CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HOSPITALS

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February 29, 2024
Start: 10:05 a.m.
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HELD AT: 250 BROADWAY - COMMITTEE ROOM, 14TH FLOOR

B E F O R E: Mercedes Narcisse, Chairperson

COUNCIL MEMBERS:
Jennifer Gutiérrez
Kristy Marmorato
Francisco P. Moya
Vickie Paladino
Carlina Rivera

A P P E A R A N C E S

Dr. Eric Wei, Senior Vice President, Chief Quality Officer at New York City Health and Hospitals

Dr. Donnie Bell, Deputy Chief Medical Officer at New York City Health and Hospitals

Tim Johnson, Greater New York Hospital Association

Dr. Michael Zingman, National Secretary Treasurer for Committee of Intern and Residents/SEIU

Dr. Pramma Elayaperumal, Committee of Intern and Residents/SEIU

Dr. Rachel Percelay, Committee of Intern and Residents/SEIU

Dr. Anna Roesler, Committee of Intern and Residents/SEIU

Dr. Kara Jordon, Committee of Intern and Residents/SEIU

Dr. Laurence Doyle, Committee of Intern and Residents/SEIU

Dr. Salma Sadaf, Committee of Intern and Residents/SEIU

Dr. Ian Peake, Committee of Intern and Residents/SEIU

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

Dr. Matthew Moronta, Committee of Intern and Residents/SEIU

Dr. Anton Shkurenka, Committee of Intern and Residents/SEIU

Dr. Comfort Anim Koranteng, Committee of Intern and Residents/SEIU

Dr. Ethan Abrishamian, Committee of Intern and Residents/SEIU

Dr. Luis Agular Montevalen, Committee of Intern and Residents/SEIU

Dr. Dominique Noriega, Committee of Intern and Residents/SEIU

Dr. Shane Solger, Committee of Intern and Residents/SEIU

Dr. Donald Hathaway, Committee of Intern and Residents/SEIU

Dr. Sandeep Sasidharan, Committee of Intern and Residents/SEIU

Dr. Dinesh Nirmal, Committee of Intern and Residents/SEIU

Dr. Patrick Lundy, Committee of Intern and Residents/SEIU

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

Dr. Edoardo Vattimo, Committee of Intern and Residents/SEIU

Dr. Mike Cydylo, Committee of Intern and Residents/SEIU

Dr. Dina Jaber, Committee of Intern and Residents/SEIU

Dr. Victor Sanchez, Committee of Intern and Residents/SEIU

Dr. George Danias, Committee of Intern and Residents/SEIU

John Keller, Manhattan Community Board 6

Dr. Abdelrahman Habiba, Committee of Intern and Residents/SEIU

Dr. Marwa Maaita, Committee of Intern and Residents/SEIU

Dr. Vishvaa Vel, Committee of Intern and Residents/SEIU

Dr. Melissa Taber, Committee of Intern and Residents/SEIU

Dr. Nick Frazzette, Committee of Intern and Residents/SEIU

Dr. Phool Iqbal, Committee of Intern and Residents/SEIU

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

Dr. Rosamaria Robustelli, Committee of Intern and Residents/SEIU

2 SERGEANT-AT-ARMS: Sound check for the
3 Committee on Hospitals. Today's date is February 29,
4 2024, being recorded by Danny Huang on the 14th Floor
5 Hearing Room.
6 SERGEANT-AT-ARMS: Good morning and
7 welcome to the New York City Council hearing of the
8 Committee on Hospitals.
9 At this time, can everybody please
10 silence your cell phones?
11 If you wish to testify, please come up to
12 the Sergeant-at-Arms desk to fill out a testimony
13 slip.
14 Written testimony can be emailed to
15 testimony@council.nyc.gov.
16 At this time and going forward, no one is
17 to approach the dais. I repeat, no one is to approach
18 the dais.
19 Thank you for your cooperation.
20 Chair, we are ready to begin.
21 CHAIRPERSON NARCISSE: [GAVEL] Good
22 morning. I'm Council Member Mercedes Narcisse, Chair
23 of the Hospital Committee. Thank you for joining us
24 today for this Committee's oversight hearing, which
25 will address our City's healthcare staffing crisis.

2 Specifically, we'll be discussing how the staffing
3 crisis intersects with conditions in residency
4 programs for physician and nurse practitioners.
5 Residency programs are incredible valuable element of
6 our healthcare system. Medical residencies offer
7 crucial hands-on experience to future physicians as
8 they transition into medical practice. Residents
9 provide direct care to patients in a variety of ways,
10 from giving examinations, engaging in lab work,
11 interpreting test results, to performing medical
12 procedures, all while under the tutelage of
13 experienced physicians.
14 Nurse residency programs, while optional,
15 have also served to improve the transition into
16 medical practice by providing nurses with monthly
17 seminars and on-the-job training to improve workers
18 confidence. It is therefore unsurprising that nurses
19 who complete residency programs have much higher
20 rates of retention, thereby saving hospitals the
21 time, money, and resources needed to train new hires.
22 In a time where hospitals are
23 understaffed and in need of resources, it is apparent
24 that retaining a qualified, knowledgeable workforce
25 of nurses and physicians is a necessity to keep the

2 City's healthcare system running. Residents in New
3 York City face incredibly strenuous working
4 conditions. According to the Committee of Interns and
5 Residents, they can be required to work shifts that
6 are up to 28 hours long, provided that the resident
7 does not exceed 80 hours per week when averaged over
8 four weeks. These long hours are especially alarming
9 when studies have shown that residents who work over
10 48 hours per week are double the risk of making
11 medical errors. In addition to increasing medical
12 risk for patients, residents themselves are affected
13 by overwhelming condition. 50 percent develop burnout
14 during training. From life experience, I can tell you
15 that because I used to be an ER nurse, and my own son
16 had to go to training, it’s a tough one, and one in
17 four residents develop clinical depression. Despite
18 this long hours and unsustainable working conditions,
19 the median salary of medical residents in the city
20 falls at only 67,311 dollars. How do they pay the
21 rent? And ever since their previous agreement expired
22 in December of 2021, 2,300 residents are currently
23 working without a contract. The current system is
24 failing the city's residents by neglecting the
25 medical residents who train here and by failing to

retain these qualified individuals once their residency programs are complete. We do our healthcare system a grave disservice. This Council is committed to taking care of the nurses and doctors who in turn take such good care of us. We called them heroes during the height of the pandemic. We will work hard to ensure that these healthcare professionals are given safe working conditions, access to all necessary resources, and that they are paid what they deserve.

Before I conclude, I want to thank all the Committee Staff, advocates, and community members who have contributed so much of their hard work and dedication to this issue. As a registered nurse, it is incredibly uplifting to see the hard work of advocates as they fight to improve working conditions for frontline workers. I extend my thanks to all of you. for joining us today at this hearing.

With that, we'll now call up representative from H and H that will share their own remarks in a minute so I turn it over to (INAUDIBLE) for the oath.

2 COMMITTEE COUNSEL OGASAWARA: Thank you,
3 Chair. We will now hear testimony from the
4 Administration.
5 Before we begin, I will administer the
6 affirmation so panelists, please raise your right
7 hand. I will read the affirmation once and then call
8 on each of you individually to respond.
9 Do you affirm to tell the truth, the
10 whole truth, and nothing but the truth before this
11 Committee and to respond honestly to Council Member
12 questions? Dr. Wei.
13 CHIEF QUALITY OFFICER DR. WEI: I do.
14 COMMITTEE COUNSEL OGASAWARA: Dr. Bell.
15 DEPUTY CHIEF MEDICAL OFFICER DR. BELL: I
16 do.
17 COMMITTEE COUNSEL OGASAWARA: Thank you.
18 You may begin.
19 CHIEF QUALITY OFFICER DR. WEI: All right.
20 Good morning, Chairwoman Narcisse, esteemed Members
21 of the Committee of Hospitals. I am Eric Wei, Senior
22 Vice President, Chief Quality Officer at New York
23 City Health and Hospitals. I also practice as an
24 emergency medicine doctor across all 11 EDs in our
25 system. I'm joined this morning by Dr. Donnie Bell,

2 our system Deputy Chief Medical Officer, who is also
3 a practicing neuroendovascular surgeon at Kings
4 County. Thank you for the opportunity to testify
5 regarding the residency programs at Health and
6 Hospitals.
7 While our health system represents just
8 one facet of the broader healthcare delivery system
9 and workforce landscape in our city, we take pride in
10 what we do. Our resident fellow colleagues are
11 essential members of our care team, enabling us to
12 uphold a tradition of teaching in medicine and
13 fulfill our mission of providing all New Yorkers with
14 the opportunity to live their healthiest lives
15 regardless of their background or means. Our
16 trainees, who share our values and mission,
17 consistently deliver high-quality, compassionate care
18 to our patients, serving as a crucial source of
19 healthcare staffing across Health and Hospitals.
20 We're proud to host a large graduate medical
21 education program, which consists of about 2,400
22 trainee full-time equivalents who practice across 11
23 acute care facilities and a couple of our Gotham
24 ambulatory sites. We offer residency and clinical
25 fellowships in dozens of specialties and

2 subspecialties including anesthesia, cardiology,
3 emergency medicine, geriatrics, internal medicine,
4 OBGYN, pediatrics and psychiatry. Furthermore, we
5 host hundreds of medical students for their third-
6 and fourth-year rotations. We also offer an
7 internship program for third- and fourth-year medical
8 students to experience our mission at Health and
9 Hospitals as part of our MOSAIC Pathway Program.
10 There are over 70 H and H sponsored training
11 programs, and we participate in over 340 different
12 GME education programs. In addition to our own
13 sponsored programs, we work with 13 sponsoring
14 institutions and 7 medical school partners.
15 With a notable increase in providers
16 leaving or retiring and a widespread shortage of
17 healthcare professionals nationwide, including at H
18 and H, improving recruitment efforts is now even more
19 essential. At Health and Hospitals, we recently
20 established a new recruitment office dedicated to
21 attracting new talent, retaining our resident fellow
22 colleagues. Alongside our affiliates, we have
23 organized job fairs tailored to our residents and
24 fellows. Moreover, our training program faculty serve
25 as mentors, guiding trainees in career planning,

2 helping them secure fellowships, and maintaining post
3 residency fellowship relationships to facilitate
4 recruitment back to our health system. Many of our
5 trainees gain additional training at some of the
6 country's top fellowship programs, including at NYU,
7 Mount Sinai, Cornell, Columbia, Mass General
8 Hospital, Cleveland Clinic, and UCLA, just to name a
9 few. Notably, approximately 20 percent, one in five,
10 of our attending medical staff at Health and
11 Hospitals are graduates of our residency training
12 programs.
13 We recognize that residency and
14 fellowship can be demanding, juggling personal well-
15 being, family, finances, clinical duties, and
16 continuously learning. Personally, residency was by
17 far the hardest thing I have ever done, and I believe
18 most physicians feel that way. Therefore, it is
19 crucial that we foster a supportive clinical learning
20 environment. We offer a suite of wellness resources
21 and activities, such as resident wellness work
22 groups, dedicated spaces and retreats, social events,
23 and our Helping Healers Heal, or H3, program to
24 address work related stressors. Additionally, our
25 programs include research fairs, American Medical

2 Association membership, educational content,
3 leadership opportunities, and avenues for trainees to
4 voice concerns safely. Knowing the toll of COVID-19
5 on physicians and residents, Health and Hospitals
6 developed a comprehensive Workforce Wellness Strategy
7 in 2020. This proactive approach has been maintained
8 to address the ongoing challenges of the pandemic,
9 aiming to increase awareness of mental health issues,
10 improve access to resources, encourage help-seeking
11 behavior, and enhance overall satisfaction with
12 resources and working conditions. As part of this
13 strategy, H and H has bolstered its H3 programming,
14 which includes resources such as an anonymous
15 internal support hotline, individual and group peer
16 support sessions, and mandatory annual training for
17 DIOs, designated institutional officers, GMA leaders,
18 residency program coordinators and directors, all
19 aimed at addressing the emotional and psychological
20 needs of our healthcare workforce.
21 Furthermore, H and H launched the House
22 Staff Wellness website in 2021, providing mental
23 health resources and support hotlines for all staff
24 regarding of academic affiliation or payline.
25 Additionally, H and H added behavioral health

2 services to our virtual express care service line,
3 allowing 24/7 access to mental health services via
4 telehealth. This is available to all H and H staff
5 and has been utilized by trainees. In late 2020
6 Health and Hospitals introduced staff wellness
7 surveys as a vital tool, revealing critical insights
8 into our wellness initiatives. The surveys indicate
9 that residents and fellows were unaware of our H3
10 programming and were experiencing significant levels
11 of stress and burnout. In response, system leadership
12 established a dedicated support model for all health
13 staff in alignment with ACGME requirements. This
14 model aims to provide resources, reduce mental health
15 stigma, and encourage a culture of seeking support
16 within our healthcare workforce. Moving forward, we
17 will continue to utilize these surveys to inform and
18 enhance our support mechanisms, ensuring the well-
19 being of our staff remains a top priority.
20 H and H has taken specific steps to
21 address the epidemic of physician suicide,
22 recognizing that physicians have one of the highest
23 suicide rates among all professions. National
24 Physician Suicide Day, which is observed on September
25 17th, serves as a call to action to prevent suicide

2 by promoting awareness, initiating conversations,
3 understanding underlying barriers, and sharing
4 resources for those in distress to seek mental
5 healthcare. This year, we organized two virtual
6 events aimed at shedding light on physician suicide
7 and destigmatizing its existence within the
8 healthcare landscape. Additionally, we hosted a
9 resident only panel focusing on reducing mental
10 health stigma, promoting mindset and self-care, and
11 reflecting on residency life.
12 To further support residents, we
13 developed a Crisis Support Action Plan, which is now
14 integrated with the use of the Integrated Screening
15 Program. The ISP is created by the American
16 Foundation of Suicide Prevention, allows residents
17 and fellows to complete a self-guided questionnaire
18 in a safe and anonymous manner. Through the ISP
19 website, participants can anonymously assess stress,
20 depression, other mental health concerns and receive
21 personalized responses from an H3 peer support
22 champion, exchange messages with a peer support
23 champion, ask questions, learn about mental health
24 services, and be connected with these services. We
25 are proud of our efforts to enhance resident well-

2 being, but we also recognize the need for ongoing
3 improvement. To address resident concerns
4 effectively, we have established a standardized
5 quality assurance workflow. This process involves
6 regular meetings between residency programs through
7 direct leadership, facility leadership, and system-
8 wide leaders. These meetings aim to address
9 complaints or operational challenges, discuss high-
10 level operational barriers, and work collaboratively
11 to resolve these issues.
12 Additionally, H and H created a Resident
13 Working Conditions and Well-Being Task Force,
14 comprising of both system leadership, wellness
15 champions who meet quarterly to drive resident and
16 fellow wellness strategy across the system. This task
17 force organizes a biannual system-wide residency,
18 working conditions, and wellness calls along with ad
19 hoc facility specific meetings as needed. These calls
20 include all the CEOs, CMOs, CNOs, DIOs, and other
21 facility stakeholders as well as CIR representation
22 to align our efforts, have transparency in issue
23 resolution, tracking and monitor trends, and sharing
24 of strategies and best practices. The Resident House
25 Staff Wellness Work Group consisting of

2 representatives from across our facilities and
3 central office divisions is dedicated to assessing
4 current state needs and gaps in resident well-being.
5 This group identifies solutions and may evolve into
6 future initiatives or programs. Continuously seeking
7 feedback from our trainees, we are committed to
8 enhancing the clinical learning environment with the
9 aim of fostering a future where our trainees become
10 valued faculty colleagues.
11 We take pride in H and H's role in
12 training a significant portion of the nation's
13 doctors. While we would be honored to retain every
14 resident within our system after they complete their
15 residencies, we understand that various factors may
16 lead to residents leaving our system and New York
17 City. There are system factors such as the number of
18 attending lines being fewer than resident and fellow
19 lines, and we pride ourselves on the high retention
20 rate of our attending physicians. There are also
21 personal factors such as fellowship, attending
22 opportunities outside of New York City for our
23 residents and fellows and/or their significant
24 others, desire to be closer to family and friends
25 when starting and growing their own families, and

2 geographic preference. The high cost of living in New
3 York City poses recruitment challenges. Additionally,
4 fellowships are highly competitive and utilize a
5 match system similar to residency where a computer
6 system determines the highest match between resident
7 and program rankings to make a match. This means
8 residents may have to apply broadly across the
9 country and be willing to move where they match.
10 Safety net hospitals like H and H often
11 face challenges in competing with private and for-
12 profit hospitals in terms of healthcare workforce
13 salaries due to our payer mix. Despite this, we
14 prioritize offering a comprehensive range of
15 additional benefits unique to public and non-profit
16 health systems like ours. We also advocate for
17 additional funding and support these critical
18 programs. This includes our participation
19 initiatives, such as the National Health Service
20 Corps Loan Repayment Program and Doctors Across New
21 York Program. Within our system, we are proud to have
22 launched a behavioral health loan repayment program
23 aimed at engaging highly talented and motivated
24 behavioral health staff. This program has offered
25 30,000 to 50,000 in debt relief to various behavioral

2 health clinicians, psychiatrists, psychiatric
3 physician assistants, psychiatric nurse
4 practitioners, licensed clinical psychologists, and
5 licensed clinical social workers in exchange for a
6 three-year commitment to serve H and H's patients.
7 In conclusion, at Health and Hospitals,
8 our mission is to provide high-quality health
9 services with compassion, dignity, and respect to
10 everyone without exception. We deeply appreciate and
11 take pride in the daily efforts of our residents and
12 fellows to further this mission. In turn, we are
13 dedicated to support them day-in, day-out as the
14 health of our communities and of our great city are
15 in the hands of the future generations of clinicians
16 and clinical leaders that come out of our training
17 programs.
18 Thank you to the Committee for the
19 opportunity to testify and for your continued support
20 of Health and Hospitals. I look forward to our
21 continued partnership, and Donnie and I are happy to
22 answer any questions. Thank you.
23 CHAIRPERSON NARCISSE: Thank you. Thank
24 you for being a doctor, serving our community, both
25 of you. I appreciate that because we know in a time,

2 before COVID, I always know that doctors are very
3 important because without our health, we're nothing,
4 so you play a key role in our society so I thank you
5 for your work. Like people who said that I have a
6 skin in the game because I have my own doctor, two
7 doctors in my house so I know how hard it can be and
8 I appreciate you.
9 Now, in the enrollment, how many medical
10 residents completed an H and H residency program in
11 2023? Can you desegregate these numbers based on the
12 specialty fields in H and H campus? Bear with me one
13 minute. How many foreign medical graduates are
14 enrolled in H and H residency program? Is that
15 enough, because I can come back and because a lot of
16 layers so answer those before I go back.
17 CHIEF QUALITY OFFICER DR. WEI: Donnie, do
18 you want to take the first one?
19 CHAIRPERSON NARCISSE: How many medical
20 resident completed an H and H residency program in
21 2023? Let's start with that one.
22 DEPUTY CHIEF MEDICAL OFFICER DR. BELL:
23 Yes. Good morning, Chair, and thank you for the
24 opportunity to testify this morning. To answer your
25 question in regards to the number of graduating

