony

"The State of Nursing"

Thank you Councilwoman Narcisse and the entire committee for taking the time to listen to New York's nurses testify on "The State of Nursing," yesterday. My name is Molly McCann and I am a Registered Nurse working in the Cardiothoracic Intensive Care Unit at New York Presbyterian Columbia Hospital. I wanted to take an opportunity to submit a formal testimony within the 72-hour window of the Committee Meeting to bring some important issues to your attention.

The current state of nursing worldwide is far beyond crisis, it may as well be seen as another global pandemic. Nurses are working in unsafe conditions every shift and less and less people are interested in caring for others at the bedside. But I have never seen anything like what is currently occurring at New York Presbyterian Columbia.

Patient outcomes drop more and more with each passing year due to the unsafe conditions in which they are cared. Upper management seems to think investing in the construction more hospital and clinic buildings, the incorporation of new technological devices, and the litigation of dishonorable providers will solve the problem. Management has spent millions in building various clinics throughout the New York region for care of low acuity needs such as eye clinics. Over the past year, new foley catheters, thoraguard chest tube drainage systems, and Philips monitors have been brought in and very quickly rejected by bedside providers because they simply do not work and were harming patients, with the exception of the Philips monitors on which there are excessive alarm parameters leading to constant noise pollution and worsening alarm fatigue. People very far removed from the bedside, sometimes never having worked in healthcare, are making enterprise-wide decisions, and those physically at the bedside are not included in the discussions. Not to mention the recent Columbia Obstetrician/Gynecologist who was sexually assaulting his patients for years, for which the institution is settling his multi-million dollar case.

In addition, the Cardiothoracic Intensive Care Unit back in 2023 won an arbitration case for having worked short staffed for months. Columbia's management refused to pay the monetary reward set by the arbitrator, stating she was ruling outside of her scope. The case was resubmitted to a second arbitrator, and in December of 2024 we found out we won again. The next day our Chief Nursing Officer emailed saying Columbia would not provide the monetary reward, and the case is now sitting in its third round of review with a federal judge, to which the court date continues to be postponed. The monetary reward was calculated based on the pay that would have been paid to each nurse short for each shift, excluding shifts that were short by only one or two nurses. They also withdrew two nurses pay of those short, stating that, realistically, we would be able to work with two nurses short. The monetary value sums to approximately $275,000 that would be divided among the nurses who did work those short shifts. I can only imagine how much NYP Columbia has paid in legal fees to vacate the ruling for now a third

time, rather than simply admitting the conditions were challenging, apologizing and working to hire more staff, and giving the monetary reward.

The environment in which patients are receiving their care is embarrassing. Alert yet bed-bound patients press the call light because they need to use the bedpan, and every nurse is occupied because they are stretched so thin among multiple patients, that by the time the nurse is able to answer the call light the patient has been sitting in his or her own feces for quite some time. One of the two sections of our CTICU occasionally has cockroaches and water bugs crawling along the floor, even once on a patient's pillow. When the concern was raised to management and environmental services, we were told that it is simply how the pipes are set up and there is nothing that can be done. Recently nurses have to add swatting flies away from patients to their list of tasks, to which no one seems to know from where they are coming. It is absolutely disgusting.

I recently had a patient state to me, without any prompting discussion of what was happening behind office doors at the hospital, that management, "is more concerned about pennies in the short term than dollars in the long term." And he is absolutely right. Even the patients in the beds can see that the hospital's administration is placing them second to the almighty dollar. Sadly, what is happening at Columbia is just one of many examples happening across our country of the deplorable state that capitalism has come to in America. Profit is all anyone cares about anymore, there is no moral fiber, value system, or code of conduct. People's priorities have gone completely awry.

I work at Columbia because I respect the incredible care the nurses I work alongside try to provide to their patients, but New York Presbyterian Columbia is making it harder and harder for me to pull on my uniform with pride every shift with their logo embroidered across my chest. They are digging their own grave. And until patients' voices are heard and actually respected, the systems in place will only make conditions worse, patients will continue to suffer, and by proxy the nurses too. Nurses on my unit often do not get breaks and are exhausted. Sick calls are exorbitantly high. How can nurses be expected to care for themselves when the conditions are so unhealthy? If we do not have healthy nurses, we cannot have healthy patients.

