CITY COUNCIL
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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HOSPITALS

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HELD AT: COUNCIL CHAMBERS – CITY HALL

B E F O R E: Mercedes Narcisse, Chairperson

COUNCIL MEMBERS:
Selvena N. Brooks-Powers
Kristy Marmorato
Vickie Paladino
Carlina Rivera

A P P E A R A N C E S

Ivelesse Mendez-Justiniano, Chief Diversity, Equity, and Inclusion Officer at New York City Health and Hospitals

Dr. Shane Solger, member of the Committee of Interns and Residents

Airenakue Omoragbon, New York Policy Manager at African Communities Together.

Sherry Chen, Health Policy Coordinator at the Coalition for Asian American Children and Families

Christopher Leon Johnson, self

Benjamin Wade, self

Miral Abbas, Coalition for Asian American Children and Families

SERGEANT-AT-ARMS: Mic check, mic check, this is a mic check on the Committee on Hospitals. Today's date is June 10, 2025, in the Chambers, recorded by Walter Lewis.

SERGEANT-AT-ARMS: Good afternoon, and welcome to today's New York City Council hearing for the Committee on Hospitals.

Please silence all cell phone and electronic devices and, as a friendly reminder, do not approach this unless your name has been called.

Madam Chair, we're ready to begin.

CHAIRPERSON NARCISSE: [GAVEL] Good afternoon. I'm Council Member Mercedes Narcisse, Chair of the Committee on Hospitals. Welcome to today's hearing where we will be discussing the language access services available in New York City's hospitals.

New York is one of the most diverse cities in the world with hundreds of languages and dialects being spoken by its residents. In our city, over 1.5 million residents in New York City are considered as having limited English proficiency or LEP. This Council has been incredibly active in ensuring that language access services be provided

for New Yorkers who are limited in their English proficiency, particularly through its legislation requiring that City agencies provide telephonic interpretation and translated written materials in the city's top 10 designated languages to people who are LEP. In January of this year, the Council and New York Immigration Coalition announced the City's first ever Language Access Bank, a centralized group of community interpreters who are tasked with recruiting, training, and dispatching interpreters to City-funded services.

Despite the City's effort to provide an inclusive community for our LEP residents, the availability of interpretation services remains difficult to ensure. There are significant challenges with recruiting an adequate number of qualified interpreters to provide language access for all of the city's non-English language speakers. And those difficulties are compounded when considering the immediacy and precisions required of these interpreters in a high-stakes medical setting. An interpreter's accuracy can dictate whether a patient is informed of the correct treatment option for their conditions, or if a clinician fully understands their

patient's medical needs or comorbidities. Moreover, the timelines of interpreters' availability is crucial in an emergency situation where a patient's care must be delivered immediately. And while telephonic or other virtual forms of interpretation are crucial for many of the city's patients to access medical care, many New Yorkers are reliant on in-person interpreters. We must do our best to ensure that the city's hospitals provide a comprehensive array of language access services as possible to cover the needs of all New York City's patients.

I look forward to hearing from community members and the language access administrators at Health and Hospitals today, and to use their testimony to improve the overall delivery of health care to all patients.

Before we begin, I'd like to thank the committee staff, Senior Legislative Counsel Rie Ogasawara and Policy Analyst Joshua Newman for their hard work in preparing for this hearing. I'd also like to thank my Staff, Saye Joseph, Frank Shea, and Stephanie Laine, of course the Director of Constituent Services, for their hard work on a day-

to-day basis as we continue to serve the city, City Council, and our constituents.

I would like to recognize that we have been joined by my Colleagues, Council Member Rivera and Brooks-Powers. Thank you.

Now I turn it over to Rie Ogasawara.

SUBCOMMITTEE COUNSEL OGASAWARA: Good afternoon. We will now hear testimony from the Administration.

Before we begin, I will administer the affirmation. Please raise your right hand, and I will read the affirmation once and then call on you to respond.

Do you affirm to tell the truth, the whole truth, and nothing but the truth before this committee, and to respond honestly to Council Member questions?

CHIEF MENDEZ-JUSTINIANO: I do.

SUBCOMMITTEE COUNSEL OGASAWARA: Thank you.

CHAIRPERSON NARCISSE: Now you may begin. Thank you.

CHIEF MENDEZ-JUSTINIANO: Good afternoon, Chairwoman Narcisse and Members of the Committee on

Hospitals. My name is Ivelesse Mendez-Justiniano, Chief Diversity, Equity, and Inclusion Officer at New York City Health and Hospitals.

Language access is an essential component of Health and Hospitals' mission to deliver high-quality health services to all patients, regardless of the language they speak. Thank you for the opportunity to testify before you to discuss access to language services and related programs at New York City Health and Hospitals.

Whether a patient is walking through the doors of Health and Hospitals or logging in for a telehealth appointment, it is our mission to provide personalized healthcare to all New Yorkers, with no exceptions. When a patient begins their healthcare journey with Health and Hospitals, they will find language posters and signage informing them that we provide free interpretation services, regardless of the facility they walk into. With over 300 languages provided through various means, our staff and providers have access to on-demand phone and video interpretation, as well as in-person interpretation for spoken and sign languages at select facilities to ensure each patient receives their personal health

care information in their preferred language. In addition, through our accessible format directory, Health and Hospitals provides written translation of critical documents into the top 13 languages spoken by the communities we serve. These languages include Albanian, Arabic, Bangla or Bengali, Chinese Simplified, Chinese Traditional, French, Haitian Creole, Hindi, Korean, Polish, Russian, Spanish, and Urdu.

In 2024, Health and Hospitals provided 41.2 million minutes of interpretation in 190 different languages and dialects. Of the 41.2 million minutes, roughly 74 percent was via over-the-phone interpretation and 24 percent via video remote interpretation. These services are provided 24 hours, 7 days a week across the system, both in-person and digitally and through on-site interpreters at select facilities. In addition to these interpreter services, Health and Hospitals also works with vendors to translate after-visits, AVS, generated by our EPIC system, as well as pharmacy labels and instructions.