2 trainees, that number is roughly around 1,000 or so.
3 It's dependent upon who the sponsoring institution of
4 the program is, and so that's where there's some plus
5 or minus, but the general number is around 1,000.
6 CHAIRPERSON NARCISSE: About 1,000. How
7 many foreign medical graduates are enrolled in the H
8 and H residency program?
9 DEPUTY CHIEF MEDICAL OFFICER DR. BELL:
10 We're currently doing a study with CIR in order to
11 better understand some of the unique challenges from
12 our international medical graduates. That study is in
13 the focus group phase, and once we have those that
14 data, I'd be able to give you a more accurate answer
15 so I'm happy to follow up with the Council.
16 CHAIRPERSON NARCISSE: So you don't have
17 the data today?
18 DEPUTY CHIEF MEDICAL OFFICER DR. BELL:
19 Yeah, when we finish that analysis, I'd be happy to
20 bring that back to the Council.
21 CHAIRPERSON NARCISSE: Okay. Can you tell
22 us what borough and hospitals medical residents are
23 concentrated in?
24 CHIEF QUALITY OFFICER DR. WEI: Yeah, we
25 have an entire grid, the short answer is that we have

2 residents and fellows in all 11 of our acute care
3 facilities and two of our Gotham Ambulatory
4 Diagnostic and Treatment Centers, which is Gouverneur
5 and Morrisania. Our trauma centers, our largest
6 hospitals have the most and we have those in four of
7 the five boroughs. We don't have one in Staten
8 Island.
9 CHAIRPERSON NARCISSE: Which one that you
10 have more?
11 CHIEF QUALITY OFFICER DR. WEI: Bellevue
12 is going to have the most.
13 CHAIRPERSON NARCISSE: Okay.
14 CHIEF QUALITY OFFICER DR. WEI: It's our
15 largest.
16 CHAIRPERSON NARCISSE: How many residency
17 positions are open for new resident applications
18 annually?
19 CHIEF QUALITY OFFICER DR. WEI: This one,
20 as Dr. Bell mentioned, is going to be about the 1,000
21 that graduate. We are growing some residencies, so
22 that number is going up but, like we said, there's 13
23 different sponsoring institutions that we work with
24 outside of H and H and seven medical schools, so we
25 might only get small pieces of their full-time

2 equivalents of residents. For example, Mount Sinai
3 Emergency Medicine residents are rotating not just at
4 Elmhurst Hospital but at Mount Sinai Hospital.
5 CHAIRPERSON NARCISSE: I know. Although
6 the resident matching process is a highly competitive
7 process, 18 resident positions at H and H facilities
8 were vacant in 2023. Can you please elaborate on how
9 this happened?
10 CHIEF QUALITY OFFICER DR. WEI: Yeah, I
11 think this is a known byproduct of the match system,
12 right? You apply to residency programs. If they offer
13 you an interview, you can accept or decline that
14 interview. You can rank all the programs that you
15 interviewed at from your first choice to the last
16 program that you're willing to go to. Same goes for
17 the programs. They have a meeting, and they rank all
18 the people that they interviewed from first choice to
19 the last one that they'd be willing to take into the
20 program, and so while would love for this system to
21 be perfect and make a match for everyone, due to
22 competitiveness of programs and the ebbs and flows of
23 interest and popularity of specialties, it's a
24 natural byproduct that there is unmatched, and there
25 is a process of, it’s called the scramble, where you

2 get an email on the Monday of match day and you can
3 do quick virtual interviews and try to scramble into
4 open slots, and so that closes a lot of the gap, but
5 as an emergency physician, I know when I was
6 training, it was the most popular specialty. I think
7 a third of my med school class went into it.
8 Residencies were popping up in hospitals all over the
9 place. We know COVID exposed how vulnerable emergency
10 medicine physicians are to burnout. It has definitely
11 dropped in popularity and last year had 455 open
12 slots across the country so you see these ebbs and
13 flows of what's most popular and what people want to
14 go into.
15 DEPUTY CHIEF MEDICAL OFFICER DR. BELL:
16 Chair Narcisse, I would also add that in addition via
17 the Consolidated Appropriations Act of 2021, we've
18 actually been able to expand several of our programs
19 including in primary care, psychiatry, and OB/GYN so
20 we just wanted to add that as well.
21 CHAIRPERSON NARCISSE: Because I
22 understand all the background because I had to go
23 through it, but thank God he got accepted right away,
24 but I'm saying there's a lot of people that want to
25 be in New York City to be a resident here so to have

2 the vacancy while you have someone out there that did
3 not get a spot, so it's very concerning for me
4 because right now, I would tell you, very often I get
5 e-mail that I'm in New York, I don't want to go away
6 because my family's in New York, and I would like to
7 stay here, but I'm applying for residency, nobody in
8 New York calling me. Those are the things that I'm
9 very concerned about too because if you have New
10 Yorkers in New York and you have vacant slot with, I
11 feel like it's unfair process because somebody's
12 sitting there crying and feel depressed even more
13 after all the study and cannot get a spot and you
14 have vacant spot.
15 All right, moving forward. Retention. Of
16 the medical residents who enroll with H and H
17 facility or New York City Hospital, do you have the
18 data on how many have remained at their hospital or
19 stay within the H and H hospital system after
20 completing their residency. I heard you in the open
21 statement, but do you have any data on the number of
22 residents who completed a residency program in New
23 York City who have since departed?
24 CHIEF QUALITY OFFICER DR. WEI: We tried
25 really hard to pull this data. The biggest kind of

2 overview number is that 20 percent of our current
3 faculty or attending physicians have trained in our
4 residency programs. We'll bring back any additional
5 data that we're able to find but, as I mentioned in
6 the testimony, there are less medical school spots
7 for the number of pre-med students that there are
8 studying in New York, and there are less residency
9 spots than all the medical student spots, and then
10 attending spots are even less, and the fact that we
11 want to keep our attendings for hopefully their whole
12 career, it might mean that only one or two attending
13 spots per department open for each July for
14 residents, both within our system and outside our
15 system to compete over, and so that I think plays a
16 big factor from a structural standpoint, and then
17 there's the personal reasons why somebody might want
18 to move out of New York City. I think there is this
19 romanticized dream of people coming to study in New
20 York City, to train in New York City, but when it's
21 time to start a family or support family, they want
22 to be closer to family, and certainly, I had that
23 dream. I just didn't get into a New York training
24 program, and I never would've dreamed of coming here
25 with a 1 and a 3-year-old.

2 CHAIRPERSON NARCISSE: Even it's hard, I
3 know people still want to come to New York City.
4 Now, I have to acknowledge my Colleagues
5 that have joined us, Council Member Marmorato,
6 Paladino, and Moya on Zoom. Thank you.
7 Can you please provide an overview of
8 structure and curricular medical residency training
9 programs offered by H and H? What measure does H and
10 H have in place to ensure the quality of
11 effectiveness of medical residency training programs
12 across their facilities? How does H and H collaborate
13 with affiliated medical school to enhance educational
14 experience and opportunity for residents? Can you
15 please explain the way that H and H hospitals
16 interact with private hospitals to provide
17 experiential learning for residents? For example,
18 there are programs that are run by H and H that
19 collaborate with NYU, I think you mentioned, NYU,
20 Mount Sinai, and New York Presbyterian, I didn't hear
21 New York Presbyterian. Is that too many?
22 CHIEF QUALITY OFFICER DR. WEI: We'll
23 start with the curriculum piece.
24 CHAIRPERSON NARCISSE: Okay.
25

CHIEF QUALITY OFFICER DR. WEI: ACGME as well as specialty-specific GME organizations are standardized in things that they require in every pediatrics residency, every internal medicine residency, and so we follow those very closely to make sure that we're hitting all the core rotations and competencies and, then based off of that, there still is some flexibility built in for electives and for the program director to customize the training program, and I know they work closely with residents that are giving feedback with the designated institutional officer of the facility to try to not have a stale content, to continuously improve the curriculum. Our affiliates play a big role in that as well. The deans of those schools, their associate deans, their DIOs, GME leads, and so we work together on that.

In terms of experiential, I believe many of our trainees come and choose to train in New York because of the ability to have rotations in hospitals like Bellevue and Elmhurst and Jacobi that give them that safety net, the trauma center serving the mission of the most vulnerable communities that enhances working at the kind of ivory tower academic

institutions as well, and so we want to make sure that they experience community, urban, academic to have a well-rounded training no matter where they go after training. Other kind of innovative things that we've worked on that we're proud of such as the Healthcare Admin Scholars Program is a two-year mini-fellowship that senior residents go through that's twice monthly didactics and a mentored capstone quality improvement project. We have that at 7 of our 11 hospitals, the goal is to get it to 11 out of 11, and it's to let people who are interested in quality as well as systems thinking get exposed to things that would take them a long time to get exposed to as junior faculty to right away be able to improve things, to be changemakers, and then for fellows or post resident graduates, we created a clinical leadership fellowship, which is now in its fifth year, and so that's one-year fellowship where we flip the time to 70 percent fellowship leadership and quality improvement time and 30 percent clinical so they can take all the things that they wanted to fix, but they might not have had time to fix as a resident and really work on those so this is another way that we're retaining staff. 80 percent of our clinical

2 leadership fellow graduates have stayed in Health and
3 Hospitals.
4 CHAIRPERSON NARCISSE: Can you provide
5 information on the support and resources that are
6 available for residents regarding professional
7 development including research or mentorship
8 opportunities? How does H and H evaluate the outcomes
9 and success of the medical residency training
10 program. How are resident competency, satisfaction,
11 and preparedness for independent practice measured?
12 Can you please describe the Crisis Support Attention
13 Plan?
14 DEPUTY CHIEF MEDICAL OFFICER DR. BELL:
15 Sure, Chair Narcisse, would you mind repeating the
16 first portion of the question, please?
17 CHAIRPERSON NARCISSE: How does H and H
18 evaluate the outcomes and success of the medical
19 residency training programs? How are resident
20 competency, satisfaction, and preparedness for
21 independent practice measured? Can you please
22 describe the Crisis Support Attention Plan?
23 DEPUTY CHIEF MEDICAL OFFICER DR. BELL:
24 Yes. Thank you. I'll take the first portion of that.
25 All of our training programs that are under the ACGME

2 undergo ACGME site visits based on their cadence and
3 their rules and regulations. Those site visits survey
4 both the faculty and the trainees, and there are
5 prescribed metrics based on the specialty or
6 subspecialty of training. There are also prescribed
7 metrics and competencies for graduation from those
8 programs. For a procedural-based training program, it
9 might be the number of certain procedures that are
10 done with a certain type of proficiency or autonomy
11 so the ACGME plays a key role there. We also have GME
12 offices at our facilities that are composed of
13 residents and fellows, and they also GME operations
14 at the hospital level, and we also have a GME Council
15 at the enterprise level to help support our programs
16 across Health and Hospitals.
17 CHAIRPERSON NARCISSE: Excuse me on that
18 because some of the questions, you probably
19 intertwined with some others, but if you can bear
20 with me and answer as many as you can on this. Can
21 you tell me what a golden weekend is? I don't know.
22 That’s some interesting question that I have to ask
23 you. I want to know too.
24 CHIEF QUALITY OFFICER DR. WEI: A golden
25 weekend, which I don't think applies the same way as

2 before some of the ACGME rules. For example, when my
3 wife was training OB/GYN at LA County, she was 30
4 hours every fourth day her team was on-call so the
5 golden weekend was when those four days happened to
6 have Friday noon be your post call that you had the
7 Saturday and Sunday off and then you were back in the
8 rotation on Monday, and so the golden weekend is
9 different than like being on-call on Friday night and
10 being off at noon on Saturday and only having one day
11 so that was the golden weekend.
12 CHAIRPERSON NARCISSE: I just want to be
13 honest because you know being here, I have to work
14 with the union as well to understand what's going on,
15 so bear with me, I'm leaving some of my questions
16 unasked because I have to collaborate to do the best
17 I can in terms of representing everyone. You have
18 spoken about the Patient Care Trust Fund. Can you
19 tell us more about some of the projects and equipment
20 it has funded and why you see increasing the H and H
21 contribution is so important.
22 CHIEF QUALITY OFFICER DR. WEI: This was
23 something that our President and CEO, Dr. Katz,
24 created when he was the Health Commissioner in San
25 Francisco, also brought to Los Angeles, and it's

parallel with what we believe in terms of transformation and quality improvement, that those doing the work are best positioned to know what the problems are and how to improve the work, the solutions, and so asking the residents what equipment needs to be updated, what equipment that's new or technologies that's new might be able to better serve our patients and communities is basically the undergirding of the idea of this fund, have the residents decide what equipment is needed or needs to be updated, and so just like our quality improvement, we want to just expand that, and so that's why we care about increasing this fund.

CHAIRPERSON NARCISSE: Okay. Talking about some of the, probably Dr. Katz is exploring things with trying to do the best you can, I believe, but I still have to ask those questions. You have said that residents at Bellevue work side by side with NYU residents, but there is a 9,000-dollars pay disparity. Can you explain how the split payroll works and how you end up on one payroll versus the other one? I know I had to deal with that with Elmhurst Hospital in Mount Sinai so now I want to know about the NYU one.

DEPUTY CHIEF MEDICAL OFFICER DR. BELL: Sure, Chair. I would express that at Health and Hospitals, we would want everyone to receive fair and equitable pay, and I think we're working with our colleagues internally within the organization to make sure that happens as quickly as possible so we would agree, and we think equal work should get equal pay.

CHAIRPERSON NARCISSE: If people are doing the same work, that's the problem I had because I used to be in Elmhurst Hospital and the residents used to talk about it all the time and as being in the space here, when I heard it, I had to really came out to support fully, and I would like to see if they're doing the same work, it's unfair when you're looking at the paycheck.

DEPUTY CHIEF MEDICAL OFFICER DR. BELL: We agree.

CHAIRPERSON NARCISSE: I'm hearing in your testimonies that the hospital census is very high and that you are all facing high patient loads. Can you tell us more about what that means for you as doctors, no, that's not for you. Sorry.

Okay. You have said that the City's salary proposal will leave H and H the lowest paid in

the city by next year. Can you give some examples of how the pay will compare to some of the safety net hospitals?

CHIEF QUALITY OFFICER DR. WEI: I think Donnie and I are not directly involved in the negotiation with CIR. I will just say that it's not just up to H and H. There are multiple stakeholders in these negotiations. We hope for an outcome that everybody is happy with and, like Donnie said, we want people to be paid a fair, livable wage.

CHAIRPERSON NARCISSE: Okay. Last year, residents, which I was talking about, Elmhurst Hospital went on strike because they were seeking pay parity with Mount Sinai residents. As I understand, Mount Sinai would cease to be the employer for Elmhurst residents, and they will start to move on to an H and H contract in July. How does the salary the City is proposing compared to what Elmhurst residents went on strike to win?

CHIEF QUALITY OFFICER DR. WEI: I believe it's the same that they agreed to, but I'll have to come back and confirm that with you.

CHAIRPERSON NARCISSE: All right. Foreign medical graduates are physicians who have graduated

from medical schools abroad. Regardless of what level of practice they engage in before coming to the U.S., they are required to complete a residency program here to practice their specialty. Can you please elaborate on the challenge that foreign medical graduates experience and what strategies H and H has in place to ensure equitable opportunities for them in residency programs? Does H and H offer support for foreign medical graduates to navigate the residency application process? Do they offer any help for visa sponsorship and licensure challenges? Are there specific mentorship or advocacy programs tailored for foreign medical graduate within H and H residency programs to provide cultural integration or professional integration support? What measures does H and H take to monitor or address any potential bias or discrimination against foreign medical graduates in residency selection and evaluation process?

CHIEF QUALITY OFFICER DR. WEI: Okay. I'd say first, H and H is very proud to be one of the only systems in New York City who even takes foreign medical graduates into our residency and training programs and it's because it's very much aligned with our mission, right? We serve, I think at Elmhurst 190

2 different languages are spoken daily, right, and so
3 we want our providers, our staff to come from the
4 community, to match the community to have that
5 concordance, and I think we have a track record of
6 foreign medical graduates rising to high levels of
7 leadership. Dr. Jasmin Moshirpur, who trained in Iran
8 was a Residency Program Director, CMO of two of our
9 hospitals, Dean at Mount Sinai, and she's one of many
10 examples of foreign medical graduates contributing
11 their entire career to Health and Hospitals.
12 That being said, it must be incredibly
13 hard to leave your country where you have your
14 family, your support system to train in a foreign
15 place, and New York is not the easiest city to
16 quickly adjust to with the subway, everything else
17 that is here. We do sponsor visas. That's how we are
18 able to have foreign medical graduates train in our
19 programs. There is a lot of faculty that are foreign
20 medical graduates from the same countries that act as
21 mentors. We also do hire a lot of foreign medical
22 graduates into non-direct patient care roles. When
23 they first move to the U.S., you might have a foreign
24 medical graduate working in a quality department and
25 then, once they're in their system, they have mentors

2 that help them if they are studying for taking the
3 USMLE steps in applying for residency, which I've had
4 multiple of my own staff do so that's another way of
5 a pipeline to it. In terms of selection and bias, we
6 also have a pipeline from St. George's University
7 where they do their third- and fourth-year rotations
8 at our health system so that feeds residents into our
9 training programs, and we pride ourselves on
10 accepting foreign medical graduates into our classes
11 and supporting them.
12 One thing, I don't know if you said it, I
13 missed that, do they offer any health or visa
14 sponsorship and license?
15 CHIEF QUALITY OFFICER DR. WEI: Yes.
16 CHAIRPERSON NARCISSE: Okay. What strategy
17 does H and H employ to support resident well-being?
18 Specifically, are there measures that are in place to
19 prevent burnout, I think you mentioned that, and
20 promote work life balance? Can you just highlight a
21 few things if you miss something?
22 CHIEF QUALITY OFFICER DR. WEI: Yeah. I
23 think strongly supportive of duty hours that were
24 just being rolled out while I was in training so I
25 got like the before and after, and we want to have

2 that be the minimum and want to build upon that. Our
3 Helping Healers Heal program was something that was
4 started in Los Angeles and brought here, initially as
5 a second victim response program helping staff
6 through emotional and psychological trauma that we
7 inevitably encounter as healthcare workers. We've
8 expanded that to include vicarious trauma,
9 compassion, fatigue, and burnout. This program
10 expanded significantly during COVID-19 to be more
11 proactive and so really thinking about the eight
12 dimensions of wellness and what is offered as
13 resources for each of those. Proud that we have H3
14 programs in all of our facilities, acute, post-acute,
15 and every service line, and this model was actually
16 shared with the world by Project Hope during the
17 pandemic so it’s now in 42 different countries thanks
18 to Project Hope, but we also have created an
19 anonymous reporting system for work conditions,
20 right, so we have our instant reporting system for
21 patient safety events. Our house staff told us that
22 was not sufficient. We want to have the ability to
23 report unsafe or problems with working conditions for
24 residents. This is reviewed centrally and then
25 discussed with every facility's leadership and then

2 as well as with CIR on these meetings that I
3 mentioned in my testimony, and so that's a way of, in
4 a psychologically safe way, letting residents raise
5 their hands, say something's wrong, propose
6 solutions, and then work collaboratively together to
7 come up with solutions rather than leadership
8 guessing what residents need.
9 CHAIRPERSON NARCISSE: Thank you. Talking
10 about Healers Heal.
11 CHIEF QUALITY OFFICER DR. WEI: Yes.
12 CHAIRPERSON NARCISSE: The H and H Helping
13 Healers Heal Program provides peer-to-peer support,
14 mental health expertise, and team debriefing sessions
15 in all of its 11 public hospitals to staff members
16 following traumatic events. Can you give us more
17 detail about how the program works? How many staff
18 are employed to administer the Helping Healers Heal
19 program at each hospital? What are their specific
20 titles and responsibilities? What is the enrollment
21 process for residents to join the program? Are they
22 automatically enrolled or do residents need to sign
23 up? How many residents used this program in 2023? How
24 often did they engage with the support mechanisms
25

offered by this program? I think I'm giving you too many questions.

