

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HOSPITALS

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March 2, 2026
Start: 10:08 a.m.
Recess: 12:02 p.m.

HELD AT: 250 BROADWAY - 8TH FLOOR - HEARING
ROOM 1

B E F O R E: Mercedes Narcisse, Chairperson

COUNCIL MEMBERS:

Shirley Aldebol
Elsie Encarnación
Pierina Ana Sanchez

A P P E A R A N C E S

Dr. Mitchell Katz, President and Chief Executive Officer of New York City Health and Hospitals

Dr. Abdul-Rahim Dahman, Committee of Interns and Residents

Tori Newman-Campbell, Legislative Coordinator at 1199 SEIU

David Alexis, Commission on the Public Health System

Theresa Scavo, President of South Brooklyn Health Auxiliary

Rosanne DeGennaro, self

2 SERGEANT-AT-ARMS: This is a microphone check
3 on the Committee on Hospitals, recorded by Simone Eno
4 (phonetic) in Hearing Room 1 on March 2, 2026.

5 SERGEANT-AT-ARMS: Good morning, and welcome
6 to today's New York City Council hearing on the
7 Committee of Hospitals.

8 At this time, please do not approach the
9 dais.

10 If you'd like to testify, please see one of
11 the Sergeant-at-Arms to fill out a testimony slip.

12 Please silence all electronic devices.

13 Chair, you may begin.

14 CHAIRPERSON NARCISSE: Good morning. I am
15 Council Member Mercedes Narcisse, Chair of the
16 Committee on Hospitals. Thank you for joining us
17 today for this oversight hearing on impacts of the
18 Maimonides Health System and NYC H and H merger.

19 I want to begin by acknowledging how vital
20 safety net hospitals are to New York City. For
21 generations, our hospitals have served as lifelines
for communities that too often face barriers to care
for low-income families, immigrants, seniors,
individuals with disabilities, and patients who are
uninsured or underinsured. These institutions are not

1 simply healthcare providers. They are anchors of
2 stability in our neighborhoods and essential pillars
3 of our public health infrastructure. New York City
4 Health and Hospitals and Maimonides Health have each
5 played a critical role in fulfilling that mission. H
6 and H, as our public hospital system, has long been
7 the backbone of care for those who might otherwise
8 fall through the cracks. Maimonides, for more than a
9 century, has served Central and South Brooklyn as a
10 major safety net institution, providing high-quality,
11 high-volume quality emergency care, maternity
12 services, trauma care, cardiac services, behavioral
13 healthcare, and more to one of the most diverse
14 patient populations in the city.

15 The proposed merger between H and H and
16 Maimonides is a significant development for
17 Brooklyn's healthcare landscape, with important
18 considerations for patients, workers, and the broader
19 system. Our focus today is to better understand the
20 details of this proposal, ask thoughtful questions,
21 thoroughly examine how any potential transition will
affect the communities this institution serves.

We also recognize that safety net hospitals
across our city face real fiscal pressures, ensuring

1 long-term sustainability whilst preserving access and
2 quality in a complex challenge. This hearing provides
3 an opportunity to better understand how this proposed
4 merger would affect reimbursement structures,
5 financial stability, governance, service delivery,
6 and workforce protections. We must ensure that our
7 hospitals remain open and that services continue
8 without interruption. Patients must continue to
9 receive timely, high-quality care without confusion
10 or disruption. The dedicated workforce, nurses,
11 doctors, technicians, support staff, and
12 administrators who sustain this institution every day
13 must be treated fairly and supported throughout the
14 transition. Our goal is simply to protect and
15 strengthen access to care for New Yorkers. That means
16 ensure that Brooklyn communities, especially those
17 who are most vulnerable, do not experience reduction
18 in services, longer wait times, or any decline in the
19 quality of care. It also means safeguarding the
20 cultural competent care that patients depend on.
21 Maimonides serves one of the most diverse population
in the city, including large immigrant communities
and our long-standing Orthodox Jewish communities.
And any transition must continue to honor the

2 linguistic, cultural, and religious needs that are
3 essential to patient trust and positive healthcare
4 outcomes. We also understand that institutional
5 identity and community confidence matter. For many
6 families, these hospitals represent not just access
7 to care, but a legacy of excellence and trusted
8 presence in their neighborhoods. As we review this
9 proposal, our focus is transparency and clarity, how
10 governance, service delivery, and workforce
11 protections would function so that patients, staff,
12 and the broader community can be confident that
13 quality, stability, and trust remain central
14 throughout any transition.

15 I look forward to hearing from the hospital
16 leadership, labor representative, advocates, and
17 community members. This is an important conversation
18 for the future of healthcare in Brooklyn and for the
19 continuous strength of our city's safety net
20 hospital.

21 So, I want to thank everyone that's here
this morning. Before I begin, I would like to thank
Committee Staff, Senior Legislative Counsel, which is
not here with us, Ria Ogasawara, and Policy Analyst
Mahnoor Butt and, if I do not acknowledge you, I will

2 come back. I also want to thank my Staff, Frank Shea,
3 that's here, Ms. Gilot, and of course, my fellow
4 Kourtney Li, and all my constituents that make it
5 possible for me to be here. And I would like to
6 acknowledge my Colleagues, I don't want to butcher my
7 Colleague's last name. I'm trying to remember their
8 last name. I had to make sure. Aldebol, did I say it
9 right? Thank you. And Encarnación. Thank you. I'm
going to get used to the name. Just give me a little
time.

10 We'll now be hearing testimony from the
11 representative from the Administration, and I will
12 turn it over to the Policy Analyst to administer the
13 oath to the panel and, Dr. Katz, thank you for being
here.

14 POLICY ANALYST BUTT: Thank you, Chair.

15 We will now hear testimony from members of
16 the Administration. Will you please raise your right
hand?

17 Do you affirm to tell the truth, the
18 whole truth, nothing but the truth before the
19 Committee, and respond honestly to the Council
Members' question?

20 PRESIDENT DR. KATZ: I do.

2 POLICY ANALYST BUTT: Okay. Perfect. Thank
3 you.

4 PRESIDENT DR. KATZ: Good morning,
5 Chairwoman Narcisse and Members of the Committee on
6 Hospitals. I'm always happy to sit before an
7 experienced nurse who understands how hospitals work.
8 I'm Dr. Mitch Katz. I'm a primary care doctor, and
9 I'm the proud CEO of New York City Health and
10 Hospitals. I appreciate the opportunity to talk about
11 an exciting planned partnership with Maimonides
12 Health and discuss what the partnership can mean for
13 patients, employees, and the broader community.

14 I grew up in South Brooklyn, just a
15 couple of miles from Maimonides, so I understand the
16 importance of this hospital in the community on a
17 personal level. When I've been visiting, people have
18 asked me, well, have you been to Maimonides before,
19 and I could always say, yes, when I was 10, I was at
20 Maimonides for the first time to visit an aunt of
21 mine who was hospitalized there, so I know how
important the hospital is to the lives of South
Brooklyn.

The union of New York City Health and
Hospitals and Maimonides is a natural fit. Both share

2 a deep commitment to accessible, culturally humble
3 care that meets the needs of diverse New Yorkers.

4 Health and Hospitals, as Committee Members know, is

5 actually a federation of hospitals, each guided by

6 the unique characteristics of the neighborhoods it

7 serves. Elmhurst Hospital and Bellevue Hospital are

8 two great trauma hospitals, but you would never

9 confuse the two of them. The same would be true of

10 Harlem and Jacoby. When you go into our hospitals,

11 each looks a little different, and we like that. We

12 like the idea that each of our hospitals represents

13 the needs of its surrounding community. We are not

14 trying to create a cookie-cutter set of hospitals

15 that all look alike. We think this is the best way to

16 serve the surrounding communities, and that's how we

17 will partner with Maimonides.

18 By joining our system, Maimonides will be

19 able to offer New Yorkers expanded access to

20 high-quality care, seamless digital access to health

21 records through MyChart, and ongoing financial

stability, and I think that financial stability will

make a huge difference, because it's impossible to

feel good about your institution and its ability to

serve the community when you're in a financially

1
2 difficult position. I know that because when I joined
3 Health and Hospitals eight years ago, the deficit was
4 over two billion, and people were saying that I had
5 to close hospitals, and I said, no, we're going to
6 grow out of this, and we did grow out of it, and our
7 system is much stronger now because we're not in
8 deficit. We have enough money to take care of our
9 patients, and Maimonides Health will also benefit
10 from having increased funding, ongoing capital
11 investments, which are very much needed at the
12 Maimonides campus, access to technology, and
13 additional resources to support ongoing care and
14 community engagement.

15 The transaction is anticipated to close
16 by April 1, 2026. After that date, Maimonides Health
17 will legally be part of the New York City Health and
18 Hospitals system. The hospitals, though, will
19 continue to have their own operating certificate, and
20 in New York, all hospitals, even those that are part
21 of a system, are all individually licensed, and that
continues to be the case. After April 1, while the
transaction will be legally complete, the integration
of the system will take many, many months thereafter.
We're committed to the preservation of Maimonides'

2 historic cultural identity and cultural practices,
3 and we'll ensure that these values are central as we
4 come together. We understand the critical role that
5 the Orthodox community has played in creating the
6 hospital and supporting the hospital, and we look
7 forward to honoring that and taking care of all of
8 our patients, families, and staff in the years ahead.
9 I'm happy to answer any questions or hear your
10 thoughts about this partnership. Thank you.

11 CHAIRPERSON NARCISSE: Thank you, Dr.
12 Katz. Make it very sweet and short.

13 So now, from what I just heard from you,
14 that's the reason I have full confidence in you for
15 many ways, because I remember the deficit that the H
16 and H were in the hole for 2 billion dollars, and
17 very quickly, you were able to work it out, so I want
18 to say thank you, and I always tell you I appreciate
19 you for all the kind work and hard work that you've
20 been doing in New York City, and we're happy to have
21 you, and Francisco can kind of like watch you, but we
got you here, so thank you for that.

I have a few questions for you. It's
going to go with the hospital, but before I get to
the regular question that I already prepared, but I

2 heard something about the integration of the system.
3 From my understanding, they have power in terms of
4 the billing and the records right now, and then I
5 know H and H using Epic, so is that what we're
6 talking about, the integration of all the system and
the recording too?

7 PRESIDENT DR. KATZ: That's correct,
8 Chair. Maimonides Hospital has more than five
9 different primitive electronic health records, and
10 some of the physicians are still charting on paper,
11 something I certainly did during residency, but have
12 not done recently, and when we, the City, and Health
13 and Hospitals negotiated our contract with Epic,
14 which is considered the leading platform for
15 electronic health record, we did something very
16 smart. We negotiated that if we grew, we would just
17 pay per user price, so we can extend through this
18 merger once they become us, we will be able to extend
19 the electronic health record to all of the patients
20 and the providers, and they won't have to pay the
21 same as if they were developing Epic from the
beginning, because we already have a double honor
roll system that we will just put over their hospital
and we'll just have to pay user prices, so much less

1 than anyone who would want to develop it, and
2 meanwhile, they'll get a state-of-the-art system that
3 will enable them to provide better patient care, and
4 there are many things that people love about MyChart,
5 the favorite one that I'll mention, because listeners
6 will immediately understand. When you're in the
7 hospital, you can follow your own progress on your
8 telephone. You can look yourself up, you can see your
9 own labs, you can see the plan, you can read your
10 doctor notes, you can see your x-rays, so many
11 people, maybe some of you have had family members in
12 a hospital, you're waiting for the doctor to call you
13 or the nurse to call you and tell you what the result
14 said, you're waiting, you know you had the CT scan,
15 you want to know what it said, you'll see on our Epic
16 system the results at the same time that your doctor
17 or nurse will see the result, and so there's no more
18 of this, you know, it relieves so much anxiety,
19 you're not wondering, well, gee, has someone
20 forgotten me because you know that until the x-ray
21 result appears on your phone, they don't have the
result either. So, it's not that they're taking care
of somebody else. You can send messages to your
patients. My patients send me messages in both

2 English and Spanish that I respond to. You can make
3 appointments. You can cancel appointments. So, I
4 think patients will find that they'll get much better
5 care when they have a modern electronic health
6 system.