Health and Hospitals strives to be a fully integrated, equitable health system that meets

New Yorkers where they are. As part of this commitment, interpretation services are integrated into our telehealth platforms, providing immediate access to over-the-phone interpretation and video remote interpretation services during virtual consultations. Patients can also customize their MyChart patient portals into their preferred language. To support effective communication with patients with limited English proficiency, Health and Hospitals has updated its system's new employee orientation program to include interpretation guidance and regulatory updates aligned with Section 5057 of the ACA. In addition, we have conducted a system-wide language proficiency assessment and require a 40-hour interpreter training for multilingual staff involved in patient care to ensure safe and effective communication. Health and Hospitals works closely with its vendors to ensure interpreter accreditations are up-to-date and that those hired are meeting the standards of care necessary for medical interpretation.

New York City Health and Hospitals remains committed to advancing health equity through a robust language access infrastructure to support

New York City's diverse populations. We recognize that clear communication is foundational to delivering high-quality care. This means creating an environment where patients can seek care without fear, feel understood across languages and cultures, and navigate medical information with clarity. We will continue to strengthen our language services to meet patient needs, uphold legal standards, and reflect best practices.

Thank you again for the opportunity to testify today on this critical topic. I'm happy to answer any questions.

CHAIRPERSON NARCISSE: Thank you. Thank you for your time being here, and we can collaborate to make sure New York City provides the best quality healthcare. Even with the language barrier, we can serve the people in New York City, so I want to say thank you to you.

For current language needs at H and H, how does H and H handle situations where a patient arrives at the hospital and does not have the ability to communicate their primary language to hospital staff? For example, if a patient speaks a language that is not easily identified on an iSpeak card or a

digital language identification device, how do hospital personnel take the first step in determining what language interpreter is needed?

CHIEF MENDEZ-JUSTINIANO: Thank you for that question. So, when patients come into the hospital systems or our COTM sites or our post-acute sites, there's signage posted throughout the facilities advising them of different interpretation modalities available. In addition to the iSpeak cards, we also have what we call CommuniCards, and CommuniCards allow for individuals to point to different languages, and in their language, it will state, I speak this language, please obtain an interpreter. Once the patient points to that language, then we in fact go into the interpreter services portal and we're able to connect them to an interpreter, whether it be over the phone, video remote interpretation, through our internal staff, or through our trained staff that's been trained in medical interpreting.

CHAIRPERSON NARCISSE: Thank you so much, but I will have to take it one step further because, you know, I am from another country, too. What do you do in a time where the person don't know how to read?

CHIEF MENDEZ-JUSTINIANO: If the person does not know how to read, we also have videos available throughout our portals, and so we're able to show, based on visuals, based on audio, how to communicate with a patient.

CHAIRPERSON NARCISSE: Okay, good to hear.

Current language needs at H and H. On average, how much time does it take to contact an interpreter for patients with limited English proficiency for one of the city's 10 designated languages? And how much time does it take to secure an interpreter for patients who speak a language that is not one of the city's 10 designated languages?

CHIEF MENDEZ-JUSTINIANO: On average, our connection time is less than one minute for all languages. In languages that are of lesser-known languages, those take up to possibly two minutes. However, those are rare circumstances because, again, we provide over the phone interpretation, video remote interpretation, on-site staff, and then we also rely on staff that are bilingual that have been assessed to serve as interpreters.

CHAIRPERSON NARCISSE: I'm going to take it a little step again. How you work with the staff

within the building for emergency before, you know, you're trying technology, you're trying everything. Do you keep a log of the nurses or the staff that work in the building that speak other languages?

CHIEF MENDEZ-JUSTINIANO: Yes. So, when staff is hired, they are first asked if they speak a second language. If they speak a second language and they self-disclose, that's logged into our human resources information portal. This way, for every facility, we have self-disclosed individuals that speak a second language. In addition to that, anyone that provides interpreter services also provides a log. Those logs get sent to our central Office of Diversity, Equity, and Inclusion Language Access. In addition to that, anyone that receives interpretation or telephonic interpretation, we receive reports from the vendors in terms of all the interpretation that was done at all of our sites.

CHAIRPERSON NARCISSE: Got it. Thank you.

Current language needs at H and H. Are there languages that are requested by patients that are more challenging to acquire an interpreter for? If so, which languages or dialects are they? And what

is the process for securing an interpreter if one is not immediately available?

CHIEF MENDEZ-JUSTINIANO: So, there are languages of letters diffusion that are a little bit more difficult to obtain. Those include Wolof, some Arabic descent languages, Georgian, Hungarian, Fulani, Mendi. And in examples like this, it may take a longer connection time, as I mentioned earlier, possibly up to two minutes. However, if there is staff that speaks that language, we also rely on them. We've recently completed a medical interpreter skills program where we have staff identified that speak Wolof, and they will now be added to the pool of individuals that can provide interpretation services in that language.

CHAIRPERSON NARCISSE: Thank you. Current language needs at H and H again. You know, we're talking about language in H and H. Does H and H require clinicians or other staff who interact with patients to undergo training for how to ensure that patients with limited English proficiency are aware that free interpretation services are available to them?

CHIEF MENDEZ-JUSTINIANO: Yes. So upon hire, all staff goes through system-wide new employer orientation, which is their first interaction with training on language access. We go over regulations. We go over the fact that we provide free interpretation services and translation services. It is also posted throughout our sites so that employees will know as well as our patients. We ask upon hire if they speak a language besides English. That gets documented. And then for individuals that do speak a language other than English, we provide medical interpretation skills training. In addition to that, if we have bilingual staff, we actually provide another assessment tool that allows us to verify that they speak the language at a level appropriate to be able to interpret. In addition to that, we have many staff at the facilities who have passed this program and are available for interpretation in their roles. In addition to the training for interpreter services specifically, all of our interpreters are required to undergo HIPAA training as well as the provision of culturally competent services.

CHAIRPERSON NARCISSE: I appreciate that. And I have to reveal to you, I used to work for H and H. I used to work at Elmhurst.