CHIEF QUALITY OFFICER DR. WEI: I'll start broadly on Helping Healers Heal, and so this was something that I started in LA and LA's public system, Department of Health Services there, and it came from this pit in my stomach from these root cause analysis meetings that I was facilitating where we were having frontline staff basically tell us what happened in our toughest cases so that we could learn from them but without any support, and so we would bring people to tears and, at the end of the hour and a half meeting, pat them on the back and say go back to the ICU and pass out meds perfectly or go to the OR and do surgery perfectly when I knew and everyone else in the room knew that they were compromised, they had just been crying, reliving a nightmare case, and so I learned more about this program called the forYOU Team at University of Missouri that Dr. Susan Scott created, and the idea is the house of medicine has had a pretty toxic culture for a long time where there is a saying that nurses eat their young, we all had attendings who were walked uphill in the snow, barefoot, both directions to and from the hospital,

2 worked more hours than are in a week in a week, and
3 so what are we complaining about, and so it was
4 almost like this, I don't want to call it hazing, but
5 a rite of passage that we had to toughen people up,
6 to not be human anymore, to be able to survive in
7 healthcare, and so the idea is that we possess
8 healing powers. That's why we went into healthcare in
9 the first place, that we want to heal others in their
10 most trying and vulnerable times. We give it to
11 patients and their families freely all day every day,
12 but we weren't allowed to give it to each other, and
13 so the idea of Helping Healers Heal is a three-tiered
14 program. The first tier is at the unit department
15 level. That is the culture. Instead of shaming and
16 blaming and punishing people where bad cases
17 happened, sometimes things outside of their control,
18 it's about reaching out, saying, it must have been a
19 really tough case when you lost a pediatric trauma,
20 right, how are you doing, you’re really important to
21 us as a team member, you're part of our family, let
22 me tell you about a similar case I had, how that made
23 me feel, how I got over it, I'm here if you need, and
24 just prevent that downward spiral of suffering alone,
25 and so that goal is when I started this in LA, I

would show up at a shift in the ED and two or three residents and nurses would come up to me at the beginning of a shift and say, I know you're really busy, but if you have two, three minutes during the shift, I would love to talk to you about a case that's keeping me up at night or I'm not eating because of this case, and so we want our peer support champions to have that kind of role. Tier two is peer support champions. This is about 300 to 400 people that we would train up in each facility, hospital.

CHAIRPERSON NARCISSE: So now we're coming back to H and H. How many staff are employed to administer the healing?

CHIEF QUALITY OFFICER DR. WEI: Yeah, employed, there are wellness directors at each of our sites. Some of our hospitals have chief wellness officers. There are two people that are co-chairs of each of the steering committees. The care experience officer and the chief quality officer serve as executive sponsors, and so I would say that in LA it started as a purely extra role, as an additional task for these people, but through the pandemic, through philanthropy at first, but now on our operating dollars, we've created dedicated wellness director

2 lines, and so that's the first time that someone's
3 fully employed just to do the H3 program.
4 CHAIRPERSON NARCISSE: Gotcha.
5 CHIEF QUALITY OFFICER DR. WEI: But we
6 have these 300 to 400 trained peer support champions,
7 and the idea is every unit, every department, every
8 discipline, every shift is the goal to have at least
9 one trained H3 champion on to be able to do one-on-
10 one debriefs, to do group debriefs, and we think of
11 that as rapid response for emotional and
12 psychological support. They also triage up to Tier 3,
13 which would be expedited referral network. Not
14 everybody who loses a patient needs to speak to a
15 psychiatrist, but far too many program directors,
16 medical directors said we give them good health
17 insurance, just have them call the number on the back
18 of their insurance card, and we felt that wasn't good
19 enough. There needed to be vetted resources for
20 everything a staff member might need, and it
21 continuously grows as staff ask for more things like
22 domestic violence support as an example of a growth
23 but to be able to within 24 hours connect somebody
24 with what they truly need, even as a bridge before
25

2 insurance could kick in for something that might be
3 more long term.
4 CHAIRPERSON NARCISSE: Are you
5 automatically enrolled once you're a resident or you
6 have to sign up?
7 CHIEF QUALITY OFFICER DR. WEI: Yeah. It's
8 not really enroll. It's available to all H and H
9 staff regardless of payline, and there are debriefs,
10 there are wellness rounds that go to different
11 departments, that was something that came out of
12 COVID, there are wellness rooms that are at all of
13 our hospitals, but we've worked with GME and now not
14 only are every kind of leadership role within GME at
15 the site is going to be trained as peer support
16 champions, we're doing an abbreviated version for all
17 the trainees that we get as part of their normal
18 curriculum.
19 CHAIRPERSON NARCISSE: Can you tell me how
20 many residents used this program in 2023?
21 CHIEF QUALITY OFFICER DR. WEI: That one
22 is tougher because we don't want to collect
23 information that's going to deter anybody from
24 seeking care so the tracking that we do is the number
25 of one-on-one peer support, group debriefs, and then

2 what a trigger might be, like this was a second
3 victim, like a loss of a patient, this was something
4 outside of work, right, and that kind of feeds what
5 we need to up-resource, but we try not to have
6 anything that's identifiable back to the staff member
7 receiving support because we don't want people to
8 feel like, oh, this is going to get back to my
9 program director or my manager supervisor or if there
10 is a litigation or the med mal around that case,
11 they'll somehow be able to track it back to what I
12 said to my peer support champion.
13 CHAIRPERSON NARCISSE: I got it, but
14 roughly, can you tell me what's the percentage at
15 least? Because if I have 400 residents, you can tell
16 roughly how many that been in, but you don't have to
17 give all the detail, but roughly, they can tell you
18 how many people in and out.
19 CHIEF QUALITY OFFICER DR. WEI: I think
20 what I can bring back is from our every-two-year
21 employee feedback survey we do. That one we do
22 collect much more demographics. It is anonymous, but
23 we can tell residents and fellows from that one. We
24 had a big jump in awareness from 2021 to 2023 of the
25 H3 program, and then there was also a question of

2 willingness to be able to use H3 so that was that
3 psychological safety question. I could bring the
4 results of those two from ’21 to ’23, but it doesn't
5 ask specifically, did you use, it was are you willing
6 to?
7 CHAIRPERSON NARCISSE: Thank you so much.
8 Now, I'm going to pass it over to my Colleagues, one
9 of my Colleagues actually, Palladino, to ask some
10 questions on the Healers Heal.
11 COUNCIL MEMBER PALADINO: Actually, you
12 did a very good job on asking just about everything I
13 wanted to ask.
14 I wanted to say thank you to each and
15 every one of you who are wearing that white coat, and
16 I personally know a great deal of people who came
17 from Ross University, and they had a study in the
18 Caribbean at St. Kitts so they came into New York,
19 they were all American, from different states
20 throughout the country, they settled here in New York
21 to do their residencies in hospitals like Elmhurst
22 and several in Brooklyn. Very tough adjustment for
23 each and every one of you. I understand. I lived with
24 them for three years. I offered them housing and such
25

in my home, and I got to know quite a few of you so I know the strain that you're under.

I'm going to skip, if I may, because my Chairperson really took care of a lot of questions. My questions are going to lie in staffing shortfalls. In addition to the 2,300 residents that are employed by H and H, how many physicians and nurses are employed by H and H right now?

DEPUTY CHIEF MEDICAL OFFICER DR. BELL: We have those exact numbers here, 5,800 physicians employed by H and H and 9,600 nurses.

COUNCIL MEMBER PALADINO: Okay, so there's a shortage, correct?

DEPUTY CHIEF MEDICAL OFFICER DR. BELL: Yes.

COUNCIL MEMBER PALADINO: Okay. We all know what we went through during the pandemic and how we had the best of the best working at the top of their game going through all these mental health issues, including a very good staffer of mine. Her daughter had a nervous breakdown during that period of time. I'm just curious now with since we have so many shortfalls, what about these people who were laid off due to the COVID vaccine mandates, and isn't

2 that a good pool to start with and giving the people
3 back their jobs that were laid off and who are duly
4 qualified to handle what is going on in the
5 hospitals. They served for 5 years, 10 years. They
6 served through the worst of the worst of the
7 pandemic, survived it, and now they're out of work so
8 I have a pool for you to go to if you have a shortage
9 of staffers. It’s called those that were laid off
10 during the COVID mandates.
11 CHIEF QUALITY OFFICER DR. WEI: Yeah. No,
12 I agree with you. I think it’s open for them to apply
13 for any of these vacancies if they want to.
14 COUNCIL MEMBER PALADINO: However. What's
15 the caveat to them applying? They don't go back to
16 the status that they once were, correct? Everybody
17 thinks they got their jobs back after COVID when the
18 truth of the matter is, they had to start from
19 scratch from where they first started, even though
20 they had 10 years in. What can we do? I'd like to
21 talk a little bit more about helping you out with
22 your shortages of staffing.
23 CHIEF QUALITY OFFICER DR. WEI: Sure. It's
24 a good suggestion and happy to continue the
25 conversation.

2 COUNCIL MEMBER PALADINO: Okay. Again, I
3 welcome all of you, and I am so incredibly proud of
4 each and every one of you. Keep up the good work.
5 Terrific.
6 CHAIRPERSON NARCISSE: Thank you, Council
7 Member.
8 Now, I want to acknowledge we've been
9 joined by Council Member Rivera.
10 Before that, I would like to pass to my
11 Colleague, Council Member Marmorato, for questions.
12 COUNCIL MEMBER MARMORATO: Thank you so
13 much. I appreciate that. Thank you for coming here to
14 testify today, and thank you for all of you who
15 showed up. Just a little background on me, I am a
16 healthcare worker of 24 years before I got into
17 politics and became a Council Member so I understand
18 a lot of what you are going through. My concern is
19 work-life balance. As these residents are working,
20 what are their shifts looking like on a daily basis,
21 like a weekly basis? How many hours are they working?
22 What are the shift hours?
23 CHIEF QUALITY OFFICER DR. WEI: I think it
24 very much depends on the specialty, and I know many
25 of the people giving testimony after will share more

details. It is a combination of shift work for some specialties, like primary care, emergency department is shift work, and others are a little bit more like being part of a team, internal medicine hospitalist team, and you might have a rotation of working in clinic versus covering inpatient versus taking call and admitting patients from the ER, but we have to stay within the duty hours so no more than 28 hours and no more than 80 hours in a week, but I'd say even within the same specialty, different programs have different shift lengths, right, so some have all 12-hour shifts in the ED, whereas others have 12, 10, 8, but if you have 12 hours, you might work less number of days than if you had eight hours and you have to work more days to make up the same number of hours, and so there's differences in philosophy.

COUNCIL MEMBER MARMORATO: Okay. As somebody who's been in it, Jacobi H and H was my first shift ever in the emergency room on a Friday night. It made me change my path and my career. But work life balance, don't you think 80 hours a week is, that's a lot for somebody to handle, and especially if you're going through a mental health crisis, you lose a patient, you're dealing with

COVID, you don't have time off to cope with this. You have to do better, New York, you have to really have to do better. It’s great that you have the healing with helping hands…

CHIEF QUALITY OFFICER DR. WEI: Helping Healers Heal.

COUNCIL MEMBER MARMORATO: Program. That's amazing, but having peers talk it out with you is one thing, but you need to go home and digress, you got to relax, you have to remove yourself from the situation in order to unwind. That's the only way you're going to be able to reset what your mental health. You have to do better than this. 80 hours a week is a lot of hours to put in.

DEPUTY CHIEF MEDICAL OFFICER DR. BELL: Yes, Council Member, we would agree there are always opportunities to improve our residency programs specifically as it pertains to wellness. In addition to the 80-hours rule, and it varies from specialty or subspecialty, there are also regulations around the amount of time off. In addition to that, there are designated wellness days for our residents and fellows, and a number of our programs have wellness retreats so although, again to your point, there's

always room for improvement, we certainly prioritize wellness and are always looking for ways to improve.

COUNCIL MEMBER MARMORATO: What is a wellness retreat?

DEPUTY CHIEF MEDICAL OFFICER DR. BELL: It could be organized by a particular program, and it could be a social activity, it could be a trip out of New York City. It's variable.

COUNCIL MEMBER MARMORATO: Does the hospital pay for that?

DEPUTY CHIEF MEDICAL OFFICER DR. BELL: I think the hospitals do pay a component of that.

COUNCIL MEMBER MARMORATO: Okay. I know there's a shortage. Do you hire travelers? Do they have resident, I know for nurses you have travelers.

CHIEF QUALITY OFFICER DR. WEI: For nurses, but not for residents. I'd say the closest would be either hiring sessional or locum's attendings to cover gaps or advanced practice.

COUNCIL MEMBER MARMORATO: What is your pay differential because from my experience, travelers are making about three times more money than we were as technologists.

2 CHIEF QUALITY OFFICER DR. WEI: Yeah. It's
3 similar, right? You're paying a lot of money just to
4 the company that's providing the locums. Sessional is
5 usually your own staff working extra shifts, right,
6 picking up moonlighting is another way of calling it,
7 or somebody who used to train in the program who is
8 working somewhere else might sign up for one or two
9 shifts just to stay in touch with the system. The
10 sessional pays more in line with normal pay, but
11 locums, just like travelers, much more expensive.
12 COUNCIL MEMBER MARMORATO: Can you also
13 elaborate on the debt relief? Can you give us like an
14 idea, a ballpark, of what that would be for the
15 residents? Debt relief was more for their tuition?
16 CHIEF QUALITY OFFICER DR. WEI: Oh, debt
17 relief, yeah. There is a federal program that if you
18 work with underserved communities and you make
19 income-based repayment times 10 years, so 10 years
20 making income-based repayment then you get the
21 remainder of your loan forgiven, but there are
22 separate programs like New York has the Doctors
23 Across New York, which gives a certain amount of med
24 school or school debt relief in exchange for years of
25 service. We are piloting using philanthropy dollars

2 to also incentivize and help reduce, and we're
3 constantly looking for other ways that we can,
4 because we understand that this is a huge, especially
5 with the cost of living in New York, to have 250,000,
6 500,000 in student debt is a big dark cloud over new
7 graduates who might just be starting a family, and so
8 we understand that's a big driver of where you decide
9 to go after residency, and it's another recruitment
10 tool to try to make it.
11 DEPUTY CHIEF MEDICAL OFFICER DR. BELL:
12 Dr. Wei, I would also add we've also been working to
13 have more of our facilities eligible for the National
14 Health Service Corps so recently we were able to
15 obtain facility level eligibility for Bellevue
16 Hospital. We're expecting that will aid in our
17 recruitment as those applicants will then qualify for
18 some of those federal loan repayment programs.
19 COUNCIL MEMBER MARMORATO: Now you know
20 that we're in a housing crisis here in the city. What
21 are you doing for housing for your residents? I know
22 in Jacobi H and H, they have about three buildings on
23 the campus to help out. What are you doing for the
24 rest of the city?
25

2 CHIEF QUALITY OFFICER DR. WEI: I think
3 it's something that, when I was interim CEO at
4 Harlem, we were exploring with our Housing for Health
5 Leads. It’s a very real problem, and we don't have
6 subsidized housing for our residents nor do we have
7 entire buildings, dorms for our staff, but I think
8 it's something that we're continuously exploring.
9 Real estate is expensive.
10 COUNCIL MEMBER MARMORATO: Yeah, it's
11 important because they work, if they're working 80
12 hours a week, you need a place very close to go and
13 rest because when you're sleeping in the hospital
14 overnight on a bed, like one of those patient beds,
15 it's terrible and you're not getting a full night's
16 sleep.
17 Also, I just wanted to touch on
18 increasing funds for like technical equipment. What
19 is that? Can you just elaborate on that for me, just
20 as far as like the technical equipment.
21 CHIEF QUALITY OFFICER DR. WEI: I think
22 the Chairwoman had a similar question of what that
23 fund was so that was the thing that was started in
24 San Francisco and in LA and here, it’s the idea that
25 the residents know best what equipment needs to be

upgraded or what technology that doesn't exist needs to be brought in to better serve our patients.

COUNCIL MEMBER MARMORATO: This is on top of what we're already funding locally as Council Members. This is separate.

CHIEF QUALITY OFFICER DR. WEI: Correct. This is separate.

COUNCIL MEMBER MARMORATO: That's what I just wanted to understand.

CHIEF QUALITY OFFICER DR. WEI: Correct.

COUNCIL MEMBER MARMORATO: Okay.

CHIEF QUALITY OFFICER DR. WEI: Yeah.

CHAIRPERSON NARCISSE: Thank you, Council Member.

COUNCIL MEMBER MARMORATO: Sorry.

CHAIRPERSON NARCISSE: That's all right. I know as a medical professional that we are very excited too, I know, I know, I'm a nurse.

Now Council Member Rivera.

COUNCIL MEMBER RIVERA: Thank you so much, Madam Chair. Thank you for being here, for your testimony. I want to also thank all the people that are here to testify, I know at least Bellevue is in the house, which is in my District.

2 I just want to ask a question about
3 hospital closings and their impact on you. Both Mount
4 Sinai Beth Israel, which is pretty much across the
5 street from Bellevue and then SUNY Downstate across
6 the street from Kings Hospital as well, they've
7 announced potential closures, and I know the Chair
8 has been very, very passionate and active on this
9 issue. If these hospital campuses are downsized or
10 closed altogether, does H and H have the capacity to
11 employ some of the physicians and nurses from these
12 hospitals? Do you have the capacity to absorb the
13 patients who would overflow from these hospitals?
14 DEPUTY CHIEF MEDICAL OFFICER DR. BELL:
15 Yeah, I know it has us very anxious at both Bellevue,
16 Kings County, and as a system. We are going to always
17 do everything within our power to make sure that
18 everyone has access to care and safe care and quality
19 of care. Bellevue and Kings County are seeing
20 significantly higher patient populations or patient
21 demand, right? Bellevue, for example, is running a
22 census 200 higher than 2019 so pre-COVID, and Kings
23 County similarly, and so the short answer is we're
24 not sure where we're going to put any additional
25 patients or any additional ambulance runs coming in,

but we're not burying our heads in the sand and praying and hoping it doesn't happen. We're preparing, and so it's going to take the whole system, right? It's not just going to be Bellevue on its own or Kings on its own. We're going to have to use the whole system as well as working with SUNY Downstate with Mount Sinai and NYU and other partners, NYP, to make sure that the health of New Yorkers is not impacted.

COUNCIL MEMBER RIVERA: I'm sure. I'm in Bellevue a lot. It's close to my family. My uncle's receiving treatment for his liver at Kings, and we're very, very thankful to you. I just worry about the residency programs that operate at these facilities being impacted. I also worry about this because of the elimination of services, right? That's going to create that burden, and in 2021, this Committee held a hearing on resident well-being, and residents clearly stated that, in addition to moral injury from so many things, one of them was financial strain, and it's 2024, resident salaries have not increased, I know H and H has not addressed pay disparity for split payroll programs. Do you agree this is having a

negative impact on morale and the well-being of residents?

CHIEF QUALITY OFFICER DR. WEI: I think the honest answer is I'm sure it is, yes.

COUNCIL MEMBER RIVERA: I hope that that encourages you all to negotiate in good faith and really, I know you value these amazing people that work hard every day, residents. Just this last one, Madam Chair, if that's okay?

CHAIRPERSON NARCISSE: Yes.

COUNCIL MEMBER RIVERA: The residents are salaried employees that do not receive overtime pay, correct?

CHIEF QUALITY OFFICER DR. WEI: They do not. Unless they're, there is some moonlighting (INAUDIBLE) on their duty hours.

COUNCIL MEMBER RIVERA: Is that like the on-call coverage pay?

DEPUTY CHIEF MEDICAL OFFICER DR. BELL: No.

COUNCIL MEMBER RIVERA: That's different?

DEPUTY CHIEF MEDICAL OFFICER DR. BELL: On-call coverage pay, that's different.