6 CHAIRPERSON NARCISSE: I agree with you.
7 Less anxiety when you're waiting for your results.

8 Let's come to the hospital. One of the
9 questions that I have heard from many. Will the
10 facilities currently run by Maimonides keep the
11 Maimonides name after the merger?

11 PRESIDENT DR. KATZ: Absolutely, as is
12 true of all of our hospitals. People will always
13 know... if you ask somebody who works at Harlem
14 Hospital where do they work, they're not going to
15 say, I work for New York City Health and Hospitals.
16 They'll tell you, I work for Harlem Hospital.

16 CHAIRPERSON NARCISSE: Okay.

17 PRESIDENT DR. KATZ: I mean, it will be
18 exactly the same. People will say, I work at
19 Maimonides Hospital, I went to Maimonides Hospital,
20 nothing will change.

20 CHAIRPERSON NARCISSE: Thank you.

2 Before I get to the next question, we
3 talk about that from your statement, opening
4 statement, if I recall. We were at negative two
5 billion. Now, are you in surplus?

6 PRESIDENT DR. KATZ: We spend every nickel
7 on our patients, is how we think about it.

8 CHAIRPERSON NARCISSE: Okay.

9 PRESIDENT DR. KATZ: There's so much need,
10 so whatever revenue we take in, we will spend on our
11 patients.

12 CHAIRPERSON NARCISSE: Okay.

13 PRESIDENT DR. KATZ: But we don't have a
14 deficit. We're not borrowing money, we're not
15 behind, we meet our payrolls, we're not cutting
16 positions, we're not cutting clinics, we're
17 expanding. I mean, we are a much bigger system than
18 we were eight years ago, and now there's no deficit,
19 so you can grow out of a deficit. You don't have to
20 shrink because you have a deficit.

21 CHAIRPERSON NARCISSE: Okay. Got it.

Pending legal and regulatory approval of
this merger, does H and H have knowledge of how the
2.2-billion-dollar State grant will be allocated over
the next five years? Has the Governor's Office

2 described the perimeters for how they intend for this
3 money to be used?

4 PRESIDENT DR. KATZ: Yes. 500 million is
5 for capital, which is something the hospital very
6 much needs. At the top of our list of things we want
7 to do is provide a new maternity ward for the
8 hospital. Hospital has about 6,000 births a year.

9 CHAIRPERSON NARCISSE: I was going to get
10 to that. Thank you.

11 PRESIDENT DR. KATZ: Really needs a more
12 modernized maternity ward. 1.5 billion is for
13 operational costs, so this is recognizing that
14 Maimonides currently has a deficit that requires that
15 the State provide them funding to keep it open every
16 year. And when we worked with the State on the
17 project, they understand that it will take us some
18 time to grow out of the Maimonides deficit with new
19 systems. For example, to implement Epic takes about
20 15 months. So, the potential savings and growths at
21 Maimonides won't happen right away. So, we need the
State to continue to support. And then 200 million is
loan forgiveness. So, 200 million is money that
Maimonides currently owes that the State forgives.

2 CHAIRPERSON NARCISSE: Love that. Can you
3 please describe how this partnership will allow
4 Maimonides and H and H to access higher Medicaid
5 reimbursement rates, and how long will it take to
6 take effect?

7 PRESIDENT DR. KATZ: Yes. So, the Health
8 and Hospitals benefits from a higher rate of Medicaid
9 reimbursement. It's maybe worth thinking about why
10 that is because it affects so much about this
11 partnership. The federal government recognizes that
12 municipal hospitals take care of many more uninsured
13 patients than other hospitals, and so needs a
14 mechanism of being able to provide a higher payment
15 to government hospitals that are doing this. Also,
16 you'll remember that when President Johnson created
17 Medicaid in the early '60s, it was always a
18 federal-local match, 50-50 in most cases. So, the
19 federal government pays 50 percent, and then a state
20 or city provides the match. So, only a government can
21 make the match, and that's why only government
hospitals have the higher rate because you cannot
make the match with anything other than a certified
public expenditure. So, once it happens, we will
immediately be able to get additional money for

2 Maimonides. And to answer your question how much,
3 it's about 9 million dollars a month for doing
4 exactly what they do now. So, no improvements of any
5 kind. Just the difference between the hospital
6 joining us on April 1 and joining us on May 1 is 9
7 million dollars. They will get 9 million dollars more
8 for doing exactly the same thing because we can make
9 the match as a government hospital, but a private
entity cannot make the match and so cannot get the
higher rates.

10 CHAIRPERSON NARCISSE: I'm glad you
11 highlight that out because I was trying to explain it
12 myself so I'm going to replay it for folks. I was
13 saying that that's why the private hospital, it would
14 not be a good match for them. That's why they walk
away. So, H and H will provide the support system.

15 PRESIDENT DR. KATZ: As usual, you have it
16 exactly right.

17 CHAIRPERSON NARCISSE: No, you're right.

18 Have DHS payment resumed? How has H and H
19 absorbed all of the financial cuts that have resulted
20 from changes to federal law? And does this merger
21 help or hinder the hospital system as it prepares
itself for more cuts starting in January 2027?

2 PRESIDENT DR. KATZ: Maimonides joining us
3 will help us provide better patient care in Brooklyn
4 in the specialty areas for our patients. Health and
5 Hospitals shines especially in primary care and
6 emergency care. Maimonides shines in specialty care.
7 So, our patients in Brooklyn will get better care
8 because of this. But financially, there will be no
9 benefit to Health and Hospitals, and that was
10 deliberate on my part. I never wanted, my motivation,
11 and I think the City's motivation, was to help
12 Maimonides. I never wanted anyone to feel we were
13 doing this for money, to benefit us. So, we signed
14 all the papers to say that every dollar at Maimonides
15 Campus stays at Maimonides Campus so there's no
16 cross-subsidy. So, if as things get better,
17 Maimonides does better and better, good for them,
18 we'll invest that money into services at Maimonides.
19 But it will not help or hurt. So, we've been very
20 clear that there's no cross-subsidy in either
21 direction. For Maimonides, one of the things that
I've told them over and over again is when this goes
forward, their budget grows, but they can only spend
as much money as they have. To me, many people make
hospital financing, in my view, more complicated than

2 it has to be. It's just like your checking account.
3 You get to spend the money you have. You don't get to
4 spend the money you don't have. So, come our joining,
5 Maimonides, the doctors, the nurses, the organization
6 will get to decide, based on what the community
7 needs, what it wants to spend their money on. My job
8 will be, but you can't spend more money than you
9 have. That's, in my view, part of how this got to be
10 a problem for Maimonides, because they have been
11 spending more money than they have. But with this
12 joining, they will get more money, better rate of
13 reimbursement, and we will make sure that they will
14 run on the amount of money they have.

15 CHAIRPERSON NARCISSE: Got it.

16 How have Maimonides staff been informed
17 about the pending merger and the impacts it will have
18 on their employment, their scheduling, their
19 benefits, their job responsibilities, and I may say
20 their union affiliation, too.

21 PRESIDENT DR. KATZ: Sure. So, I've
personally been to two town halls, but I know that
Maimonides has had additional meetings, additional
information provided. May be a good moment to say
that the people who work at Maimonides will not be

1 becoming City employees so all of the unionized staff
2 will remain employees of a Maimonides corporation
3 that will come out of the existing corporation. So,
4 that was designed specifically to prevent disruptions
5 of unionized staff, and the process of trying to
6 bring people to City employment would have been very
7 complicated and made many people unhappy, because how
8 would you deal with seniority, right, so you have
9 nurses in both places. How would you deal with what
10 if one job specification was different than another
11 job specification? So, part of what I think was wise
12 about this deal is none of that changes. We as Health
13 and Hospitals will have a contract with that entity
14 that will serve as an employment entity, will
15 continue to employ all of the nurses, social workers,
16 technicians. They will continue to work for a company
17 that will come out of the existing Maimonides
18 non-profit. The doctors will be in their own group.
19 So, that is considered the modern way that people
20 employ doctors. So, the doctors will have their own
21 organization, and we will contract with that
organization. The leadership will be employed by
Health and Hospitals, and I have already made clear
that when this goes forward, Svetlana Lipyanskaya,

2 who's been the very successful CEO of South Brooklyn
3 Health, will become the CEO of Maimonides, a Russian
4 Jewish immigrant to New York City. She fits the
5 incredible capabilities that will be necessary for
6 Maimonides to do well in the future. But
7 overwhelmingly, people will remain in their same
8 jobs, same union agreements. We, of course, will
9 respect all union contracts and union rules as they
10 exist now.

11 CHAIRPERSON NARCISSE: When you say
12 leadership, what do you mean by just the top?
13 Svetlana is one of my favorite, by the way. We had a
14 meeting the other day.

15 PRESIDENT DR. KATZ: Yes, she's lovely.

16 CHAIRPERSON NARCISSE: She's lovely. So,
17 does that mean the leadership from the President,
18 CEO, what leadership? Because some nurses that is
19 nurse practitioners, some doctors that are
20 cardiologists, all those leadership, are you touching
21 that area as well?

22 PRESIDENT DR. KATZ: No. So, the Chief
23 Medical Officer, the Chief Nursing Officer, the Chief
24 Executive Officer, those top-level positions need to
25 be Health and Hospital for legal reasons, because we

2 are becoming the legal entity that holds that
3 contract, and so you have to show in that that you
4 really are running it. It's not a sham. We're not
5 accepting the higher rate of Medicaid without
6 ourselves running the hospital. So that means the
7 Chief Medical Officer, the Chief Nursing Officer, the
8 Chief Executive Officer have to be Health and
9 Hospitals employees. But the overwhelming remaining,
10 the people you mentioned, well, the doctors will be
11 in their own doctors' group. The nurses, along with
12 the leader, anyone who is a unionized nurse will
13 remain in the existing group. Over time, for people
14 who are not unionized, we will look at that question.
15 That is not an immediate question of whether they
16 will come to us or not come to us. But on day two,
17 everybody remains, and certainly our assumption is in
18 perpetuity all the union workers will remain, because
19 those positions are very hard to move. Managerial
20 positions, you can ask yourself which is better.
21 Unionized positions as an established contract, as an
established union negotiating certificate, those
things are complicated to change, and our overall
view of this whole partnership is we want to help in
the areas that need help. We don't want to change

2 things that are working. So, for us, what isn't
3 working, they need financial stability, they need a
4 modern electronic health record. Really, those are
5 the two big things they need. That's what we want to
6 focus on, and so we've tried to create an
7 organization that leaves as much of everything else
8 alone, because there's not a problem. If in future
9 years, you know, people have other ideas, we can look
10 at those. But the unionized staff will always need to
11 stay in an organization that's successor to the
12 existing non-profit.