What is the process for H and H to allow a patient to come into the hospital with a family member who is willing to serve as an interpreter? Are hospital staff required to go through any procedures to ensure that the family member is able to adequately communicate specific medical conditions. Before I go any further, I have to share that with you. I have used family where the family is not really translating. He's telling my patient to kind of be tough, you can handle this. And then for me, the little that I could understand in that language, I was able to say, no, that's not what I asked you. So to say the least, sometimes when the family translating, that's the reason the question arise. So please, you remember the question?

CHIEF MENDEZ-JUSTINIANO: Yes.

CHAIRPERSON NARCISSE: Can you answer?

CHIEF MENDEZ-JUSTINIANO: Thank you for that question.

CHAIRPERSON NARCISSE: Thank you.

CHIEF MENDEZ-JUSTINIANO: And this is why we believe that the role of family and friends to be to support the patient and not serve as an interpreter. There are also privacy considerations regarding HIPAA that have to be considered.

CHAIRPERSON NARCISSE: True.

CHIEF MENDEZ-JUSTINIANO: In addition to all of that, we provide training for all the staff that, all staff are required through annual in-service training that reiterates language access services, laws, requirements, and expectations. The Language Access Coordinator at every facility works with the patients, works with the family to ensure that there's an interpreter available, whether it's on site, whether it's on the phone or whether it's by video. And that's ensuring that staff are familiar with any issues that may arise from a patient wanting to use a family member as an interpreter.

CHAIRPERSON NARCISSE: Yeah. I totally in agreement with you when it comes to privacy, because sometimes, especially in some of the culture, including mine, people don't tell you all the things they have so they don't want people to know. But in an emergency, sometimes you have to make the call,

the right call because the physical, the person talking to you is always better than trying to get the person to speak on Zoom or on the phone while they kind of culture gap that we have. Like they're not comfortable with that.

So, I've been joined by my Colleagues here, Paladino, Marmorato, I did not recognize her yet. Yeah. We spoke, but I did not recognize you yet. Okay.

So, Marmorato, you can ask your question. I know people are busy. Go on.

COUNCIL MEMBER MARMORATO: Thank you, Chair.

So, can we talk about the video remote interpretation? What company do you use?

CHIEF MENDEZ-JUSTINIANO: For video remote interpretation, we use Propio.

COUNCIL MEMBER MARMORATO: Okay. And how many devices are allocated to each hospital?

CHIEF MENDEZ-JUSTINIANO: I don't have the exact numbers per hospital. They vary based on the number of patients that are seen, based on the locations, but we can provide that information for you.

COUNCIL MEMBER MARMORATO: Do you know how they're distributed throughout the hospital? Is it through like floors where there are patients that are like in beds? Is it distributed out to like just the different offices?

CHIEF MENDEZ-JUSTINIANO: Yes.

COUNCIL MEMBER MARMORATO: Like how does that?

CHIEF MENDEZ-JUSTINIANO: So they're distributed throughout the hospital system, throughout the hospitals, regardless of whether it's in an inpatient unit, outpatient unit. And just recently, we also debuted OneApp Center, which means that any physician can access video remote interpretation via their cell phone and connect to the interpreter directly regardless of where they're at.

COUNCIL MEMBER MARMORATO: Now, could you kind of, now, I want to say one thing. I've worked in radiology for 24 years and we used to always use the phone. And you're in a room with a machine and you have the fans going, so you could barely hear even if you're on speaker. So, when they came out with these video interpretation, it really took, was able to

make me do my job a lot easier and it took it to like the next level for us with our patients so I would love to know how many of these devices you have in your radiology departments and if each different modality is utilizing this.

And I just want to kind of touch on cost for the service. How does that work?

CHIEF MENDEZ-JUSTINIANO: The cost for the service itself, for video remote interpretation, is built into our contract.

COUNCIL MEMBER MARMORATO: Okay.

CHIEF MENDEZ-JUSTINIANO: So the contract is broken down into over the phone interpretation, video remote interpretation, and I don't have the exact pricing in front of me, but again, it's broken down by the minutes per service.

COUNCIL MEMBER MARMORATO: Okay. All right. And do you know how many languages that they have on the video?

CHIEF MENDEZ-JUSTINIANO: Over 75 languages.

COUNCIL MEMBER MARMORATO: And that's American Sign Language included?

CHIEF MENDEZ-JUSTINIANO: Included.

COUNCIL MEMBER MARMORATO: All right. Thank you. Thank you so much. Thank you, Chair.

CHAIRPERSON NARCISSE: You're welcome. And the next would be Mrs. Rivera.

COUNCIL MEMBER RIVERA: Gracias. Hello. Thank you so much for being here. Good afternoon.

You touched on, I really just had like one question that you touched on earlier about when you see a language emerge and the needs of that specific population. And I would say that probably in my District, what I've seen in terms of a growing community are people from West Africa and the need for Wolof specifically.

CHIEF MENDEZ-JUSTINIANO: Yes.

COUNCIL MEMBER RIVERA: It's hard to live in my District because it's so expensive but we certainly have many, many people who work there and I know use Bellevue Hospital, proudly represent Bellevue Hospital. And in terms of trying to accommodate those needs, I know you mentioned some of the challenges, you've brought in more interpreters, what is it in terms of the challenges you're seeing? Is that the availability of interpreters, is it that you need more resources from the City for technology,

paying a living wage, like what are some of the challenges here and securing and retaining the talent and keeping them on board for a more sort of consistent time, like permanence and longevity wise.

CHIEF MENDEZ-JUSTINIANO: That's an excellent question. So, Wolof is a great example. It’s one of the temporary designated languages again for the city's languages. And so one of the things that we find is that when you have a language such as that that's increasing in demand but at the same time there's not a lot of speak a lot of speakers in it, everyone's vying for the same resources. And so what we've done is again when we recruit for employment, sometimes we put preferred languages, and so what we found is that individuals that work within Health and Hospitals that speak Wolof, maybe were not equipped to interpret so we had them complete our medical interpreter skills training program, and I believe Bellevue is one of the hospitals now that we have on-site staff that speak Wolof that have been trained. One of the other challenges that we have is the connection time because, again, everyone is vying for the same resources. So, I think right at this point we're averaging under two-minute collection time for

Wolof because there's been so much attention put towards it. And so because of that, we're seeing that there's incremental growth in terms of the provision of services for that particular language but because it was, again, newly introduced, it was something that started growing last year, we started seeing, you know, the designation take place, that has been a challenge getting those languages.