2 COUNCIL MEMBER RIVERA: The closest thing
3 to overtime that I've learned is something called on-
4 call coverage pay that’s when compensation for when a
5 resident has to come in and cover a call shift that
6 they were not scheduled to work so do you agree that
7 it's important that residents are compensated for
8 working these additional call shifts, for morale and
9 also to encourage residents to take on these shifts?
10 I also want to ask if residents are not available or
11 do not put their hand up to cover a call shift for a
12 sick resident, what does H and H do and how do they
13 cover that need? Two questions there, is it important
14 that we compensate these residents for these
15 additional call shifts, and if someone doesn't raise
16 their hand to cover one, how do you deal with that
17 and how do you cover the need? Thank you, Madam
18 Chair.
19 CHAIRPERSON NARCISSE: You’re welcome.
20 DEPUTY CHIEF MEDICAL OFFICER DR. BELL:
21 Yes, Council Member, we would agree that we would
22 want work to be compensated, and I think to, to the
23 broader issue, there are ongoing negotiations with
24 CIR so we'll definitely, after this hearing, touch
25 base with our internal colleagues regarding those

negotiations, and we can bring back any developments or advancements of those negotiations to this Council.

To your second question or maybe even backing up a little bit more. Part of our rationale for expanding some of our training programs, and again, these are some of the largest ones in internal medicine, psychiatry, OB/GYN, is to buttress our workforce, right, to make the workload a little bit lighter for our trainees so I would say that's something that we've been able to do and I think we've been able to get a significant number of the awards from CMS in the State of New York. And what was the last component of your question?

COUNCIL MEMBER RIVERA: It was if residents are not available or do not put their hand up to cover a call shift for a sick resident, what does H and H do and how do they cover that need?

DEPUTY CHIEF MEDICAL OFFICER DR. BELL: Correct. I would say we leveraged some of our other team members, whether that be an allied health staff member such as an NP or a nurse practitioner or another attending physician. I would say they would

2 step into those roles. I don't know if Dr. Wei, if
3 you would like to add something.
4 CHIEF QUALITY OFFICER DR. WEI: No, I
5 think it's the same as any other discipline. Things
6 happen, getting in a car accident on the way to work,
7 God forbid being sick. There are enough backup
8 systems to account for all the emergencies, and so it
9 would be sometimes the administrative leadership so
10 like the medical director or the associate medical
11 director, assistant medical director, or somebody who
12 is in the office who's planning on working on
13 ultrasound or education might be pulled to step in
14 and cover, and so there are other doctors in each
15 department that are in the hospital, clinical care
16 comes first, we want to make sure that it's safe and
17 it's covered.
18 COUNCIL MEMBER RIVERA: Definitely. Thank
19 you for answering that. It just sounds like you have
20 to pay another provider at a much higher rate
21 potentially or the work is going to fall to the
22 remaining residents so that's tough and that's really
23 hard for them so I'm glad that you're talking to them
24 directly and working on their needs, and I thank you
25 for your testimony and to Madam Chair for the time.

2 CHAIRPERSON NARCISSE: Thank you. That's
3 what you get when you have registered nurse,
4 radiologist, and social worker.
5 Medical Opportunities for Students and
6 Aspiring Inclusive Clinicians, MOSAIC Program. Can
7 you please describe the Medical Opportunities for
8 Students and Aspiring Inclusive Clinicians Program
9 and the Visiting Scholar Programs? Specifically, can
10 you provide details about the number of people who
11 have been awarded scholarship through this program
12 and the progress they have made? Are you considering
13 any updates or expansion of this program?
14 DEPUTY CHIEF MEDICAL OFFICER DR. BELL:
15 Sure. Thank you, Chair. I can speak to that program.
16 MOSAIC is a program that we're very proud of. We
17 think it fits very tightly with our mission at Health
18 and Hospitals to offer care to all New Yorkers and to
19 enable them to live their healthiest lives. It was
20 named in part after the quote from former Mayor
21 Dinkins that New York is a beautiful mosaic and
22 that's how we feel about our patient population. The
23 goal of MOSAIC is to is to align our clinical staff
24 as much as possible to our patients because there's
25

2 pretty good evidence that concordance there improves
3 patient outcomes.
4 As far as the program it's multifaceted
5 in terms of reach towards various different
6 components of the pipeline for healthcare providers.
7 We've partnered with community-based organizations
8 such as Mentoring in Medicine to have outreach for
9 elementary and high school students that are
10 interested in health careers. We've also partnered
11 with another organization, Eastside House Settlement,
12 to mentor folks that are also interested in other
13 types of health careers. In reference to the Visiting
14 Scholars Program, that's a program that's offered to
15 primarily fourth-year medical students or later
16 third-year medical students from across the country
17 where they can come and do rotations at Health and
18 Hospitals, get introduced to our system, and we try
19 to work with students who are from under-represented
20 backgrounds as much as possible. There have been
21 about roughly 20 students to go through that program
22 in the last couple of years, and we hope to expand
23 the program to include some, as Dr. Wei mentioned
24 earlier, potentially philanthropy-funded scholarships
25 or loan repayment programs as well as to increase the

didactic component of the program regarding health equity as well as to include medical simulation in that training.

CHAIRPERSON NARCISSE: I hope you're really pushing this program around their underserved communities because we would like to see more of those young folks get to the point where they can serve their own population and more likely can be culturally sensitive.

DEPUTY CHIEF MEDICAL OFFICER DR. BELL: Absolutely.

CHAIRPERSON NARCISSE: All right. The citywide Nurse Residency Program launched in 2019 and has led to improved worker confidence and retention. Could you please tell us what types of monthly seminars and on-the-job training are offered to nurses to go through this residency program?

CHIEF QUALITY OFFICER DR. WEI: In full transparency, these were the questions that we were most nervous about not being part of the CNO's office or nurses ourselves, but what we have collected is that some of the seminars that are covered, research, evidence-based practice, quality improvement, scope and standards of nursing practice, professional

2 practice model and the care delivery model, culture
3 of safety, medication safety case studies, what is
4 quality, the model for improvement, cultural
5 diversity, case study on care of LGBTQIA patients,
6 wellness health and self-care, music and therapy,
7 palliative care, case study, discharge planning for
8 palliative care and hospice, nursing educational
9 opportunities at H and H, professional development
10 plans, and clinical ladder. The job training, it's
11 around implementing an evidence-based project in
12 their unit and their professional communication and
13 collaboration using simulation and role play,
14 critical reflection and simulations on disease-
15 specific care, behavioral emergencies, stroke,
16 hypertensive emergencies, pneumonia, change in
17 patient conditions.
18 CHAIRPERSON NARCISSE: Thank you. In an
19 October 23, 2023, press release by the Mayor's
20 Administration, we learned that the retention rate
21 for nurses was up to 40 percent, reaching as high as
22 96 percent at participating H and H campuses. Is this
23 the retention rate exclusively for the nurses who
24 complete the citywide Nurse Residency Program or in
25

2 this the general retention rate for all nurses who
3 are employed by participating H and H campuses?
4 CHIEF QUALITY OFFICER DR. WEI: Yes. This
5 is for the retention rate for 2023 for H and H-
6 employed nurses participating in the residency.
7 CHAIRPERSON NARCISSE: Thank you. Is this
8 program structured on a rolling basis where nurses
9 can enroll at any point and remain in the program for
10 one year or is there a uniform start and an end date
11 for all nurses who are participating? I'm just
12 combining as many questions because I have a lot of
13 questions that I'm trying to get through.
14 CHIEF QUALITY OFFICER DR. WEI:
15 Understood. We enroll all full-time new hires.
16 They're recent graduates who are new to the specialty
17 that they're hired for, and I believe that it is a
18 rolling but it doesn't say explicitly so I'll have to
19 come back to you. I think there are probably dates
20 throughout the year that it starts so rolling. It's
21 not just you wait 12 months until the next start date
22 if you happen to be hired a day after this one
23 starts.
24 CHAIRPERSON NARCISSE: Okay. What feedback
25 have you received regarding the success of this

program? Are there any components of this program that could be used in medical residency programs for physicians in training to increase physician retention rates and decrease burnout?

CHIEF QUALITY OFFICER DR. WEI: I think the 96 percent retention rate is a huge success of this program. I think it is definitely worthwhile to look at what is applicable to new residents as well as new hires out of residency. Some of the lessons learned, the support of the New York City government was an important component of the program's success, having dedicated staff to the nurse residency program, having all the chief nursing officers and the Council of Chief Nursing Officers across H and H participating or executively sponsoring committed facilitators, and advisory board, the automatic enrollment was a success, and then sharing of outcomes to celebrate wins as well as leadership engagement so some of the wins.

CHAIRPERSON NARCISSE: All right. I'm trying not to hold you for too long, but those questions have to be answered. One other thing I want to add, even though you're talking, I'm listening to everything, for the residents compared to the nurses,

one thing I want to tell you, they don't work that many hours so if they work less hours, the burnout will be less for the residents. That's my own opinion, and I think it’s so many too.

According to a report from Commercial Intelligence Company, Definitive Healthcare, nearly 117,000 physicians left the workforce in 2021 due to the retirement, burnout, and pandemic related stress stressors. I think we talked about that. How many physician departures did H and H experience? How does H and H assess and address the impact of staffing shortages on resident workload and patient care within its residency program?

CHIEF QUALITY OFFICER DR. WEI: I don't have the exact number, we'll have to come back, of the physicians that left since the pandemic, but I do know for our Physician Affiliate Group in New York, PAGNI, a general kind of turnover rate year over year pre-pandemic was about 7.5 percent, and then after that first year, after 2020, it doubled to 15 percent. It's come down significantly so I there's an initial group that after the pandemic, they felt that was the last chapter that they wanted to do in healthcare and either left the field, retired, or so

2 forth, and it's come down closer to where it was pre-
3 pandemic. We created that recruitment office where
4 we're helping our affiliates, such as PAGNI, NYU, and
5 Mount Sinai, to recruit. Donnie and I have,
6 ourselves, spoken to graduating residents to answer
7 any of their questions, talk about why we joined
8 Health and Hospitals, why we stay at Health and
9 Hospitals, and so leveraging some of the leaders
10 across Health and Hospitals to talk about the mission
11 and why we are here.

12 In terms of the impact to residents,
13 there are caps for teams. Unfortunately, it's very
14 difficult to cap the emergency department, but what
15 happens is patients end up waiting in the waiting
16 room and then you see left without being seen go up
17 and so forth, but in terms of Bellevue with the
18 inpatient census, it didn't just fall on the same
19 teams, if they had five teams before, right, it's
20 expanded the number of hospitalist teams that are
21 taking care of a capped number of patients.

22 CHAIRPERSON NARCISSE: Thank you. The
23 Accreditation Council for Graduate Medical Education
24 used to have a 16-hour shift limit, but that's been
25 rolled back and now residency programs are allowed to

assign trainees shifts that can be as long as 28 hours, provided the residents don't exceed 80 hours over four weeks. How are you ensuring that residents are assigned reasonable hours and not subject to an excessive amount of time pressure?

CHIEF QUALITY OFFICER DR. WEI: We have we have to follow New York State and ACGME duty hours, and any violations are reported and investigated by the accrediting bodies. The programs can get put on provisional status if they're not complying with duty hours. I think we all agree that 80 hours is a lot to work in a week. I will say that I'm glad that it's not what it used to be where there wasn't any duty hours, but I would say four years of residency training was plenty for me. I would not want to do longer to get the full training, and so I think it's a balance of those two things.

CHAIRPERSON NARCISSE: I appreciate that because you've been through that and you see how difficult it is. I'm counting that you're going to fight to make it fair for the generation to come and the one that's present with you that you can actually put yourself in their shoes, right?

2 Okay. THE CITY, which is a New York City-
3 based newsroom, reports that 2,300 residents have
4 been working at H and H hospitals without a contract
5 since December 2021 when their previous agreement
6 expired. What is the delay in renewing their
7 contracts and do you estimate them to be renewed?
8 CHIEF QUALITY OFFICER DR. WEI: We sure
9 hope that we find resolution as soon as possible. I
10 think it's not abnormal for contracts to expire and
11 you keep the same conditions that were agreed upon
12 that's happened to some of our affiliation
13 agreements. I think COVID played a big role, right,
14 2020 up to very recently it took up a lot of our
15 attention and a lot of time, and then for the City as
16 the negotiating body for all of these with our labor
17 partners, right, I think it's also just there are a
18 lot of different labor partners and contracts that
19 they're negotiating and so, if one takes longer, it
20 puts the other ones at a delay, but absolutely, we do
21 not want this lingering.
22 CHAIRPERSON NARCISSE: Thank you. Like you
23 said, you're a doctor. I'm counting on you to be
24 fair, to fight, and make sure that they get that
25 contract as soon as possible.

2 A nationwide study of 4,826 resident
3 physicians over eight academic years revealed that
4 working over 48 hours per week doubled the likelihood
5 of medical errors and nearly tripled the risk of
6 preventable adverse events and fatalities. Even one
7 extended duration shift per month within the 80 hours
8 limit was associated with substantial increases in
9 errors and adverse events underscoring the urgent
10 need to address resident work regulations for patient
11 care and resident being. What is the maximum number
12 of working hours or consecutive shift permitted for
13 residents? I know you've tried to answer it, but I'm
14 going to dig in on it.
15 CHIEF QUALITY OFFICER DR. WEI: As the
16 Chief Quality Officer, these are obviously very
17 concerning, right? We do not want unsafe care or sub-
18 quality care. In terms of the hours, I think we went
19 over that, there was 28 hours, no more than 28 hours
20 consecutively, no more than 80 for most specialties
21 but, for example, emergency medicine, it's 60 hours
22 per week as a cap.
23 CHAIRPERSON NARCISSE: That’s a lot. Thank
24 you. I know you're trying, and I appreciate you.
25

2 Can you tell us more about the Patient
3 Care Trust Fund? I did that already.
4 We understand the state recently
5 announced an agreement with the federal government on
6 the Medicaid Waiver Demonstration Project that will
7 bring additional funding to New York. Is that funding
8 going to help address the Medicaid funding gap? What
9 do you think?
10 CHIEF QUALITY OFFICER DR. WEI: I don't
11 think Donnie and I are the right people to comment on
12 that.
13 CHAIRPERSON NARCISSE: I was just guessing
14 that you may be able to answer that, but you cannot.
15 Okay. I'll leave it alone. I thought you may have an
16 idea.
17 What does GNYHA do with its teaching
18 hospital members to ensure that resident working
19 condition addressed by hospital leadership? Do you
20 know?
21 CHIEF QUALITY OFFICER DR. WEI: I think
22 Mr. Tim Johnson is going to testify today on behalf
23 of Greater New York, but they are tremendous support.
24 CHAIRPERSON NARCISSE: Okay, I'm going to
25 leave it for that. Okay, I love you because you just

2 say I'm not answering something, I'm not going to put
3 foot in my mouth.
4 What else I have that I can quickly ask
5 you? I'm in a time constraint, and I'm trying to make
6 sure that I address all the questions that I need to.
7 I have to acknowledge I've been joined by
8 Council Member Schulman.
9 Bear with me a second. I'm trying to let
10 you go. One second.
11 I know you're busy. I don't want you to
12 spend your time all day with me.
13 Council Member Rivera, a followup
14 question.
15 COUNCIL MEMBER RIVERA: Thank you so much.
16 I just want to thank the Chair because you've asked
17 some excellent questions.
18 I just wanted to get a clarifying
19 question on how coverage works at the hospitals. I
20 asked a question on on-call coverage and I just saw a
21 little bit of body language from the crowd. Co could
22 you tell me how coverage works at the hospitals? Can
23 you be explicit? I saw a lot of doctors here shaking
24 their heads and seem to disagree with the response to
25 on-call coverage. Can you tell me how it works?

2 CHIEF QUALITY OFFICER DR. WEI: I think it
3 depends on the residency in terms of is there a
4 backup system? Certainly, I don't know the nuances of
5 every specialty and every program. When I was in
6 training, we actually created on-call, right, so
7 there was one resident that was on backup in case
8 somebody called in. I know Jacobi has one, and I
9 believe Kings has one, I'm trying to remember from
10 all my rotations across the EDs so people getting
11 called on jeopardy is what it's called when you get
12 pulled in. We could come back with more data, pull
13 all the programs, do they have on-call system for it,
14 but I think it is dependent on program director,
15 program leadership. It's dependent on the department,
16 the medical director of that department, whether
17 there's a backup system for the attendings, for the
18 APPs, for the residents.
19 COUNCIL MEMBER RIVERA: So it's there's
20 some discretion there?
21 CHIEF QUALITY OFFICER DR. WEI: It's very
22 local, yes.
23 COUNCIL MEMBER RIVERA: Okay. Alright,
24 interesting. As much information as we can get about
25

2 that, it would be appreciated for transparency. Thank
3 you. Thank you very much.
4 CHAIRPERSON NARCISSE: I'm going to say
5 thank you because my time is almost up here, and I
6 want to say I appreciate you both for sharing the
7 time here with us. You understand at the end of the
8 day, we have to keep on fighting for our frontline
9 workers and especially when it comes to residents in
10 New York City, so without any further ado, I just
11 want to say thank you and I appreciate everyone
12 that's been contributing and all of you that's
13 sitting here and to be present and we can make the
14 difference in our healthcare with you. Thank you so
15 much.
16 Thank you to all the team, Mahnoor, Rie,
17 I don't want to mess up the last name, so thank you
18 my Colleagues, and we're going to go to the next
19 phase and I appreciate you.
20 COMMITTEE COUNSEL OGASAWARA: Thank you,
21 Chair. We will now turn to public testimony.
22 If you wish to testify in person today
23 and you have not yet done so, please fill out a slip
24 with the Sergeant's desk.
25

2 We will be limiting public testimony
3 today to two minutes each.
4 For in-person panelists, please come up
5 to the table once your name has been called.
6 For virtual panelists, once your name is
7 called, a Member of our Staff will unmute you and the
8 Sergeant-at-Arms will set the timer and give you the
9 go-ahead to begin. Please wait for the Sergeant to
10 announce that you may begin before you deliver your
11 testimony.
12 For our first panel, I'd like to call up
13 Mr. Tim Johnson, Dr. Michael Zingman, Dr. Prama
14 Elayaperumal, and Dr. Rachel Percelay. Sorry if I
15 mispronounced your name.
16 If we could start with Mr. Tim Johnson,
17 and then the panelists from CIR/SEIU can follow him.
18 Thank you so much.
19 TIM JOHNSON: Hi. Good morning, Chair
20 Narcisse, Council Members. My name is Tim Johnson. I
21 work at the Greater New York Hospital Association,
22 which, as I think you all know, includes all the
23 hospitals in New York City, both voluntary and
24 public, including the Health and Hospitals’
25

hospitals. I want to focus my comments on a couple of things in the interest of keeping this very brief.

Just the first thing I want to talk about is just to mention how much I really appreciate the strong support of Chair Narcisse, the other Council Members in addressing what we consider a crisis going on in healthcare right now, which is the Medicaid funding gap in the state of New York. Medicaid currently pays at the state level 70 percent of the cost of hospital care in New York State. I want to say that again, 70 percent of the cost of hospital care. That is a scandal right now, and we have a campaign going with 1199 SEIU to really get the state budget, the governor, the legislature, to really address that funding gap to really help our hospitals address labor shortages and all their capital needs and whatnot so really want to call out Chair Narcisse and the other Council Members who are very much supportive of that campaign that we are undertaking.

