NYC HEALTH + HOSPITALS

New York City Council Hearing

Oversight:

Addressing the Healthcare Staffing Crisis - Examining Residency Conditions and Worker Concerns

Committee on Hospitals

Eric Wei, MD

Senior Vice President and Chief Quality Officer

NYC Health + Hospitals

February 29, 2024

Good morning Chairwoman Narcisse and members of the Committee on Hospitals. I am Eric Wei, Senior Vice President and Chief Quality Officer at New York City Health and Hospitals (Health + Hospitals) and I also practice as an emergency medicine doctor across every Emergency Department in our system. I am joined this morning by Dr. Donnie Bell, System Deputy Chief Medical Officer and practicing neuroendovascular surgeon at Kings County. Thank you for the opportunity to testify regarding the residency programs at Health + Hospitals. While our health system represents just one facet of the broader healthcare delivery system and workforce landscape in our city, we take pride in what we do. Our resident and fellow colleagues are essential members of our care team, enabling us to uphold the tradition of teaching in medicine and fulfill our mission of providing all New Yorkers with the opportunity to live their healthiest lives, regardless of background or means. Our trainees, who share our values and mission, consistently deliver high-quality, compassionate care to our patients, serving as a crucial source of healthcare staffing across the Health + Hospitals system.

Health + Hospitals is proud to host a large graduate medical education program for over 2,400 trainee FTEs across our 11 acute care facilities and Gouverneur Diagnostic & Treatment Center. We offer residency and clinical fellowships in dozens of specialty and subspecialty fields, including anesthesiology, cardiology, emergency medicine, geriatrics, internal medicine, obstetrics-gynecology, pediatrics, and psychiatry. Furthermore, we host hundreds of medical students for their third and fourth year rotations and we also offer an internship program for third- or fourth-year medical school students to experience our mission at Health + Hospitals as part of our MOSAIC pathway program. There are over 70 Health + Hospitals-sponsored training programs, and we participate in over

340 different Graduate Medical Education programs. In addition to our own sponsored programs, we work with 13 other sponsoring institutions and 7 medical school partners.

With a notable increase in providers leaving or retiring and a widespread shortage of health professionals nationwide, including at Health + Hospitals, improving recruitment efforts is now essential. At Health + Hospitals, we recently established a Recruitment Office, dedicated to attracting new talent and retaining our resident and fellow colleagues. Alongside our affiliates, we have organized job fairs tailored to our residents and fellows. Moreover, our training program faculty serve as mentors, guiding trainees in career planning, helping them secure fellowships, and maintaining post-residency/fellowship relationships to facilitate recruitment back to our health system. Many of our trainees gain additional training at some of the country's top fellowship programs including NYU, Mt. Sinai, Cornell, Columbia, Massachusetts General Hospital, Cleveland Clinic and UCLA just to name a few. Notably, approximately 20% of the attending medical staff at Health + Hospitals are graduates of our residency training programs.

We also recognize that residency and fellowship can be demanding, juggling personal well-being, family, finances, clinical duties, and continuous learning. Personally, residency was by the far the hardest thing I have ever done and I believe most physicians feel the same way. Therefore, it is crucial that we foster a supportive clinical learning environment. We offer a suite of wellness resources and activities, such as resident wellness workgroups, dedicated spaces and retreats, social events, and our Helping Healers Heal (H3) program to address work-related stressors. Additionally, our programs include research fairs, AMA membership,

educational content, leadership opportunities, and avenues for trainees to voice concerns safely.

Knowing the toll of the COVID-19 pandemic on physicians and residents, Health + Hospitals developed a comprehensive workforce wellness strategy in 2020. This proactive approach has been maintained to address the ongoing challenges of the pandemic, aiming to increase awareness of mental health issues, improve access to resources, encourage help-seeking behavior, and enhance overall satisfaction with resources and working conditions. As part of this strategy, Health + Hospitals has bolstered its Helping Healers Heal (H3) programming, which includes resources such as an anonymous internal support hotline, individual and group peer support sessions, and mandatory annual training for DIOs/GME Leaders, Residency Program Directors, and Coordinators, all aimed at addressing the emotional and psychological needs of our healthcare workforce. Furthermore, Health + Hospitals launched a House Staff Wellness website in 2021, providing mental health resources and support hotlines for all staff regardless of academic affiliation or pay line. Additionally, Health + Hospitals added behavioral health services to our Virtual ExpressCare service line, allowing 24/7 access to mental health services via telehealth. This is also available to all Health + Hospitals staff and has been utilized by trainees.

In late 2020, Health + Hospitals introduced Staff Wellness Surveys as a vital tool, revealing critical insights into our wellness initiatives. The survey indicated that residents and fellows were unaware of our H3 programming and were experiencing significant levels of stress and burnout. In response, system leadership established a dedicated support model for all house staff, in alignment

with ACGME requirements. This model aims to provide resources, reduce mental health stigma, and encourage a culture of seeking support within our healthcare workforce. Moving forward, we will continue to utilize these surveys to inform and enhance our support mechanisms, ensuring the well-being of our staff remains a top priority.

Health + Hospitals has taken specific steps to address the epidemic of physician suicide, recognizing that physicians have one of the highest suicide rates among all professions. National Physician Suicide Day, observed on September 17, serves as a call to action to prevent suicide by promoting awareness, initiating conversations, understanding underlying barriers, and sharing resources for those in distress to seek mental health care. This year, we organized two virtual events aimed at shedding light on physician suicide and destigmatizing its existence within the healthcare landscape at Health + Hospitals. Additionally, we hosted a resident-only panel focusing on reducing mental health stigma, promoting mindset and self-care, and reflecting on residency life.

To further support residents, we have developed a Crisis Support Action Plan, which is now integrated with the use of the Integrated Screening Program (ISP). The ISP, created by the American Foundation of Suicide Prevention, allows residents and fellows to complete a self-guided questionnaire in a safe and anonymous manner. Through the ISP website, participants can anonymously assess stress, depression, and other mental health concerns, receive personalized responses from an H3 Peer Support Champion, exchange messages with the Peer Support Champion, ask questions, learn about mental health services, and be connected to these services.

We are proud of our efforts to enhance resident wellbeing, but we also recognize the need for ongoing improvement. To address resident concerns effectively, we have established a standardized quality assurance workflow. This process involves regular meetings between residency programs, their direct leadership, facility leadership, and systemwide leaders. These meetings aim to address complaints or operational challenges, discuss high-level operational barriers, and work collaboratively to resolve issues.

Additionally, the Health + Hospitals Resident Working Conditions and Wellbeing Taskforce, comprising system leadership and wellness champions, meets quarterly to drive resident and fellow wellness strategy across the system. This taskforce organizes biannual systemwide Residency Working Conditions and Wellness Calls, along with ad-hoc facility-specific meetings as needed. These calls include CEOs, CMOs, CNOs, DIOs, other facility stakeholders, and the CIR to ensure alignment of efforts, transparency in issue resolution, tracking of monitored trends, and sharing of strategies and best practices. The Resident/House Staff Wellness Workgroup, consisting of representatives from our facilities and Central Office divisions, is dedicated to assessing current state needs and gaps in resident wellbeing. This group identifies solutions that may evolve into future initiatives or programs. Continuously seeking feedback from our trainees, we are committed to enhancing the clinical learning environment with the aim of fostering a future where our trainees become valued faculty colleagues.

We take pride in Health + Hospitals' role in training a significant portion of the nation's doctors. While we would be honored to retain every resident within our system after they complete their residencies, we understand that various

factors may lead residents to leave our system and New York City (NYC). There are system factors such as the number of attending lines being fewer than resident and fellow lines and we pride ourselves on high retention rates of our attending physicians. There are also personal factors such as fellowship, attending opportunities outside of NYC for our residents and fellows and/or their significant others, desire to be closer to family and friends while starting or growing their own families, and geographic preference. The high cost of living in NYC poses recruitment challenges. Additionally, fellowships are highly competitive and utilize a match system similar to residency where a computer system determines the highest match between resident and program rankings to make a match. This means residents have to apply broadly across the country and be willing to move where they match.

Safety net hospitals, like Health + Hospitals, often face challenges in competing with private and for-profit hospitals in terms of healthcare workforce salaries due to our payer mix. Despite this, we prioritize offering a comprehensive range of additional benefits unique to public and non-profit health systems like ours. We also advocate for additional funding to support these critical programs. This includes our participation in initiatives such as the National Health Service Corps loan repayment program and the Doctors Across New York program. Within our system, we are proud to have launched the Behavioral Health Loan Repayment Program (BH4NYC), aimed at engaging highly talented and motivated behavioral health staff. This program offers $30,000 to $50,000 in debt relief to various behavioral health clinicians, including Psychiatrists, Psychiatric Physician Assistants, Psychiatric Nurse Practitioners, Licensed Clinical Psychologists, and Licensed

Clinical Social Workers, in exchange for a three-year commitment to serve Health + Hospitals.