13 CHAIRPERSON NARCISSE: Okay. But you have,
14 in terms of some nurses, some administrative level
15 that's lower, that's not unionized. So, are you
16 planning to get?

17 PRESIDENT DR. KATZ: Certainly not at the
18 beginning. And again, it goes to the same idea. The
19 problem at Maimonides is not nursing. The problem at
20 Maimonides is not the doctors. So, we're trying,
21 going forward, to not mess with things that are
working.

CHAIRPERSON NARCISSE: Okay.

PRESIDENT DR. KATZ: We want to fix the
things that are not working, the finances and the

1 electronic health record. And then we want to learn.
2 And we want to listen to people, and we want to
3 understand their points of view. And again, some
4 people might favor moving to City employment, some
5 people might not. There are different pluses and
6 minuses, as you know, of being in City employment,
7 not being in City employment, but this seems like the
8 wrong moment to try to answer that question because
9 first, it isn't the problem and, second, I feel that
10 I always like, when I am responsible for something, I
11 like to learn. I don't like to come in and say, this
12 needs to change. I like to say, show me how things
13 work. I currently spend one day a week at Maimonides.
14 Svetlana is currently spending three days a week at
15 Maimonides. We want to learn. We want to hear what
16 people think is working. We want to hear what people
17 think is not working. We want to understand people's
18 hopes and vision for the hospital going forward. And
19 anything that doesn't have to get done by April 1, we
20 are trying not to do, because there are so many
21 regulatory issues, and we think that people will be
most comforted by knowing in day two, it will look
the same. There will be a new CEO. There'll be a
Chief Medical Officer who is their current Chief

2 Medical Officer, but he will be employed by us now.

3 There will be a CNO who is employed by us, but is the
4 same CNO as they're currently. We're trying to, as
5 much as possible, maintain continuity.

6 CHAIRPERSON NARCISSE: I have another
7 question while we're talking about April 1, which is,
8 April 1 is the merger, right? So, I know you cannot
9 talk about it much, but don't we have a lawsuit over
10 the head that should be in court after that in April
20-something? What is it? I forgot, April, I read it
11 somewhere. So, what's the date, the 20-something?

12 PRESIDENT DR. KATZ: You're correct, it's
13 mid-April. But there's no restraining order, so
14 there's nothing that prevents the deal from happening
15 on April 1st or March 31st.

16 CHAIRPERSON NARCISSE: Okay. I still have,
17 there's a lot of texts coming to me if you see me
18 checking, because some of my colleagues, the nurses,
19 they want to know what's going on.

20 Will employees who are already retired or
21 approaching retirement retain all their existing
retirement benefits under the merger?

PRESIDENT DR. KATZ: Yeah. Nothing would
change.

2 PRESIDENT DR. KATZ: Okay. I like that
3 part. Will H and H honor existing union pathways for
4 promotion, seniority, and grievance procedure? I'm
5 assuming everything's going to stay the same?

6 PRESIDENT DR. KATZ: Everything stays the
7 same.

8 CHAIRPERSON NARCISSE: For staff who will
9 remain, will they keep their sick time and pay time
10 of time that they have accrued? I know it probably
11 sounds minute, but for those folks that are going
12 through it, it's very important, they have accrued
13 before that merger, so would they keep the same?

14 PRESIDENT DR. KATZ: Everything will stay
15 the same. And I hope you appreciate that's, I think,
16 the wisdom of how we did this, right? Because someone
17 might have gone in and say, okay, everybody is going
18 to have to go to City employment, and then you'd have
19 to imagine the issues you would have. You'd have all
20 of those issues. Well, what about their retirement?
21 What if they're 12 years toward their retirement, now
you're going to start them at zero? So, the whole
idea was, no, everybody just maintains, you know,
what they have.

2 CHAIRPERSON NARCISSE: This one, again,
3 just for clarification, I'm going to continue asking
4 them. Are there any collective bargaining agreements
5 with employee unions that you have, that Maimonides
6 is a party that will be impacted by this merger? If
7 you want me to repeat it, I'll repeat it.

8 PRESIDENT DR. KATZ: No. I understand. We
9 are talking to the unions. The unions are familiar to
10 us. We have the same unions are representing
11 different, NYSNA represent out of California. Neuron
12 just went off on the California nurses. The NYSNA
13 represents nurses in both places. 1199, we work with,
14 because they represent some of our workers. And CIR
15 represents the residents in both places. These are
16 all unions that we love working with. We are talking
17 to all of them. We're figuring out issues of, you
18 know, future, you know, relations, but I don't
19 anticipate any problems. The reception that we've
20 gotten from the other unions has been positive, and
21 our current relationship with the other unions is
positive. We've always seen ourselves as a pro-labor
organization so I don't anticipate any problems.

CHAIRPERSON NARCISSE: As an independent
teaching hospital, Maimonides offers a broad range of

2 educational and research options, including
3 opportunities to engage in basic science research,
4 clinical research, or health services research. Will
5 all this education and research options be preserved
6 after the merger, or will some of this program be
7 reduced? Have students, residents, and researchers
8 been made aware of the potential impact, if any, of
9 this merger?

10 PRESIDENT DR. KATZ: Going into it again,
11 we're learning, we're growing. We ourselves do lots
12 of research. We have lots of residents, as you'll
13 remember from your time of working and teaching
14 residents. I'm sure you taught many a resident in the
15 Elmhurst Emergency Department. We, too, do teaching
16 and research, and there's all reasons to believe
17 we're all going to continue to do that, and that it
18 will only grow as we're more together.

19 CHAIRPERSON NARCISSE: The reason for this
20 question, too, is are they aware? Because they get
21 anxious. A lot of people are getting very anxious
around this. And they're calling me, they're texting
me. I have some questions I'm going to ask you for
them, too.

2 Will all Maimonides Hospital and
3 community-based site remain open and operational?

4 Because I know they have more than one site.

5 PRESIDENT DR. KATZ: Yes. So, for
6 everybody's knowledge, there is the main campus of
7 Maimonides. There is Midwood Hospital, which has a
8 separate operating license. It's about 120-bed
9 community hospital in the Midwood area. And then
10 there is a freestanding emergency room in Bay Ridge.
11 So those are the three, and then there are offices in
12 many, many places. But those are the three biggest
13 parts of the campus.

14 CHAIRPERSON NARCISSE: So, there will not
15 be any interruption and everything going to remain
16 the same? I don't want to assume things, so I'm going
17 to continue asking.

18 PRESIDENT DR. KATZ: I appreciate that.

19 CHAIRPERSON NARCISSE: Does Maimonides
20 have a private contract for ambulances? And if so,
21 will the term of the merger impact such contracts?
But let's talk about all the contracts, the
subcontract they have. You're going to look over all
of them?

2 PRESIDENT DR. KATZ: Correct. Since you
3 asked, we're actually very excited. One of the
4 amazing assets that Maimonides has is a very
5 functional EMS with their own ambulances, which is
6 something Health and Hospital currently does not
7 have. We, I think probably it was 20 or 30 years ago,
8 the City moved the ambulances from Health and
9 Hospitals to the Fire Department, so Health and
10 Hospitals no longer has an ambulance service.

11 Maimonides, like many private hospitals, still does.
12 And I've had presentations from them. I think they're
13 incredibly successful, and we're looking at how they
14 may have a broader mission and we might grow them for
15 other needs in Brooklyn. But beyond that, for other
16 contracts, going into it, as part of any merger or
17 partnership, we accept whatever they have in terms of
18 contracts. But we will want to look at things like,
19 for example, if Health and Hospitals has a contract
20 that has better prices on a particular commodity than
21 Maimonides, we would want to end that contract and
use the City contract. It could turn out the
opposite. Could turn out that there's something where
they're getting a better rate than we're getting, in
which case we'll want to build on their contract. But

2 that's a huge, huge scope of work and not something
3 that we are going to do prior to the merger
4 happening, but we don't go into it with any
5 expectations. We want to do whatever would make the
6 most sense, and we will include the people in
7 Maimonides about that, but it exists on every level.
8 Every sort of IV pump, right, every x-ray machine,
9 right, every catheter that's used, right, every
10 pharmaceutical. You have to look at, hospitals are
11 huge purchasers, right, and so you have to look at
12 all of the contracts and ask yourself, well, which is
13 the better contract because we probably would not
14 want to maintain two sets of contracts for the same
15 thing. That's not how you get the best price. You get
16 the best price by bundling your volume. But it is
17 also true that sometimes there are unique needs. One
18 doctor does a procedure that requires a catheter that
19 only one company makes so you have to contract with
20 that one company to get that one catheter, and that's
21 true at Health and Hospitals today. So, usually the
80-20 rule works. 80 percent of the stuff is easy to
buy and 20 percent can be very specific and you might
have to make special arrangements.

2 CHAIRPERSON NARCISSE: So, some folks have
3 their niche and that niche is the small things that
4 you don't get all over and they probably have to get
5 it. But overall, you're going to review all the
6 contracts.

6 PRESIDENT DR. KATZ: Correct.

7 CHAIRPERSON NARCISSE: You're going to
8 make financial...

8 PRESIDENT DR. KATZ: Correct, correct.

9 CHAIRPERSON NARCISSE: Okay. Maimonides
10 offers various links to community support.

11 And before I get to the next question,
12 M/WBEs, you're going to still using the same compacts
13 to make sure that you have the M/WBE fairness?

13 PRESIDENT DR. KATZ: Right. They're
14 currently using different contracting rules than the
15 City so we don't know that much right now about what
16 their M/WBE usage is.

16 CHAIRPERSON NARCISSE: Okay.

17 PRESIDENT DR. KATZ: But when we do
18 contracting, we of course always follow the M/WBE
19 rules of the City.

19 CHAIRPERSON NARCISSE: So you're going to
20 follow the same rules...

2 PRESIDENT DR. KATZ: Correct.

3 CHAIRPERSON NARCISSE: Even as over there.

4 PRESIDENT DR. KATZ: Correct.

5 CHAIRPERSON NARCISSE: Okay. Maimonides
6 offers various links to community supports and
7 rehabilitative services for patients with
8 disabilities, including a partnership with
9 Independence Care System, a Brooklyn health home that
10 focuses on care management at the Maimonides
11 Neurology Clinic site. Will this partnership with ICS
12 and BHH continues at Maimonides Neurology Clinic site
13 after the system merged with H and H?