On the issue of resident concerns and resident work hours and working conditions, I do want to say that as our colleagues from H and H spoke about, there are various regulations and policies in place, so I don't need to go through them. I convene

2 a monthly group of the chief academic officers from
3 all of our member teaching hospitals, including from
4 H and H. We talk about this and many other issues. We
5 talk about wellness opportunities for residents, and
6 I really just want to highlight that this is
7 something that is top of mind for us and we continue
8 to work on it. We could always do better, but I do
9 want to just share that it is something that we take
10 very seriously. Thank you for the time. Happy to
11 answer any questions.
12 CHAIRPERSON NARCISSE: Thank you.
13 DR. MICHAEL ZINGMAN: Hi, everyone. Thanks
14 to the Hospital Committee and especially to Council
15 Member Narcisse for making this hearing possible for
16 CIR. My name is Dr. Michael Zingman. I'm National
17 Secretary Treasurer for CIR and also a Child
18 Psychiatry Fellow at Bellevue Hospital. I'm proud to
19 say that I've done all of my medical training at
20 Bellevue and, throughout that time, my belief in this
21 system has only continued to grow. H and H is deeply
22 embedded in the fabric of this city. This system
23 represents what's possible when care is available to
24 everyone. That's in large part because residents and
25 fellows are stretching ourselves across a thousand

2 cracks to hold this system together, but we shouldn't
3 have to do that. It's not fair to us or to the people
4 of New York, including the migrant, houseless,
5 working-class New Yorkers and many others who have
6 borne the brunt of our current Mayor's austerity
7 policies. Every day CIR members must shove our own
8 needs to the side to care for our patients as our
9 patient loads are mounting, and it's no secret that
10 our hospitals are perpetually understaffed. This all
11 takes a real psychological toll on the 2,300 resident
12 physicians and fellows who power H and H. That should
13 alarm our Mayor and the H and H administration. About
14 25 percent of resident physicians experience
15 depression, and tragically suicide is the leading
16 cause of death for male residents and the second
17 leading cause of death for female residents. Economic
18 security and especially stability in housing are core
19 needs. When my patients don't have those things, it
20 affects every aspect of their mental and physical
21 health. The same is true for house staff, and our
22 well-being is completely inseparable from patient
23 care. Our stagnant pay also means we will lose
24 talented physicians to other programs simply because
25 they can't afford to work at H and H. If H and H

wants to improve our working conditions, support our well-being, and help us recruit and retain a strong, diverse physician workforce, they will agree to our bargaining demands because we are fighting for ourselves, for our patients, and for the future of care for our city. Thanks.

DR. PRAMA ELAYAPERUMAL: Thank you, Dr. Zingman. Thank you, Chair Narcisse and Council Members. My name is Dr. Prama Elayaperumal. I'm a dual board-certified physician. I'm in my final year of Pulmonary and Critical Care Medicine Fellowship at South Brooklyn Health. I'm a proud member of the union and of our bargaining committee.

Truthfully, what we're asking for are very modest increases in salary, benefits, and funding for the Patient Care Trust Fund. This is to keep up with record inflation and to ensure that our members have the means to care for themselves while they care for the sickest in the city. Unfortunately, the negotiators on the part of the City demonstrate they don't quite understand or appreciate exactly who we are or what we do within the HHC system, and as a result, a lot of my colleagues struggle to pay for

housing costs, child care costs, food, student loans, or even their own healthcare sometimes.

To explain who we are, we are medical graduates, not medical students. We're completing our specialization and sub-specialization training, and we're at the center of patient care in HHC hospitals. I've worked at four different HHC hospitals in the past five and a half years, and I can tell you they would grind to a screeching halt if it weren't for the efforts of our medical residents. There's simply no way that an attending physician could see a 50-patient clinic panel or handle a 30-patient census on the wards without residents. Further, we're constantly charged with filling staffing gaps. We place IV lines, we draw, blood tests, we transport patients, schedule appointments to EKGs, and much more. About four years back now, I was a second-year resident at Woodhull Hospital, and our system was stressed beyond what anybody could have imagined. Our whole hospital turned into an intensive care unit like others did. Every few hours we would hear cardiac arrest codes. We'd have patients pass around every few hours for months. That was the life that we lived. I had colleagues who lost family, who fell

into depression, who experienced mechanical injury from just doing CPR so frequently during shifts, and I share this experience because March 2020 was the last time that HHC health staff received a raise so the doctors that you're hearing from today helped New York City get through this pandemic. We were called healthcare heroes, we were given all sorts of praise, but the reality is we're soon to be the lowest paid house staff among even community hospitals in the city.

I know that we deserve better. The communities that we serve deserve doctors who are not struggling and who can focus on healing them instead of instead of worrying about how they're going to pay the rent. That's why we're continuing this fight for a fair contract. We urge your support to get us a fair contract with the City moving forward. Thank you.

DR. RACHEL PERCELAY: Okay. Hi. Thanks so much again to Chair Narcisse and the Committee for holding this hearing. My name is Dr. Rachel Percelay. I'm a resident physician in psychiatry at the Bellevue NYU program.

2 I'm grateful for the opportunity to be
3 here today, but honestly, we shouldn't have to be
4 here. Bargaining has dragged on for over six months
5 now. The current salary proposal from Mayor Adams and
6 the H and H administration would make H and H
7 residents the lowest paid resident physicians in the
8 city by next year, leaving first-year residents 5,000
9 dollars behind the average of our peer and New York
10 City safety net hospitals.
11 Meanwhile, the average cost of a one-
12 bedroom apartment in New York is about 3,700 dollars.
13 Resident physicians carry an average of more than
14 250,000 in student loan debt, and many carry much
15 more. That is a hefty chunk of your paycheck every
16 single month, and black physicians and physicians
17 from other backgrounds under-represented in medicine
18 are likely to have even more debt. A quick tally of
19 the debt of just eight of the residents that are in
20 this room today came to 1,873,648 so if we want to be
21 able to attract physicians who reflect the diversity
22 of the communities we serve, then we must make
23 residency in New York's public hospitals accessible
24 to everyone just like our hospitals are for our
25 patients. Yet the City continues to disregard our

2 demands and to misunderstand the very nature of our
3 jobs. Negotiators have costed our compensation
4 packages based on typical city workers who get
5 pensions that we don't have and who work far fewer
6 days every year than we do. We are asking for basic
7 things, increases to our on-call pay which is added
8 compensation for when we are called in last minute
9 because a co-resident has called out sick on top of
10 our already grueling schedule, but Adams' negotiators
11 have said that they will only meet our on-call demand
12 if we delay our salary increases by six months. This
13 is also their response to our demand to pay more into
14 our Patient Care Trust Fund. We're here because we
15 refuse to be forced by Mayor Adams to choose between
16 our patients and ourselves. The future of care for
17 the largest public hospital system in the country is
18 at stake. The truth is that H and H and Mayor Adams
19 can't afford not to do right by the residents. Thank
20 you.
21 CHAIRPERSON NARCISSE: Thank you. Wait one
22 second. You have said the on-call coverage pool needs
23 additional funds to be able to meet the needs of the
24 bargaining unit, right? Can you explain why the union
25

thinks the current funding isn't enough and why this fund is so important?

DR. MICHAEL ZINGMAN: Sure. Happy to talk about that. The on-call coverage pool is basically a fund for if a resident calls out sick then the other residents are taking on this call burden so this is a fund that pays for residents who are coming in unexpectedly and taking on extra work to get paid fairly for this. This is something that we really want to get paid if we're being pushed to work beyond our normal hours and, if we are taking extra call shifts, then there is increased burnout when we are working our actual shifts. As we mentioned before, we're also not getting any overtime pay so this is sort of our form of overtime pay. Moonlighting is a completely separate thing outside of the H and H system usually so this is the closest thing that we have to overtime and this fund has been depleted, and because of that we're really asking for H and H to match our demand to increase this fund.

CHAIRPERSON NARCISSE: Alright. Council Member Paladino.

COUNCIL MEMBER PALADINO: Hello. Okay. Anybody who knows me knows I'm really pretty blunt. I want to know how many of you that are here are from New York City and/or New York State by a show of hands. Okay. That's like a handful of you, maybe eight or nine out of the room that's full so a lot of you come from out of state so it was the initial move, the departure from your families, whether you're from Arizona or California or Louisiana. I also want to know since this is fairly new to you, the city itself, this environment is a tremendous change from what you've grown up with or are used to. It's far from warm and cozy. I also want to know, you're talking about your salaries. I'm going to ask you right now. How much do you get paid?

UNIDENTIFIED: Minimum wage.

COUNCIL MEMBER PALADINO: What's that? No, I'm not kidding around. I really want to know. What do you get paid?

UNIDENTIFIED: 69,000 (INAUDIBLE)

COUNCIL MEMBER PALADINO: 69,000?

UNIDENTIFIED: (INAUDIBLE)

COUNCIL MEMBER PALADINO: 747, and how many of you in this room are married? That’s good

2 (INAUDIBLE) I'm just saying, we look at 67,000.
3 Everybody think that's a whole lot of money when it's
4 not. It's just not. You live in New York City. You
5 have to make at least 150,000 a year, and that's to
6 support your wife and maybe one child and you're just
7 skating by. Working 80 hours a week, no overtime,
8 want to make that very clear, no overtime pay. That's
9 it, flat. So you can work 12 hours, you can work 24
10 hours, you can work 80 hours, so you're being worked
11 to the bone for 67,000 dollars a year. Okay, want to
12 make that clear.
13 Also, we have our budget hearings coming
14 up. Are you in any part in any way part of the,
15 because I'm new to this Committee, it's brand new to
16 me, but I'm not brand new to you, as residents, I
17 know you very well. I'd like to know when we do our
18 budget hearings, are any of you in a union, is there
19 a union for you?
20 UNIDENTIFIED: Yes.
21 COUNCIL MEMBER PALADINO: And the union
22 is?
23 UNIDENTIFIED: CIR.
24 COUNCIL MEMBER PALADINO: Okay, good,
25 because you're educating the Council Member now so

that when I go to bat for you, I know exactly what I'm talking about, and I will make it a point to meet several of you personally, because that's how I handle myself so thank you very much everybody. [APPLAUSE]

CHAIRPERSON NARCISSE: You have said that the City's salary proposal will leave H and H the lowest paid in the city by next year. Somebody say that, right? All right, can you give some examples of how the pay will compare to some of the safety nets?

DR. PRAMA ELAYAPERUMAL: Yeah, we have some of the numbers comparing the HHC contracts for PGY-1s who are first-year postgraduate trainees, BronxCare PGY-1s make 83,800 dollars, which is about 7,000 dollars a year more than what a PGY-1 at Lincoln Hospital would make. At Maimonides, it's about 83,100, which is over 6,000 the PGY-1s at the Kings County or South Brooklyn where I've been, PGY-1s at Mount Sinai, Morningside, also at 85,200, which is like 8,200 more, and in some instances these house staff are actually working side by some of those higher paid house staff because we cross cover sites and that's what I think Councilwoman Rivera mentioned

about the split payroll staffing of some of our hospitals among house staff.

To give you a more dramatic example, one of the incoming pulmonary and critical care fellows came from New York Presbyterian, which is a more money private system. Him going from his P2Y3 year to his P2Y4 year is actually something like an 18,000 dollars, almost a 20,000 dollar pay cut as he's advancing his training because he's coming into an HHC system pay structure where he's coming from a private system, the NYP system, and I had to have this conversation with him on the phone about what it means to be a part of HHC, why we're still proud to be here, why I encourage him to continue his training without losing his enthusiasm for it, but it's hard for people because he was working side by side fellows who were paid by NYU who were making more money than he was, even as he's completing his certification in internal medicine and all these things and it feels you're not having your efforts that you've put forth recognized and your growth professionally isn't being recognized in when you're subjected to a pay structure like this.

DR. MICHAEL ZINGMAN: Yeah. Also, Rachel and I are both at Bellevue and NYU. We're both Bellevue paid. We are getting 9,000 dollars less than our co-residents and fellows who are doing the same exact work which is pretty demoralizing when you're working in the same office as somebody making 9,000 dollars more than you. I'd also say I recently applied for fellowships and in looking at different programs across New York City I chose to continue working at Bellevue. With that, probably got 20,000 dollars a year less than if I had chosen a lot of other hospitals.

CHAIRPERSON NARCISSE: Thank you, and I appreciate your time. Like I said, my son is an orthopedic surgeon, and he had to go through the process and I understand. My husband is a GI so all this is just, I've been around folks that suffered and when they tell you it's very depressing what they have to go through so thank you for your time, and we are here to fight. As you can see, we have the medical team right here. You have your own team to back you up so thank you for your time.

CHAIRPERSON NARCISSE: We've been joined by Council Member Gutiérrez. Thank you.

2 COMMITTEE COUNSEL OGASAWARA: Our next
3 panel will be Dr. Laurence Doyle, Dr. Kara Jordan,
4 Dr. Anna Roesler, and Dr. Salma Sadaf.
5 I'd also like to request that people
6 abide by the two-minute limit just because I know we
7 have a lot of folks who want to testify today and
8 there's another hearing in here at 1. Thank you.
9 DR. ANNA ROESLER: Okay. Hi. Thank you so
10 much to the Committee. I'm Dr. Anna Rossler, and I'm
11 very proud to work as a resident in the pediatrics
12 department at Jacobi in the Bronx and to be a member
13 of CIR. Like many pediatricians, I chose this
14 specialty because I want to both treat and advocate
15 for children. I believe that Health and Hospitals
16 stands in contrast to our country's profit-driven,
17 often cruel healthcare system, and so I'm grateful to
18 truly fight for Children's Health at Jacobi. I am
19 here once again to advocate for my young patients but
20 also for the people who care for them. Throughout
21 this bargaining process, my co-residents and I have
22 felt insulted, disrespected, and demoralized again
23 and again. It's insulting just how little the City
24 seems to respect our value to the system to the
25 extent that they're denying us fair pay when we

2 haven't received a raise in almost four years. Now
3 we're also not getting paid for working on holidays
4 and, at Jacobi, they took away the limited food
5 options that we had. We're doctors who have
6 sacrificed a lot to do this work, but we're also
7 people. Like many female residents, I spend way more
8 than I should on Lyfts because I don't feel safe
9 using public transportation at midnight or 2 a.m. If
10 we were better compensated, I wouldn't have to choose
11 between my safety and taking on additional financial
12 stress. In this hospital, we're also contending with
13 understaffing across the board. The City's treatment
14 of our nursing coworkers has resulted in major
15 understaffing of nursing, which is a huge problem for
16 all of us, and it's not right. H and H residents are
17 the front lines of care for the most vulnerable
18 patients in this city, and kids are the most
19 vulnerable. Jacobi is able to do amazing things for
20 the kids of the Bronx, but imagine how much more we
21 could do if we were better resourced. We have
22 patients with all these underlying conditions that
23 are obviously affecting their health, and it's hard
24 when we can't spend enough time with them. If we had
25 more social workers, we would be able to do more for

2 them, but we only have a few in our entire pediatric
3 department. H and H can and does offer so much and it
4 is an honor to be a part of the largest public
5 healthcare system in the country. We provide great
6 care to everyone despite not having all the
7 resources, but I'm asking the Administration to
8 remember our mission and support the physicians who
9 see it through every day. Thanks.
10 CHAIRPERSON NARCISSE: Thank you.
11 DR. KARA JORDAN: Good morning, everyone.
12 My name is Dr. Kara Jordan, and I'm a chief resident
13 in pediatrics at NYU in Bellevue. I believe deeply in
14 the mission of this hospital system. I was born and
15 raised in New York City in NYCHA Housing Projects,
16 whose office is here in this building, and I lived
17 there until the day that I went to college. I became
18 a doctor to serve this community specifically, and I
19 come to you today because this health system is at
20 risk of keeping and attracting great doctors to our
21 city. Being a chief resident, I play a major role in
22 the recruitment and retention of future physicians to
23 pediatrics. This past application season this fall
24 has been one of our most challenging. Multiple
25 applicants have told us that our salary is making

them consider other programs. Although NYU and Bellevue typically draw applicants from top medical schools such as Harvard, Johns Hopkins, and Yale, we are losing this talent. This year, we interviewed 40 more applicants than we ever have in prior years to accommodate this loss. Some of these losses occurred mid-application season where they withdrew their applications. They would rather risk not matching at all than to come to our program. We are losing the strongest and most passionate of future physicians who we need now more than ever in the post-COVID era, where families are fleeing their countries to have a better life here in New York. We, as pediatricians, want the best for all children. We see ourselves in their families. They are suffering in ways that reach far beyond the hospital. Yet, in spite of the failures of our society for these families, H and H is here to provide a medical home for them, for anyone who finds themselves in New York City. We ask that you value this mission and invest in the people, the residents, who keep it running. There are families behind every single patient, and you want the best for your family as we would for any patient.

2 We need pay parity to attract these physicians. Thank
3 you all.
4 DR. LAURENCE DOYLE: Good morning,
5 Council. Thank you for having me here. My name is Dr.
6 Laurence Doyle. I'm a first-year resident in
7 emergency medicine at Metropolitan Hospital and
8 Harlem Hospital Emergency Rooms. I chose to train at
9 New York Health and Hospitals because I wanted to
10 train in New York, take care of New Yorkers. The
11 diversity of the patients here and their healthcare
12 needs is unique, and it's a place where if anyone who
13 trains in New York will say there's nowhere in the
14 world that can throw something at you that you
15 haven't already seen here in New York, but because
16 we've continued to be denied fair pay, it's becoming
17 a lot harder to attract great physicians to our
18 hospital system, and the reality of it is that we've
19 already missed out on the best applicants for this
20 year's match. Our work is hard enough without the
21 added financial stress. To call the emergency
22 department hectic would be an understatement. As a
23 resident, we really are the lubricant that keeps the
24 machine running. When there's a gap, we fill it. No
25 job is too small for us, and we do this 12 hours a

2 day, some departments 14, even 24 hours in a row, 6
3 days a week holidays, nights, weekends, and some of
4 this stress was offset by holiday pay, which we used
5 to receive until we were informed that the fund dried
6 up the Tuesday before Thanksgiving in the midst of
7 these negotiations for better pay. This resulted in
8 me personally missing out on 600 of bonuses, and I
9 had to sacrifice buying gifts for my friends and
10 family during the holiday season. It's a small
11 sacrifice to make in the grand scheme of things, but
12 how many sacrifices can we be asked to make? If Mayor
13 Adams and the Health and Hospital Administration
14 agree to give us the modest increases we're asking
15 for, I know that it will translate not only into our
16 ability to continue attracting great physicians, but
17 also our ability to care more compassionately and
18 with fewer stressors distracting us from work. I want
19 our system to have the best chance to continue to
20 attract the best doctors. I want that for our teams,
21 for our patients, and for New York, and I believe
22 Mayor Adams should want that too.
23 DR. SALMA SADAF: Good morning, everyone.
24 My name is Dr. Salma Sadaf, and I am a pediatric
25 resident at Kings County. H and H resident physicians

2 and fellows are the background of our hospitals
3 alongside the nurses. You have us overworked and
4 underpaid. It's not cool. We come into contact with
5 patients the most. We spend all our time with our
6 patients to give them quality healthcare, and their
7 well-being and H and H’s well-being depends on our
8 well-being, and we are not doing well. Most residents
9 suffer from burnout, anxiety, depression because we
10 are all under so much pressure, pressure from rising
11 cost of living, unaffordable rent, long hours at
12 work, long commutes, and doing out of title tasks,
13 and it is too much. It's too much. We want our
14 investment in the system, and most critically H and H
15 residents need to be paid similarly to the residents
16 at the same safety net hospitals. We are struggling
17 to live in the communities that we serve as doctors.
18 In case my voice isn't enough for you to be
19 convinced, here is the voice of another lifelong New
20 Yorker at H and H resident who couldn't make it today
21 here. I ask you to listen to these voices. “When I
22 started, H and H was full of bright, talented doctors
23 who wanted to provide equitable care to New York
24 City. Now I'm seeing bright, talented people start to
25 leave. Next year, I have to say with a heavy heart, I