At Health + Hospitals, our mission is to provide high-quality health services with compassion, dignity, and respect to everyone, without exception. We deeply appreciate and take pride in the daily efforts of our residents and fellows to further this mission. In turn, we are dedicated to supporting them day in and day out as the health of our communities and great city are in the hands of the future generations of clinicians and clinical leaders that come out of our training programs. Thank you to the committee for the opportunity to testify and for your continued support of Health + Hospitals. I look forward to our continued partnership and am happy to answer any questions you may have.

BRONX BOROUGH PRESIDENT VANESSA L. GIBSON

Testimony of Bronx Borough President Vanessa L. Gibson
New York City Council Committee on Hospitals
February 29, 2024

Thank you to Chair Narcisse and the members of the Committee on Hospitals for convening this important hearing today to address the healthcare staffing crisis, examining current conditions, and worker concerns. All our residents, doctors, nurses, advocates, and healthcare staff must feel supported for the invaluable difference they make in keeping our communities healthy. They have a right to a safe working environment, personal and work-life balance, and fair compensation.

As Borough President, I am proud to stand with all our healthcare heroes and sheroes, I have always championed alongside them at rallies calling for a fair contract, pay equity, and safe working conditions for our nurses, residents, physicians, and fellows. The doctors that care for us, our families, our neighbors are struggling to care for themselves and their own families. No one should have to live with housing insecurity and chronic financial stress, and it's especially shameful to put our city's healthcare workers in this position.

Public sector healthcare professionals face crisis-level understaffing, which has a negative impact on patients. Understaffing has only gotten worse since the start of the COVID-19 pandemic, which has exacerbated the effect on health workers and facilities who are overworked and exhausted.

This is a historic system with a rich legacy, and CIR physicians have been at the center of that history since our city's public hospital residents first unionized in 1957. Since then, these doctors have consistently fought to make our public hospitals the best that they can be for the people of this city and against austerity and divestment from this critical system.

Resident well-being is patient well-being. Nearly half of resident physicians develop burnout during training and 25% develop clinical depression. It is tragic that suicide is the leading cause of death for male residents and the second leading cause of death for female residents. H+H residents have been making public demands for fair pay and highlighting the devastating impact low wages are already beginning to have on H+H's ability to recruit the highest caliber of diverse physicians.

We need fair funding for New York City's safety net hospitals, so they are not only able to meet the staffing shortage but attract and retain a diverse workforce for years to come. Healthcare is a human right, and everyone deserves humane, compassionate care. NYC Health + Hospitals should continue to lead the way in what this type of care can look like for everyone. Thank you again to the members of the Council who participated in this hearing today. New York City should lead the country in taking care of the health of our communities and that starts with supporting the people providing that care!

OFFICE OF THE BROOKLYN BOROUGH PRESIDENT

ANTONIO REYNOSO

Brooklyn Borough President

City Council Committee on Hospitals

Testimony on H+H Resident Physicians

2.29.24

Good afternoon Chair Narcisse, and thank you for holding this valuable hearing today. I am submitting this testimony because the issues of interconnected labor rights, hospitals, and patient outcomes are of high importance to me as Brooklyn Borough President, as they are for millions of people in New York City.

As noted in the Comprehensive Plan for Brooklyn put forth by my office, none of the 15 hospitals located in the Borough have a patient satisfaction rate above the New York state average, and four hospitals were significantly below the average statewide satisfaction rate. This speaks to overarching issues within the hospital system, including problems with the treatment of foundational staff members. Resident physicians work, on average, between 60 and 80 hours per week and are often the first medical professionals patients interact with. Considering their extended workload, improving compensation for this group could address workforce shortages, improve morale, and improve patient satisfaction rates.

The well-being of medical residents is correlated with the well-being of patients. Approximately 50% of resident physicians develop burnout during their training. Physicians experiencing

burnout may lead to impaired attention, memory problems, and issues with executive function. This can translate to poorer quality care for patients. Burnout is associated with medical errors and a drop in high-quality patient care.

Inadequate pay and a stressful work environment are two common contributors to burnout. Despite the rising cost of living in New York City, residents at H+H have not received a pay raise since March 2020. The lack of action on this front represents a failure to recognize how medical residents in H+H facilities serve some of our most economically and socially vulnerable neighbors. As a result of this inaction, residents at H+H facilities will be the lowest paid of all residents in New York City's public and private safety net hospitals by 2025.

Burnout is also associated with numerous poor health outcomes. 1 in 4 resident physicians will develop clinical depression during their training, which is one of the most acute and impactful signs that burnout is occurring. It is unacceptable that suicide is the leading cause of death for male residents and the second leading cause of death for female residents. This is indicative of an issue of systemic devaluation of resident physicians and the critical, multifaceted roles they play in our healthcare system.

This is a dangerous disinvestment that disincentivizes future medical residents, particularly those who want to serve the under-resourced communities from which they come and makes current physicians look to other, often private hospitals that serve a wealthier and whiter client base, employment options at non-H+H hospitals in New York to have their financial needs met.

The lack of pay raise for H+H resident physicians ignores the immense debt the average medical student takes on -- $215,000. Black and Brown medical students shoulder a disproportionately high amount of debt from school in comparison to their white peers, which may dissuade physicians from underrepresented backgrounds from joining H+H due to concerns about how they would be able to pay off their student loans. A diverse healthcare workforce is critical for caring for patients. Not only is the quality of care often improved by having a diverse team of medical professionals, but it can also aid in combatting unconscious bias, which can have deadly consequences. Doctors from historically marginalized backgrounds may also bring firsthand knowledge of how our healthcare system often ignores or undermines the experiences of patients.

That H+H hospitals do not compensate physician residents fairly may dissuade medical professionals from starting and maintaining their careers at these valuable institutions. Not only does the average resident physician with both student debt with a demanding weekly schedule, but they also have to consider costs associated with rent and other expenses. To care for New Yorkers, resident physicians must also be cared for.

We must build healthier, more sustainable environments for both physicians and patients. A fair contract is necessary for improved labor rights, patient outcomes, and to create a more equitable future for physician residents at H+H facilities.

Thank you again to Chair Narcisse for holding this oversight hearing and for calling attention to this important issue. We look forward to continuing to work with this Council to improve H+H hospitals in New York.

JUMAANE D. WILLIAMS

TESTIMONY OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS
TO THE NEW YORK CITY COUNCIL COMMITTEE ON HOSPITALS

Good morning,

My name is Jumaane D. Williams, and I am the Public Advocate for the City of New York. I would like to thank Chair Narcisse and the members of the Committee on Hospitals for holding this important hearing.

Four years ago, the COVID-19 pandemic changed the world as we knew it. In New York City, which quickly became the epicenter of the virus, we saw our hospitals on the verge of collapse, our medical staff overworked and overwhelmed, constantly at risk as PPE resources stretched thin. Our healthcare workers, as well as other essential workers, were heralded as heroes. Rightfully so. But today, we stand on the other side of that pandemic with COVID-19 a part of our new normal and our healthcare system remains in crisis with hospitals and clinics understaffed and even more closures on the horizon.

Hospitals across the country are facing staffing shortages on account of high morbidity and high mortality rates during the pandemic, widespread retirement as well as turnover related to burnout and the impact of continuously changing policies and procedures in a post-pandemic and post-Roe world. Recent studies conducted show high levels of depression, anxiety and PTSD amongst healthcare workers in addition to increased rates of alcohol abuse and thoughts of suicide. Even more disturbing is the fact that these trends are replicated in countries around the world with similar findings being reported in the United Kingdom, Ireland, Germany, Saudi Arabia, China and South Korea.[1]

The medical field is already one of the most demanding fields one could possibly join but in a post-pandemic world when so many of our healthcare professionals are still reeling from the impact of COVID-19, it is imperative that we address concerns over our current system and the

[1] Grunheid, Thorsten; Hazem, Ahmad. “Mental wellbeing of frontline health workers post-pandemic: lessons learned and a way forward”. *National Library of Medicine.* 2023 Jun 19. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10315458/#:~:text=For%20example%2C%20after%20the%20initial,emotional%20exhaustion%2C%20and%2023%25%20lower

way we train and prepare our healthcare professionals. When asked how to improve the mental well-being of healthcare professionals, the majority of respondents surveyed cited ‘adjusted work hours, rewards and incentives, and teamwork as the most effective and desirable strategies to improve their mental wellbeing’.[2]

I look forward to working with this Council to ensure that our healthcare workers in the City of New York receive the necessary support they require. Thank you.

[2] Ibid.

New York City Council

Committee on Hospitals

Hearing Testimony:

NYC Residency Conditions and Worker Concerns

Tim Johnson, Senior Vice President

GREATER NEW YORK HOSPITAL ASSOCIATION

Chair Narcisse and members of the Committee on Hospitals, my name is Tim Johnson, Senior Vice President at the Greater New York Hospital Association (GNYHA). GNYHA proudly represents all hospitals in New York City, both not-for-profit and public, as well as hospitals throughout New York State, New Jersey, Connecticut, and Rhode Island.

In my role at GNYHA, I support hospital executives, administrators, clinicians, and medical education leaders on issues related to population health, workforce development, and graduate medical education (GME), also known as residency training. I work with State agencies and national bodies, including the New York State Department of Health, New York State Education Department, Accreditation Council for Graduate Medical Education, and other stakeholders on regulatory and policy matters pertaining to GME. New York trains approximately 14% of the nation's physicians, and GNYHA's support of our member teaching hospitals is critical as they develop the physician workforce and navigate the complex world of GME accreditation, finance, and policy.