14 PRESIDENT DR. KATZ: I look forward to
15 learning more about it. I think Maimonides is a good
16 community provider, works with all sorts of
17 organizations, and we look forward to learning more
18 about them. We go in on day two, everything will look
19 exactly the same. But these are programs I don't know
20 anything about. But again, I think what's important
21 is what the orientation is. We're not there to change
things that are working. We're there to fix things
that are not working. It is my assumption that we
will learn about things in the Maimonides system that
we think are better than what we do, and we will want

1 to increase that. It's possible that there will be
2 things that we will learn we do better than
3 Maimonides does in Brooklyn, and we will want them to
4 adopt it. But I don't want to make judgments before I
5 really understand things. I want to see things. I've
6 been touring the facilities. I've been talking to
7 people. I have to be in a place before I can possibly
8 make any determinations about how you're going to go
9 forward. But we're not, again, I think the big thing
10 that we want to stress to people, this is not a
11 takeover. We don't have like 1,000 employees that
12 we're looking to place at Maimonides. We don't have
13 100 organizations that we're looking to take over the
14 community work. We are focused on the things that
15 need to be fixed, and then we want to learn, and we
16 want to see and we want to use what we learn maybe to
17 improve our hospitals, right? If there's a unique
18 service that, again, just using it as an example, the
19 service that you're asking about, maybe that's a
20 service we want for our patients in South Brooklyn.
21 We don't have it. But that's why we want to take an
approach of let's learn, let's see what things, what
I'd like to be able to do in three years is say, here
are 10 things that are better at Health and Hospitals

2 because of what we learned at Maimonides, and here
3 are 10 things that are better at Maimonides because
4 of what we had at Health and Hospitals. That seems
like the best way to go forward.

5 CHAIRPERSON NARCISSE: So, you're a
6 data-driven person. You're going to look into it and
7 you're going to make the best possible judgment.

8 PRESIDENT DR. KATZ: Correct.

9 CHAIRPERSON NARCISSE: Okay. Local law 12
10 of 2023 requires City agencies to develop a published
11 and five-year accessibility plan. While H and H is
12 not always considered a City agency, has H and H
conducted similar accessibility assessment or
published an accessibility plan and what?

13 PRESIDENT DR. KATZ: For Maimonides?

14 CHAIRPERSON NARCISSE: For Maimonides.

15 PRESIDENT DR. KATZ: Not yet.

16 CHAIRPERSON NARCISSE: Not yet. Okay.

17 Culture concerns that we have. Given the
18 incredibly diverse populations of Brooklynite
19 patients that Maimonides currently serves, does H and
20 H have the resources and staff to ensure that
patients receive culturally concordant or culturally

2 congruent care after the merger? I think that's a
3 concern.

4 PRESIDENT DR. KATZ: I think it's one of
5 the things that Health and Hospitals does best.

6 CHAIRPERSON NARCISSE: Okay.

7 PRESIDENT DR. KATZ: We serve at Woodhall
8 a large Orthodox Jewish population. We serve at
9 Harlem a very large West African population. I mean,
10 this is who we are. We, you know, Elmhurst is, you
11 know, an international center, one of the largest
12 Tibetan communities anywhere. I mean, this is who we
13 are. We are interested and supportive of all
14 cultures, and we don't produce cookie-cutter
15 hospitals. That's not who we are. And we intend to,
16 you know, respect the cultural traditions that have
17 built Maimonides and made it the amazing place it is.

18 CHAIRPERSON NARCISSE: Okay. You know,
19 when you say Elmhurst, since I spend a lot of time
20 there, that's my home, and I know we serve everyone,
21 and I'm expecting for you to be culturally, you know,
everything you do to be sensitive to everyone's
culture. That's what I expected from any hospital, to
that matter.

2 Given the incredibly diverse population
3 of Brooklynite, right? So, I'm going to ask that
4 again. What has outreach and engagement looked like
5 in the surrounding neighborhoods? Are you willing to
6 host some community conversations?

7 PRESIDENT DR. KATZ: Yes. And the
8 community has been, certainly in the two open houses
9 that I've been to, community was very much present.
10 The diverse set of views about it. Many people,
11 especially from the Sunset Park area, were very
12 excited that because of this, they would be able to
13 use NYC Care at Maimonides or have additional
14 services. You know, we certainly have heard concerns
15 at community settings from the Orthodox Jewish
16 community, who are worried about whether or not the
17 hospital will still respect their, you know, cultural
18 traditions, and we've explained absolutely, but as
19 you say, change makes people worried and anxious.
20 And, you know, I think that once it all happens,
21 people will relax, but I understand why until it
happens, people are anxious.

 CHAIRPERSON NARCISSE: The Board. What
will the new Community Advisory Board look like? Will

2 it include members from both the former, I mean, the
3 Maimonides group and H and H facilities?

4 PRESIDENT DR. KATZ: Well, the Community
5 Advisory Board needs to represent the community right
6 around Maimonides, right? So, we're listeners. We
7 won't be Health and Hospitals people on the Community
8 Advisory Board. It will all be about the people who
9 live around Maimonides and who use Maimonides and
10 help Maimonides.

11 CHAIRPERSON NARCISSE: We've been joined
12 by CM Sanchez.

13 All right. You answered the billing
14 system.

15 There's some question I know that been
16 coming to me. I don't want to ignore those folks that
17 watching and sending their question in. Yeah, numbers
18 of question that they had.

19 What are you doing to ensure that the
20 expert doctors do not leave because of the City
21 takeover?

PRESIDENT DR. KATZ: I'm sorry.

CHAIRPERSON NARCISSE: I don't know about
City takeover, but that's one of the questions from
the community around by...

2 PRESIDENT DR. KATZ: Chair, can you say
3 again?

4 CHAIRPERSON NARCISSE: What would you be
5 doing to ensure that the expert, the doctors, the
6 specialty like cardiologists and all those so on and
7 so forth, doctors do not, what are you going to do to
8 prevent them from leaving the hospital?

9 PRESIDENT DR. KATZ: So, I've met with all
10 of the Chairs and a large number of the doctors and
11 have gotten a lot of support actually. Their Chief of
12 Cardiology, Jacob, told me, you know, I say to my
13 doctors, I'm staying, so you're staying. So, there
14 will always be people who come and go. I mean, New
15 York has a very active doctor set of hospitals and
16 people will go from one hospital to another, but I'm
17 not expecting any departures widespread from
18 Maimonides, and I've gotten a lot of support for the
19 idea of a system that's really focused on clinical
20 work. I mean, one of the things that the doctors like
21 is that I believe that the major decisions in a
system should not be made by administrators, it
should be made by doctors and nurses and social
workers because we're a clinical enterprise, that's

2 what we do. So, those should be the leading voices,
3 and I think that people respect that and like that.

4 CHAIRPERSON NARCISSE: Okay. The next
5 question I can ask for that person is so many
6 questions. Orthodox community concerns include, will
7 the hospital continue strictly kosher food, Sabbath
8 elevators, and other consideration and sensitivities?
9 The hospital was started as a Jewish community
10 hospital, Katarengo (phonetic), whatever, basically
11 they want to know if the hospital will continue...

12 PRESIDENT DR. KATZ: Yes. The answer is
13 yes.

14 CHAIRPERSON NARCISSE: The answer is yes.
15 Okay.

16 Who are the leaders that you've been
17 communicating with, do you have leaders in the
18 community that you and you did outreach?

19 PRESIDENT DR. KATZ: Yes. I have met with
20 a group of Orthodox rabbis, I have met with the
21 Hatzolah ambulance providers, and I have met with
leaders in Borough Park. And as you have
characterized, change is difficult and it causes a
certain amount of anxiety and that's why what we've
tried to help people understand is that we're not

1 here to change things, we're here to fix the two
2 problems that Maimonides has. And right now, the two
3 problems are really compromising the ability of
4 Maimonides to work. I've heard many doctors talk
5 about what it's like to not have any support staff in
6 their clinic to help them see patients. To me, that's
7 a very critical issue, and I understand that they
8 don't have enough support staff because they are in
9 deficit. That's what you do when you're in deficit,
10 you cut the support staff then you can't take care of
11 the patients in the proper way. Those are the issues
12 we're trying to fix. We're not trying to change the
13 cultural identity, we're not trying to fix the
14 physicians, we're not trying to fix the nurses, we're
15 not trying to fix the social workers. We're trying to
16 fix the financial problem and, by fixing the
17 financial problem, we will fix the capital problem
18 because they don't have any money to improve the
19 things that need to be fixed like the maternal ward.
20 So, these are the areas that we want to focus on.

18 CHAIRPERSON NARCISSE: Yeah. I heard about
19 the maternal ward. It's just like it needs to be done
20 over totally.

2 PRESIDENT DR. KATZ: And that can't happen
3 under the current circumstances. I mean, it's
4 impossible. I mean, that's why, you know, we think
5 this is the right thing. This is the only path that
6 would allow, in fact, for that to happen. If this
7 doesn't happen, there's no capital dollar to fix the
8 maternal ward.

9 CHAIRPERSON NARCISSE: Has H and H
10 conducted a formal capital needs assessment of
11 Maimonides?

12 PRESIDENT DR. KATZ: No. We know that the
13 capital needs are huge.

14 CHAIRPERSON NARCISSE: Yeah. Because you
15 talk about the ward, so I want to know the maternal.

16 PRESIDENT DR. KATZ: Yeah. No, not yet.

17 CHAIRPERSON NARCISSE: Okay. What major
18 infrastructure deficiency have you even looked,
19 because we talk about the maternal ward, that's the
20 only one?

21 PRESIDENT DR. KATZ: The maternal ward is
the one that rises to the top of the list.

CHAIRPERSON NARCISSE: Because they
deliver 6,000 babies, probably more than any other
hospital, right?

2 PRESIDENT DR. KATZ: Certainly more than
3 any other hospital in Brooklyn. Maybe the most in New
4 York City. If it's not the most, it's very high up.

5 CHAIRPERSON NARCISSE: That's a lot of
6 babies.

7 PRESIDENT DR. KATZ: It may be the most.

8 CHAIRPERSON NARCISSE: That's a lot of
9 babies, yeah.

10 PRESIDENT DR. KATZ: I mean, just to give
11 people a sense, most of our hospitals hover around
12 1,000, and I think some of our hospitals go above
13 2,000, but to do 6,000 is quite a large number, and
14 the women deserve a nice ward.

15 CHAIRPERSON NARCISSE: Yeah. I agree.

16 PRESIDENT DR. KATZ: Not the ward they're
17 currently in.

18 CHAIRPERSON NARCISSE: Since then, I
19 already, your President-to-be already told me and
20 informed me. That's why I went to a tour for
21 something else. And now she took me to the, because I
have four babies myself, so she goes like, yeah, you
have four babies. We need a place for the... you should
see it so, she already invited me to go see it, that
we need that over there.

2 Okay. Maimonides operates one of the
3 busiest labor, which we'll talk about. So, you don't
4 know how much the unit is, right, that we're going to
do for the whole..

5 PRESIDENT DR. KATZ: No. I mean, we just
6 believe that that should be the number one priority
7 of the capital funds.

8 CHAIRPERSON NARCISSE: Are you spending, I
9 mean, are you planning to expand it too? Because the
way they describe it to me, I haven't seen it.