2 will be leaving too. I dreamed of working at a public
3 hospital taking care of patients like my mother, and
4 I was willing to take the pay cut to do but I still
5 have to pay my rent. I'm not asking Mayor Adams to
6 manage my ventilators at 2 a.m., I'm not asking him
7 to work my 24-hour shift. All I'm asking him to do
8 his part so that we get fair wage for our work." I
9 can't believe that these voices that demand fair
10 wages for life-saving work go unheard and unaddressed
11 by Mayor Adams, and that is what all of us want for
12 all of us, and that is fair wages. Pay us fairly,
13 support the doctors of the city, support New York.
14 CHAIRPERSON NARCISSE: Thank you. I have
15 my Colleague, Council Member Marmorato, that wants to
16 ask a question.
17 COUNCIL MEMBER MARMORATO: Hi. Thank you
18 for testifying today. Dr. Roesler, am I saying that
19 correctly? I live right outside of the Jacobi campus,
20 and you mentioned safety concerns. Do you have any
21 concerns about the Just Home initiative coming to the
22 campus and the increase of crime around the facility?
23 DR. ANNA ROESLER: That doesn't really
24 affect my concern. It's more so just for me, at
25

2 least, it's just riding the subway late at night. I
3 don't feel comfortable with that.
4 COUNCIL MEMBER MARMORATO: Okay, and have
5 they given you a Birdie system?
6 DR. ANNA ROESLER: No.
7 COUNCIL MEMBER MARMORATO: Okay. You
8 should look into that Birdie system.
9 CHAIRPERSON NARCISSE: Thank you. Thank
10 you so much, and we are here to support and listen
11 and make sure that we have the best quality
12 healthcare in New York City, and we appreciate your
13 investment in the City of New York.
14 Oh, before I go, Council Member Gutiérrez
15 has a question.
16 COUNCIL MEMBER GUTIÉRREZ: Thank you,
17 Chair. Thank you all so much for your testimony and
18 for everyone else signed up.
19 I had a little bit of a general question
20 on pay parity. Earlier last year, a number of us went
21 and joined the residents at Elmhurst Hospital on
22 their strike. Elmhurst Hospital is very personal to
23 both Chair Narcisse and I. She worked there. I was
24 born there. I have family that worked there, but
25 recently I'm hearing that Mount Sinai will cease to

2 be their employer if that's correct, okay, and so
3 they're going to be transitioning to H and H. Do you
4 all have a sense of how the salary the City is
5 proposing compares to what the residents were
6 fighting for at Elmhurst.
7 DR. KARA JORDAN: Thank you. We have the
8 numbers right here for the contract that they had won
9 for their first-year salary for the year of 2025 was
10 81,207. For H and H, for 2025, it's predicted to be
11 76,984, so it would be a difference of 4,000 dollars.
12 COUNCIL MEMBER GUTIÉRREZ: Is there more
13 beyond 2025 that is negotiated? No? Okay, so you said
14 it's a 5,000-dollar difference.
15 DR. KARA JORDAN: 4,000.
16 COUNCIL MEMBER GUTIÉRREZ: 4, 000, I'm
17 sorry. I'm not good at math. please lean on us for
18 support. I think those of us that continue to support
19 residents feel very strongly about pay parity. I
20 remember that this fight for the residents was a long
21 time coming. I think it was a long time since they
22 had ever even thought about a strike. We are
23 certainly with you. We were out in Woodhull just
24 about a month ago with the residents there. Please
25 continue to lean on us and invite us, and we want to

2 make noise because it really is unacceptable to
3 change the terms of an agreement for residents that
4 are literally serving in our safety net hospitals,
5 and shout out to you, Ms. Jordan, for coming to
6 public hospitals and staying here. Thank you, guys.
7 CHAIRPERSON NARCISSE: Thank you so much.
8 Thank you.
9 COMMITTEE COUNSEL OGASAWARA: Thank you.
10 For our next in-person panel, we'll have Dr. Ian
11 Peake, Dr. Matthew Maronta, Tiffany Martin, and
12 Gurkamal Kair. I apologize if I mispronounced your
13 name.
14 DR. IAN PEAKE: It's nice to meet everyone
15 on the Committee. My name is Dr. Ian Peake. I'm a
16 first-year obstetrician/gynecology resident at Kings
17 County Hospital in Brooklyn. I moved here from
18 Oklahoma so New York is very new to me, and I think
19 the biggest shock to me coming here is just not being
20 able to afford anything, even a place to live. I
21 moved here with another med student from my program.
22 We both went to the same medical school and currently
23 in our household we have an 11,000 dollar, just
24 about, difference in pay as first-year residents. We
25 work at two separate hospitals in Brooklyn, and he

2 makes more than a fourth-year resident does in our
3 program. Other things that I would point out is just
4 the hours. I'm literally losing sleep right now. I
5 worked a 13-hour shift last night. I got off at 7
6 a.m. this morning. I have to be back at 6 p.m.
7 tonight for another 13-hour shift. My week started
8 with a 24-hour shift on Sunday, and it has been every
9 single night since then. I just think that our pay is
10 not adequate for the amount of work that we do. We
11 need better opportunity to live close to the hospital
12 so we're not commuting so far and passing out on the
13 subway. I'm so tired all the time as a first-year
14 resident, and I think that's collective for everyone
15 here so please hear that and take that into account.
16 CHAIRPERSON NARCISSE: I hope you get some
17 sleep tonight.
18 DR. MATTHEW MORONTA: Hi. My name is Dr.
19 Moronta. I'm actually from Queens, and I'm a resident
20 at NYU. So just to put on a record, I'm laughing a
21 little bit right now because H and H spent so much
22 time talking about the Helping Healers Heal program.
23 One, I've never heard of that, granted we've been all
24 just so pissed about this pay parity, but just to get
25 into my speech, I'm at NYU where they list their

2 salary at 79,500, but I'm on the Bellevue payroll so
3 the pay is actually 69,747 so that’s around 10,000
4 dollars less than my co-residents who do the same
5 exact job but were just lucky enough to get placed on
6 the NYU payroll. What's even less fortunate is that
7 we were told to wait for pay parity, but Mayor Adams
8 and the H and H Administration have sat on our needs
9 for so long with an expired contract so we weren't
10 even able to get holiday pay this year. Guess what? I
11 worked Thanksgiving, Christmas, and New Year's. I
12 actually love working, sharing my training at
13 Bellevue. It's really tough. I get called faggot. I
14 get spat at. People try to punch me. They also come
15 to me to talk about suicide. They talk to me about,
16 how to connect to housing, how to get into rehab, how
17 to start a new life. Without Bellevue and the rest of
18 H and H, this city just to be very frank would be
19 drowning in death and despair, and I hope you guys
20 understand how serious that is. We're very
21 interconnected to the homelessness issue, substance
22 disorders, public health, and really everything that
23 you see in New York City. The subway would look a lot
24 different if we did not exist. We treat the most
25 vulnerable, but we're also vulnerable. We have to pay

2 rent just as everyone else does, and now we have to
3 pay student loans so that's something that is of
4 concern. There's just really no excuse the fact that
5 you guys have been waiting for so long to address
6 this pay parity, and I really need you guys to fight
7 for us because I'm a little bit over it.
8 CHAIRPERSON NARCISSE: Thank you. Thank
9 you for your time, and we hear you loud and clear.
10 COMMITTEE COUNSEL OGASAWARA: At this
11 moment, we will we will call some of the next panel
12 for Zoom testimony.
13 Could we please have Dr. Anton Shkurenka,
14 Dr. Comfort Anim Koranteng, Dr. Ethan Abrishamian,
15 and Dr. Luis Agular Montevalen. Thank you.
16 SERGEANT-AT-ARMS: You may begin.
17 DR. ANTON SHKURENKA: Hello. My name is
18 Anton Shkurenko. I am a resident physician in
19 anesthesiology at Kings County Hospital in Brooklyn.
20 All we’re asking today for a fair pay to allow us
21 simply survive in the most expensive city in the
22 world. I am one of the few H and H residents who is
23 lucky to at least live in rent-stabilized apartment,
24 but still my lease went up by historical maximum of 3
25 percent for the second year in a row. How can Mayor

2 Adams think it's okay for my rent to go up 3 percent
3 and for my co-workers' rent to go up much more than
4 that, but not to give us City workers a fair
5 contract. Is he not aware? Currently my rent is 70
6 percent of my salary, and again, I'm one of the lucky
7 ones. There is not much money left for other bills
8 and food. We ask not for a luxury life but simply to
9 survive. This will allow us to be physically and
10 mentally healthier, which is in turn important in
11 terms of the care we're able to provide to our
12 underserved community. Would you want your mother,
13 your aunt, your grandchildren to be seen by doctors
14 who do not have what they need to ensure that they,
15 themselves, are healthy? We are exhausted from
16 commuting long distances on top of our eight-hour
17 work week. What kind of message does that send to
18 Brooklyn, to Manhattan, to the Bronx about the
19 importance of our community health? As CIR members,
20 we refuse to allow this (INAUDIBLE) to continue. We
21 demand pay parity with our safety net peers. We
22 demand that the City invest in its public hospitals
23 and its workers and the health of our communities.
24 Thank you to the Committee for giving us this
25

platform and for your support in our fight to ensure H and H doctors can care for themselves.

SERGEANT-AT-ARMS: Thank you, your time has expired.

DR. ANTON SHKURENKA: And care for the people of New York.

COMMITTEE COUNSEL OGASAWARA: Dr. Comfort Anim Koranteng, please go ahead.

DR. COMFORT ANIM KORANTENG: All right. Hello. Thanks to the Committee. My name is Dr. Comfort Anim Koranteng, and I'm a resident physician in internal medicine at Harlem Hospital. As things stand, I can't afford an apartment close to Harlem because the price is on average of 2,000 and rising all the time, and that is more than 50 percent of my monthly salary, and this is before utilities so I need to live further away, which comes with the stress and fatigue of commuting, not to talk about the scare when shooting is recently occurred at my subway station a few days ago and knowing how often I have to commute home late at night. Even more than that, on top of the daily fatigue of residency in this system, on top of all the financial stresses and burdens, simply knowing you are being paid so much

2 less than colleagues in other safety net hospitals is
3 incredibly demoralizing. As others have said, I'm out
4 of here, I'm leaving New York the night I finish my
5 residency, and this is the feeling of most of my
6 colleagues as well. I think it is a tragedy, and I
7 think Mayor Adams and our Administration should feel
8 the same way. We have worked so hard to care for our
9 patients and to learn how to provide great care in
10 this particular community, and now H and H will lose
11 us as physicians and that would only keep happening
12 unfortunately, but what is hardest of all is knowing
13 that I can't even give my toddler everything that I
14 want to give them as a parent while I complete my
15 residency with H and H. I can't afford to send my 2-
16 year-old to daycare, because by the time I pay my
17 rent, utilities, insurance, groceries, my salary has
18 run out. My parents usually encourage me to send her
19 to school, but my honest answer is I can't afford it.
20 We really do appreciate the opportunity to start
21 residency with H and H Hospitals, but all we ask is
22 pay parity to ease off the financial burden we face
23 so we can stay here so that we don't have to uproot
24 ourselves from the communities we have served through
25 our residence.

2 SERGEANT-AT-ARMS: Thank you. Your time
3 has expired.
4 DR. COMFORT ANIM KORANTENG: Thank you.
5 COMMITTEE COUNSEL OGASAWARA: Can we
6 please have Dr. Ethan Abrushamian speak next?
7 SERGEANT-AT-ARMS: You may begin.
8 DR. ETHAN ABRISHAMIAN: Hi. Good morning.
9 My name is Ethan Abrishamian, and I'm a resident
10 doctor. I'm here to make an urgent appeal on behalf
11 of my fellow resident doctors to the Mayor and to our
12 Administration about the critical need for a fair
13 contract. We as resident doctors are already in
14 financial struggles due to student loans, limited
15 ability to take part-time income generated
16 opportunities due to the long hours of work, the cost
17 of living, the fact that establishing a medical
18 career takes a long process, and earning a fair
19 salary takes a long time. We often need to relocate,
20 which costs extra expenses. We have family
21 obligations. These financial difficulties not only
22 affect our personal lives but also our ability to
23 provide optimal care to the community. With a fair
24 contract, we can allocate more resources towards our
25 education, enhancing our efficiency of healthcare to

2 our patients. Furthermore, it empowers residents to
3 separate financial concerns from patient care. To the
4 Mayor and our Administration, consider a scenario
5 where you arrive to the hospital with an urgent
6 medical issue, firmly believing it requires immediate
7 attention and treatment. Now picture being told by
8 the resident doctor that your concerns are not deemed
9 valid, leading to a delay in receiving necessary
10 treatment. Wouldn't that be unjust? Wouldn't you
11 question whether the person is truly attentive to
12 your needs? This mirrors the challenges faced by our
13 resident doctors. Working diligently in the bustling
14 city of Brooklyn, we as doctors are expected to
15 operate efficiently without unnecessary delays. In
16 turn, we seek the same urgency from our employers in
17 responding promptly with a fair contract. It is
18 imperative that a fair contract is implemented that
19 reflects and recognizes our tireless efforts, vital
20 contributions to the healthcare system, and rising
21 cost of living in Brooklyn and New York City. Time is
22 critical, and we cannot tolerate further
23 postponements. Pay equity with the private sector is
24 not just a desire we have, but a necessity for our
25

2 well-being. Thank you to the Committee for your
3 attention to this critical issue.
4 CHAIRPERSON NARCISSE: Thank you.
5 COMMITTEE COUNSEL OGASAWARA: Thank you
6 very much. Can we please have Dr. Luis Aguilar
7 Montalvan speak next?
8 SERGEANT-AT-ARMS: You may begin.
9 DR. LUIS AGULAR MONTEVALEN: Hello
10 everyone. Thank you, Council Members, for your time.
11 I'm Dr. Agular Montevalen, and I'm an emergency
12 medicine resident physician at Jacobi. Early in my
13 medical school years, a mentor told me that medicine
14 is a business, doctors are turning into customer
15 service vendors and if you want to make money, don't
16 go into medicine. Some of the aspects are true, but I
17 love what I do and my desire to help patients has
18 helped me push through a field that asks so much of
19 me physically, mentally, and emotionally. The
20 residency has been as tough as expected, but I think
21 working for the H and H system in particular is
22 affecting my desire to remain working in a safety net
23 hospital, caring for the underserved communities.
24 It's a shame and a huge systemic failure. The
25 communities that H and H serves are what brought me

2 to medicine in the first place. These are the
3 communities that I represent. I'm a first-generation
4 immigrant, and I also come from a low socioeconomic
5 background, but these are the communities that lack
6 well-intended, passionate, and culturally competent
7 physicians who will stick for the long term. Doctors
8 like me who come through these communities and
9 finally become their doctors are so battered by 12
10 years of training, overworked, chronically underpaid,
11 that by the end of residency are left wondering if we
12 have already given back enough. Do I have more of
13 myself to give? Is it fair to keep asking my wife to
14 keep living day by day? And why is New York City
15 making it so difficult to serve the underserved?
16 During the height of the COVID-19 pandemic, we ran
17 ourselves to the ground, and this allowed H and H to
18 to by and large respond very well to the many needs
19 of our communities in that moment so why, four years
20 later, we're still required to keep performing under
21 near empty tank as if this is the new normal and when
22 we are working with record high volumes of patients
23 who are sicker and come with more medical complex
24 situations. Here, Mayor Adams, thanks us, and while
25 telling us a fair contract is impossible, makes it

2 very difficult to recommend H and H to future
3 residents, fellows, and attendings. I love what I do,
4 and I will choose emergency medicine all over again,
5 but I'm not sure that I will come back to H and H
6 under the contract proposed by the City. This should
7 matter enough to the Mayor. It should matter, and our
8 patients should matter enough to Mayor Adams to
9 finally do the right thing and correct course before
10 it's too late. Thank you.
11 CHAIRPERSON NARCISSE: Thank you.
12 COMMITTEE COUNSEL OGASAWARA: Thank you
13 very much. We will now shift back to our final in-
14 person registrants, Dr. Dominique Noriega, Dr. Donald
15 Hathaway, Dr. Shane Solger, Dr. Sandeep Sasidharan,
16 sorry, and Dr. Dinesh Nirmal. Please come up.
17 DR. DOMINIQUE NORIEGA: Hello. My name is
18 Dr. Dominique Noriega. I'm an OB/GYN resident at
19 Bellevue Hospital. My partner and I are both on
20 Bellevue payroll along with 30 percent of our
21 NYU/Bellevue residency colleagues. Every month, over
22 50 percent of our paychecks go to rent. We tried to
23 pay less while still living close by last year, but
24 the living conditions were much worse. While working
25 up to 80 hours a week, we came home to face frequent

2 rodent issues including a rat who once chewed through
3 our window and entered our home in front of us. Our
4 dog subsequently became sick with acute leptospirosis
5 and had to go to the animal medical center uptown.
6 It's just not sustainable to worry about the basics
7 when I'm also trying to care for my patients. It's
8 routine to come in two hours before shift to give
9 proper time to round on all my patients on the
10 postpartum wing. It's normal to get a surprise text
11 that now I'm on a 24-hour shift. If an APP mid-level
12 is out, we pick up that slack. After a pandemic, amid
13 this inflation, this maternal mortality crisis in
14 this very city, where my black and Latina patients
15 are over two times more likely to die than my white
16 pregnant patients while suffering a series of
17 hospital closures despite routinely surging patient
18 volumes when Brooklyn needs downstate and patients
19 are just being told to go to the nearest H and H. Our
20 hospitals are more critical than ever, but the
21 Mayor's current contract proposal is not sustainable
22 for us. I want to be able to tell future residents
23 that they can serve a New York in a mission-driven
24 system and pay their bills. I can't promise that.
25 Furthermore, studies show that incoming residents

2 from historically under-represented groups in
3 medicine face more financial stress and debt. Our
4 City must make these programs accessible to all
5 physicians coming in, especially those who reflect
6 our city's diversity. Creating a fair contract with
7 CIR is an opportunity for Mayor Adams to show the
8 world that New York cares about its community. For H
9 and H to remain a beacon, that's all. Thank you very
10 much.
11 CHAIRPERSON NARCISSE: Thank you.
12 DR. SHANE SOLGER: Thank you, Council
13 Member Narcisse and the Committee Staff, for holding
14 this hearing. My name is Dr. Shane Solger, and I'm a
15 CIR Regional Vice President for the H and H system
16 and an emergency medicine and internal medicine
17 resident at Kings County. Advancing patient care has
18 always been at the forefront of the union's mission.
19 In 1981, following cuts to the H and H system, CIR
20 members chose to forego their own raises in order to
21 create the Patient Care Trust Fund, which redirected
22 our pay to deliver better care to our patients. This
23 was not created by Mitch Katz as H and H had
24 suggested. In its last grant year, the Patient Care
25 Trust Fund approved more than 700,000 dollars in

2 grants for projects aimed at improving patient care
3 across H and H. Funds were directed towards new
4 equipment, educational materials, research projects,
5 and community projects that will impact the care that
6 we can provide to 750,000 New Yorkers. One of our
7 asks at the bargaining table has been for the City to
8 increase its contributions to the Patient Care Trust
9 Fund to keep this fund alive so that we can make sure
10 that we have the equipment needed to provide
11 excellent care every day. Unfortunately, the Mayor's
12 negotiators have told us they will only accept our
13 proposal if we pay for it ourselves. However, I was
14 happy to hear from H and H when they were speaking
15 their testimony that they believe that the fund
16 deserves more money, but we do not believe that money
17 should come from our pockets and from our contract.
18 We should not have to choose between advancing
19 patient care and our own well-being. It's impossible
20 to separate those two. We've poured countless hours
21 into our efforts to improve language access
22 throughout Kings County. Through that work, CIR won
23 24/7 Haitian Creole video interpretation services,
24 free training for staff to become certified
25 interpreters, three staff lines allocated for in