Thank you for the opportunity to testify today about the importance of residency conditions and worker concerns in New York City teaching hospitals. The years spent in residency training for the physician workforce of the future, like the ongoing demands on all clinical staff in hospitals, can be mentally, physically, and emotionally intense. Today I will discuss accreditation requirements and government regulations as well as other initiatives that seek to foster proper resident working conditions. I want to start, however, by focusing on a dangerous funding gap that is threatening the viability of all hospitals in New York to provide the right working environment and provide the best care to our most marginalized communities.

Medicaid Reimbursement

Medicaid reimbursement to hospitals in New York has remained nearly flat for the past 15 years while hospitals have experienced continued cost increases from labor, drugs, supplies, and other costs such as information technology, food services, and energy. Labor costs have increased dramatically as hospitals struggle to compete with other sectors to recruit and retain a health care workforce that can deliver the high-quality care that New Yorkers expect and deserve. Hospitals are seeking to overcome threats of reduced staffing, reduced care services, and closures that exacerbate health disparities in the State's most vulnerable communities.

Currently, New York State's Medicaid program reimburses hospitals 30% less than the cost of the care they deliver to Medicaid beneficiaries. In the past two years, the State has provided direct financial support to 13 hospitals located in New York City just to keep their doors open. Without a Medicaid funding solution, the number of hospitals requiring direct financial support from the State will continue to grow, as will the funding subsidy required to support these hospitals and their workforce. Many hospitals will be forced to reduce services or close their doors. Nearly 30 maternity units have closed or reduced services in the past 15 years and the Office of Mental Health has reported the closure of 850 inpatient psychiatric beds across the State.

This situation is unacceptable for our hospital workers, including residents, and the communities they serve. We are calling on New York State to immediately address this funding disparity and support hospitals by fully funding the Medicaid program to cover the cost of care by 2028, including a significant down payment in this year's State budget. We thank Chair Narcisse and other members of the New York City Council for their leadership on this issue and support for our campaign to end the Medicaid funding crisis. We welcome the entire New York City Council to join the fight for adequate levels of reimbursement to strengthen New York's hospitals, their workers, and the patients they serve.

Rules Regarding Resident Work Hours and Working Conditions

Both New York State and the national accreditor for residency training have rules and oversight mechanisms in place to ensure that residents are provided with the right learning environment.

New York State Department of Health

New York State regulations located at Part 405.4 of the New York State Hospital Code include requirements that residents' work hours be limited to no more than 80 hours per week and 24 consecutive hours on duty. Under the regulation, the residents are to be provided with adequate time off between shifts and there are rules on the provision of adequate rest time. New York was the first state in the country to limit resident work hours and teaching hospitals in New York have been subject to these regulations since 1989.

Oversight of Compliance

To ensure adherence with these rules, New York State currently contracts with a third-party organization to monitor compliance. Under New York State Public Health Law Section 2803, hospitals are required to submit documents to demonstrate compliance with Part 405.4 of the New York State Code of Hospitals, which the New York State Department of Health audits on an annual basis. Additionally, an unannounced onsite assessment occurs once every three years. Interviews are conducted with residents and program directors to further review working conditions.

Accreditation Council for Graduate Medical Education (ACGME)

ACGME is the independent national organization responsible for establishing standards and accrediting teaching hospitals for medical residency programs throughout the US. All resident learning environments are subject to ACGME accreditation requirements. In 2003, ACGME also implemented requirements limiting work hours for residents to no more than 80 hours per week and 24 consecutive hours on duty. Under the rules, residents should not be on call more than every third night and should be provided with a minimum of one day off per week. ACGME conducts periodic reviews of the residents' learning environment that include a review of resident work hours. Noncompliance with these accreditation standards can result in a loss of accreditation for a hospital.

Recognizing the relationship between work hours and wellbeing, ACGME renamed the "Resident Duty Hours" section of its requirements to "The Learning and Working Environment" to acknowledge that resident wellbeing is not just about work hour limits, but also about the support received by residents in the work environment overall. In 2017, ACGME implemented comprehensive wellbeing requirements for residency programs to be accomplished through encouraging work-life balance, enhancing workplace safety, promoting policies to optimize wellbeing, and providing ample time off for personal health matters.

Oversight of Compliance with Resident Work Hour Rules

ACGME monitors compliance with its requirements through a robust system of data collection, surveys, and site visits.

Data Collection

Programs are required to submit resident work hour logs and address any citations—including those related to noncompliance of work hour or wellbeing requirements—annually through ACGME's

Accreditation Data System (ADS), an electronic platform that ACGME, sponsoring institutions, and residency programs use to communicate and share required documents. Institutions and programs are required to maintain accurate data on ADS as a condition of continued accreditation.

Surveys

ACGME's survey process is another mechanism for oversight of the learning environment's commitment to resident overall wellbeing. Surveys are administered by ACGME through the individual residency programs and shared directly with the residents, where applicable. All information collected by ACGME remains confidential. Aggregate results are shared with residency program directors and institutional GME leadership, and ACGME oversight committees review the aggregate data annually to inform policy and accreditation decisions.

Through "self-studies," an institution and each individual residency program must demonstrate to ACGME how they maintain a learning environment committed to education as well as maintain systems that protect resident wellbeing. Residents may report directly to ACGME through annual resident surveys whether their institution and program provide instruction on physical and emotional wellbeing and minimizing the effects of sleep deprivation. The survey also asks residents to indicate if they are provided with resources to address fatigue and sleep deprivation, depression, burnout, and substance use disorder. ACGME's annual resident survey also includes questions that assess whether residents find their work meaningful, if the environment is supportive, if there is sufficient work-life balance, and whether they are treated with respect by peers and others.

Site Visits

In 2012, ACGME enhanced oversight efforts through more focused onsite visits at accredited institutions. These Clinical Learning Environment Review (CLER) visits are conducted every 18-24 months and help ACGME assess compliance in the areas of resident supervision, work hours/fatigue management, training in patient hand-offs, professionalism, quality improvement, and patient safety. CLER visits include interviews with the hospital Chief Executive Officer, Chief Nursing Officer, and Chief Quality Offer to inform ACGME of the hospital leadership's commitment to providing quality GME and protecting residents. All sponsoring institutions in New York have received at least one CLER visit since the review process was instituted.

Resident Leave Policies

In 2021, the American Board of Medical Specialties, which represents medical specialty certifying boards, implemented changes to leave policies to accommodate leaves of absence (LOA) that would not impact a physician's ability to obtain board certification. This change was developed in response to the medical community's request for support of resident wellbeing without compromising eligibility for board certification.

In 2022, ACGME followed suit by implementing more specific requirements addressing leave. ACGME's LOA policy allows residents up to six weeks of 100% paid medical, parental, and caregiver leave for qualifying reasons consistent with applicable laws at least once during the training period. ACGME's policy also requires that institutions provide one additional week of paid time off to be used outside of the approved LOA for trainee wellbeing.

Hospital Resident Retention Efforts

GNYHA's member hospitals invest significant resources to retain as many of their graduating residents as practicable as part of the permanent medical staff. These retention strategies contribute greatly to an institution's wellbeing efforts. Physicians who have gone through a hospital's residency program have institutional knowledge and can serve as natural mentors to incoming residents and have already demonstrated that they can work well with other members of the clinical team. Many hospitals or health systems in New York provide junior attending physicians with career development resources such as one-on-one mentoring to help them start their practice. As part of other retention strategies, some hospitals and health systems with affiliated health professional schools offer subsidized tuition to junior attending physicians seeking additional professional education.

Conclusion

Thank you for the opportunity to testify before the City Council on these important issues. GNYHA and our member hospitals are committed to the physical and mental wellbeing of every member of the hospital workforce, including residents in training programs. I am happy to answer any questions you may have.

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CIDNYs Testimony on

Addressing the Healthcare Staffing Crisis

Center for the Independence of the Disabled, New York (CIDNY)

CIDNY is the voice of people with disabilities in New York City. We are a nonprofit organization founded in 1978. We are part of the Independent Living Centers movement, a national network of grassroots and community-based organizations that enhance opportunities for people with disabilities to direct their own lives. We hereby testify regarding the Healthcare Staffing Crisis.

Healthcare Staffing Crisis

The healthcare industry continues to face increasing staffing shortages. As thousands of healthcare workers retire, transition to new roles, switch industries, or simply quit their jobs, the healthcare landscape is shifting into an uncertain future.

Aging Staff

As the general population ages, so does the healthcare workforce. According to Definitive Healthcare data, many physicians across several healthcare specialties are on the verge of retirement or will be near retirement age soon. Research from the Association of American Medical Colleges (AAMC) found that nearly 45% of doctors are older than age 55, and more than 40% of active physicians will be 65 or older in the next ten years. A wave of retirement can be especially detrimental to the workers left behind. Younger, less experienced physicians will lose a valuable learning resource, which in turn may increase the likelihood of poor health outcomes for patients.