10 PRESIDENT DR. KATZ: One of the problems
11 is it's too cramped and not enough privacy.

12 CHAIRPERSON NARCISSE: Yeah.

13 Will any portion of the 2.2 billion
dollars be part of that?

14 PRESIDENT DR. KATZ: Yes. I mean, the 2.2
15 includes the 500 million for capital.

16 CHAIRPERSON NARCISSE: The 500, yeah,
17 that's the capital.

18 PRESIDENT DR. KATZ: And that's at the top
of our list.

19 CHAIRPERSON NARCISSE: Got it.

20 PRESIDENT DR. KATZ: And Svetlana is
21 already working on it because we know that that's,

2 right, so we want to draw up plans and figure out how
3 we're going to renovate. As you know, no renovation
4 in a working hospital is ever simple, right, because
5 you have to figure out how to renovate it while also
6 running it, right. We're not going to close maternal
7 ward in order to build a maternal ward so we have to
8 figure out how, whether we're going to do half or
9 part, move it, right, so it's never a simple case
10 when your hospital is actively running.

11 CHAIRPERSON NARCISSE: Okay. I have more
12 questions, but I want to know if my Colleagues, you
13 need, okay, so go on, Encarnación.

14 COUNCIL MEMBER ENCARNACIÓN: Hello, Dr.
15 Katz.

16 PRESIDENT DR. KATZ: Nice to see you
17 again.

18 COUNCIL MEMBER ENCARNACIÓN: Good to see
19 you.

20 PRESIDENT DR. KATZ: Thank you.

21 COUNCIL MEMBER ENCARNACIÓN: And thank
you, Chair, for a lot of those questions were my
questions, so I kept trying to figure out what I'm
actually going to ask. But I do have some stuff.

2 So currently, and just correct me if I'm
3 wrong, you had mentioned that there were five, around
4 five information systems that they're currently
5 using, including paper?

6 PRESIDENT DR. KATZ: Paper would be six.

7 COUNCIL MEMBER ENCARNACIÓN: Paper would
8 be six. Okay, so in addition to.

9 Do you know if any of those fields
10 currently collect anything related to immigration
11 status for the community?

12 PRESIDENT DR. KATZ: I don't think they
13 collect immigration status.

14 COUNCIL MEMBER ENCARNACIÓN: Okay, and so
15 you can confirm that during the merger, that the
16 staff will know specifically that that is not a
17 practice of Health and Hospitals...

18 PRESIDENT DR. KATZ: Correct.

19 COUNCIL MEMBER ENCARNACIÓN: And that
20 they'll know that on day one?

21 PRESIDENT DR. KATZ: Correct. We'll make
sure, yes.

COUNCIL MEMBER ENCARNACIÓN: Okay. Because
I know that sometimes mergers take, and that
transition might take some time. And so just in

2 between time, that none of that, no data fields will
3 be added, or anything like that?

4 PRESIDENT DR. KATZ: Correct.

5 COUNCIL MEMBER ENCARNACIÓN: Okay. Just
6 wanted to get that on record.

7 And then, do you know if they have any
8 certified medical interpreter services, and
9 translated discharge materials currently at the
10 hospital?

11 PRESIDENT DR. KATZ: I know the first,
12 they do. I haven't asked about what their discharge
13 papers look like. I would certainly hope so, I mean,
14 given the community.

15 COUNCIL MEMBER ENCARNACIÓN: It's usually
16 a practice of H and H.

17 PRESIDENT DR. KATZ: I mean, one of the
18 things that we'll do is we'll expand our language
19 capability to all of Maimonides.

20 COUNCIL MEMBER ENCARNACIÓN: And in the
21 community sessions that they have, have translation
services been provided for community members?

PRESIDENT DR. KATZ: I don't remember.

COUNCIL MEMBER ENCARNACIÓN: Okay.

PRESIDENT DR. KATZ: I don't remember.

2 COUNCIL MEMBER ENCARNACIÓN: Maybe for the
3 next one.

4 PRESIDENT DR. KATZ: I wasn't running
5 them. I was an invited guest.

6 COUNCIL MEMBER ENCARNACIÓN: Okay.

7 PRESIDENT DR. KATZ: I don't remember.

8 COUNCIL MEMBER ENCARNACIÓN: Yeah. I just
9 want to make sure that, because with transitions,
10 getting information out to the community is super
11 important in the languages that they receive it. So,
12 just as a heads up moving forward.

13 PRESIDENT DR. KATZ: Understood. I know
14 that many of the community-based organizations that
15 take care of diverse populations are happy about NYC
16 Health and Hospitals' role, because of our, exactly
17 the things that you mentioned.

18 COUNCIL MEMBER ENCARNACIÓN: Right.

19 PRESIDENT DR. KATZ: Our language
20 capabilities, and the fact that all our, I mean,
21 another very different feature, of course, all our
meetings are public, right, so any member of the
public can attend any of our Board meetings, all of
which will be translated and are available, including
with American Sign Language, are transmitted and are

2 recorded. You cannot attend the Board meeting of any
3 private hospital without an invitation. Those are
4 closed meetings. So, just becoming part of Health and
5 Hospitals makes the public dialogue much more
6 available.

6 COUNCIL MEMBER ENCARNACIÓN: Perfect.

7 Thank you so much.

8 PRESIDENT DR. KATZ: Thank you.

9 CHAIRPERSON NARCISSE: Thank you.

10 CM Sanchez. You got the floor.

11 COUNCIL MEMBER SANCHEZ: Thank you so
12 much, Madam Chair, and good morning, Dr. Katz. I'm
13 very excited to be on this Committee. I'm an H and H
14 family. My family's an H and H family, so I'm very
15 excited for this new assignment, to be here with
16 Chair Narcisse.

17 So, my question is sort of stepping back
18 from the merger, this merger itself, but within the
19 context of this merger. Maimonides is a massive
20 institution, as has been discussed, 34,000 inpatient
21 visits last year, 923,000 outpatient visits, 7,000
22 staff. The first part is how does Maimonides scale
23 compared to the rest of the hospital systems, or the
24 subparts, right, like Jacoby and others, within the H

2 and H network, just in terms of size? And then the
3 second part is understanding the financial pressures
4 that Maimonides is facing. Can you help us understand
5 what led to and enabled this particular merger? When
6 does H and H consider merging with a struggling
7 system? What factors are considered, sorry, I bit my
8 tongue yesterday, so I'm like slurring over
9 everything, and why have other hospitals that have
10 closed not merged into the hospital system, like
11 Kingsbrook, St. Vincent, Long Island, and others?

10 PRESIDENT DR. KATZ: Sure. In terms of
11 scope, I think the easiest way to think about it,
12 since you're a Health and Hospitals family, is it's
13 about the size of Bellevue plus Woodhall. That's
14 about what we're talking about, right? The main
15 campus is about the size of Bellevue, 660 inpatients,
16 and the community hospital about the size of
17 Woodhall. So, it's a huge bite. And, as I explained
18 to the Chair, that was part of the thinking about
19 leaving a structure that would continue to employ the
20 unionized staff so that it would be possible.
21 Otherwise, this would just be impossible. In terms
of, you know, why this, so this is not something we
sought out. We were asked by the leadership of

1 Maimonides. They have been looking for a partner for
2 many years. They came close to merging with
3 Northwell, and it did not happen. Their Board
4 recognized it's very hard for independent hospitals
5 to succeed in New York City and the New York City
6 market for a variety of reasons so they have been
7 looking for a partner. They recognized that their
8 payer mix had become primarily Medicaid and Medicare
9 as opposed to private insurance. So, that as a
10 partner, their patients look like our patients in
11 terms of payer mix and, because we get a better rate
12 for Medicaid patients, we don't get a better rate for
13 private insured patients, but because we get a better
14 rate for Medicaid patients, they saw us as being able
15 to get them additional dollars. And I think in terms
16 of any merger, that's part of why we're the right
17 partner. If they were to merge with a private entity,
18 they wouldn't get the enhanced Medicaid. They might
19 get higher rates of private insurance, but they don't
20 have very many patients with private insurance so the
21 higher rate wouldn't be, you know, worth that. Most
of the mergers that have occurred in New York have
occurred with private systems acquiring hospitals
that were struggling, and that's been in areas where

2 there was enough private insurance so that when, say,
3 NYU takes over a hospital or Northwell takes over the
4 hospital, then the hospital gets markedly higher
5 reimbursement for private insurance because those
6 bigger systems have more clout in the insurance
market. They get better rates. So, no one..

7 COUNCIL MEMBER SANCHEZ: Over time, but I
8 just like, from the perspective of the City and the H
9 and H system, that's my real interest to see when we
10 can advocate more successfully than not for the City
to take on an interested partner.

11 PRESIDENT DR. KATZ: Right. Health and
12 Hospitals will always do what the City wants to help.
13 I mean, that's how we think of ourselves. We are
14 currently the provider for the ambulettes that are
15 going out in the cold weather that we've had in order
16 to pick people up. Two of my senior staff at Bellevue
17 carried somebody from across the street into Bellevue
18 because of fear of freezing. I mean, this is who we
19 are. We see ourselves as your arm to do good in the
20 city. We try not to interfere where we're not needed,
21 right? We're not trying to take over the world. We're
not trying to take over other hospitals. We want to
do what we do well. But if the City says and the

2 State says or another hospital says we're struggling
3 and you can uniquely help, if someone else could have
4 helped, you know, if the Northwell deal had gone
5 forward, then none of this would have happened,
6 right, but that deal didn't go forward and there is
no other candidate at the current time.

7 COUNCIL MEMBER SANCHEZ: I have some
8 follow-ups, but I want to respect the Chair's time,
9 so thank you.

10 CHAIRPERSON NARCISSE: Thank you. If the
11 follow-up is short, because I have to call the next
12 CM, the follow-up is short?

13 COUNCIL MEMBER SANCHEZ: Yeah. It's just
14 I'm curious what that decision-making process was
15 because we're financially strapped in H and H as
16 well, and so is this a revenue positive addition to
17 the H and H system or like what made us say yes?

18 PRESIDENT DR. KATZ: Sure. So, we said
19 yes when the State said that they would hold us
20 harmless for any loss in the five years that we're
21 going forward so it will neither help our finances
nor will it hurt our finances. Maimonides will get a
bigger pie and they'll have a modern system, but they
will have to live within that pie. We will not

2 support borrowing money for operating costs. I would
3 never have supported that. I believe you have to,
4 like our own checkbooks, you get to spend the money
5 you have, you don't get to spend the money you don't
6 have, and the same thing happens to hospitals as
7 individuals when you try to spend money you don't
8 have.

9 COUNCIL MEMBER SANCHEZ: Thank you. Thank
10 you, Chair. That did it. Thank you.

11 CHAIRPERSON NARCISSE: My Madam Aldebol.
12 Did I say that? Aldebol.

13 COUNCIL MEMBER ALDEBOL: Yes. That was
14 actually a good segue to my question because in
15 addition to the sources of revenue from the State,
16 are you looking at ways to save money and looking for
17 efficiencies in how Maimonides operates, and will
18 that also include potential reductions in staffing?

19 PRESIDENT DR. KATZ: We're not at the
20 moment looking or assuming that there would be any
21 need to decrease staffing. And I know specifically
certain areas they have to increase staffing to do a
good job. I think the big opportunity on saving money
will be purchasing. Because in the purchasing market,
clout is what gets you the best price. And that's

2 part of why independent hospitals have trouble. So,
3 because we are purchasing for our 10 acute care
4 hospitals, five skilled nursing facilities, large
5 clinics, we get better pricing just because we have
6 more clout in the market. And when we join that with
7 Maimonides, we will have even more clout and we will
8 be even better able to get better prices. And
9 Maimonides will benefit from that.