COUNCIL MEMBER RIVERA: And I would just add that I mean if there's something that we can do because I know that training is important, right. It’s going to be the technical expertise and the language that likely prevents someone from even attempting to explore this position so how is recruitment going? It’s difficult you're saying, right? And if there's something that the Council Members can do like in terms of our own community outreach, you know, we want to be helpful so I just wanted to thank Madam Chair for her leadership and, of course, you for your service to our city.

CHAIRPERSON NARCISSE: Thank you, my Colleagues for being so quick and we can keep on going so thank you.

How do individual H and H facilities tailor their language access services to fit the needs of patient in their neighborhoods? For example, does H and H, I did not kind of like, okay, Elmhurst provide more interpretation services for East Asian languages than H and H in Harlem and, if so, how is the level of service determined? How often are the needs of neighborhood, you kind of alluded to it, of neighborhood communities re-evaluated.

CHIEF MENDEZ-JUSTINIANO: So, we serve over 300 languages. We are over the phone interpretation in addition to the 75-plus languages for video remote interpretation. Based on our contract, all facilities have access to each of the languages. However, because of our geographic distribution, each facility has different top languages that they use. So, we have telephonic trees. So, for example, at Elmhurst, because Elmhurst is one of our most used different languages, we have five top languages for them so to make it easier for the patient, when the patient calls in, they'll have the top five used languages come into the phone tree so that they have easier access to those languages. In terms of how we monitor, we continuously look at

the interpretations that are being provided by our vendor partner. Every month, we review those services, we look at the connection time, we look at the languages used, and then we meet regularly with our Language Access Coordinators at every facility. So, every facility has a Language Access Coordinator, and we liaison with them to let us know are there any issues, are there any new languages, are there any languages that we're having a problem with connections. We also look at our average connection time to ensure that if anything is exceeding in the one- to two-minute mark, that we address it in a real-time basis.

CHAIRPERSON NARCISSE: Yeah. It's a melting pot area.

How does H and H prioritize the language needs of patient experiencing a medical emergency? For example, if they are limited interpreters for patients who only speak Haitian Creole and there is one patient in the emergency room and one receiving an annual checkup, I mean are the interpreters assigned on the first come, first serve basis?

CHIEF MENDEZ-JUSTINIANO: We strive to see every patient based on the acuity that they have. So,

if we have a patient that's in the emergency room and requires immediate care, the interpreter will be prioritized to that area.

CHAIRPERSON NARCISSE: That makes sense.

All right. Do all H and H hospitals and COTM Health Centers operate under a single contact with a language service provider like CyraCom or Language Line, or are contracts for interpretation services entered separately for every campus? Are interpreters who work for Language Line or CyraCom given specific training to interpreter medical terms? How do clinicians ensure that the patients have a full understanding of their medical conditions, treatment plans, or potential side effects?

CHIEF MENDEZ-JUSTINIANO: I'll start with the first question which was regarding the language access contracts. So, New York City Health and Hospitals has contracted with Proprio. New York City Care contracts with language access. Under the contract, all facilities are operating under that one contract for COTM, post-acute, and our acute care facilities.

CHAIRPERSON NARCISSE: The only problem I have with people translating, I said messages kind of

lost in the process of translating so it's very important that if we can get folks from the same culture, same country, than somebody just learning, especially in acute care where the person is fighting to understand really what's going on around them. That's my recommendation. We have to look into that because, as a nurse working on the floor and working in the ER, I know that that is very important. When you're doing ICU patients is different than a person that actually have full kind of ability to grasp anything you say to them so. I'll throw it at them. Thank you.

In the event that a patient has a religious or cultural reason to abstain from using an electronic virtual interpreter service, what alternatives exist for them to receive language access services?

CHIEF MENDEZ-JUSTINIANO: So, every staff member is trained in the provision of culturally appropriate care so they understand that if a patient has a hesitancy to use a telephonic or interpretation service like that then what we would do is we would make every effort to get an on-site interpreter and so we have options for that as well. We can use our

qualified staff that has been vetted in a second language. We can use our medical interpreter skills training, and some of our facilities also have dedicated interpreters at their sites.

CHAIRPERSON NARCISSE: Have you heard that before where people have religious or cultural reason for not using electronics and stuff?

CHIEF MENDEZ-JUSTINIANO: I have not heard it be related to language access, but I have heard it. My previous life as a patient advocate, we dealt with that a lot with Jehovah's Witness and blood transfusions.

CHAIRPERSON NARCISSE: Yeah. Blood transfusion, I know.

Contracted vendors. Are there any private sector interpretation companies which H and H has partnered with to create translated written materials or linguistically accessible signage? If so, what language are materials translated into and how often are these materials updated?

CHIEF MENDEZ-JUSTINIANO: So, we partner with our external vendor, Birch (phonetic) Language Services, and we have an essential documents library that is available to staff where our consent forms,

our frequently used forms are translated into our top 13 languages. We work on this with our legal teams, our medical teams, and we ensure that whenever there is either a change in a policy, an update to the to the consent form that the documents are translated appropriately and updated.

CHAIRPERSON NARCISSE: That’s good to know.

Okay. How does H and H ensure that immigrants and recent arrivals receive the language access support they need? How closely does H and H allow MOIA best practices for providing language services for speakers of Wolof or Pulaar or Fulani given these are both considered oral language and are often not written?

CHIEF MENDEZ-JUSTINIANO: I'm sorry. Can you repeat the question one more time?

CHAIRPERSON NARCISSE: I will. My pleasure. How closely does H and H follow MOIA’s best practices for providing language services for speakers of Wolof, Pulaar, Fulani given these are both considered oral language and are often not written?