2 person interpreters, and the purchase of 60 new video
3 interpretation devices. Again, I want to thank
4 Council Member Narcisse and all the other Council
5 Members that supported us in our fight for language
6 justice but, that being said, what if, instead of
7 forcing overworked junior physicians to fight for
8 basic tools, equipment, and staffing, our City
9 invested properly in its public hospitals? And what
10 if, instead of making us use the time we have left
11 after an 80-hour work week in bargaining sessions,
12 month after month, the Mayor did right by us and
13 agreed to a fair contract? The Mayor needs to invest
14 in our public hospitals and reach a fair contract
15 agreement without pitting patient care against the
16 well-being of residents. Thank you for your time and
17 your consideration.
18 DR. DONALD HATHAWAY: Hello, everyone. My
19 name is Dr. Donald Hathaway, and I'm an emergency
20 medicine resident at Lincoln in the South Bronx,
21 consistently one of the top five busiest emergency
22 departments in the country. I'm also a member of the
23 CIR bargaining team. I too would like to talk about
24 the Patient Care Trust Fund. Just as our predecessors
25 fought for the creation of this fund 40 years ago, we

2 are fighting again for investments into our public
3 hospitals at a time when our system is bursting at
4 the seams. As an intern, I first got a feel for the
5 community I'd be working in at Lincoln through one of
6 CIR's community led walking tours, a Patient Care
7 Trust Funded project that helps incoming physicians
8 get to know the neighborhood in which they'll be
9 providing care. Coming from a small rural town in
10 Louisiana, I knew nothing about New York City. This
11 past year, I served as one of the tour guides. While
12 residents made their way around the neighborhood
13 surrounding their new hospital, our main guide
14 emphasized how much institutional racism impacts our
15 patients' health. New physicians see the evidence of
16 divestment in the South Bronx all around them. The
17 lack of trash cans, lack of green spaces, of banks
18 and grocery stores, but we also learn about the ways
19 this community organizes and fights back. Failing to
20 invest in CIR physicians who care for our city's
21 black and brown communities and in this pivotal fund
22 that advances care for working New Yorkers, that is
23 the same kind of divestment. I'd like to share a
24 story of one of my fellow residents to show the human
25 toll of this divestment. My colleague says, I

2 recently injured my ankle and have been forced to
3 wear a boot for the past four weeks. I live close
4 enough that I've always walked to work, but with a
5 boot, that is not possible. I've had to use Lyft to
6 get to and from work. I had 80 dollars to last me for
7 one week between pay periods, so I made do. I paid my
8 rent and I starved myself, eating one meal a day
9 while working 12 hour shifts a week. When it snowed,
10 I knew I couldn't afford the price gouging that
11 occurs with Lyft in the inclement weather, so I left
12 my boot at work and walked the 15 minutes to my house
13 in the snow in excruciating pain. My question is how
14 can the Mayor ask us to choose between our patient
15 care and pay parity with our peers to help us meet
16 our basic needs? I find it absurd, disappointing, and
17 unbelievably disheartening that our City would even
18 propose we make this choice. We refuse to do so. We
19 demand real investments in us and in our communities
20 and we demand it now.
21 CHAIRPERSON NARCISSE: Okay.
22 DR. SANDEEP SASIDHARAN: Thank you for the
23 opportunity to testify. My name is Sandeep
24 Sasidharan. I am a chief nephrology fellow at Kings
25 County and a proud CIR member. As a union, CIR has

2 always fought for what we need to provide great care
3 for our communities, and I am proud to be able to do
4 that once again in this forum. H and H residents are
5 truly the best of the best physicians around the
6 country. Many had their pick of where to go and yet
7 they decided to take the stress on and to work in
8 this system because they feel connected to this
9 community and want to care for these patients. We
10 want to care for the patients who lack healthcare,
11 who have complex health needs. We believe everyone
12 has a basic human right to great healthcare. We are
13 passionate. We are dedicated. There is so much we
14 have to learn. So many ways we have to adapt to
15 provide care for our patients, and we are happy to do
16 it. At Kings, predominantly our patients are non-
17 English speaking, like French Creole or Bangladeshi.
18 When I came here from Massachusetts, I started
19 learning different languages to communicate with my
20 patients and their family. As an immigrant, I'm happy
21 to serve so many of my immigrant patients. Still, we
22 do not have good language access, and CIR doctors
23 have had to fight to improve this, and the emergency
24 department has won major victories on this. As others
25 have said, we do a ton of tasks out of our scope

2 because of understaffing. This is all the time. We
3 could be furthering our education in order to be
4 better physicians, and now the potential Downstate
5 closing, it’s a huge stressor because we are already
6 bursting at the seams. In this moment more than ever
7 as our patient loads continue to grow, Mayor Adams
8 cannot let Health and Hospital bleed talented,
9 compassionate doctors, doctors who are committed with
10 the heart and soul to the mission of this system.
11 Does he want to be the Mayor who lets care of H and H
12 deteriorate? Every time in CIR's 60-year history, the
13 New York Public Hospitals have come under attack from
14 politicians bound more to corporate institutions than
15 their constituents. CIR physicians have fought back.
16 We have done so alongside H and H nurses and our
17 community. We are not afraid to do that again. We are
18 glad to have the support of this community as we
19 fight to hold our Mayor and H and H Administration
20 accountable to the future of public health for New
21 York, which starts with a fair contract for the CIR
22 physicians. Thank you.
23 DR. DINESH NIRMAL: Hello, my name is Dr.
24 Dinesh Nirmal. I'm a resident physician from Kings
25 County. As many others have already said today, we

2 are here because we care deeply about the people of
3 New York. We care deeply about our patients and about
4 the communities our hospitals serve. We are fighting
5 for ourselves and for them. All of us choose to do
6 our medical training at H and H because we wanted to
7 care for the working people, the poor people, and
8 immigrants. We wanted to provide great care to
9 everyone regardless of their immigration status,
10 their insurance coverage, how much money they have to
11 their name. We wanted to provide compassionate care
12 to people who are perpetually left behind and shut
13 out of economic security and even basic housing,
14 folks who have been incarcerated, houseless folks,
15 refugees, and their children. What is Major Adams
16 choosing to do? He's willing, apparently, to let H
17 and H residents be the lowest paid in the city, which
18 we know will directly impact our ability to recruit
19 the best physicians who share our passion for this
20 work. One of the best things about Kings County is
21 not just the patient population, but the staff that
22 works there. We have a very diverse patient
23 population and we learn a lot from them every day,
24 and the staff is also extremely diverse, which means
25 you have a lot of different perspectives and

2 experiences. This helps us connect better with our
3 patients as well. Patients feel more comfortable when
4 they engage with physicians of diverse backgrounds,
5 and patients have told me this directly. Studies show
6 too that the way patients perceive their care at the
7 hospitals affects their clinical outcomes. When
8 patients feel more comfortable, they are happier,
9 which positively impacts their healing, but we are
10 under so much pressure and it becomes extremely
11 difficult to imagine encouraging incoming physicians
12 to come to H and H, especially as the City refuses to
13 agree to CIR's very basic demand for pay parity with
14 residents at other safety net hospitals. I would also
15 like to add that the housing at Jacobi that H and H
16 had mentioned earlier, residents are not allowed to
17 live in it. The Mayor must do the right thing so that
18 we can continue to attract great doctors so that we
19 can feel supported when they are here. That is the
20 way we safeguard this vital system and that is how we
21 respect the people who power it. Thank you very much
22 for this opportunity.
23 CHAIRPERSON NARCISSE: Thank you for the
24 clarification. Can you tell us more about the Patient
25

2 Care Trust Fund and the purpose it serves? How is
3 funding allocated to PCTF?
4 DR. ETHAN ABRISHAMIAN: I can speak to
5 that. Every year there's a couple of cycles. There's
6 a couple of components to it. There's a research
7 component and then there's a funds grant. I'll use an
8 example. Recently, we were able to get portable
9 hearing aids for elderly patients at Kings County and
10 so, myself as a resident, I submit a request and a
11 justification, and then that goes to a committee that
12 reviews all of their requests across the H and H
13 system. From that, they have to like cherry pick what
14 they think is the most justified as they're triaging
15 the resources of the Patient Care Trust Fund. I
16 believe it was also used to create a community garden
17 outside of Kings County as another example of kind of
18 like a wellness project. I'll speak mostly to Kings
19 County because that is what I'm familiar with. We
20 have a lot of great sim equipment for our obstetrics
21 and gynecology colleagues as well as our surgeons so
22 that in their "off time," when they have maybe some
23 downtime in the hospital, they can go and practice a
24 lot of the technical techniques as opposed to
25 learning it firsthand on a patient. It's probably

2 best that you learn it in a safer, less bloody
3 environment. We also have a lot of sim equipment that
4 we've been able to get for it, especially coming from
5 the emergency medicine side of things. We have a lot
6 of central line trainers, and those are just some
7 examples of how it's been used.
8 CHAIRPERSON NARCISSE: Thank you. We
9 appreciate you guys. Thank you.
10 COMMITTEE COUNSEL OGASAWARA: Thank you so
11 much.
12 We'll call our next in-person panel. Dr.
13 Edoardo Vattimo and Dr. Patrick Lundy, please come up
14 to speak.
15 DR. PATRICK LUNDY: Good afternoon. My
16 name is Dr. Patrick Lundy. I'm a first-generation
17 Haitian American, the first doctor in my family, and
18 a resident physician in psychiatry at Bellevue where
19 I'm proud to take care of the people of New York. I'm
20 also a very proud member of CIR. Every day, residents
21 do anything and everything to ensure our patients
22 receive world-class care that everyone deserves. Our
23 hospitals could not run without us, yet the City
24 thinks we should be the lowest paid resident
25 physicians in New York City. With nearby hospital

2 closings and an increased workload on already
3 struggling residents, how will we attract the best
4 applicants? How will we convince them to take peanuts
5 of a salary in comparison to other New York City
6 programs? I ranked Bellevue Hospital high on my match
7 list because I'm committed to their mission of
8 providing high-value care with dignity, sensitivity,
9 and compassion regardless of patient's ability to
10 pay, but since I can't afford to move to New York
11 City, I take a light rail, train, and bus to get to
12 and from work, which takes an hour if the transfers
13 line up and if there are no delays so even when I'm
14 already working 12-hour plus shifts, it really ends
15 up being 14-hour plus shifts that I'm away from home.
16 This leaves 10 hours at best to eat, sleep, and maybe
17 have some free time. I'm tired all of the time. My
18 co-residents are tired all of the time. As
19 psychiatrists, we shoulder a tremendous emotional
20 burden, especially when we're seeing folks who have
21 been through so much. New York City toughness
22 sometimes comes with New York City trauma. We support
23 and treat our unhoused brothers and sisters who are
24 constantly fighting for survival, those in contact
25 with the criminal legal system, the recently

2 immigrated refugees processing the tribulations of
3 their journey, the LGBTQ community dealing with
4 bigotry amongst other vulnerable populations. I want
5 to help manage my patient's mental health, but I
6 can't even do that for myself. If we had a living
7 wage, if I could just shorten my commute maybe, we
8 would be better equipped to handle the emotional
9 weight of our jobs without burning ourselves out.
10 Thank you.
11 CHAIRPERSON NARCISSE: Thank you, and my
12 son is Patrick too, Patrick Narcisse.
13 DR. EDOARDO VATTIMO: Hello, everyone. My
14 name is Dr Edoardo Vattimo. I'm a resident physician
15 in psychiatry at Kings County. I'm very proud to work
16 in this hospital system in the Kings. We really do
17 treat everyone regardless of their ability to pay,
18 and it's an honor to do that. We treat people from
19 all over the world, and they have their own social
20 determinants of health, so many factors impact them
21 before we see them. We learn a lot working with these
22 patients, but also they have complex cases and it's
23 really stressful. They keep coming back to the
24 hospital because their basic needs are not met. The
25 same is true for many residents. Housing just as food

2 is a top human priority, and it's not okay if your
3 rent is going up 30 percent like one of my colleagues
4 told me this year and you might lose your apartment.
5 This leads to anxiety, ruminations, a mental energy
6 that the residents should be dedicating to patient
7 care, not to this problem. Also, we that are
8 immigrant physicians and physicians from different
9 backgrounds represented in medicine often struggle
10 the most to afford to do our residency here. Our
11 spouses cannot work in their professions, for
12 example. The Mayor needs to pay attention to that
13 because the greatest strength of our H and H system
14 is that we attract people from diverse backgrounds
15 who can treat this diverse patients. We have
16 residents that speak Arabic. My native language is
17 Portuguese. I speak Italian too, and I can treat and
18 understand people that speak Spanish. We are able to
19 provide much better quality of care, but now we are
20 risking not attracting people with the best
21 applicants. A colleague from Brazil just said that he
22 won't rank our program high because of the pay here,
23 and he's afraid that he will not able to afford
24 living here with his wife, who's an engineer, but who
25 cannot work here. We’re here today because we think

2 patients need better care and deserve our work, and
3 this cannot wait. Thank you.
4 CHAIRPERSON NARCISSE: Thank you, and
5 Gabrielle said hello, Patrick. They're watching you.
6 Thank you.
7 COMMITTEE COUNSEL OGASAWARA: Thank you so
8 much. We will now transition to the Zoom registrants.
9 Dr. Mike Cydylo, can you please start?
10 SERGEANT-AT-ARMS: You may begin.
11 DR. MIKE CYDYLO: Hi, everybody. Sorry. I
12 am on shift right now in the emergency room, but I
13 will make this brief. My name is Dr. Mike Cydylo. I
14 am a third-year emergency medicine physician at Coney
15 Island Hospital, South Brooklyn Health now that it's
16 been renamed. This hearing is really crucial for us,
17 and I appreciate the Committee and especially Council
18 Member Narcisse for making this happen for us. We
19 can't do what we continue to do for our patients if
20 we're not able to get this contract resolved. At this
21 moment in the middle of the winter, cold and flu
22 season, very busy in the emergency room. Our Mayor
23 still fails to properly support the migrants and
24 refugees who are coming to our city for safety and
25 shelter, many of which have been spending a lot of

2 time outside on the streets in the refugee camps,
3 such as Floyd Bennett Field, which is near our
4 hospital on, and we're under more pressure than ever
5 to provide these treatments for these patients in
6 addition to our usual patients that we see from our
7 community. We’re being pushed to our limits, our
8 hospital systems being pushed to our limits, and
9 we're under more pressure than ever to provide the
10 best care in a timely matter for all of our patients.
11 On top of that, we're dealing with the cost of
12 living, which is increasing the cost of rent. Just
13 daily common things that we need to buy for ourselves
14 and for our families in order to survive. With the
15 cost of living increasing and our salaries staying
16 the same, it's becoming increasingly more difficult
17 to be the doctors that we should be, to get the sleep
18 that we need, to get the nutrition that we need, to
19 eat healthy, to sleep right, to get exercise, which
20 is all the things that we push on our patients to
21 help them improve their lives as well. I'd like to
22 share a story from one of my fellow H and H residents
23 that further illustrates the stress that we go
24 through and undergo during our current situation. As
25 a resident in New York City and a father of two, I

relocated to the United States seeking superior training opportunities and a more prosperous life. However, the reality has starkly differed.

SERGEANT-AT-ARMS: Thank you, time has expired.

DR. MIKE CYDYLO: Thank you.

COMMITTEE COUNSEL OGASAWARA: Thank you very much, and I apologize for mispronouncing your name, Dr. Cydylo.

Next, we have Dr. Dina Jaber, and if we could please have Dr. Victor Sanchez on deck after Dr. Jaber. Thank you.

SERGEANT-AT-ARMS: You may begin.

DR. DINA JABER: Hi everyone. Thank you so much again to the Committee and Council Member Narcisse. I'm Dr. Dina Jaber and I am a chief resident at Kings County. I'm also a Regional Vice President for CIR. I've been at Kings County for about six years now and, through that time, I've seen again and again how important the system is and how much we're able to do for the city in spite of the lack of investment at every level. I am currently actually testifying remotely because I'm actually having to look for jobs outside of the system right

2 now, and this is because I feel that over these
3 years, despite my love for the work and my patients,
4 I feel that I've been undervalued at Kings County and
5 H and H, we are tired, we've been underpaid, and we
6 can no longer afford to stay within the system. We
7 have some crushing student debt, and we can't afford
8 to pay for our loan repayments on the current salary
9 in addition to the rising cost of living, the amount
10 of day-to-day needs, everything that's rising and our
11 salaries are not meeting that. We often find
12 ourselves putting so much time and energy into our
13 patients and this patient population that I
14 absolutely love, and it's actually heartbreaking to
15 this year start telling some of my patients that I
16 will no longer be seeing them in clinic after knowing
17 them for the last four years, only to leave them
18 because I can't afford to stay. I work in this
19 hospital system because we care for everyone, and I'm
20 proud of that and I want to live here and want to
21 continue to take care of my patients and live in a
22 city that cares for the healthcare workers in the way
23 that we care for our patients and so I wish that we
24 were more valued and encouraged to stay, but
25 unfortunately, if Mayor Adams isn't able to meet us

2 on some of these demands, like we need to be able to
3 build something together instead of pushing our
4 physicians away. CIR physicians in the communities
5 have always fought for the public hospitals. Our
6 nursing co-workers were in a fight last year. We
7 supported them, and so here we are in our fight now
8 and the Mayor should know what to expect by now. We
9 know that.
10 SERGEANT-AT-ARMS: Thank you. Time has
11 expired.
12 DR. DINA JABER: Thank you.
13 COMMITTEE COUNSEL OGASAWARA: Thank you
14 very much.
15 Next, can we please have Dr. Victor
16 Sanchez speak, and on deck we have Dr. George Danias.
17 Thank you.
18 SERGEANT-AT-ARMS: You may begin.
19 CHAIRPERSON NARCISSE: I would love to let
20 people to speak fully, but we are due for time. The
21 room is being used by next Committee.
22 DR. VICTOR SANCHEZ ALEMANY: Hello, all.
23 Thank you to the Committee and the Council for this
24 opportunity. My name is Dr. Victor Sanchez Alemany.
25 I'm a surgery resident at Metropolitan Hospital in

2 the city. Residency is already hard enough as it is,
3 and with the City current offer, we would make about
4 5,000 dollars less than our peers at other safety net
5 hospitals by next year, and the gap between our pay
6 and the residents at places like Columbia, Cornell,
7 NYU, like the first panel was saying, it's even
8 greater. It's about 10,000, 15,000 dollars a year at
9 same level physicians, which it feels outrageous to
10 us. Do our patients matter less? Do we matter less
11 than those residents? Some of our residents were
12 here, including myself during the COVID pandemic in
13 2020, and we saw and we are still seeing these
14 nowadays. We still see traveling nurses making more
15 in a 12-hour shift than we make in one entire week,
16 working 80 hours. I’m going to that again, making
17 more money in a 12-hour shift as a travel nurse than
18 a physician resident makes in an entire week working
19 80 hours. Residents, right alongside our nurses and
20 co-workers, drive our hospitals and make them
21 function, like we have said already. We already face
22 the intrinsic difficulties and challenges that
23 working in these city hospitals entails. Fair pay
24 that compares to any other hospital in our city is of
25 paramount importance to keep us safe and to