10 Going forward, I'm not assuming staffing
11 reductions because I've already heard of areas where
12 in my view they need additional staff, and sometimes
13 additional staff, if you're helping physicians to be
14 more productive, is actually financially helpful. And
15 that was one of the ways Health and Hospitals grew
16 out of its deficit, is people were cutting support
17 staff, not recognizing that a doctor's productivity
18 is affected by support staff. So as one of my doctors
19 said to me early on, my CEO wants me to see more
20 patients, but he doesn't understand in the emergency
21 room that no matter how many patients I see, if
there's no nurse to take off the orders, the patients
don't move. Doesn't matter how many patients I see.
So, my idea would be to, you know, figure out what is

2 actually the correct staffing pattern and support
3 that.

4 CHAIRPERSON NARCISSE: Thank you.

5 We talk about how bad the maternal ward
6 is. So, after the merger, how long after the merger
7 will start those capital budget funding to do the
8 construction?

9 PRESIDENT DR. KATZ: We have the funding.
10 As soon as the merger happens, that opens the door to
11 the funding, and Svetlana is already working on, but
12 what's the plan, right? So, that involves the
13 engineers and figuring out, you know, what can be
14 done. And I don't yet know what the plan is, but I
15 know we have the money and that it's the number one
16 priority so it's just a question of working with the
17 engineers and the architects to figure out what is
18 possible for that ward.

19 CHAIRPERSON NARCISSE: Got it. But you
20 have the space.

21 PRESIDENT DR. KATZ: We have the space, we
22 have the money, and we have the will.

23 CHAIRPERSON NARCISSE: Got it.

24 Maimonides Health Care currently offers a
25 variety of specialty, which we talk about, care

2 option including hematology, oncology, collaboration
3 with SUNY Downstate Health, orthopedic surgery unit,
4 full-service infusion center for cancer patients,
5 advanced cardiac care, birthing centers, and other
6 extensive programming. Do you anticipate any
7 specialty care services being trimmed or moved to a
8 different hospital system?

9 PRESIDENT DR. KATZ: No.

10 CHAIRPERSON NARCISSE: No.

11 A few years ago, there were discussion
12 that SUNY Downstate Hospital may need to close due to
13 financial concerns. Downstate currently offers the
14 only, only kidney transplantation program in
15 Brooklyn. And during discussion of their closure,
16 Maimonides was listed as a candidate for taking on
17 the kidney transplantation program. Do you believe
18 that Maimonides and H and H would have the capacity
19 to accommodate such a kidney transplant program if
20 Downstate were to resume closure discussions?

21 PRESIDENT DR. KATZ: The State has come up
with a different solution for SUNY Downstate so I'm
not assuming that question would ever come up to us.
They seem to be okay. And again, I certainly support
the idea of there being a kidney transplant unit in

2 Brooklyn. It's much needed. And theirs is a
3 successful unit.

4 CHAIRPERSON NARCISSE: All right. You
5 answered my question because I want to know if, but
6 there is no if now so far, because I was part of it.
7 We did a hearing on it, just like I'm doing a hearing
8 here. So, we have about a billion dollars, hopefully
9 with that billion dollars, so are you by any chance
10 called to consult with them to show what recipe
11 you're being using for to maintain the hospital in
12 the City of New York?

13 PRESIDENT DR. KATZ: I was asked when the
14 Committee discussions were being held, I was invited.

15 CHAIRPERSON NARCISSE: Okay.

16 PRESIDENT DR. KATZ: But I feel that now
17 there's a plan and they have a new hospital CEO who
18 actually is from Health and Hospitals from Lincoln
19 so, you know, I look forward to their success. We
20 want every hospital to succeed.

21 CHAIRPERSON NARCISSE: Yeah. Because it's
all about patient care.

PRESIDENT DR. KATZ: Absolutely.

2 CHAIRPERSON NARCISSE: You're a doctor,
3 I'm assuming. That's all you need. Patient to feel
4 better, get better in the City of New York.

5 PRESIDENT Dr. KATZ: Absolutely.

6 CHAIRPERSON NARCISSE: Okay. It is our
7 understanding that seven members of the Maimonides
8 Board of Trustees have filed a lawsuit, which we were
9 talking about earlier, to enjoin this merger. How has
10 this lawsuit affected H and H abilities to forecast
11 the terms and condition of the merger, the applicable
12 timeline to complete this partnership, and plans to
13 allocate the 2.2-billion-dollar State grant. What
14 contingency plans has H and H developed should court
15 proceeds to delay or alter key merger milestone?

16 PRESIDENT DR. KATZ: As we talked about
17 before, there is no restraining order.

18 CHAIRPERSON NARCISSE: No restraining
19 order.

20 PRESIDENT DR. KATZ: So, everything can go
21 forward. We don't anticipate any problem because of
that. Any delays, the group that will be hurt is
Maimonides, because every month delay, were it to
happen, will cost Maimonides 9 million dollars, and
that's money that is desperately needed in order to

2 extend services and improve the capital project so,
3 you know, that's why we're working so hard to meet
4 the April 1 deadline, because we don't want
5 Maimonides to lose out on that money.

6 CHAIRPERSON NARCISSE: Given the trustee's
7 allegation regarding potential harm to Maimonides'
8 mission and obligation, how does H and H plan to
9 demonstrate the transition will preserve or improve
10 care quality for communities Maimonides currently
11 serve? I think you've been answering that, but.

12 PRESIDENT DR. KATZ: Yeah. I mean, I go
13 back to what you said before, change is hard.

14 CHAIRPERSON NARCISSE: Yeah.

15 PRESIDENT DR. KATZ: I truly believe that
16 once it happens and everybody sees that the hospital
17 is still Maimonides and everybody's employed and all
18 of the doctors are there, and the only things that
19 have changed is that now they're not in deficit, now
20 they have a new maternal ward, now they have a new
21 electronic health record, all of the Orthodox Jewish
traditions are being respected, I think the world
moves on, but I understand why people are anxious and
what their worries are.

2 CHAIRPERSON NARCISSE: I truly believe
3 that. I had trusted in this process, because once
4 they told me you're involved, I said, you're a person
5 that they can talk to. Because right now we had to
6 face that Maimonides was not in a good place and we
7 need to keep the hospital open, and I hope I was
8 right by telling them that you're open door policies
9 and you're willing to work to make sure that.

10 So now with that, I have to tell you, one
11 of the person that called me that have concern,
12 feeling a little at ease to tell me, thank you,
13 you're answering most of the question.

14 Timeline for completion. Can you please
15 walk us through the major requirements to complete
16 this merger? More specifically, what regulation and
17 administrative approvals do you need to obtain? Are
18 there any community impact assessment that are
19 necessary? What are the primary phases in H and H
20 integration roadmap for Maimonides? And how will H
21 and H determine when each phase is complete?

18 PRESIDENT DR. KATZ: Certainly. So, the
19 big approvals necessary for this to happen are the
20 State Department of Health, the State Department of
21 Mental Health, and the Attorney General's Office.

1
2 There are also approvals specific to the EMS unit
3 that have to occur for the EMS unit to move. The
4 doctors must be in an independent group in order to
5 not be in violation of the Stark Law. So, we must
6 have the ability for the doctors to be in a
7 self-governing group, and for us to be able to make
8 payroll and provide them with benefits. All of those
9 things are in process, and there's nothing at this
10 moment that precludes making the deadline. So, I
11 mean, we're just at the very beginning of March. So,
12 all of those things are possible, but they're
13 certainly not guaranteed, right? It's up to the AG to
14 make her decision on yes or no. It's up to the
15 Department of Health to make their decision yes or
16 no. That's up to them when they decide. That I cannot
17 influence.

18
19 Most of the integration work that you're
20 talking about, we don't yet have timetables for,
21 because there's so much work to be done just to reach
that April 1 deadline, and that April 1 deadline is
so critical to Maimonides' fiscal health that all of
our energy is spent on April 1, and then our feeling
is once it happens, then we enter the deeper learning
phase. And since we're not trying to fix the other

2 things, I don't feel that I have to have a rigorous
3 plan on how we're going to integrate everything,
4 because in the beginning, it won't be integrated, and
5 some things never will. Again, we're a federation. I
6 don't try to do everything from central office. I
7 respect the idea that licensed facilities operate
8 under their CEO, and I have confidence in the CEOs
9 that I've chosen. I have confidence in Svetlana for
10 being the future CEO. She will run the hospital. And
11 right now, it can continue to run as it is. That's
12 not the problem.

13 CHAIRPERSON NARCISSE: And I'm assuming
14 all the paperwork that entails to get the Department
15 of Health, Mental Health, and of course, the Attorney
16 General, which is a local person.

17 PRESIDENT DR. KATZ: Yes, a Brooklyn
18 person.

19 CHAIRPERSON NARCISSE: Yeah. So, have you
20 reached all the paperwork already to her office?

21 PRESIDENT DR. KATZ: We are in discussions
with her office. Not all the paperwork is yet done.
Paperwork involves some, you know, very complicated
things. For example, Maimonides Hospital has to
submit an assessment of the value of the land that

2 they own. Well, that's, as you might imagine, a
3 complicated process to figure out what a hospital
4 building is worth, especially because you can't close
5 a hospital building but you still have to value,
6 right, because it's a transfer of assets. So, there
7 are just a lot of technical things that are part of
8 the standard review. But the discussions are all
9 happening, and we, of course, will fulfill whatever
10 she and the Department of Health ask. Much of the
11 paperwork is on the side of Maimonides submitting,
12 right, because you have to remember, it's the
13 Maimonides Board that is transferring the assets to
14 Health and Hospitals. We are not taking their assets
15 so they have to submit the request, the petition.
16 They have to petition the Attorney General. They have
17 to petition the State Department of Health to
18 transfer the assets and the licenses to Health and
19 Hospitals, and so it's not up to... much of the work
20 requires their organization to prepare the paperwork
21 rather than ours.

18 CHAIRPERSON NARCISSE: Saying all that,
19 I'm questioning are the Board excited to transfer all
20 this? Are we hearing anything from the Board? Because
21 the Board's been having...

2 PRESIDENT DR. KATZ: I think, with the
3 exception of the seven members that you spoke of, the
4 majority of the Board is very excited because they
5 have been, for 10 years, trying to find a partner.

6 CHAIRPERSON NARCISSE: Okay.

7 PRESIDENT DR. KATZ: This is not a new
8 thing for them. For 10 years, they have been trying
9 to find a partner, and I think many of them also like
10 the idea that we're a federation..

11 CHAIRPERSON NARCISSE: Okay.

12 PRESIDENT DR. KATZ: Because not all
13 systems are federations. Some systems attempt to...
14 believe that it's best if every hospital in their
15 system runs the same. But because we are a
16 federation, it allows a lot more freedom for
17 Maimonides to maintain its same traditions.

18 CHAIRPERSON NARCISSE: Okay. So, what
19 strategies will H and H use to prevent service
20 disruption at Maimonides during major transition
21 milestones, such as financial system conversion or
governance restructuring?

PRESIDENT DR. KATZ: I think we'll be
fine. I don't think either of those, again, because
the hospital is working and we're not trying to fix

2 those things. We're just going to leave them alone.
3 And then as we learn more about what's working and
4 what isn't, we will transition. But the transition of
5 things like financial systems, that'll take years,
6 and it doesn't have to be done immediately. For the
7 time being, their financial system will run as it
8 runs.