COVID-19 Aftermath

By the end of 2022, a large number of healthcare providers left their profession. Many worked in direct contact with older adults and people living with disabilities, two patient populations who are more vulnerable to COVID-19. As a result, these providers were more exposed to the negative effects of treating COVID-19 patients: fear of infection, untenable hours, depression and stress, and the emotional toll of the loss of patients (as well as the loss of their colleagues fighting the pandemic).

High Expenses and Staff Firing

Some hospitals are facing financial disarray, causing them to end contracts or close facilities. One example is Mount Sinai Beth Israel, whose management sent a letter to the NY Department of Health, asserting that they are projecting to lose $150 million this year. Financial loss may result in hospital closure and staff termination, which will paralyze the healthcare system and endanger the lives of patients who will need to change physicians and facilities.

CIDNY strongly supports T2024-0453: Addressing the Healthcare Staffing Crisis. We appreciate the work that the Committee on Hospitals and the Committee on Health are doing to solve the problems in our healthcare system.

This testimony is supported by Sharon McLennon Wier, Ph.D., MSEd., CRC, LMHC, the Executive Director of CIDNY.

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Testimony of Anne Goldman
of the Federation of Nurses/United Federation of Teachers
before the
New York City Council Committee on Hospitals
Oversight - Addressing the Healthcare Staffing Crisis - Examining Residency Conditions and Worker Concerns
Feb. 29, 2024

Good morning. My name is Anne Goldman, and I am the vice president for non-DOE members of the United Federation of Teachers (UFT) and the head of the Federation of Nurses/UFT. On behalf of the union's more than 190,000 members, I want to thank Chair Mercedes Narcisse and all members of the Committee on Hospitals for hosting today's public hearing on the healthcare staffing crisis. We are proud to be strong advocates for our members who in recent months have ratified a renegotiated contract that provides additional wage and step increases at Staten Island University Hospital–South and a 15% pay increase over two years, additional money for experience differentials and improvements in scheduling at VNS Health. However, unless we address attrition and vacancy rates, worker wellness, training, education, and workplace conditions for our nurses, we will experience an Understaffing Code Red and a Patient Care Crisis.

To become a nurse is to dedicate your life to the holistic well-being of your patients. Nurses care for our most vulnerable individuals in their times of greatest need, treating them with kindness and respect. Yet we do not treat our nurses with the dignity and working conditions that they deserve. This must change.

We need transparency surrounding the attrition and vacancy rates of nurses. Staffing has become a numbers game. Hospitals announce their new hires but fail to share the number of nurses they have lost to attrition and resignations. There is no complementary exchange of workers in the nursing field, leading to chronic staffing shortages that harm patients and nurses alike. According to records kept by the Federation of Nurses/UFT, NYU Langone–Brooklyn hired 108 new nurses between January 1 and June 30, 2023, while 71 nurses resigned. Hospitals attempt to remedy these staffing shortages by hiring nonunion per diem and travel nurses, but without being fully acclimated to the hospital, these individuals cannot provide the same care as full-time staff nurses. These workers are meant to effectively support the permanent workforce, not replace it. As it stands, the hospitals' use of per diem and travel nurses is entirely inappropriate.

We must also examine what leads to high attrition rates amongst nurses. A significant contributing factor is that we are failing to prepare our nurses for the realities of the workforce. Our nurses are thrown into the highest-risk departments, such as the emergency department and the intensive care unit, with limited support and minimal training. The process of transitioning

from the classroom – which was virtual for many – to the bedsides of a multicultural, multilingual patient population requires guidance and mentorship. However, nurses receive a bare-bones two-week training, down from a previous six- to eight-week orientation, while balancing as many as seven patients. They have limited interactions with their preceptors, who are too busy to answer questions due to short staffing. They are then expected to exercise sound clinical reasoning and judgment with no bedside experience. If they misstep, they are met with punitive action and blame, which discourages many nurses from remaining in the profession. We must begin placing our newest nurses in lower-intensity units, such as the medical/surgical unit, for their first year of work. This lower risk setting, coupled with safe staffing ratios that enable preceptors to be mentors, will create safe, supportive transitions in the workforce.

The training provided to our nurses must also include strategies to cope with the challenges that come with the job. Our nurses are frontline workers who experience deeply sad and traumatic things every day. However, there is no preventative mental health care for them. We wait until they are on the brink of collapse and burnout prior to stepping in. And, when nurses finally do reach collapse, it is other nurses who pick them up. At NYU, this work is done by the Lavender Response Team, which is composed of nurses who deliver emotional support to their peers. To respond to their fellow nurses, members of the Lavender Team must hand their own patients off to another overworked nurse and rush to the rescue of their colleagues. We must employ additional staff members who are responsible for delivering mental health care services to nurses, and this care must start from the moment we hire nurses through the end of their careers so that we break the cycle of intervening after it is too late. In addition, we need to develop resources, including helplines, that are available and targeted to non-bedside nurses and ensure that sessions are accessible to nurses at times when they are not required on the floors.

Finally, we need to fix the work environment, not just the workers. This starts with better management in hospitals, and we need nurses leading nurses. When you work with a leader you believe in and who understands the most challenging and most rewarding aspects of your job, you are more likely to want to do your job and to do it well. Additionally, a leader who knows what a safe workplace should look like will fight back against threats to that safety. It has been a constant battle to hold NYU Langone-Brooklyn accountable for short-staffing its floors. We have filed more than 3,800 violations of contractual safe-staffing levels in the past two years and were the first to submit staffing violations under the state's 2021 Safe Staffing for Quality Care law. Currently, the state Health Department is still investigating an additional 200 plus staffing violations. However, the UFT recently prevailed, as two independent arbitrators have found NYU Langone-Brooklyn financially responsible for violating safe-staffing laws. For each missing nurse, the hospital is now required to split the average nurse's shift salary among the nurses who worked that shift. Placing nurses in management roles would not only reinvigorate and retain our nurses, but it would also help to prevent gross violations of safety laws.

The day will come when each one of us has a loved one in the hospital. When that day comes, I guarantee we will want the best care for them. However, without safe staffing, adequate training and strong managerial support, our nurses will not be able to provide that. We thank you again for grappling with these issues, and we offer our ongoing guidance as you strive to maintain a strong health care workforce.

THE CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD SIX
211 EAST 43RD STREET, SUITE 1404
NEW YORK, NY 10017

VIA E-MAIL

February 15, 2024

Renee Campion
Commissioner
NYC Office of Labor Relations
22 Cortlandt St., 14th Fl.
New York, NY 10007

Supporting the Committee of Interns and Residents/SEIU (CIR) at Bellevue Hospital and associated NYC Health + Hospitals facilities in their contract negotiations

At the February 14, 2024 Full Board meeting of Manhattan Community Board Six, the Board adopted the following resolution:

WHEREAS, the Interns and Residents at Bellevue Hospital and associated New York City Health + Hospitals (H + H) facilities have not had a contract since 2021;

WHEREAS, the Interns and Residents at Bellevue Hospital and associated H + H hospitals are being represented by Committee of Interns and Residents/SEIU (CIR);

WHEREAS, each contract year of the current offer of 3% per year increase will only widen the disparity in salaries between the Bellevue staff and the other hospitals' staffs;

WHEREAS, the interns and residents at Bellevue Hospital are among the lowest paid staff of New York City safety net hospitals and will be earning $5,000 less than their equivalent colleagues in similar facilities;

WHEREAS, this disparity would deprive Bellevue Hospital of the ability to recruit mission-driven medical school graduates that our safety net hospitals need;

WHEREAS, the residents at Bellevue Hospital regularly work 65 to 70 hours per week and with Mount Sinai Beth Israel Hospital closing, the staff will be stretched even further by increased patient numbers;

THEREFORE, BE IT RESOLVED that Manhattan Community Board Six supports the Committee of Interns and Residents/SEIU (CIR) in their contract negotiations so that the intern and resident doctors receive competitive compensation to continue to recruit and retain the best physicians to provide optimal patient care.

VOTE: 29 In Favor 0 Opposed 3 Abstention 1 Not Entitled

Best regards,

Jesús Pérez
District Manager

Cc: Hon. Mark Levine, Manhattan Borough President
Hon. Keith Powers, Council Member
Elvy Barroso, Chair, CB6 Health & Human Services Committee

New York City Council Committee on Hospitals
Public Hearing: Oversight - Addressing the Healthcare Staffing Crisis –
Examining Residency Conditions and Worker Concerns
February 29, 2024

Background

The Community Health Care Association of New York State (CHCANYS) is grateful for the opportunity to provide written testimony to the New York City Council Committee on Hospitals on Oversight - Addressing the Healthcare Staffing Crisis – Examining Residency Conditions and Worker Concerns. CHCANYS is the statewide primary care association representing New York's 70+ federally qualified health centers (FQHCs), also known as community health centers (CHCs).