CHIEF MENDEZ-JUSTINIANO: So, we do follow the guidance that MOIA puts out, and so we attend their regularly scheduled meetings to assure that we are in alignment with their best practices. We provide the over-the-phone interpretation services as well as on-site interpretation modalities of the designated temporary languages. Additionally, as part of the (INAUDIBLE) program, employees who speak languages have been trained to provide medical interpretation in Wolof. In terms of the first part of the question where you're speaking about the individuals coming in, the New York City Cares as well as our Metro Plus also has information and conducts outreach to these different populations in different languages.

CHAIRPERSON NARCISSE: Thank you. Given the constantly evolving landscape of the city's intake and shelter process for newly arrived immigrants as an asylum seekers which we're now going to have probably, with the person that did not, I mean he's not an immigrant, anyway can you please describe H and H current role in administering the arrival center at the Roosevelt Hotel and other initiatives to provide support and healthcare for

immigrants? What do those efforts look like and have you received feedback from these patients' populations on their availability and quality of the language access services that are used while delivering services. Sorry. I had to joke in between because.

CHIEF MENDEZ-JUSTINIANO: So, this is actually not a contract that we manage. It's not within our purview so we would have to defer to City Hall.

CHAIRPERSON NARCISSE: Okay. So, are you aware of those taking place?

CHIEF MENDEZ-JUSTINIANO: I would not be able to speak to that.

CHAIRPERSON NARCISSE: Okay. So, I guess I have to knock on the next door? Okay.

H and H provides crucial information about Metro Health Plus and NYC Care, which can help uninsured or underinsured patients receive adequate care at low to no cost. Does H and H provide translated materials that outline the benefits and enrollment processes for these programs and, if so, what language are these materials available in, how

can patients with limited English proficiency access these?

CHIEF MENDEZ-JUSTINIANO: So, we do provide that information in different languages. New York City Care provides informational videos. The patient handbooks are available in Spanish, Albanian, Arabic, Bengali, French, Haitian Creole, Korean, Hindi, Polish, Russian, Chinese simplified, Chinese traditional, and Urdu. In addition to that, the other materials include financial assistance brochures, New York City general Care brochures, flyers, palm cards, and social media videos. In addition to that, when individuals go into the website, they're able to translate the material on the website into their preferred language. In terms of Metro Plus, they also have the option to select the language of choice via the internet page so that they can view what the benefits are, they can find a physician, they can explore the different benefits that Metro Plus has available.

CHAIRPERSON NARCISSE: Thank you. On technology. Is H and H utilizing new and emerging technologies such as AI to improve their interpretation services?

CHIEF MENDEZ-JUSTINIANO: So, we use AI with a question to ensure the minimization of errors. However, our partner vendors, we use large language learning modules. We evaluate the language learning modules in translations just to ensure that again the communication is adequate, and then at New York City Health and Hospitals, we also have an AI governance advisory council that evaluates use cases whenever we look to use AI in any of our software.

CHAIRPERSON NARCISSE: Okay. How how do you audit the efficiency or accuracy of such technology because AI is new?

CHIEF MENDEZ-JUSTINIANO: So, what we're not using AI per se. We’re using language models which is actually predictive text when you do translation so it gets into the sequencing. The more you put in, the more you put in information, the more that it comes that it relies on predictability, and so one of the things that we do is that once we get it back, we also consult with our legal teams to ensure accuracy so there's a counter check in place.

CHAIRPERSON NARCISSE: Okay. Does H and H utilize consecutive or simultaneously interpretation

while caring for patients. Are both options available for patient to choose from?

CHIEF MENDEZ-JUSTINIANO: Well, both are available, both consecutive and simultaneous, and we also teach simultaneous to our interpreter skills training participants. The most common option that's provided is consecutive, and the reason for that is because when you are dealing with a patient one-on-one it allows for more interaction whereas simultaneous interpretation is mostly used for large group settings.

CHAIRPERSON NARCISSE: But you use both?

CHIEF MENDEZ-JUSTINIANO: We offer both.

CHAIRPERSON NARCISSE: Okay. Thank you. For Epic, does Epic MyChart allow patients to see their medical in their primary language?

CHIEF MENDEZ-JUSTINIANO: Yes.

CHAIRPERSON NARCISSE: And in that, what language options are available?

CHIEF MENDEZ-JUSTINIANO: The top 13 languages are available.

CHAIRPERSON NARCISSE: It’s the same thing? You don’t have to (CROSS-TALK)

CHIEF MENDEZ-JUSTINIANO: (INAUDIBLE)

CHAIRPERSON NARCISSE: All right. Thank you.

CHIEF MENDEZ-JUSTINIANO: And that's inclusive of sign language.

CHAIRPERSON NARCISSE: Give me one second. Colleagues, any more additional questions? You good? You good? Okay.

So, now, if anyone in the room that would like to testify soon, make sure you get the papers with you. So, for me, I'm good to know we're doing well in language and, you know, a lot of culture like to be in person more, which last time I had an opportunity to speak to Dr. Katz, I presented my case because in Haitian Creole, older folks like to see people in front of them because they relate what you're telling them with a gesture. Unfortunately, I cannot explain that but older folks, because I was raised by my grandmother so I know that for a fact. So, therefore, when I was serving patients that were Haitian and the Spanish as well, I tried to understand everybody's culture so I can be actually accurate in what I'm doing. So thank you for that and recognize the needs around us. Like I said, we all came from somewhere. It is important for us to

recognize and acknowledge and do our very best for those that really actually not an immigrant, God bless you, but we are immigrants so we have to understand the sensitivity around that and make sure we do our very best in New York City.

So, thank you and I appreciate your time.

CHIEF MENDEZ-JUSTINIANO: Thank you.

CHAIRPERSON NARCISSE: So, if you choose to stay, you can stay because some folks have to testify. If you want to hear, that’s up to you, but I would like you to stay because sometimes it’s always good to have actually a few people that you can hear. It's not gonna be long. That’s the beauty of it today.

CHIEF MENDEZ-JUSTINIANO: Thank you.