If the state of nursing does not change soon, either there is going to be a nursing revolution or hospitals will simply get shut down. Either way, I hope that whatever fire nurses have left in their bellies will empower them to a better future.

Thank you for your time.

Nancy Hagans Oral Testimony City Council Hearing, Nov. 18, 2025

Hi my name is Nancy Hagans, and I have been a nurse at Maimonides Medical Center for over 30 years. I am also president of NYSNA, New York's largest union and professional association for registered nurses, and co-president of National Nurses United, the largest and fastest growing union for RNs in the country.

I am here to speak about the healthcare crisis facing our city. Nurses are currently waging a battle to defend quality patient care on two fronts. The first front is against the federal Trump administration and its attacks on our most vulnerable patients and on healthcare funding. The second front is against our city's own private hospitals, which are fighting against all the gains that nurses have made to stabilize the workforce and improve and protect patient care.

Nurses have been sounding the alarm for months about the impending federal healthcare cuts. Medicaid and Affordable Care Act cuts will mean fewer insured patients, higher insurance premiums, and less hospital funding.

Before these cuts were even passed, we saw the federal administration try to bully our hospitals into cutting care for our trans patients. We saw them bully immigrant New Yorkers by reversing the longstanding policy of our hospitals being "sensitive locations" free of ICE enforcement actions.

Nurses and our union allies have spoken out against these policies and urged our hospitals to do more to protect our vulnerable

patients. As a proud Haitian immigrant, I have seen firsthand the negative health impacts when patients delay their care because they are afraid of coming to the hospital. We want ICE out of our hospitals. We cannot carry out our mission of caring for all people unless hospital administrators proactively protect our immigrant patients and have clear policies and procedures for staff to follow.

We want our hospitals that have cut gender affirming care for trans youth and adult patients to follow New York state's civil rights laws and protect and restore care for these patients.

We want our elected officials to have our backs when it comes to protecting all New Yorkers. And we also want them, including our New York City Council Members, to continue to fight alongside us to reverse healthcare cuts and fill the gaps in hospital funding.

We know some hospitals will be stretched much more than others. Safety net hospitals like Maimonides where I work are already under-resourced. New York state recently announced Transformation grants aimed at stabilizing the funding for important safety net hospitals like Maimonides. This is an important and necessary step. Our city cannot afford to lose more hospitals or hospital services. We cannot have a healthy and thriving city without providing access to quality care for all.

And nurses can't deliver that quality care if our hospitals fail to listen to the frontline nurses. Unfortunately, we are facing employers who are all too eager to cut back on safe staffing and nurses' wages and benefits.

In our negotiations with Maimonides, administrators want to reduce nurse staffing, cancel our shifts at will and make other changes that

will harm nurse retention—and patient care. They want to erase decades of benefits that we have won, that have helped us recover nurse staffing levels after the COVID-19 pandemic, and that make retiree healthcare costs more affordable.

Safety nets are trying to reverse the gains nurses have made that have helped us staff safely and deliver quality care. We need greater state and city investment in our safety nets, but those hospital administrators must also be accountable. They must invest in safe patient care in return.

The large wealthy academic medical centers can most afford to weather the federal storm. These are the hospitals whose financial position has recovered from the pandemic and is better than it was three years ago when we last negotiated our contracts.

However, wealthy hospitals like NewYork-Presbyterian (NYP) wasted no time to cut services and frontline staff –even before federal healthcare cuts were passed.

Wealthy hospitals like Mount Sinai wasted no time in rolling out a "virtual nurse" and "ambient listening" from artificial intelligence. They are investing untold millions of dollars to replace real nurses with artificial caring. One of the main advantages they cite is being able to bill patients more.

Yet they have continually failed to address nurses' workplace safety concerns. We were very fortunate that the active shooter incident at Mount Sinai last week did not end in even more tragedy. The hospital was unprepared. I spent time with our Mount Sinai members the day after the shooting. They were shaken and angry. They deserve what

all nurses and patients deserve—to work and be cared for in a safe environment.