Community health centers are a vital safety net for quality affordable healthcare services for New Yorkers who otherwise wouldn't have access to healthcare – providing high quality primary and preventive care regardless of ability to pay, insurance coverage, or immigration status. NYC CHCs serve more than 1.2 million patients at 490 sites across the city. Among NYC CHC patients – 93% live below 200% of the Federal poverty level, 83% are Black, Indigenous, or People of Color (BIPOC), 30% speak limited or no English, 12% are uninsured, 5% are unhoused and nearly 71% are enrolled in Medicaid, CHIP, or are dually enrolled in Medicare and Medicaid. All CHCs provide robust enrollment assistance to patients, but while CHCs don't track immigration status, it is highly likely that many uninsured patients may be ineligible for coverage due to their immigration status, including asylum seekers.

Throughout NYC, CHCs work tirelessly to provide essential healthcare and social care supports to address the intersecting challenges of poverty, racism, and discrimination that disproportionately affect BIPOC communities who the traditional healthcare system has historically failed. It is imperative that the NYC Council invest in primary care and bolster the primary care workforce which can help mitigate the healthcare staffing crisis while addressing health disparities and inequities.

I. Strengthen and reinforce the healthcare workforce

NYC is not immune to the ongoing healthcare workforce shortage crisis spanning across provider types. These shortages are particularly evident for primary care providers, nurses, behavioral health clinicians, dental professionals, medical assistants, and doulas. These shortages are further compounded by challenges in attracting students and residents to health careers, especially in fields like primary care and dental hygiene, due to factors like high educational costs and inadequate compensation compared to specialized healthcare professions. Insufficient staffing levels have also exacerbated burnout rates, as the burden of responsibilities falls onto existing staff, greatly impacting workforce retention efforts.

Significant investments that will bolster the healthcare workforce in the short-term and address the workforce crisis in the long-term are needed to ensure all New Yorkers can access healthcare. This could include expanding and funding existing workforce programs, offering new loan repayment options, and expanding opportunities in underserved areas. The Council should also consider targeted workforce initiatives to increase and improve recruitment and retention in low-income and BIPOC communities. Further, CHCANYS urges the NYC Council to support Governor Hochul's proposed scope of practice reforms that will increase healthcare efficiency and help improve workforce retention by freeing up physicians and nurses to focus on complex care. This includes allowing MAs to provide vaccinations, extending the Nurse Practitioner Modernization Act, and making permanent physician's and certified

nurse practitioners' ability order non-patient specific regimen to registered professional nurses for COVID and flu tests. CHCANYS also recommends the Council to support the Governor's proposed budget investments in workforce loan repayment programs.

II. Investing in primary care can mitigate the healthcare workforce crisis

Elevating investments in primary care is central to building robust and sustainable workforce equipped to meet the growing demand for primary care services. Despite serving as the cornerstone of the healthcare system, primary care has been historically underfunded, with primary care accounting for approximately 35% of all health are visits each year, but only about 5-7% of all healthcare spending is on primary care.[1] As a result, decades of underfunding have created a primary care crisis, with primary care facing a significant workforce shortage that exacerbates the strain on healthcare systems. By prioritizing investments in primary care, the overall healthcare workforce crisis can be mitigated, reducing reliance and easing the pressure on specialized healthcare professions and ensuring a more balanced distributed of resources across the healthcare spectrum. Therefore, the Council should prioritize investments in primary care, including increasing investments in existing primary care programs and implementing new initiatives to shore up the primary care workforce. The Council should also consider targeting initiatives to underserved and BIPOC communities to advance health equity and address inequities.

Support for CHCs is also essential in addressing the healthcare workforce crisis as they are New York's healthcare safety net, providing primary and preventive care that reduces reliance on emergency room visits and specialized care. Analysis by the Urban Institute revealed that CHC costs are 44% higher than the maximum allowable CHC Medicaid rate, primarily due to rising operating costs.[2] These include personnel, benefits, equipment, and office space, which have surged further amidst the pandemic. Increased investments in CHCs would allow them to increase recruitment and retention, enabling the ability to create more attractive benefits packages and offer competitive compensation. With increased staff, CHCs can better meet the growing demand for services and advance NYC's health equity goals. The NYC Council can support CHCs by expressing support for various bills introduced in the NYS Legislature to shore up CHC funding, including Community Health Center Rate Reform (A.7560 Paulin/S.6959 Rivera) and Community Health Center Telehealth Parity (A.7316 Paulin/S.6733 Rivera).

CHCANYS also greatly appreciates the NYC Council's enactment of legislation (INT.1668-A) on October 10, 2021, to enroll CHCs into the NYC Care program and urges the Council to push the administration to swiftly implement the NYC Care program expansion to include CHCs**.** This will support NYC CHCs' ability to provide uncompensated care, which is growing as more and more asylum seekers seek refuge and safety in NYC and are unable to access insurance, often due to lack of documentation.

Conclusion

CHCANYS is thankful for the opportunity to address the importance of investing in primary care as it relates to alleviating the workforce crisis and strengthening the healthcare workforce. For questions or follow up, please contact Marie Mongeon, Vice President of Policy, at mmongeon@chcanys.org.

[1] https://thepcc.org/sites/default/files/resources/pcmh_evidence_report_2019_0.pdf
[2] https://www.urban.org/research/publication/critical-role-new-yorks-community-health-centers-advancing-equity-medicaid

Committee Of Interns and Residents SEIU Written Testimony
Hospitals Committee 2/29 Oversight Hearing: Resident Working Conditions and Worker Concerns

Contract Negotiations and Resident Working Conditions

CIR represents more than 2,300 intern, resident and fellow physicians across H+H hospitals. CIR members are H+H's frontline physicians, working upwards of 80 hours per week, without whom H+H hospitals could not run. CIR members last received a pay rise in March of 2020 and have been working with an expired contract since December of 2021. Now the City is proposing a salary package that will leave H+H members the lowest paid of the NYC safety net hospitals by 2025. CIR is calling on our allies to provide testimony in support of a fair contract for our members to address the City's staffing shortage and ensure that H+H is able to attract and retain a diverse physician workforce for years to come.

The bargaining unit will expand from July 1 2024 to also include incoming resident physicians at Queens Hospital and Elmhurst Hospital who are currently employed by Mt Sinai. In 2023 CIR members at Elmhurst Hospital were forced to strike in order to win an historic contract that closed the gap between Elmhurst Residents and other Sinai Resident Physicians. This contract has a 2025 PGY 1 Salary of $81,207, however, the City's proposed salary has a 2025 PGY1 salary of $76,984. A difference of $4,223 which grows to $5,440 for PGY2s.

In addition to fighting for competitive and fair salaries to ensure residents have a living wage and H+H can attract the best candidates for years to come, CIR is fighting for a number of crucial patient care provisions, including increasing funding to the Patient Care Trust Fund and increased funding for On-Call Coverage Pay.

Unlike other healthcare providers, residents do not receive overtime payments. Instead, they receive an "on-call coverage payment" at H+H. If a resident is scheduled to work a call, typically an overnight one, and is unable to do so due to illness, the resident who covers their shift receives an on-call coverage payment. This serves as compensation for extra work that wasn't initially scheduled.The demanding hours and heavy workload of residency, coupled with a culture that sees self-care as weakness and emphasizes resilience, often lead residents to experience guilt, fear, and a sense of disappointment towards their colleagues if they take time off.
On-call coverage payments play a crucial role in normalizing residents taking necessary time off and mitigating resentment within programs towards residents who do so. There is no other back up workforce for Resident physicians, so many programs will require residents to take on additional call shifts if a resident is out sick. If there are no residents available the workload will be assumed to the remaining residents, it is incredibly rare that H+H will call on other providers such as NPs, PAs, or Moonlighting physicians to cover this work.

CIR is seeking the on-call coverage pool be increase to $2million over 3 years which is incredibly modest considering OLR's SPINs (overtime and sick leave) "cost out" for CIR's unit is

over $12.5 million a year despite residents taking much less sick time than other workers due to program requirements and no overtime costs.

H+H has a high number of Foreign Medical Graduates (FMGs) who contribute greatly to H+H's ability to provide compassionate and culturally competent care. These physicians face additional challenges throughout their residency training. CIR provides immigration assistance and representation among other programs to support FMGs at H+H. Following the tragic deaths of FMGs at Lincoln, 2 by suicide, CIR established a FMG working group led by FMG leaders to identify key stressors and challenge that FMGs face and points of intervention. In partnership with H+H CIR recently held focus groups across H+H and will continue to work with our members to identify interventions and advocate for H+H to act upon the findings of this study.

Additional Member Testimony

Dr. Joya Dupre Internal Medicine Elmhurst Hospital

I wanted to speak today both in support of my fellow CIR members, my fellow public hospital physicians, and as someone who will soon be on the same payroll. Even though Elmhurst Hospital is an H+H facility, its residency program is run through Mount Sinai. That means that for far too long, our paychecks said Mount Sinai, but we were paid far less than our peers on the upper east side. So last May, we decided to do something about that.

So we walked out. We were the first resident physicians to strike in New York in more than 30 years. Striking is a massive undertaking and a risk. We took it because we felt we were worth more, that our patients were worth more. We felt we had no choice. And by the end of our three day strike, we had pushed Mount Sinai further than doctors ever have, and we made massive improvements to our salary and benefits that make a material difference in our lives every day.