CHAIRPERSON NARCISSE: So, thank you so much. Thank you for your time.

I now open the floor to the public testimony. Before we begin, I remind members of the public that this is formal government proceeding and that decorum shall be observed at all times. As such, members of the public shall remain silent at all times.

The witness table is served for people who wish to testify. No video recording or photography is allowed from the witness table. Further, members of the public may not present audio or video recordings as testimony but may submit transcript of such recordings to the Sergeant-at-Arms for inclusion in the hearing record.

If you wish to speak at today's hearing, please fill out an appearance card with the Sergeant-at-Arms and wait for your name to be called. Once you have been recognized, you will have two minutes to speak in today's hearing topic regarding language access services at New York City's Hospitals.

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

When you hear your name, please come up to the witness panel. For the first panel, now we invite Dr. Shane Solger, Airenakue Omoragbon. So,

when you come, if I butcher your name, please correct me, and then Sherry Chen.

Please correct me if I did not say your name properly.

You may begin.

DR. SHANE SOLGER: Good afternoon, Council Member Narcisse and the Committee on Hospitals. My name is Dr. Shane Solger, and I'm a resident physician in emergency medicine and internal medicine at Kings County Hospital, and I'm also a member of the Committee of Interns and Residents, the union representing over 40,000 resident physicians nationwide.

When I began residency in 2020, interpretation services for Haitian Creole were grossly inadequate. Haitian Creole is the third most common language spoken by patients at Kings County Hospital, sometimes even surpassing Spanish for second place. Yet, until 2023, we only had video interpretation from 8 a.m. to 8 p.m. On my night shifts, we were forced to use our personal phones which often dropped calls multiple times in a single patient encounter. I've had to care for critically ill Creole speaking patients who couldn't engage with

the phone due to their confusion from illness or trauma. In the clinic, interpreters were dialed in on landline speakers. Our OB-GYN colleagues coached women through labor on cell phones. And while we made it work, communicating with our patients should not have been this difficult. When I had first asked why this was acceptable, I was told it's always been this way and we've been saying for years that we should have better interpretation services. This changed only after Council Member Joseph alongside Council Member Narcisse, Hanif, and Schulman intervened. Thanks to their advocacy and pressure on Dr. Katz, the hospital purchased 60 additional interpretation tablets, 24/7 Haitian Creole video interpretation access, MyChart access in Haitian Creole and, as of April, our first of three in-person Creole interpreters started working. But there's still work to be done. We still can't provide printed discharge summaries in Haitian Creole, and most after visit summaries rely on Google Translate. Spanish-speaking patients at King's, despite accounting for nearly 6,000 ED visits last year, still lack access to in-person interpreters during trauma or critical illness. Finally, the City should consider

implementing an independent and recurring review of language access that includes frontline staff, not just administrators, because only we can truly speak to the daily realities of patient care. (TIMER CHIME) Thank you for your time and your commitment to health equity.

CHAIRPERSON NARCISSE: Thank you.

AIRENAKUE OMORAGBON: Alrighty. So, good afternoon, Chair Narcisse and Members of the Committee on Hospitals. Thank you for holding today's important hearing. My name is Airenakue Omoragbon, and I'm the New York Policy Manager at African Communities Together.

I'm just here to highlight the need to expand language services for patients who speak African languages. Of the languages people with limited English proficiency speak in New York City, there are approximately 86,694 speakers of African languages and tens of thousands of speakers of French and Arabic. Despite these statistics, African immigrants are still among New York's most language-isolated communities. To address these issues, ACT has worked almost a decade to eliminate language and cultural barriers to immigrants access to public

services. However, we're most proud of the work we did to create and continue to do to bolster Afrilingual, New York's first and premier African worker-owned language collaborative. Afrilingual provides language access through interpretation, translation, language instruction. We also try to bridge the gap to language accessibility for our communities. They speak languages ranging from French to Bambara, Wolof, Mina, Fulani and the list goes on. In today's hearing, I learned that some of the greatest challenges New York's immigrants face in hospital settings come from acute need for interpreters for patients who primarily speak indigenous languages, delays and informing patients about interpretation services free of charge, and the list goes on. I just wanted to say that African Communities Together is committed to continuing to play our part in helping immigrant New Yorkers access medical care. If we receive the funding we requested in this budget season, we believe that over the next two years Afrilingual will expand from the 10 languages we currently offer to providing interpretation, translation, and English as a second language, ESOL, excuse me, in 20 African languages

for people in need of those services in New York. So, now is not the time for us to take our foot off the gas when it comes to (TIMER CHIME) fighting for language access, and we just ask City Council to continue to see us as a resource in solving this challenge so thank you.

SHERRY CHEN: Thank you, Chair Narcisse and Committee Members, for hosting this hearing. My name is Sherry Chen. I'm the Health Policy Coordinator at the Coalition for Asian American Children and Families, or CACF. We're the nation's only pan-Asian organization advocating for AAPI children and families, and our coalition consists of over 90 community-based organizations across the state. On behalf of CACF, I urge the Council to continue supporting the development of formal partnerships between community-based organizations and healthcare providers. Insufficient culturally responsive language access harms limited English proficiency patients' outcomes, discourages health service uses, and fosters provider mistrust. We've been able to demonstrate the effectiveness of formal partnerships through our work in the Access Health NYC initiative, working with community-based direct

service providers and hope that these efforts continue through the implementation of Local Law 6 of 2023 including the integration of culturally responsive language access practices. Investing in programs such as Access Health NYC and integrating CBO staff will facilitate community-informed recommendations to improve healthcare delivery.

Secondly we like to recommend incorporating community-informed practices such as CACF's Found in Language access campaign which advocates for equitable, linguistical, and culturally responsive healthcare services for LEP New Yorkers. Key recommendations include proper implementation and improvement of Local Law 30 through partnership with community organizations, collection and public disclosure of translation interpretation data, expansion of translated signage and forms with community partner review for accuracy, and improving accessible mechanisms for language access complaints and recommendations.