2 prioritize our well-being and empower our (INAUDIBLE)
3 the best doctors we can be for our communities. We
4 should finish residency as passionate, dedicated
5 doctors devoted to serving people who may not be able
6 to get care anywhere else because we train at Health
7 and Hospital thanks to Health and Hospital, not in
8 spite of it. Thank you very much.
9 COMMITTEE COUNSEL OGASAWARA: Thank you
10 very much. Next, can we please have Dr. George Danias
11 speak, and after that John Keller will be on deck.
12 Thank you.
13 SERGEANT-AT-ARMS: You may begin.
14 DR. GEORGE DANIAS: Hey everyone. Thank
15 you for this opportunity. My name is Dr. George
16 Danias, and I'm a resident physician in psychiatry at
17 Bellevue and a proud member of CIR. I'm also a New
18 Yorker, born and raised. Like thousands of resident
19 physicians across the City's public hospitals,
20 financial stress is the norm for me. I'm just barely
21 able to pay rent in my own city. My bank account gets
22 drained every month with nothing going to savings,
23 let alone enough to afford a weekend trip to get away
24 from the city for a bit on my rare weekend off. By
25 the way, to answer a prior question, a golden weekend

2 is when we have both Saturday and Sunday off. In
3 other words, a normal weekend for most people. It's
4 golden for us because of how rare it is. The truth is
5 I'm so burned out from working so many hours, and I
6 have no ability to work towards alleviating that
7 because of finances. I, a psychiatry intern, even
8 struggled to find a therapist I could afford for my
9 mental health. This pill is even more bitter to
10 swallow when some of my peers doing the exact same
11 job are making thousands of dollars more for the
12 exact same work. So many others are in the same boat
13 as me. Here is the story of another resident, and I
14 quote, "Last year, I became an intern at Lincoln
15 Hospital. I embarked on this journey excited, ready
16 to take on this next chapter in my life. However, I
17 soon became anxious about how I was going to afford
18 life in New York City on a resident's salary. I had
19 sold my car prior to coming to New York, but that
20 only covered moving expenses and three weeks in a
21 temporary rental. Once I tried to get on the subway
22 to get back home, my card declined. I checked my bank
23 account, and it was negative. My student loan payment
24 was what sent me over. I walked home over 50 blocks
25 to a studio apartment with no food in it. I went to

2 work hungry the next day and ate a sandwich out of
3 the pantry that was labeled, do not eat, for patients
4 only, but how did they expect me to care for patients
5 when I was running on no food and experiencing
6 debilitating anxiety? I called my one friend from
7 medical school who was also in the city at Cornell. I
8 asked him how he was affording life these days. He
9 told me that he made close to 90,000 and had a
10 housing stipend. I felt even worse."
11 SERGEANT-AT-ARMS: Thank you, time has
12 expired.
13 COMMITTEE COUNSEL OGASAWARA: Thank you
14 very much. Can we please have Mr. John Keller speak
15 and on deck we will have Dr. Abdelrahman Habiba.
16 Thank you.
17 SERGEANT-AT-ARMS: You may begin.
18 JOHN KELLER: Thank you, Madam Chair. my
19 name is John Keller. I'm First Vice Chair of
20 Manhattan Community Board six, and it's particularly
21 great to see Council Member Carlina Rivera here
22 today. She's a valued and active partner of Manhattan
23 Community Board Ssix. I just want to report to you
24 that on February 15th, we sent a communication to the
25 Office of the Mayor and Borough President Levine

2 about a resolution that we passed supporting the
3 Committee of Interns and Residents, CIR, at Bellevue
4 Hospital and associated NYC H and H hospital
5 facilities in their contract negotiations.
6 Recognizing the pay disparity is a particular concern
7 to us but also realizing that this would deprive
8 Bellevue Hospital of the ability to recruit mission-
9 driven medical school graduates that our safety net
10 hospitals need, and that these are doctors who
11 regularly work 65 to 70 hours per week and, with
12 Mount Sinai Beth Israel Hospital possibly closing,
13 the staff will be stretched even further by increased
14 patient numbers. So therefore, our resolution
15 resolved that Manhattan Community Board Six supports
16 the Committee of Interns and Residents, CIR, in their
17 contract negotiations so that the intern and resident
18 doctors receive competitive compensation to continue
19 to recruit and retain the best physicians to provide
20 optimal patient care. The resolution passed without
21 opposition, and it certainly has my full support as
22 someone who was well-taken care of in the ER at
23 Bellevue last summer. Thank you very much, Madam
24 Chair. Thank you all.
25

2 COMMITTEE COUNSEL OGASAWARA: Thank you
3 very much for your testimony. Dr. Abdelrahman Habiba,
4 please speak, and on deck, we have Dr. Marwa Maaita.
5 Thank you.
6 SERGEANT-AT-ARMS: You may begin.
7 DR. ABDELRAHMAN HABIBA: Good afternoon,
8 everyone. My name is Dr. Abdelrahman Habiba, and I'm
9 a general surgery Lincoln resident and a proud CIR
10 member. It's no secret how much residents are
11 underpaid and overworked, but that's not what
12 distinguishes us, NYC HHC residents from other
13 residents around the country. What makes us different
14 is that we are residents in one of simultaneously the
15 most important and the most stretched healthcare
16 system in the United States. From handing sandwiches
17 to patients, I'm sure my ED residents would
18 correlate, to transporting them ourselves to their
19 respective destinations, including the operating room
20 in dire times because of staff shortages. We do it
21 all, and we do it all often six days a week,
22 exhausted, while struggling to meet our own basic
23 needs. In one recent incident, because of staff
24 shortages and lack of wound care nurses at Lincoln, I
25 had to put on a dressing on an obese gentleman's leg

2 by myself without the help of anyone. He happened to
3 be intoxicated and fell on me. This patient weighed
4 over 300 pounds. Now, I love my job, I love my
5 patients, I wouldn't change anything, but all we're
6 asking for as residents is fair compensation. I can't
7 be worried about paying rent while having a roommate
8 as a 35-year-old man working 80 hours a week all
9 while residents across the country and in New York
10 are paid better and are less stressed. I urge the H
11 and H Administration to use its power to push Mayor
12 Adams to do right by us and to reconsider his stance
13 in negotiations. Thank you all.
14 COMMITTEE COUNSEL OGASAWARA: Thank you
15 very much for your testimony. Dr. Marwa Maaita,
16 please speak when ready, and on deck we'll have Dr.
17 Vishvaa Vel. Thank you.
18 SERGEANT-AT-ARMS: You may begin.
19 DR. MARWA MAAITA: Hello. I want to thank
20 the Committee for allowing me the opportunity to
21 share my story. I'm Dr. Marwa Maaita, first-year
22 podiatry resident at Bellevue Hospital. Along with
23 the co-residents speaking here today, I do everything
24 I can to maximize patient outcomes. Despite this, I
25 feel a sense of defeat and a sense of incredible

guilt, working in the system, knowing that so much of my patients' health, I cannot ultimately change. I can't fix the poverty they face, the homelessness, criminalization, cruel and racist immigration policies. That, coupled with the daily workload, it's no wonder my co-residents and I are so burnt out. That burnt out directly extends into our personal lives. We face the same issues that our patients do, which no, sadly cannot be solved with mindful yoga courses, regardless of how much I wish that could be true. There's no housing nearly close enough to the hospital that I can afford. I travel two hours to and from the hospital each day explained by our pay, which is the lowest across all New York City hospitals despite the fact that we carry more patients. So many of my patients are uninsured with a number of social determinants of health that statistically suggest poor outcomes. Things I can't control, structural forces outside of the hospital. Yet, we debunk those statistics at H and H each and every day, the cost of which is our well-being. H and H is able to provide the care that it does to whoever needs it in large because of the burden that the residents carry. We not only perform at the highest

2 standard of care inside the hospital, but we bear the
3 burden that shouldn't be ours outside of it. We spend
4 our little free time planning bargaining sessions to
5 make sure not only are we supported but for the
6 hospital to also continue to deliver quality of care
7 for the future. Imagine how H and H residents could
8 use the time and energy if people like Mayor Adams
9 invested in the health of our communities, if our
10 City properly resourced its public hospitals so we
11 wouldn't have to spend it fighting for basic things
12 like ultrasounds. The Mayor can start by paying H and
13 H residents fairly by lessening the burden in this
14 one small way. We carry the health of the city and
15 Eric Adams needs to support us before we collapse
16 under this weight. Thank you so much.
17 COMMITTEE COUNSEL OGASAWARA: Thank you
18 very much. Dr. Vishvaa Vel, please start when ready,
19 and on deck we'll have Dr. Melissa Taber. Thank you.
20 SERGEANT-AT-ARMS: You may begin.
21 DR. VISHVAA VEL: Hi, I'm Dr. Vishvaa Vel.
22 I'm a psychiatry resident at Metropolitan. I moved
23 from Texas for residency. I was incredibly excited to
24 work at NYC Health and Hospitals and care for such a
25 diverse population. However, the financial burdens of

living in Manhattan near the hospital took a toll on me. I soon discovered my entire paycheck was going to rent and utilities. My partner was forced to put her education on pause to help ensure we had enough money to put food on the table. (INAUDIBLE) savings account (INAUDIBLE) working a job than I'd ever felt before, even as a student. I've held off on going to the doctor, even when I've been so sick that I could barely stand because of my worry over a 10-dollar copay, 10 dollars. I currently live in Manhattan but will likely be moving to another borough soon because of our difficulty making ends meet. What will likely be a 50-minute commute for me in the future will be exhausting and add time to my workday, but I have no choice. My mental health and the stress of worrying about whether I can pay for my basic necessities while working around the clock has caused me to become depressed. I feel like a husk. How am I supposed to care for the most vulnerable of New York City if I can barely take care of myself? That is my question to Mayor Adams and my Health and Hospitals Administration. They owe us an answer and they owe us fair pay. Thank you.

2 COMMITTEE COUNSEL OGASAWARA: Thank you
3 very much for your testimony. Dr. Melissa Taber will
4 go now, and then on deck we'll have Dr. Nick
5 Frazzette. Thank you.
6 SERGEANT-AT-ARMS: You may begin.
7 DR. MELISSA TABER: Just walking to a
8 quiet place. I'm Dr. Melissa Taber. I'm an anesthesia
9 resident at Bellevue. I'm also the mother to an
10 amazing 2-year-old. This morning, I woke up before 5
11 a.m., I got myself ready, got out the door, took my
12 hour-long commute to Bellevue. It was a late morning
13 so this was slightly later than I usually can get up,
14 got in, got ready for the day today, and When I get
15 home later, sometime between 4 to 6 o'clock, my son
16 at that point would have gone to school, been picked
17 up by the au pair that we have, and I will get to
18 spend some time with him, put him to sleep at 7:30,
19 and then my husband and I will start on all of our
20 chores for the evening, cooking, cleaning, getting
21 our lives back together. My husband is also a
22 resident in the H and H system. He is working at
23 Jacobi, and so we are on the same payroll, and we are
24 working with the same kind of issues right now so we
25 live very exhausting lives because we live so far

2 from where we work. When we started residency, a lot
3 of our conversations were about where we were going
4 to live. At that point, I was pregnant and so we knew
5 that there was going to be financial and logistical
6 things to figure out and we ended up in Queens
7 because we couldn't afford Manhattan even though that
8 meant a much longer commute for us. Most of my post-
9 tax salary goes to child care, because while I work
10 60-plus hours a week, my husband works 60, 70 hours a
11 week, we need child care for that, and so we are
12 spending 40,000 a year on one child's child care. I
13 don't know what we would do without two incomes, and
14 I don't know how he would have afforded to pay back
15 loans had they not been on pause for so long. I don't
16 think the math would have mathed, and I don't think
17 it would have been okay. Throughout bargaining, I've
18 gotten more and more frustrated. There is a
19 representative that has done math to suggest that we
20 work less than 200 days a year when most of us work
21 250, if not more. They've talked about a pension in
22 their costing that we don't even have.
23 SERGEANT-AT-ARMS: Thank you. Time is
24 expired.
25

2 DR. MELISSA TABER: Sorry, what? Is that
3 the two minutes?
4 COMMITTEE COUNSEL OGASAWARA: Time has
5 expired, but thank you so much for your testimony.
6 Next, could we please have Dr. Nick
7 Frazzette, and on deck we'll have Dr. Phool Iqbal.
8 Thank you.
9 SERGEANT-AT-ARMS: You may begin.
10 DR. NICK FRAZZETTE: Hi, good afternoon.
11 My name is Dr. Nicholas Frazzette. I'm a proud member
12 of CIR. I'm a resident in pathology at Bellevue
13 Hospital. I'm actually calling in from Bellevue right
14 now where I've been since 7 o'clock this morning and
15 I'll probably be until about 7 o'clock tonight. These
16 12-hour days, this is a short day for me and for many
17 of my colleagues, and because I can't afford to live
18 in the community that I serve, my best-case short
19 days quickly become 14 hours or more when you factor
20 in commuting. This leaves precious little time to
21 engage in basic human necessities like eating,
22 cleaning, taking care of myself, sleeping, let alone
23 any time to socialize or better myself as a physician
24 for my patients by studying, and that's not to
25 mention the limited financial resources I have to

2 engage in any of those activities as well. I cannot
3 follow the advice that we give to patients, the best
4 medical advice that we give to patients. It's simply
5 an untenable situation that residents are facing
6 across the H and H system. I'd also like to share
7 very quickly the story of a colleague of mine, an
8 international medical graduate, who in addition to
9 facing a lot of the difficult choices that residents
10 have discussed today layers on the financial burden
11 of visa applications to keep herself eligible to work
12 in this amazing system. Coming to New York City into
13 H and H was a dream for her, the multicultural center
14 that this city and that this hospital system is, and
15 yet she has to beg her family members for financial
16 assistance just to be able to afford basic things
17 like rent or to keep her visa and license to work
18 eligible. The system is unacceptable. It's pushing
19 residents to our breaking point. We're really at that
20 breaking point right now, and if we try to be
21 forward-thinking, this hampers recruitment, retention
22 efforts, like so many of my colleagues have already
23 mentioned, the ability to continue staffing these
24 hospitals with outstanding doctors and delivering
25 world-class care is really what's at stake here, and

2 so we're asking for your support on City Council to
3 call on Mayor Adams to recognize that. H and H is the
4 hospital for all New Yorkers, and Mayor Adams wants
5 to be the mayor for all New Yorkers. We strongly
6 encourage that he listen to the advice of his doctors
7 and bargain with us in good faith and offer us a
8 contract that will allow us to be the physicians that
9 we aspire to be.
10 SERGEANT-AT-ARMS: Thank you. Time has
11 expired.
12 COMMITTEE COUNSEL OGASAWARA: Thank you so
13 much for your testimony. Dr. Phool Iqbal, please
14 start, and on deck we have Dr. Rosamaria Robustelli.
15 Thank you.
16 SERGEANT-AT-ARMS: You may begin.
17 DR. PHOOL IQBAL: Hello, everyone. First
18 of all, I'm really grateful for my colleagues who has
19 done a great job in telling Mayor Adam that, yes,
20 these are our rights. My name is Dr. Phool Iqbal, and
21 I am resident at Metropolitan. As others have said,
22 we can't wait for a fair contract. It's not about one
23 single resident. It's about all of those who are
24 having families, kids, and are on debt, who are
25 supporting their families back home, those who are

2 saving money for their children, education, and so
3 on. It's also about the doctors who come after us,
4 not only us, and those who are seniors to us,
5 ensuring that doctors of all backgrounds, doctors who
6 come out of the communities we serve are able to live
7 in New York City and work in this system without
8 having to completely sacrifice their well-being,
9 without having to scrape by with chronic financial
10 stress, without having to delay their lives, having
11 families simply because they work in H and H hospital
12 instead of one of our peer safety net institutions.
13 It's about the future children we will deliver, the
14 migrants of the future who will end up in this city,
15 who will come to our hospitals because they have
16 nowhere else to go. This may be just a brief story we
17 are telling here, but we need the Mayor and the
18 Administration to truly understand that what we are
19 feeling. For me, coming as an immigrant and leaving
20 my family behind without any support was a challenge.
21 In addition to living in such an expensive city,
22 where everything you are living just paycheck to
23 paycheck, skipping your meals, not buying anything to
24 save money, not celebrating birthdays to save money,
25 not traveling to see your family to save money. That

is just about saving money and nothing else, and this makes us all overwhelmed. Doctors like the ones testifying here today should be able to thrive in H and H system, dedicated doctors, doctors of color, doctors who are immigrants. It should be a beacon to doctors like us, the way it is a beacon to our communities.

SERGEANT-AT-ARMS: Thank you. Time expired.

COMMITTEE COUNSEL OGASAWARA: Thank you so much for your testimony. Dr. Rosamaria Robustelli, when you're ready, please go ahead.

SERGEANT-AT-ARMS: You may begin.

DR. ROSAMARIA ROBUSTELLI: Hello. Good afternoon. Thank you everyone for listening to our testimonies today. I'm Dr. Rosamaria Robustelli, and I'm a resident at Lincoln and a proud CIR member. Another resident who could not testify today has asked me to read their story. I quote, "During my first year, I was able to pay rent within my means as expected by following a budget. Second year, my rent did not increase because I negotiated that with my landlord since I am clean, do not bother him, and pay on time but, regardless, I have barely been able to

2 keep up with rent this year because of other expenses
3 that have increased like crazy. For example, my
4 groceries increased about 12 percent. The nearby
5 laundromat wash went from 2.75 to 3.50. Everything in
6 my budget Excel sheet is increasing at rates higher
7 than the pay increase I had between residency years,
8 which is based on an expired old contract. This
9 month, I was notified my rent will be increasing 300
10 a month in May to a total of 3,600 monthly of my post
11 tax salary. That increase in cost of living is just
12 rent. Pre-taxes, I would need well over 3,600 in pre-
13 tax pay, closer to about 5,000 to cover the cost. It
14 is impossible for me and others to keep up where
15 we're getting paid in 2021 rates when it's 2024.
16 What's similarly egregious is that the current
17 proposed city H and H proposal, about 3 percent a
18 year increases, are significantly below the rates of
19 inflation during this time period, meaning they
20 expect us to take a hit to an already low quality of
21 life. I'm trapped because I can't afford that much of
22 a rent increase, and at the same time, moving will
23 cost a significant amount of money, a broker's fee,
24 moving, van, etc. I'm struggling a lot, and so are my
25 co-residents. At this point, I'm actively telling

friends and prospective students to avoid New York City for residency because of rising costs. Without rising pay, it is unlivable and anxiety-inducing.”

This resident story is not unique. We are all struggling. We are all living in a state of stress. If we can’t afford our bills now, we wonder if where we'll be able to go when our rent goes up, if we get another unexpected expense. It doesn't have to be this way. The Administration must support us, and Mayor Adams must agree to a fair contract right away. Thank you.

COMMITTEE COUNSEL OGASAWARA: Thank you very much for your testimony.

We sincerely apologize for needing to rush through public testimony, particularly for so many healthcare providers who've made time to be here. However, we're committed to hearing all testimony so we'd like to note that written testimony will be reviewed in full by Committee Staff, and it can be submitted to the record for up to 72 hours after the close of this hearing. You can email it to testimony@council.nyc.gov. I will now turn it over to the Chair for her closing remarks.

CHAIRPERSON NARCISSE: Thank you. First, I want to say thank you to all the doctors, all the residents that took their time to be here, and all the supporters, all the unions. Thank you.

For the Committee staff, you've been awesome. Ria Ogasawara, which I'm going to try my best not to butcher your name, Legislative Council, thank you; Mahnoor Butt which is Legislative Policy Analyst, thank you; Melissa Nuñez, Senior Data Scientist, thank you; James Wu, Data Scientist, thank you; Reese Hirota, Data Scientist, thank you; Danielle Glants, Financial Analyst; Florentine Kabore, Finance Unit Head; my Chief-of-Staff, Saye Joseph; Deputy Chief Frank Shea; Scheduler Stephanie Laine; Director of Consumer Services Irena Khlevner; Alena Tanesha, and all the Sergeants-at-Arms.

Thank you so much for the time, and now we're finished for the session. [GAVEL]

C E R T I F I C A T E

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

Date March 10, 2024