But now, those improvements are at risk, because our program is transitioning to H+H, which means we will soon make what the other doctors testifying today make. That's simply not fair, to us or my peers testifying. We all deserve more. Elmhurst residents went on strike last year for many of the same reasons that H+H residents are testifying today. Because we were paid less than our counterparts at other institutions for the exact same work. Because we felt disrespected and demoralized, and after bringing New York through the pandemic, at its epicenter in Elmhurst. Because we are immigrant doctors, doctors from working class families, doctors of color, who come from the same communities as our patients, and we are sick of being treated as less than our peers serving wealthy, white communities Because we are about our patients more than anything and we KNOW that supporting us is supporting their health

For many years, we said, why not Elmhurst? Why should we be left out of fair compensation? Why should we always do more with less? **Today, I say, why not H+H?** Why not pay our public hospital doctors fairly? Why not support the well-being of the people caring for New York's working class, Black and brown communities? Can Mayor Adams answer that question?

Dr. Ranae Hedman OB-GYN South Brooklyn Hospital.

I came here to fight for myself, for my patients, and to stand in solidarity with my fellow residents as we demand pay equity with the private sector. As a dedicated employee of the New York public health system, I have struggled to cover the costs of housing and travel expenses incurred during my training.

Each day, I come to work and sacrifice to ensure that our underserved communities get the quality care they deserve. But going back home knowing that I gave my all, and yet I still have to expend more energy strategizing how to cover the cost of living in the very city I serve–this is mentally exhausting. I shouldn't have to choose between serving a community I love and being able to pay rent and for my basic expenses in the city that I love. But our mayor has put us in a position where many residents are being forced to make that choice.
H+H doctors, the same people who got our city through COVID, who Mayor Adams called healthcare heroes, are worrying about our rent every month, facing mental health issues brought on by our financial stress, struggling to meet our own health needs. Perhaps the hero term is the problem–because you don't stop being a person during residency.

Here's one of my coresidents. They say:

> "After paying for living expenses at the beginning of every month, I find myself scraping for pennies until the next paycheck. I have had to ask loved ones for money to sustain me between paychecks on several occasions. I had to delay applying for my NYS medical license because I couldn't afford the fee for a long time. I'm lucky I have some loved ones who have been able to help me. It's embarrassing to work so hard but still need people to help me afford my living expenses, food and to see a therapist."

No one should have to worry about where they're going to live, how they're going to feed themself, or their family, or how to pay for the health care we all need–including and especially mental health care. H+H lives by that value as a system, except, often, in the way we treat the workers who keep our hospitals running. We actually don't need Mayor Adams to treat us like heroes. I just want him to treat us like people. Thank you.

Dr. Badr Ilmaguook Internal Medicine Woodhull Hospital

So many of my fellow H+H residents are not able to testify today, because they work so many hours and have such a hard time getting off work. With that in mind, one of those residents has asked me to share some of their thoughts, and I'm honored to have the opportunity to do that for the committee now. This is their story:

"I am a first generation college graduate and medical doctor. I am almost 38 with barely any savings or a retirement account, and $250,000 in debt. To one day qualify for loan forgiveness, I am now making $400 monthly loan payments. I also contribute to my mother's retirement account, as her job does not offer any benefits. I am my family's financial safety net on a $48,000 post tax salary. My financial reality has led to severe stress

and burnout, yet I showed up during the height of the pandemic and continue to show up every day to help NYC's public hospitals run for those that need care the most. My story and background are not unique amongst residents and fellows that work for NYC Health and Hospitals. Today is not only about fair pay. It is about having our stories, our humanity seen and acknowledged. Today is about social justice. Today I call on the mayor and the administration to do the ethical thing, to help support New York's public hospital physicians in training secure THEIR RIGHT to a decent living and future. Thank you."

I believe this story speaks for itself. We are asking our mayor to see our humanity. If he can manage to do that, perhaps then he will agree to a fair contract for us, for the families behind all of us, and for our neighbors who we get to serve. Thank you.

Dr. Sravya Datla Pediatrics Harlem Hospital

In lieu of my own testimony, I'd like to share a story from another H+H physician and CIR member. Here's what they say:

> "I am a second year resident who is managing a household with a toddler. My spouse is not authorized to work due to my visa status. I take home $4200 a month after taxes and have to pay $3500 for a mere one bedroom apartment in manhattan. If I move I would have to pay more for the commute. I have to survive the whole month in $700, which is next to impossible. I keep on taking loans to make ends meet, which along with a stressful residency is taking a toll on my mental well-being. We work around 80 hours on about minimum wage, which is being justified as 'part of being trained.' No hospital can stay working without residents and we are being taken advantage off. H+H is failing its residents."

This resident's story, as you've heard today, is very typical. And keep in mind, first-years make even less, and must contend with the massive cost of relocating to one of the most expensive cities in the country–and many of them come from halfway across the world to work in this system. What happens when we treat our doctors this way? They don't stay here. Word spreads. New applicants see the pay–they know they could make more working in another safety net hospital, and much more working somewhere else. What are they supposed to do?

We need support now and the doctors who are finishing med school now need support for the future. We cannot wait for mayor Adams to do the right thing. Not us, not them, not the people of New York City. We can't and we won't. Thank you.

Dr. Jingxia Meng Metropolitan Hospital

I'm lucky to have been able to join this virtual testimony, but it's extremely difficult for most H+H residents to be able to make something like this, unfortunately, for reasons that you've probably

heard throughout this hearing. I want to share the story of one of the residents who couldn't be here.

> "I am currently a third year internal medicine resident, and have been struggling to make ends meet over the past three years, taking care of my family, and having had to request personal loans to get by and stay afloat. The financial stress, on top of the already very heavy workload and hours per week, have burned me out severely, and have honestly given me mental health issues which I never had before. I am much better now than I was a year ago, but I don't want my colleagues and juniors to go through what I did. Fair compensation would go a very long way to relieving at least the financial stress Please be kind to us, we get tired and hurt too."

Burnout, chronic financial stress, anxiety, depression. It's not unusual for residents nationwide to struggle with serious mental health issues, but at H+H it is endemic. We simply can't allow that to be the case for the physicians at the center of care in the largest public hospital system in the country. One that has been part of the fabric of this city long before we were born. And we can't allow it, because we are human too. We get tired and hurt too. We are workers too and we deserve fair pay. Thank you.

<u>Dr. Vered Schwell Anesthesiology Bellevue</u>

As someone who works at both Bellevue and NYU, the pay parity issue is very important to me. It's so hard to work alongside my friends and colleagues, knowing they get paid more and receiving benefits we don't get. I felt it even more last year, when I was an intern in internal medicine. I actually chose NYU, I didn't know I was going to be on the Bellevue payroll. They send a packet and say hey by the way we have two payrolls, one is Bellevue one is NYU, and unless you have a reason to be on the NYU payroll, they kind of randomly assign you. It's not clear when you're applying.

When I started, I worked with a small team of residents. We all did the same work, but there's an undercurrent of frustration, you feel demoralized knowing you're not being paid the same.I was involved in the push to get NYU to make up the difference in our pay, but NYU gave pushback and flatout declined to make up the difference.

And here we are once again, bargaining, asking again for fair pay, but the city keeps offering us what feels like the same exact package. *They move money around but it ends up being close to the same from our perspective. None of it is enough. The food stipend hasn't gone up in all these years, even though food prices have gone up astronomically, which of course I think about every time I go to the grocery store.*

Now, whenever I run into med students who are considering NYU, I bring it up. By the way, just so you know, there are two payrolls and we're in negotiations, and by the way one of them pays a lot less than the other. *People know, too, that they can work in a safety net hospital and serve patients who need care most without sacrificing as much as H+H requires us to sacrifice.*

But in spite of everything, in spite of the pay, and all the disrespect from our administration and the mayor's office, I'm very happy to be working at H+H, with this patient population, helping the community. Working in this system, you really learn how to speak to people from so many different backgrounds. The system as a whole is well-resourced for the amount the city has invested in it–which isn't enough. All of our hospitals are connected, so I can automatically see patients' notes from other sites in the system. I can't do that if they were at Presbyterian or Sinai.

I just want residents in the future to be able to come and take advantage of the learning opportunities in this system without having the stress of not being paid enough. Our mayor should want that too, I think. Thank you.
Dr. Anton Shkurenka Anesthesiology Kings County Hospital Center

All we're asking for today is fair pay to allow us to survive in one of the most expensive cities in the world.I am one of the few H+H residents who is lucky to at least live in a rent stabilized apartment. But still, my lease went up by historical maximum of 3% for the second year in a row.

How can Mayor Adams think it's ok for my rent to go up 3%, and for my coworkers rent to go up much more than that, but not to give us, city workers, a fair contract? Is he not aware? Currently my rent is 70% of my salary, and again, I am one of the lucky ones. There is not much money left for other bills and food.

We ask not for a luxury life, but simply to survive. This will allow us to be physically and mentally healthier, which is in turn important in terms of the care we are able to provide our underserved community.Would you want your mother, your aunt, your grandchildren, to be seen by doctors who do not have what they need to ensure that they themselves are healthy? Who are exhausted from commuting long distances on top of 80 hour weeks? Who are sometimes rationing meals to make it through the end of a paycheck?