And finally, we urge the Council to support passing Intro. 1134, a bill that will mandate disaggregated language data collection including within healthcare. Language-specific data is crucial

for allocating interpretation resources effectively. This allows health agencies to pinpoint areas with high language service demand and empowers community hospitals to tailor their interpretation offerings to the linguistic needs of their local populations. (TIMER CHIME) Thank you for your time.

CHAIRPERSON NARCISSE: Thank you. I appreciate your time. I'm going to start with Dr. Solger. How do you say, Solger?

DR. SHANE SOLGER: It's Solger. It's like Tigger.

CHAIRPERSON NARCISSE: Solger. It's French. I should know better.

DR. SHANE SOLGER: It's German.

CHAIRPERSON NARCISSE: German? Sounded like French with the way you said it. But anyway, how has improved language access impacted your well-being as a physician?

DR. SHANE SOLGER: My well-being is deeply connected to the quality and safety of the care that I can provide. And, as a physician, there's nothing more distressing than feeling uncertain about what a patient is trying to tell you. With better access for professional interpreters and more reliable

interpretation devices, I can feel confident that I'm getting an accurate medical history and that my treatment decisions are based on clear, well-communicated information. Before these improvements, we often had to rely on family members or untrained bilingual staff to interpreter, or worse, try to piece together a story from broken English. These moments created significant gaps in care. I've seen patients undergo additional, sometimes unnecessary, testing simply because we were filling the void left by a language barrier. And what we know from the medical literature is that ad hoc interpreters make twice as many interpreters as trained interpreters and patients may withhold sensitive information from a family member acting as an interpreter. Now, when I walk into a room with a patient who has limited English proficiency, I don't feel that familiar anxiety about what they'll be able to communicate. Video interpretation devices are easier to access and, now, in-person interpreters are available. That means few dropped calls, less wasted time, and far more efficient and humane care. Ultimately, improved language access doesn't just help patients. It allows us as providers to do our jobs better and with less

moral distress, and it enabled us to care for more people in our community by making each encounter smoother, safer, and faster.

CHAIRPERSON NARCISSE: And I'm with you. I can feel you. Like the kids would say, I feel you, because I used to be very frustrated when I cannot speak with a patient directly. It's very important.

What can the City Council do to help providers in their advocacy efforts to improve language access across H and H?

DR. SHANE SOLGER: As I mentioned in my testimony, one of the most meaningful actions that City Council can take is to help establish a formal, reoccurring mechanism that allows frontline providers to give direct feedback on the adequacy of language services, feedback that goes around the usual administrative channels. Too often, concerns raised by staff don't make it past middle management and are dismissed outright, which is exactly why CIR felt compelled to bring these issues directly to Council Member Joseph because our efforts to raise concerns internally weren't leading to any meaningful change. When I began talking with more senior colleagues, some who had served at King's County for more than a

decade, they were candid in acknowledging that language access has long been inadequate, but these were the same providers that don't have time to navigate internal bureaucracy or set up meetings with their elected officials. What they would benefit from and likely participate in is a structured, safe, and routine opportunity to share their observations and recommendations directly with stakeholders who have the power to act. Having a channel that captures the voices of those at the bedside would ensure that real patient needs are informing policy and resourcing decisions. By supporting a provider-driven feedback system, the City Council can play an important role ensuring that language access is not only maintained but meaningfully improved across H and H.

CHAIRPERSON NARCISSE: And I'm happy that you acknowledge the fact that after the hearing that I squeezed Dr. Katz for the money to make sure we have the language access and he sure step up so now apparently there's improvement that need to be made. As I said, things can begin to be nice but we cannot let go. We want it to come to the kind of like, in a way, I don't want to say to perfection but to the place where it's get manageable and doctors, we don't

want to stress you out. We know you already have stress, and I'm sure the the whole leadership is listening here that can take it back and then make sure that we address the needs, right, so I would say thank you for your time and whatever we can do.

And then you have the young lady next to you that's, Omoragbon. I just want to make sure I don't butcher your name, but thank you for the work you do, and you actually um mention a few changes that you can make to make sure that we work together and improve in the language access and, what's your organization name again? I forgot.

AIRENAKUE OMORAGBON: Coalition for Asian American Children and Families.

CHAIRPERSON NARCISSE: I should know better than that. And thank you for your work, and that's what New York City is about, people stepping up.

So, I want to say thank you and we're going to listen and she's taking notes over here, our Counsel is taking notes, and then we're going to make sure that we come back, whatever the feedback that we can get from gathering information to see where we at and the next hearing we're sure they want to follow

up and you can get my information too, whatever you think, that we can work that I'm not doing to make sure we push for language access because, as I said, as an immigrant myself, I'm very much appreciative of your time coming and fight to make sure we do better so thank you for your time. Thank you.

Second panel is Benjamin Wade and Christopher Leon Johnson.

Are you going to try to control there?

CHRISTOPHER LEON JOHNSON: No.

CHAIRPERSON NARCISSE: You're not going to do that with me, are you?

CHRISTOPHER LEON JOHNSON: Sorry.

CHAIRPERSON NARCISSE: All right. So begin.

CHRISTOPHER LEON JOHNSON: All right. Hello, Chair Narcisse. My name is Christopher Leon Johnson. I am calling on the City Council to designate a non-profit to implement a concept of artificial intelligence inside the hospitals. I want to know why this Committee never brought up the fact of artificial intelligence. I am calling on the City Council to work with State Senator Kristen Gonzalez and State Assembly Member Alex Bores to come up with

this concept of putting artificial intelligence inside the hospital. I think this is way more needed for now. It's a little cheaper and it's more convenient now than really trying to figure out how to put all the languages inside the hospital. I think that AI is the new way of doing things in America, in the City of New York. Push more AI into the budget, next year's budget, and I think won't fix everything for now, but this is a lot, what's it like over 200 countries in this country, in this world? That's a lot of languages, but I think AI fixes a lot and does more for the communities than it… I know a lot of people say oh, we don't want AI because it kills jobs, but the truth is that technology has taken over the city, technology is the new way. I think you know by McDonald's, they took out, they completely got rid of the majority of the people to put in the AI stuff in there because it's cheaper and it's more convenient. And, like I said, I'm calling on the City Council to work with Alex Bores and Kristen Gonzalez to set up a program with a non-profit to install artificial intelligence inside of these hospitals. Like I said, it's the way of doing… it's the more easier and convenient way. I don't know who's going

to speak next (INAUDIBLE) and I think (INAUDIBLE) one of these people because they have more experience in language access in hospitals, but they should be able to push AI. Whoever starts with AI first, they're going to reap the words, so I say they need to come with this concept first is AI into the (TIMER CHIME) hospitals. AI will help all the language issues because I use AI sometimes, but it works, you know. I mean I know it's kind of flawed with AI, but it works 99 percent of the time so that's what matters the most. Thank you.