9 CHAIRPERSON NARCISSE: What performance
10 benchmarks, community-based access metrics, and
11 financial indicators will H and H track to ensure
12 that the transition is meeting both clinical and
13 operational goals?

14 PRESIDENT DR. KATZ: Sure. Well, the big
15 operational goal will be to eliminate the deficit and
16 to provide the needed staff and to address the
17 capital needs. The quality indicators will all be
18 based on the things that need clinical improvement.
19 Now, some things that Maimonides does are already
20 clinically exemplary. I looked at their left without
21 being seen in the emergency department, and it was
extremely low, which was wonderful. I've looked at
their data of surgical infections, extremely low. So,
there are many clinical things that they do very
well. Where they need help is around primary care,

2 and it may not be that there's a problem with their
3 primary care. They don't have a data system. So, I
4 can tell you there are 360,000 primary care patients
5 at Health and Hospitals, and I can tell you how good
6 we're doing on blood pressure control and diabetes
7 control. They don't have a system that would enable
8 you to do that. They can't answer the question of how
9 good is the blood pressure control of your primary
10 care patients. I mean, we know that for the managed
11 Medicaid and Medicare health plans, Health First, we
12 are four of their top 10 sites in quality. Maimonides
13 is not in the top 10. But that may be simply because
14 they don't have the data to look at these kinds of
15 questions.

16 CHAIRPERSON NARCISSE: Where's the data.

17 PRESIDENT DR. KATZ: We agree. We don't
18 know. Well, first step is give them the data. Perhaps
19 when we give them the system, it will turn out that
20 they do exceedingly well. We don't know. But I don't
21 think that the... overall, I've been very impressed
with the doctors and the nurses, and I don't see
clinical quality as the thing that is the problem.
It's a thing we all can improve on, right, and we
want them to improve and we want ourselves to

2 improve, but I don't think that's the problem of
3 Maimonides.

4 CHAIRPERSON NARCISSE: How do you know you
5 do well in those area if you don't have the data to
6 prove it? That's kind of sound like antique a little
7 bit.

8 But anyway, how does H and H plan to
9 expand or realign community-based care and outpatient
10 services during the transition, especially giving the
11 merger, especially giving the merger's stated intent
12 to strengthen safety net capacity?

13 PRESIDENT DR. KATZ: Yeah. I think step
14 one will certainly be to get them a modern electronic
15 health record which will be a huge positive step for
16 primary care. I think until you have the data, it's
17 very hard to know how to improve their primary care
18 network. But I met as recently as Friday with their
19 medicine and their primary care and they're anxious
20 to do it. They're good clinicians. I have every
21 reason to believe that they are already providing
22 good primary care, but they don't have the system to
23 show it. And when you don't have the system to show
24 it, it's harder to figure out who are, so again, to
25 show the value because we have a modern Epic system.

2 We send our doctors the lists of who are the patients
3 that they are seeing whose diabetes control is too
4 high. And then because we can identify them, the
5 doctor doesn't even have to take immediate action.
6 The medical assistants call those patients and
7 schedule them for visits. But if you don't have a
8 modern system, how would you know who are the
9 patients? Doesn't mean that you're not doing a good
10 job when the patient comes, but you certainly can't
11 reach out to the patients who have poor control if
12 you don't know who they are. It's the difference
13 between doing a good job with the patient in front of
14 you and doing a good job for the whole community of
15 patients. You need the data system to do a good job
16 for the whole community. For the patient in front of
17 you, you can always do a good job. If you're a good
18 nurse, you're a good doctor, you can always take care
19 of the patient in front of you. But to do a good
20 community job, you have to have the data.

17 CHAIRPERSON NARCISSE: So, they're going
18 to get the Epic?

19 PRESIDENT DR. KATZ: Yes.

20 CHAIRPERSON NARCISSE: Okay. Very good.
21

2 I think I've been having you here for so
3 long, I don't want to over... We talked about the Epic
4 chart system, that's what you're going to give. And
5 you don't know how long the whole merger going to
6 take place, about how many months you said?

7 PRESIDENT DR. KATZ: The Epic
8 implementation is a minimum of 15 months.

9 CHAIRPERSON NARCISSE: 15 months?

10 PRESIDENT DR. KATZ: If it all goes, and
11 it is in progress already.

12 CHAIRPERSON NARCISSE: Oh, it's in
13 progress, okay.

14 PRESIDENT DR. KATZ: Oh yeah, we started
15 sending Maimonides staff to EPIC trainings. So, it
16 began in earnest in December, January, and the goal
17 is to finish it by March '27, but that is a rigorous
18 timetable and assumes nothing goes wrong.

19 CHAIRPERSON NARCISSE: This one I'm going
20 to ask you, because I was asked about it too. Does
21 Epic MyChart have a function that allows patients to
print out their full medical records? Are there other
means to address concerns that patient observing
during their Sabbath would not be able to access
their medical information online?

2 PRESIDENT DR. KATZ: So, in terms of the,
3 yes, people will be able to print out their data. So,
4 an Orthodox person would not use their phone or a
5 computer on the Sabbath, but an Orthodox person could
6 ask a non-Orthodox person to have access to their
7 records and to look it up for them. That would be
8 acceptable, similar to how a synagogue might have a
9 non-religious person to turn on the lights, because
10 an Orthodox person would not turn on the lights on a
11 Shabbos, but there is no prohibition about asking
12 somebody who is not Jewish to turn on the lights. But
13 yes, people would not be able to access their
14 electronic records on the Shabbos if they were
15 Orthodox.

16 CHAIRPERSON NARCISSE: Okay. And you had
17 answered that you will make sure that the Orthodox
18 community needs are being addressed, the food, the
19 care, and you're going to be sensitive to the
20 approach. And I know you, are you Jewish as well?

21 PRESIDENT DR. KATZ: I am.

CHAIRPERSON NARCISSE: So, you know the
rules.

PRESIDENT DR. KATZ: I know all of the
rules.

2 CHAIRPERSON NARCISSE: And then you're
3 going to make sure that they are okay. That's the
4 concern, that's all the question I'm having coming
5 into the text, the concern to make sure that the
6 hospital run with them in mind.

7 And you know what? I'm not going to hold
8 you any longer because you told me everything going
9 to be all right and I'm hoping everything going to be
10 all right and we're going to take care of the people
11 that you've been taking care of. So, now we're going
12 to follow up with other things that need to be done.
13 Thank you for your time.

14 PRESIDENT DR. KATZ: Thank you.

15 CHAIRPERSON NARCISSE: I appreciate you.

16 PRESIDENT DR. KATZ: Thank you.

17 CHAIRPERSON NARCISSE: Okay. I now open
18 the floor to public testimony. Before we begin, I
19 remind members of the public that is a formal
20 government proceeding and that decorum shall be
21 observed at all times. As such, members of the public
shall remain silent at all times.

The witness table is reserved for people
who wish to testify. No video recording or
photography is allowed from the witness table.

2 Further, members of the public may not present audio
3 or video recordings as testimony, but may submit
4 transcripts of such recording to the Sergeant-at-Arms
5 for inclusion in the hearing record.

6 If you wish to speak at today's hearing,
7 please fill out an appearance card with the
8 Sergeant-at-Arms and wait for your name to be called.
9 Once you have been recognized, you will have two
10 minutes to speak on today's hearing oversight topics,
11 Impact of the Maimonides Health System and H and H
12 Merger.

13 If you have a written statement or
14 additional written testimony, you wish to submit for
15 the record, please provide a copy of that testimony
16 to the Sergeant-at-Arms. You may also email written
17 testimony to testimony@council.nyc.gov within 72
18 hours of this hearing. Audio and video recordings
19 will not be accepted.

20 When you hear your name, please come up
21 to the witness panel.

For the first panel we have Abdul-Rahim
Dahman, Tori Newman Campbell. I hope I say the name
right. You can correct me if you want to.

2 ABDUL-RAHIM DAHMAN: Is this working? Oh,
3 there we are.

4 CHAIRPERSON NARCISSE: You may begin.

5 ABDUL-RAHIM DAHMAN: Okay. Good morning,
6 and thank you for the opportunity to... oh.

7 CHAIRPERSON NARCISSE: One second.

8 ABDUL-RAHIM DAHMAN: Of course.

9 CHAIRPERSON NARCISSE: Is Tori Newman
10 Campbell? Oh, I butchered your name and I apologize.
11 You can correct me when you get here.

12 ABDUL-RAHIM DAHMAN: Good morning, and
13 thank you Council Members for the opportunity to
14 speak today. My name is Dr. Abdul-Rahim Dahman. I am
15 a Pediatrics Resident Physician at Maimonides Medical
16 Center and a member of my union, the Committee of
17 Interns and Residents.

18 I'm testifying today regarding the
19 planned merger with NYC Health and Hospitals and its
20 anticipated impact on the frontline resident
21 physicians and our patients. Residents were notified
by email that the merger was approved and is expected
to be finalized in the coming months by April 1st.
Hospital leadership has been updating us regularly
through the use of town halls as new information

2 comes in regarding these changes. However, we would
3 like to weigh in with our points of view and our
4 areas of concern.

5 Firstly, residents are concerned about
6 the staffing and workload first and foremost. While
7 we have not been formally notified of any major
8 staffing changes or intentions to change them, we
9 understand that other H and H facilities sometimes
10 face nursing and patient transportation shortages. If
11 patient volume increases as part of joining a larger
12 network, we need clear guarantees that staffing,
13 nurses, transporters, and residents will increase
14 accordingly so that residents are not pushed into
15 more out of title work and patient care does not
16 suffer as a result.

17 Second of all, we are concerned about our
18 residency training. We have not been told whether or
19 how these rotations will shift to other facilities or
20 even if the merger will preserve our teaching
21 hospital structure and protect our residency program
22 accreditation. This is, of course, essential to
23 maintain educational quality and continuity.

24 Third of all, we are in an active
25 bargaining period, most importantly. Maimonides

2 leadership has said our CIR contract will not be
3 affected, and we are in the process of formalizing
4 those commitments in a memorandum of agreement. We
5 are simply calling for the process to be completed
6 promptly.

7 On a positive note, the plan transition
8 to the Epic electronic medical record system is a
9 welcomed one, although the timeline (TIMER CHIME) on
10 that has not been communicated to us residents until
11 today, and the anticipated learning curve may
12 temporarily slow down productivity and increase
13 day-to-day stress in the short term.

14 Overall, residents feel adequately
15 informed about the merger's timeline with regards to
16 staffing plans, patient load, and educational
17 implications. We would simply require further
18 up-to-date information on these fronts. We
19 respectfully request continued transparency and
20 continued guarantees to protect both patient care and
21 the integrity of our training programs. Thank you.

CHAIRPERSON NARCISSE: And thank you, and
the good news, Dr. Katz is still here. Most of Admin,
they just walk out, so you had a chance to sit next
to him and I hear you and you have my contact. You

2 can find me online. My staff over there, they will
3 give you the card and whatever we can do to help. And
4 thank you for taking the time out to come to be here.
5 Thank you. I appreciate your time.