Wealthy hospitals like Montefiore in the Bronx are investing in major expansions, mergers and acquisitions of hospitals upstate, all while squeezing their patients in the Bronx into hallways and reducing healthcare services here in the city.

These wealthy hospitals continue to prioritize their profits over our patients. New York's hospital prices are already some of the highest in the nation and growing fast. These high costs are not being reinvested back into patient care.

People are already struggling to afford to live in New York City. We know they will struggle to afford healthcare because of federal cuts. New York City's hospitals should not make it harder on our patients. They should not take advantage of federal chaos and callousness to increase their profits at the expense of our patients.

NYSNA's contract campaign is about 20,000 nurses in 12 private sector hospitals. We care for New York. We are trying to protect quality patient care—in every zip code in every borough of this city, and in all 12 hospitals, from the safety-nets to the large academic medical centers.

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

Good afternoon. My name is Rehana Lowtan. I'm a member of the New York State Nurses Association and a nurse at the Brooklyn Hospital Center. This is my 19th year as a nurse. I now work in nursing education training nurses at my hospital.

As a nurse educator, my top priority is ensuring that we invest in our nurses and give them proper training and a solid foundation. We have a lot of new nurses who don't stay because they don't feel like they have the training or the support to do their jobs.

Nurse retention is a huge issue at our hospital.

After COVID, many nurses retired because they were burned out and could no longer cope with the lack of resources, inadequate staffing, and hospital management that prioritized metrics over safe staffing.

We also struggle to get management to commit to providing enough training for nurses.

Management wants to give new critical-care nurses only 8 weeks of on-the-floor education. But new ICU nurses should receive a minimum of 16 weeks of orientation including at least 12 weeks in their base unit, followed by cross-training in other critical-care units.

These are brand-new nurses coming straight out of school who have no concept yet of real-world nursing. Management is not giving them the skill set they need because executives are focused on rushing nurses into their positions as quickly as possible rather than on building competence.

That's not safe for patients. And it leads to higher turnover among our nurses.

Workplace violence is also a major issue for us right now, both in the emergency room and on the units. We have had multiple incidents of workplace violence against staff members this year.

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

Nurse educators at the Brooklyn Hospital Center only recently won our union. We are thrilled to be a part of NYSNA and we are bargaining our very first contract.

Many of us pay up to $700 a month for medical coverage for ourselves and our families. I've had to pay hundreds of dollars out of pocket for medication.

We hope to join the NYSNA benefit fund in our new contract. I'm concemed about any cuts to healthcare for nurses. Nurses and our families need affordable healthcare so that we can keep caring for yours.

Thank you.

Testimony Russell Pinsker

- Hi everyone. My name is Russell Pinsker and I'm a nurse at Maimonides in the cardiothoracic ICU, where I've worked for the past eight years.
- I'm also the proud son of a nurse who dedicated 50 years of her life to Maimonides.
- I was born and raised in Brooklyn, and I decided to become a nurse because I watched my mother as a nurse at Maimonides. This community is important to me, and being a nurse brings me an immense amount of joy.
- I'm also on the bargaining committee. This time around, we're bargaining against a totally different group of people, and they've made it clear that they often do not share our priorities, which is, first and foremost, safe patient care. It's been six weeks since our first bargaining session, but we've made little progress toward our goal: ensuring the best care for the future of this community.
- Instead, I've watched management completely disrespect nurses and the care we offer while we demand safe staffing for our patients. People think that because we work for a safety net hospital, we aren't entitled to the same staffing standards, benefits and wages as the wealthier private hospitals. That's the hospital's message, but I hear it from reporters and others, too. Maintaining wages and benefits that help recruit and retain nurses at our safety net hospitals is a question of equity, because quality care should not be determined by your zip code. And nurses deserve the benefits that will take care of us when we retire, as my mom has relied on.

- However now the hospital is trying to roll back these gains, the things nurses have worked hard for. At Maimonides, they are trying to take away our retiree health which would create unnecessary hardship on our families and our health system at a time that healthcare costs are becoming more unaffordable. My mother relies on her retiree health benefits to cover medical expenses, and it's something many of us who have dedicated our careers to this hospital have looked forward to.
- We need Maimonides to step up and respect their nurses by protecting our benefits. Nurses spend their entire careers caring for others. They deserve to retire knowing that they are cared for.