What kind of message does that send to Brooklyn, to Manhattan, to the Bronx about the importance of our communities' health? As CIR members, we refuse to allow this status quo to continue. We demand pay parity with our safety net peers. We demand that the city invest in its public hospitals, in its workers, in the health of our communities. Thank you to the committee for giving us this platform, and for your support in our fight to ensure H+H doctors can care for themselves as they care for the people of New York.

Dr Edoardo Vattimo Psychiatry Kings County Hospital Center

I'm very proud to work in this hospital system and at Kings. We really do treat everyone, and it's an honor to do that. In the U.S., we don't have many public hospitals, so what H+H is able to do–providing care for everyone in this city regardless of their ability to pay–this is very special.

We treat people coming from all over the world and they have their own social determinants of health–so many factors impacting them before we see them. So we learn a lot working with our patients, who often have complex cases, but it can also be incredibly stressful, because sometimes there is only so much you can do for someone. They keep coming back into the hospital because their basic needs are not being met.

The same is true for many residents. Housing is a top human need. Food and housing, and housing is a huge crisis in New York, as we all know. If your rent is going up 30% and you don't know where you're going to move and you have this threat of losing your place, you don't have stability or the safety of having stable housing every year. This is very anxiety triggering, it can lead to rumination– mental energy that residents should be dedicating to patient care and our studies, folks have to dedicate to finding a new place.

With our current salaries, many H+H residents are forced to move farther away from the hospital, and then have to spend more time commuting: a huge problem if you already work 80 hours a week. We also know that immigrant physicians,physicians from backgrounds underrepresented in medicine often struggle the most to afford to do their residency with H+H. The mayor needs to pay attention to that, because one of the greatest strengths of H+H is the fact that housestaff and other coworkers reflect the diversity of our patient population. That is at risk if the city doesn't come to an agreement with us soon.

With so many migrants relying on our hospitals, especially, I think having someone who can speak our patients' languages, someone who can understand what it's like to face problems like this–it's essential. We have residents who speak Arabic; my native language is Portuguese and I also speak Italian and can understand and speak Spanish. We are able to provide much better care because of that. But physicians from diverse backgrounds are more likely to have extreme student loan debt. International medical graduates and foreign medical graduates like myself face all kinds of fees folks must scrape together, and it's difficult to find an apartment without a credit score or guarantor. When I started, I got lucky–I found another resident to room with.

Now, I have a friend who is applying for residency, but he told me he has to rank our program low, because the pay is just not enough. Does the H+H administration not value attracting the best applicants? Does the mayor not think that the communities that rely on our public hospitals deserve the best doctors? We are here today because we think that our patients deserve everything, and that we deserve respect and fair pay from the city. In the long term, we need investments in H+H, and in the many public services that will support our patients' health outside the hospital that we have divested from for far too long. Right now, we need a fair contract. New York can't afford to wait.

Dr. Patrick Lundy Bellevue Psychiatry

I'm a first generation Haitian-American, the first doctor in my family, and a resident physician in psychiatry at Bellevue, where I am proud to care for the people of New York. I'm also a very proud member of CIR.

Every day, residents do anything and everything to ensure our patients receive the world class care that everyone deserves. One thing that becomes immediately clear if you spend even 15 minutes inside an H+H hospital, is that they absolutely could not run without residents. Yet despite our value to our hospitals, the City thinks we should be the lowest paid resident physicians in the NYC.

With nearby hospital closings, and an increased workload on already struggling residents– how will we attract the best applicants? How will we convince them to take peanuts for salary in comparison to other NYC programs?I ranked Bellevue Hospital high on my match list because I'm committed to their mission of providing high value care with dignity, sensitivity and compassion regardless of ability to pay. But since I can't afford to move to NYC, I take a light rail, train and bus to get to and from work which takes an hour if the transfers line up and if there are no delays.

So even when I'm already working 12 plus hour shifts, it really ends up being 14 plus hours a day that I'm away from my home. This leaves 10 hours at best to eat, sleep and maybe have a moment of free time. I am tired all the time. My coresidents are tired all the time.

As psychiatrists, we shoulder a tremendous emotional burden, especially when we're seeing folks who have been through so much. NYC toughness sometimes comes with NYC trauma, we support and treat our unhoused brothers and sisters who are constantly fighting for survival, those in contact with the criminal legal system as well as the recently immigrated refugees processing the tribulations of their journey.

I regularly spend 16 hours a day outside of my house, I'm barely able to rest. How well would you eat? How well would you sleep? How well would you take care of yourself with that little time left? I want to help manage my patients' mental health, but I can't even do that for myself. If we had a fair contract and a living wage, though, we would be better equipped to handle the emotional aspects of our work and provide great care to our patients without burning ourselves out.

As residents we're streamlined into our path towards our career. We do everything right, we put pressure on ourselves to do it perfectly. The journey starts at 18, for some like me it includes graduate school and years of work in addition to the MCAT and application process.You finally get into medical school and upon completion you're contractually assigned to a hospital for 4 years and become cogs in a giant machine. We're expected to accept the status quo, whatever conditions, whatever wages for those years. But we cannot pause our lives for up to 7 years of training, and we should not have to sacrifice so much of ourselves for these jobs. We have families, loved ones, we have our own health needs and we have a right to the time and financial stability to address them and care for ourselves. We are demanding something more. Starting with a fair contract. For ourselves, for our loved ones, for our city. Thank you.

Dr. Donald Hathaway Emergency Medicine Lincoln Hospital

There really is no separating support for residents and the quality of care H+H patients receive. That fact is exemplified so well by the Patient Care Trust Fund. Just as our predecessors fought for the creation of this fund 40 years ago, amidst a city policy of austerity, we are fighting again for investments into our public hospitals at a time when our system is bursting at the seams.

How could the mayor ask us to choose between our pay and the PCTF, when both DIRECTLY ADVANCE Health and Hospitals' mission? Personally, as an intern, I first got a feel for the community I'd be working in at Lincoln through one of CIR's community walking tours–a PCTF funded project that helps incoming physicians from all over the world get to know the neighborhood in which they'll be providing care.

This past year, I served as one of the tour guides. While residents made their way around the neighborhood surrounding their new hospital, the main guide emphasized how much institutional racism impacts our patients' health, and the lack of investment in the South Bronx. New physicians see the evidence of divestment all around them on the tour: the lack of trash cans, of green spaces, of banks and grocery stores in the area surrounding Lincoln but we also learn about the ways this community organizes and fights back.

Failing to invest in CIR physicians who care for our city's Black and brown communities, failing to invest in this pivotal fund that advances care for poor and working New Yorkers: That is the same kind of divestment.

I'd like to share a story of one of my fellow H+H residents to show the human toll of this divestment.

"In the face of rising inflation and cost of living, doctors can barely afford to take care of themselves… I recently injured my ankle and have been forced to wear a boot for 4 weeks to recover…I live close enough that I have always walked to work, but with a boot that is not possible. I have had to use Lyft to get to and from work for the last 2 weeks…I had $80 to last for one week between pay periods. So, I made do. I paid my rent, and starved myself eating one meal a day while working 12 hour shifts for the week, because I could not afford to buy groceries *and* pay for transportation to and from work. When it snowed, I knew I couldn't afford the price gouging that occurs with Lyft in inclement weather. So I left my boot at work, and walked the 15 minutes to my house in the snow in excruciating pain… I can't understand how I'm able to continue caring for my patients when I can't even take care of myself?"

Would the mayor want his own family to be treated by a doctor living on one meal a day? How can he ask us to choose between our patient care fund and pay parity with our peers to help meet our basic needs? I find it absurd, disappointing, and unbelievably disheartening that our city would even propose we make this choice. But we refuse to accept this false choice. We demand real investments in us and in our communities.

<u>Dr. Ian Peake OB-GYN Kings County Hospital Center</u>

Last spring, I moved here from Oklahoma for residency. I didn't know what the housing market in New York was like. I had to find housing while I was still in school halfway across the country. Apartments were flying off the market, and I felt very pressed to take what I could get. The closest apartment I could find was a 35 minute commute from the hospital.

This doesn't sound so bad, but when you're working as an OBGYN–we're consistently working 12 hour shifts. Right now I'm on nights, I came here after finishing a night shift. I work a 24 hour shift every Sunday. I get off at 6 in the morning technically, but don't leave until 7 because we have to sign out everyone, make sure our patients are safe. Then I have to go home and be back by 6 pm Monday night. That's less than 12 hours to go home, get sleep, work another 12 hour shift - and you do that all week. The only thing we're asking for is to be paid enough that we can come close to affording to rent close to our hospitals. I just need a bed and a bathroom, but that's not possible for H+H residents right now.

At the same time, our patient volume seems to grow every day. I have to see a huge number of patients in a short amount of time, and they have complex cases, so sometimes I'll stay up all night when I'm not supposed to be working to plan for the next day, preparing all my notes ahead of time. In OB it's not an option to get behind. I have many patients right now who come from outside the US. Women who show up in labor, but who have not seen any doctor for their entire pregnancy–and they came on a bus from Texas. Many of my patients go into labor because they're dehydrated.