6 Go ahead. And correct the name for me,
7 probably I said it wrong before.

8 TORI NEWMAN CAMPBELL: No worries. It's
9 Tori Newman-Campbell, Legislative Coordinator at 1199
10 SEIU. I'd first like to thank the Committee on
11 Hospitals and Chair Narcisse for holding this hearing
12 and allowing us to speak on the merger. And for time
13 constraints, I'm just going to do top lines.

14 CHAIRPERSON NARCISSE: A little louder, so
15 everybody can hear.

16 TORI NEWMAN CAMPBELL: Is that better?

17 CHAIRPERSON NARCISSE: Yeah.

18 TORI NEWMAN CAMPBELL: Okay. Maimonides
19 Health is Brooklyn's largest healthcare system. It is
20 an important provider of healthcare services in the
21 borough, but also a major employer. And of the
healthcare workers employed in the MAMO system, about
3,500 are represented by 1199. Continuity of care is
extremely important during a transition like this.
And our 1199 members, along with the other

1 hardworking, diligent healthcare workers at MAMO's
2 facilities have all been committed to providing the
3 best care that they can for the community. There is
4 no doubt they will continue to do so under this
5 transition. We have worked closely with MAMO and H
6 and H leadership to establish a structure that will
7 allow our members at Maimonides to maintain their
8 union membership, benefits, and seniority. I know
9 that was a question that you had earlier, Council
10 Member. With new financial security for the hospital,
11 we also hope to see more emphasis on stabilizing
12 staffing, retention, and ensuring better working
13 conditions for all frontline workers. Maimonides
14 Health serves a diverse population and preserving
15 that cultural responsiveness that they have upheld in
16 the past will be very important during this merger.
17 They are in a unique position with the additional
18 2.2-billion-dollar grant from the State that can help
19 protect safety net care in the borough. These extra
20 funds will help ensure they can continue to provide
21 essential services to the populations they serve.
Ensuring the workforce is protected and prioritized
during the transition will also help guarantee that
no one goes without the care they need. Maimonides

2 Health can retain its commitment to the communities
3 it serves while also benefiting from the resources
4 and support of the larger NYC Health and Hospital
5 system following the completion of this merger. It
6 will strengthen healthcare services for Brooklyn
7 natives while expanding the access to quality care
8 that Maimonides Health already provides.

9 CHAIRPERSON NARCISSE: And one other good
10 things, Dr. Katz understand this town is a union town
11 and he already said, like I asked that question and
12 I'm sure he will follow up in whatever that we need
13 to do and, if you don't get any response, you know
14 where to call me because you have my number, my
15 information, email me, but I'm sure this is Brooklyn
16 we're talking about. All right. Thank you for your
17 time.

18 The next person is David Alexis. Please
19 come forward.

20 You may begin. Put the mic on.

21 DAVID ALEXIS: Thank you. Hello, good
afternoon. My name is David Alexis, and I'm here on
behalf of the Commission on the Public Health System.
For 35 years, CPHS has worked to protect and
strengthen New York City's public hospital system and

1 ensure access to care regardless of race, immigration
2 status, language, disability, or ability to pay. New
3 York City Health and Hospitals is the backbone of our
4 safety net. When private hospitals turn patients away
5 when coverage is lost, when communities start to
6 collapse, they show up at H and H. That's why this
7 proposed merger with Maimonides must be examined
8 carefully, especially in light of the looming federal
9 Medicaid cuts. We already know H and H operates with
10 structural deficits. At the same time, federal
11 Medicaid reductions and new work requirements
12 threaten to push more New Yorkers off coverage. When
13 people lose insurance, they don't stop getting sick,
14 they seek care at public hospitals. So, the core
15 questions that I have are simple. Does this merger
16 strengthen H and H's ability to absorb more uninsured
17 patients or does it strain the system further? We
18 need transparency about the financial impact of
19 absorbing Maimonides deficits, how this affects H and
20 H's long-term fiscal stability, whether service
21 reductions elsewhere are being considered, and how
projected increases in uncompensated care are being
modeled. We also are concerned about labor
integration. H and H is a public hospital system with

2 civil protections. Maimonides operates differently.
3 Workforce stability is tied to patient care quality,
4 and we cannot afford disruption during a period of
5 federal instability. There are also concerns about
6 data governance. Many H and H patients are
7 immigrants. Any technology contracts or data systems
8 associated with this merger must (TIMER CHIME)
9 guarantee, oh, yeah, ironclad, but for all in all, I
10 just want to say, H and H is not just another
11 hospital system. It is the system that all New
12 Yorkers, particularly working and underserved
13 communities, rely on, and we need it the most at this
14 moment. Thank you.

15 CHAIRPERSON NARCISSE: So, the conclusion
16 today is good news. It's good news because H and H
17 going to be with Maimonides. You're going to get the
18 care. You're going to get an increase in Medicaid. We
19 just allowed the hospital to serve the people at a
20 higher capacity based on all the answer and then you
21 still have Dr. Katz in the house.

18 DAVID ALEXIS: Yes, yes.

19 CHAIRPERSON NARCISSE: So, thank you for
20 your time. I appreciate it.

21 DAVID ALEXIS: Thank you.

2 CHAIRPERSON NARCISSE: And if your
3 question not answered fully, you want to follow up,
4 you know where to get me. All right. Thank you.

5 Thank you to all of you who came here to
6 share your thoughts, experiences today. If there's
7 anyone in the Chamber who wishes to speak but has not
8 yet had the opportunity to do so, please raise your
9 hand and fill in an appearance card with the Sergeant
10 at the back. So, now anyone else?

11 I guess I see none. Seeing no hands in
12 the chamber, we will now shift to Zoom testimony.

13 When your name is called, please wait
14 until a Member of our team unmutes you and the
15 Sergeant-at-Arms indicate that you may begin.

16 We'll now start with Theresa Scavo.

17 SERGEANT-AT-ARMS: You may begin.

18 CHAIRPERSON NARCISSE: Theresa, we cannot
19 hear you. Can you unmute? Ms. Theresa Scavo. We see
20 you online, but we're not hearing you. We unmuted
21 you. You have to unmute the button.

22 THERESA SCAVO: (INAUDIBLE) again.

23 CHAIRPERSON NARCISSE: Okay.

24 Theresa.

2 All right. We're going to go to the next
3 until we can get Ms. Theresa.

4 Rosanne DeGennaro.

5 SERGEANT-AT-ARMS: You may begin.

6 ROSANNE DEGENNARO: Good morning,
7 everyone. Thank you for allowing me to speak in
8 support of bringing Maimonides Health into New York
9 City's Health and Hospitals system.

10 I have lived in Brooklyn my whole life,
11 and I've been a resident in Southern Brooklyn for the
12 last 55 years. I am the Deputy Director of a social
13 services agency, Older Adult Programs, but I am here
14 speaking today in my personal capacity as a community
15 resident and local volunteer. I serve as the Chair of
16 the Community Advisory Board, or CAB, for New York
17 City Health and Hospital, South Brooklyn Health,
18 formerly Coney Island Hospital. As an active
19 community member and patient, I've seen South
20 Brooklyn Health grow and flourish under the
21 leadership of Dr. Mitch Katz and the facility CEO,
Svetlana Lipinskaya. I feel strongly that Svetlana
moving to Maimonides will allow her and Health and
Hospitals systems to provide the same support and
leadership to Maimonides. I trust Svetlana as a

2 leader and as a person. My trust comes from the fact
3 that Svetlana came to South Brooklyn Health, at that
4 time when it was Coney Island Hospital, in January,
5 2020, just when COVID was beginning to take over our
6 lives. Throughout the pandemic, she was at the
7 hospital early in the morning through late evening.
8 During that time, she took a traumatic situation and
9 used it to develop a hospital wide plan to meet the
10 needs of the community, and I and my family are
11 recipients of life-saving procedures and programs
12 that have been implemented during Svetlana's
13 leadership. As a chair of the South Brooklyn Health
14 CAB, I participate in monthly CAB meetings at central
15 office. This is a meeting of the chairs of all the
16 Community Advisory Boards of each of the New York
17 City Health and Hospital.

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

20 CHAIRPERSON NARCISSE: Oh, you can
21 conclude.

ROSANNE DEGENNARO: Okay. I'll be fast. By
serving on this council, I see firsthand that the
Health and Hospitals system is made of culturally
diverse facilities and communities. There is no

2 pressure for the facilities to be cookie cutter, just
3 like New Yorkers are not cookie cutter. I know
4 personally that South Brooklyn Health is supported to
5 stay South Brooklyn Health, and I am confident that
6 Maimonides will be supported to stay Maimonides. I
7 see every month that individual communities and
8 neighborhoods are what make up the Health and
9 Hospitals system. I think that bringing Maimonides
10 into the Health and Hospitals family will benefit the
11 patients and community members who receive their care
12 in Maimonides. I am confident that Svetlana and the
13 Health and Hospitals leadership will work with all
14 members of our community to make sure they are
15 respected. Personally, I think the merger is good
16 thing and I am fully supportive of it. Thank you for
17 allowing me to speak.

18 CHAIRPERSON NARCISSE: And thank you for
19 taking time out to tell us about your experience.
20 Thank you so much.

21 ROSANNE DEGENNARO: Thank you.

CHAIRPERSON NARCISSE: The next is Theresa
Scarvo. I'm coming back to you.

SERGEANT-AT-ARMS: You may begin.

2 CHAIRPERSON NARCISSE: Theresa, I'm seeing
3 you, but I'm not hearing you. I don't know what's
4 going on, Theresa. I cannot hear you. On our end,
5 you're, on mute your end.

6 Apparently, we have that technical
7 difficulty. If we cannot hear you, you can submit
8 your testimony within the 72 hours. I wish I could
9 hear you.

10 Now, if you are currently on the Zoom and
11 wish to speak, but have not yet had the opportunity
12 to do so, please use the raise hand bar at your Zoom.

13 I would like to note that everyone can
14 submit your testimony within the 72 hours at
15 testimony@council.nyc.gov within 72 hours.

16 Theresa, going once, going twice. I
17 cannot hear you.

18 I didn't want to do that, but she's
19 trying hard. Can you text me a note? I see you
20 trying. Can you text a note? I wish I can help. But
21 you can submit your testimony.

To conclude, I am grateful to all of you
that have been here, who have attended today's
hearing to offer testimony about your thoughts, your
experience. I want to say thank you. Your time is

2 very precious to us. And I would like to thank again,
3 everyone that made this hearing possible, especially
4 the Administrator that stayed here, the Commissioner,
5 Dr. Katz, so appreciative of your time, and everyone
6 else that's in the room, the union, and all the Staff
7 that make it possible as well. My staff, and of
8 course, Mahnoor, Policy Analyst; Ogasawara, Policy
9 Analyst, and Amaan, as I saw earlier, thank you, and
10 all my Staff that's in the room, and everyone else,
11 and the Sergeant, the Technician.

12 Unfortunately, Teresa, you're still
13 looking at me, but I cannot hear you so please submit
14 your testimony.

15 And with that, I want to say thank you,
16 everyone. [GAVEL]

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C E R T I F I C A T E

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World Wide Dictation certifies that the foregoing

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transcript is a true and accurate record of the

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proceedings. We further certify that there is no

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relation to any of the parties to this action by blood

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or marriage, and that there is interest in the outcome

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of this matter.

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Date March 16, 2026

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