My name is Shaiju Kalathil, and I've been a nurse at Montefiore since 2013

I work as a case manager on a med–surg floor right here at the Moses campus. And like so many of my colleagues, I came into this profession because I believe our patients deserve the very best care. But every single day, we're being denied the resources we need to give them that care.

What we need is simple: **better staffing.**

Our patients deserve our full attention, our full commitment, our full care — but instead we are constantly asked to stretch ourselves thinner and thinner. And let's be honest — that's not just hard on us as nurses. It's unsafe for the very people who rely on us.

One of the things that frustrates me most about healthcare today is how often patients get reduced to numbers on a screen. Management talks in "systems," "acuity tools," "data points," and "metrics."

But when we're at the bedside for twelve hours a day, we're not thinking about metrics. **We're thinking about people.**

We're thinking about the mother who's scared, the elder who's confused, the patient whose condition can change in a heartbeat.

And when that happens — when a patient crashes, when someone suddenly needs urgent care — nurses *step up.* We reassign, we reorganize, we take on more, we support our team, and we get the job done.
But let me be absolutely clear: **It should NOT have to be this way.**

We shouldn't be forced to "make do" because management refuses to staff us properly. I'm tired of hearing phrases like *"when staffing allows."* Because let's be honest — **staffing never allows. Not the way things are right now.**

That's why we're demanding **patient-centered safe staffing ratios.**
This is not a luxury. This is not an unrealistic ask.
This is **basic, common-sense patient care.**

When one patient is in crisis, we need to be there — fully, quickly, safely. But we cannot do that at the expense of the rest of our patients.
Our patients deserve better. **All of them.**

We are fighting for safer staffing ratios that recognize when a nurse is caring for the sickest patient on the floor. Because if we're assigned a very sick patient, we have less time — less time for everyone else. And we're forced into a level of care that makes many of us feel inadequate, frustrated, and morally distressed.

We know — and management knows — that when we follow patient-centered staffing ratios, nurses can deliver safer, higher-quality care, exactly when patients need us most.

So today, we are calling on Montefiore to do the right thing —
for your nurses, for your patients, and for the Bronx.
Invest in safe staffing. Invest in the people who keep this hospital running. Because when nurses are safe, **patients are safe.**

Thank you.

My name is Sophie Boland, and I'm a pediatric intensive care unit (ICU) float nurse at New York Presbyterian.

I chose this work because I was hospitalized as a child. I know what it feels like to go from a healthy child to a vulnerable patient in a hospital, and I wanted to give other children the safety and care I once needed. I've been a nurse for almost 10 years and I love what I do. I love the teamwork, the complexity, and the chance to make a real difference for critically-ill kids and their families.

However, it has become increasingly difficult to deliver safe patient care at a high level of excellence, particularly when working with not enough staff. Working short staffed impedes safe patient care plain and simple, but it also contributes to higher incidences of workplace violence perpetrated against nurses who cannot possibly attend to every patient's needs when the caseload is too high. Working short staffed contributes to nurse burnout as the hospital takes advantage of the goodwill of nurses who, whatever the circumstances, will prioritize patient care. But the moral burden of coming to work to deliver exceptional patient care and leaving feeling as though you haven't met the patient's needs despite your best efforts is why nurses are leaving the bedside.

For the past two and a half years, I've been involved in a staffing arbitration case for the highest acuity units in the Children's Hospital at NYP serving the sickest of the sick children across the city, possibly across the country. This unit sees patients that other facilities have refused to offer treatment to because the surgeries they need are too risky or require too many resources. This unit experienced critical levels of short staffing and today, this case still has no resolution. That is how long these delays drag on and it's not accidental. Our employer has become as expert in kicking the can down the road to avoid any accountability for keeping patients and nurses safe. Instead of fixing the staffing problems that created the issue in the first place, New York Presbyterian is using its enormous resources to spend an untold amount of money on lawyers to fight nurses.