There are only 6 OBs in my year at Kings. So if you're sick or you need to take off you have to be careful, because the other residents have to fill in for you, and when there's so few of us, it impacts your colleagues very heavily. I've been walking around with an ear infection for 2 months and I did not get to see an ENT until last week. There's just no time, and it's not fair for me to ask my colleagues to have to fill in a whole extra shift, knowing how much they've already worked in a week. That's why it's so crucial that the city agree to our on-call coverage proposal, to ensure we're being properly compensated for that additional time, and to incentivize our hospitals to staff better.

My plan as a medical student was to go into family planning and to provide abortion care for my community in Oklahoma, but after the Dobbs, everyone I knew in family planning had to leave. I came to New York because I thought it would be a safer, better training environment, and in many ways it is. Thank god this system exists that cares for everyone, but we are bursting at the seams, and our well-being is in crisis. There's so much more we could do.

Our mayor and the H+H administration are always talking about prioritizing women's health, Black and immigrant women's health, poor women's health. You can't do that without supporting the doctors at the center of women's health care in H+H. And the best way to do that is by agreeing to a fair contract for us.

<u>Dr. Anna Roesler Pediatrics Jacobi Medical Center</u>

Like many pediatricians, I chose this specialty because I wanted to both treat and advocate for children, especially children facing the highest barriers to care and wellness due to structural racism and poverty. I believe that Health and Hospitals stand in contrast to our country's profit-driven, often cruel healthcare system, and I'm grateful that I get to truly fight for children's health at Jacobi.

I am here once again to advocate for my young patients, but also for the people who care for them. Throughout this bargaining process, my coresidents and I have felt insulted, disrespected, and demoralized again and again. It's insulting just how little the city seems to respect our value to the system–to the extent that they're denying us fair pay when we haven't received a raise in almost 4 years. Now we're not getting paid for working on holidays. At Jacobi, they took away the limited food options we had.

We are doctors who have sacrificed a lot to do this work, but we are also people. Like many women residents especially, I spend way more than I have on Lyfts because I don't feel safe using public transportation at midnight or 2 am. It feels worth the money, but I'm not making anywhere near enough to be spending that. If we were better compensated, I wouldn't have to choose between my safety and taking on this financial stress.

In the hospital, we're contending with understaffing across the board, as others have said. The city's treatment of our nursing coworkers has resulted in major understaffing of nurses, which is a huge problem. It's not right. We're also contending with how limited we are in our ability to truly heal our patients. H+H residents are really the frontlines of care for the most vulnerable patients in this city–and kids are always the most vulnerable. Especially in the Bronx, we see a lot of children with really bad asthma, triggered by environmental factors–the air quality outside and housing. No matter what I do, I can't prevent that, and that takes a real toll.

Jacobi is able to do amazing things for the kids of the Bronx–but imagine how much more we could do if we were better resourced? We have patients with all of these underlying issues that are obviously affecting their health and it's hard when we can't spend enough time with them. If we had more social workers, we would be able to be more helpful, but we have one social worker for the whole pediatric department. You see a lot of families who just keep coming back. H+H can and does offer so much. It's an honor to be part of the largest public health system in the country and it does so many things for the community. It serves everyone. We provide great care despite not having all the resources.I'm asking Mayor Adams and the Health and Hospitals administration to remember that mission and to support the physicians who see it through every single day.

[redacted]

From: Simonetta [redacted]
Sent: Friday, March 1, 2024 12:18 PM
To: Testimony
Subject: [EXTERNAL] In support of H&H resident doctors

[redacted]

To Whom It May Concern:
Resident doctors employees by H&H deserve the same pay, support, accommodations than residents at private hospitals. They are essential for the running of the city hospitals. They deserve respect.
As an attending physician working for the NYC public health system, I know too well how poorly treated are physicians.
Sincerely,
Simonetta Sambataro, MD
Pediatric Rehabilitation Medicine
Sent from my iPhone

[redacted]

From: Xenia Gr[redacted]
Sent: Friday, March 1, 2024 10:52 AM
To: Testimony
Subject: [EXTERNAL] Resident pay parity

[redacted]

To the council and Mayor Adams,
As a nurse in the Bronx for the last 19 years. I find it incredibly distressing to hear resident of CIR are still in contract negotiations. The major sticking point pay parity. It is incredibly disingenuous to say you the healthcare workers, and then modest raise of $6-7,000. It would exponentially increase your retention if you showed the residents that you value their commitment and choice to work in a safety net hospital.
The morale boost and would encourage them to advise other talented residents to apply to the program. I listened to over 2 hours of testimony from the residents and was shocked to learn that other residents in private hospitals make 10-20,000 more than them and they are not asking for that amount. They want parity with other safety net hospitals and that is really a basic need. They will not be living in a lap of luxury at 74,000 in Ny.
Also, I would like to say that they should get overtime and holiday pay and have their work hours reduced.
You can put all the mental health resources out there but you cant attend if you‘re exhausted and need sleep.
This salary increase is worth it and I hope you see that. And please do not take anything from one pot pay for the other. Or have them delay their salaries for 6 months. This is long over due, the nurses got pay parity with the t hospitals and the residents should get at minimum pay parity with other safety net hospitals.

Xenia
Sent from my iPhone

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: 02/29/2024

(PLEASE PRINT)

Name: EDOARDO VATTIMO

Address: [redacted] MIDWOOD CT [redacted]

I represent: CIR

Address:

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THE CITY OF NEW YORK

Appearance Card

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☒ in favor ☐ in opposition

Date: 2/29/24

(PLEASE PRINT)

Name: Patrick LUNDY

Address: [redacted] Cornerstone Lane Newark NJ 07103

I represent: CIR

Address:

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THE CITY OF NEW YORK

Appearance Card

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Date: _____

(PLEASE PRINT)

Name: Donald Hathaway

Address: Lincoln Medical Center

I represent:

Address:

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Appearance Card

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Date: _____

(PLEASE PRINT)

Name: Dominique Noriega

Address: 101 the D

I represent: CIR

Address: _____

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Appearance Card

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☐ in favor ☐ in opposition

Date: 2/29/24

(PLEASE PRINT)

Name: DINESH NIRMAL

Address: [redacted] New York Ave, Bklyn, 1205

I represent: CIR

Address: _____

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Candeep Sasidharan

Address: [redacted] E 57th Street Brooklyn

I represent: CIR

Address: _____

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☐ in favor ☐ in opposition

Date: 2/29/24

(PLEASE PRINT)

Name: Shane Solger

Address: [redacted] E 25th St [redacted]

I represent: CIR

Address: _____

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THE CITY OF NEW YORK

Appearance Card

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☑ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Salma Sadat

Address: [redacted] E 25th Street, Brooklyn, NY 11210

I represent: CIR SIEU

Address: 45 Clarkson Avenue

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Michael Zingmond

Address: [redacted] St James Place, Brooklyn NY 11238

I represent: CIR

Address: _____

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Tim Johnson

Address: _____

I represent: Greater New York Hospital Association

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 2/24/2024

(PLEASE PRINT)

Name: Tiffany Martin

Address: [redacted]

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Gurkamal Kaur

Address: [redacted] Sussex Blvd

I represent: NYU Psychiatry Residency

Address: _____

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THE CITY OF NEW YORK

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☐ in favor ☐ in opposition

Date: 2/29/24

(PLEASE PRINT)

Name: Matthew Mounta

Address: _____

I represent: CIR - Bellevue

Address: _____

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☐ in favor ☐ in opposition

Date: 2/29/24

(PLEASE PRINT)

Name: Lawrence Doyle

Address: [redacted] W 44th St apt [redacted]

I represent: CIR

Address: _____

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THE CITY OF NEW YORK

Appearance Card

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☐ in favor ☐ in opposition

Date: 02/29/24

(PLEASE PRINT)

Name: Kara Jordan

Address: _____

I represent: Resident in CIR

Address: _____

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☐ in favor ☐ in opposition

Date: 2/29/24

(PLEASE PRINT)

Name: PRAMMA ELAVAPERUMAL

Address: [redacted] Montgomery, 2D Brooklyn, NY 11225

I represent: Committee of Interns + Residents

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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☐ in favor ☐ in opposition

Date: 2/29/24

(PLEASE PRINT)

Name: Rachel Percelay

Address: [redacted] Dean Street, [redacted] Brooklyn NY

I represent: Committee of Interns and Residents

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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☐ in favor ☐ in opposition

Date: 2/29/24

(PLEASE PRINT)

Name: Ian Peake, MD

Address: [redacted] 23rd St [redacted] Brooklyn, NY 11232

I represent: _____

Address: _____

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THE CITY OF NEW YORK

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Donnie Bell

Address: Deputy Chief Medical Officer

I represent: (NYC H+H)

Address:

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THE CITY OF NEW YORK

Appearance Card

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Eric Wei

Address: Senior Vice President and Chief Quality Officer

I represent: (NYC H+H)

Address:

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

2/29

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 2/29/24

(PLEASE PRINT)

Name: Anna Roesler

Address: [redacted] W 124th St [redacted] NY 10027

I represent: CIR

Address:

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