Meanwhile, the patients we care for are getting sicker. As a major academic medical center, we receive some of the most complex cases in the world. Acuity keeps rising as the hospital invests in new technologies and new interventions, but without investing in enough nurses to safely care for those patients.

Our employer has said that it's too expensive to hire more nurses or that there "aren't enough nurses in New York City." But just months ago, they laid off 2% of the workforce. It doesn't make sense. In 2023, over 30 NYP executives made more than a million dollars a year in salary, benefits and perks. We need to hold one of the wealthiest hospitals in the city accountable to deliver the safe patient care they promise in their TV ads and billboards.

We're calling on our allies in City Hall to advocate alongside us in the fight for a fair contract with enforceable safe staffing standards. We know the fight will be tough. NYP has money, but we have thousands of nurses fighting for respect and dignity. It's time to show hospitals like NYP they need to put patients over profits.

Good afternoon. My name is Tammy Steele. I'm a member of the New York State Nurses Association and a nurse at BronxCare. I've been a nurse for almost 30 years – and I've worked in the Intensive Care Unit for 24 years.

BronxCare is a safety-net hospital – that means we care for the sickest of the sick.

Our patients come in now sicker than they ever have before. That's because a lot of them don't have the money to pay for a doctor, or they can't afford to take an unpaid day off of work to go to the doctor.

And when they do finally go to the doctor and get told they need to go to hospital they try to delay it because they are the working poor.

My patients are the salt of the earth. They deserve the very best care.

But too often we don't have safe staffing in our hospital. In the ICU, each nurse is supposed to have no more than two patients at a time. Sometimes one of us has to leave the unit to accompany a patient for a procedure that takes an hour or more.

That means another nurse in the ICU is left with 3 patients instead of two.

Break relief is another problem. If you go on break, you're leaving someone else with two extra patients.

In the ICU, our patients are very sick. Anything could change in a heartbeat.

When we raise the issue of safe staffing to management, they say oh nothing is going to happen. But it's the ICU, things are always happening. And if something goes wrong, it's the nurse left holding the bag.

We need relief nurses who can step in to care for our patients when one of us needs to take a break or accompany a patient for a procedure.

Without safe staffing, nurses are getting burnt out. Turnover is through the roof. We care for our patients every second of every shift, but no one is caring for nurses.

Healthcare is not a product. It shouldn't be about profit. It should be about care.

And our patients can't get the care they need if we don't have safe staffing.

So I'm asking the city council to please support us in our fight for fair union contracts with safe staffing – so that our communities can get the care they deserve and our nurses can stay at the bedside without getting burnt out.

Thank you.

DRAFT TESTIMONY

TESTIMONY

Good afternoon. My name is Tracey Kavanagh. I have been a Registered Nurse for 43 years and I currently work in the Operating Room at Flushing Hospital.

Thank you to the City Council for giving us the opportunity to share our thoughts and concerns about the state of nursing in New York City.

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

Since early 2000 more than 30 hospitals have closed across the state. In Queens, hospitals closures included St. John's Queen's Hospital, Mary Immaculate Hospital, Peninsula Hospital and Parkway Hospital. This was partly the result of the Berger Commission, which aimed to "right-size" New York's healthcare system by reducing the number of hospital beds. This turned out to be disastrous for New Yorkers.

Subsequent studies found that in fact, Queens was under bedded. In a borough whose population is increasing, we cannot afford any more hospital closures or cuts in services.

Frontline nurses know that Medicaid saves lives. As a safety net hospital, any cuts to Medicaid and Medicare will have a profoundly negative impact on Flushing's ability to provide care. And in a worst-case scenario, will affect its ability to operate.

On a positive note, there have been many improvements and additions made to the services provided at Flushing Hospital. We are a designated Stroke Center with a brand new emergency room and telemetry unit. A new Mother baby unit and NICU that have been designated as baby friendly. There are plans for a new ICU and an in-patient Psych unit in 2026.

These are all much needed services that the community requires and deserves. All of this is at risk. What a travesty it would be if cuts to Medicaid and Medicare, and a rise in the price of insurance premiums, meant that these services were under-utilized or eliminated.

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

THE COUNCIL
THE CITY OF NEW YORK

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☐ in favor ☐ in opposition

Date: _____

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Name: Myriam Pagan Colon

Address: NY Presbyterian

I represent: 1199

Address: _____

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Date: _____

(PLEASE PRINT)

Name: Goodness Iheanachor

Address: Mt. Sinai Hospital

I represent: NYS Nurses Assoc.

Address: _____

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Name: Erin Dupree

Address: _____

I represent: Greater New York Hospital Association (GNYHA)

Address: _____

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Name: Lester Marks

Address: _____

I represent: Mother Cabrini Health Foundation

Address: _____

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(PLEASE PRINT)

Name: Nancy Hagans, President

Address: Maimonides Hospital

I represent: New York State Nurses Assoc.

Address: _____

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(PLEASE PRINT)

Name: Ari Mont'a

Address: Interfaith Medical Center

I represent: New York State Nurses Assoc.

Address: _____

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(PLEASE PRINT)

Name: Denash Forbes

Address: Mt. Sinai Hospital

I represent: New York State Nurses Assoc.

Address: _____

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Appearance Card

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Date: _____

(PLEASE PRINT)

Name: Flandersia Jones

Address: Bronx Care

I represent: New York State Nurses Assoc.

Address: _____

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Michelle Jones

Address: Flushing Hospital

I represent: New York State Nurses Assoc.

Address: _____

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(PLEASE PRINT)

Name: Alizia McMyers

Address: NYC H+H Harlem Hospital

I represent: New York State Nurses Assoc.

Address:

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☐ in favor ☐ in opposition

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(PLEASE PRINT)

Name: Deidre Gilkes

Address: Kingsbrook Medical Center

I represent: New York State Nurses Assoc.

Address: _____

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Sophie Boland

Address: New York Presbyterian

I represent: New York State Nurses Assoc.

Address: _____

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(PLEASE PRINT)

Name: Tammy Steele

Address: Bronxcare

I represent: NY State Nurses Assoc.

Address: _____

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(PLEASE PRINT)

Name: Darla Joiner

Address: Mt. Sinai Hospital

I represent: NY State Nurses Assoc.

Address: _____

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Date: _____

(PLEASE PRINT)

Name: Diane Minnett

Address: Richmond University Medical Ctr

I represent: NY State Nurses Assoc.

Address: _____

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(PLEASE PRINT)

Name: Johnaira Dilone-Florian

Address: Montefiore Bronx Hospital

I represent: NYS Nurses Assoc.

Address: _____

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Appearance Card

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(PLEASE PRINT)

Name: Tracey Kavanagh

Address: Flushing Hospital

I represent: NYS Nurses Assoc.

Address: _____

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(PLEASE PRINT)

Name: Beth Loudin

Address: New York Presbyterian

I represent: NYS Nurses Assoc.

Address: _____

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Name: Dalia Branford

Address: Wyckoff Heights Medical Center

I represent: NYS Nurses Assoc.

Address: _____

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(PLEASE PRINT)

Name: Russell Pinsker

Address: Maimonides Hospital

I represent: NYS Nurses Assoc.

Address: _____

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(PLEASE PRINT)

Name: Lisa Yeno

Address: Richmond University Medical Ctr.

I represent: NYS Nurses Assoc.

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(PLEASE PRINT)

Name: Rehana Lowtan

Address: Brooklyn Hospital Ctr.

I represent: NYS Nurses Assoc.

Address: _____

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(PLEASE PRINT)

Name: Janelle Mathews

Address: Brooklyn Hospital Ctr.

I represent: NYS Nurses Assoc.

Address: _____

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(PLEASE PRINT)

Name: Irina Virvet

Address: Mt. Sinai Morningside

I represent: NYS Nurses Assoc.

Address: _____

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(PLEASE PRINT)

Name: Shaiju Kalathil

Address: Montefiore Bronx

I represent: NYS Nurses Assoc.

Address: _____

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Name: Dr Wanda Cineas

Address: Chief Nurse Executive and Co-Chair

I represent: of the Equity and Access Council

Address: NYC HHH

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