CHAIRPERSON NARCISSE: Thank you, Christopher.

Next, please.

BENJAMIN WADE: Good after… it is afternoon, right?

CHRISTOPHER LEON JOHNSON: Yeah.

BENJAMIN WADE: All right.

CHAIRPERSON NARCISSE: It's still afternoon.

BENJAMIN WADE: Good afternoon, Chair Narcisse and Members of the Committee. My name is Benjamin Wade, and I'm a lifelong Queens resident. Thank you for the opportunity to testify today. I'm

here to try to be in favor of pushing this bill to expand language services because I think that it is clear that language access isn't optional. It is a necessity needed to ensure safety, equity, and trust in the City. We have to be clear-eyed about our realities. Hospitals today are under immense pressure, but I do not believe that that means that we should ignore language barriers. It means that we provide efficient, sensible solutions that are also scalable. When hospitals utilize language services well, the results speak for themselves, as in there are fewer hospital days for patients and there is a decrease in readmissions. New York City is a leader in healthcare innovation and, by using tech, we could also continue this by tracking outcomes and training frontline staff. This bill won't just meet expectations but exceed them through building patient trust and delivering better outcomes. Thank you.

CHAIRPERSON NARCISSE: I thank you for your time. Thank you.

BENJAMIN WADE: Thank you you for having me.

CHAIRPERSON NARCISSE: But we're still not going to put AI all over. AI in certain place and we still need human being to work too.

CHRISTOPHER LEON JOHNSON: Yeah, I know but…

CHAIRPERSON NARCISSE: With technology. Yeah.

CHRISTOPHER LEON JOHNSON: Yeah.

CHAIRPERSON NARCISSE: All right. Thank you.

CHRISTOPHER LEON JOHNSON: Thank you.

CHAIRPERSON NARCISSE: We’re not going to have AI all over the place, okay?

CHRISTOPHER LEON JOHNSON: Yeah, I understand. But it’s kind of like the idea.

CHAIRPERSON NARCISSE: Yeah, where we need it.

CHRISTOPHER LEON JOHNSON: Yeah, we do.

CHAIRPERSON NARCISSE: Thank you.

CHRISTOPHER LEON JOHNSON: Yeah, thank you, thank you.

CHAIRPERSON NARCISSE: No problem.

BENJAMIN WADE: Thank you for your time.

CHAIRPERSON NARCISSE: Thank you. I appreciate you.

Thank you, all of you who came here to share your thoughts and experiences today. If there is anyone in the Chamber who wishes to speak but has not yet had the opportunity to do so, please raise your hand and fill your appearance card with the Sergeant-at-Arms at the back of the room. Anyone?

Seeing no hands in this Chamber, we will now shift to the Zoom testimony. When your name is called, please wait until a Member of our team unmutes you and the Sergeant-at-Arms indicates that you may begin.

So, now Miral Abbas.

SERGEANT-AT-ARMS: You may begin.

MIRAL ABBAS: Hello. I’m writing to urge the Council to invest in community initiatives such as Access Health New York City as was mentioned by my colleague, Sherry, to address the epidemic of language inaccessibility that deeply affects historically marginalized and immigrant communities in New York. While there are 76 language access policies in New York's healthcare system, many limited English proficient patients still face

significant barriers to accessing services. These barriers disproportionately affect hard-to-reach immigrant populations which put them at a higher risk of health disparities because they can't communicate effectively with healthcare professionals. A study that was done at NYU found that over 26 percent of respondents lacked regular access to accurate information during the pandemic in their language and furthermore showed that 52 percent of adverse events for these patients stem from communication errors. They also tend to face nearly 20 percent longer emergency department visits, hospital stays that are almost 1.33 days longer, and 30 percent higher readmission rates. These disparities necessitate effective and equitable programmatic efforts from those closest to these barriers who know best how to tackle them such as our Access Health community organizations. At a recent community convening that was hosted for Access Health awardees by CACF on language and accessibility, community leaders highlighted how their organizations have partnered with hospitals and providers to advance meaningful language access, and some of them shared that quality language access services still remain difficult to

access, especially considering the inaccuracies and translations and all the dialects spoken, and the lack of reliable language translation services can contribute to increasing mistrust of institutions. And, lastly, the lack of language access can reduce the cultural responsiveness in healthcare, and most community experiences have shown that miscommunication between providers and patients have actually resulted in unsafe situations. Access Health organizations also shared positive examples of their successful collaboration with hospitals which can serve as models to improve language access and cultural responsiveness, and ultimately a key takeaway from (TIMER CHIME) all these partnerships is the importance of working with…

SERGEANT-AT-ARMS: Thank you for your testimony. Time has expired.

MIRAL ABBAS: Thank you.

CHAIRPERSON NARCISSE: Thank you.

The next is Alex Stein.

SERGEANT-AT-ARMS: You may begin.

CHAIRPERSON NARCISSE: Alex? Not on?

The next is Armando Rodriguez.

SERGEANT-AT-ARMS: You may begin.

CHAIRPERSON NARCISSE: All right.

If you are currently on the Zoom and wish to speak but have not yet had the opportunity to do so, please use the raise hand function, and our Staff will unmute you.

Seeing no hands, I would like to note that everyone can submit written testimony to testimony@council.nyc.gov within 72 hours of this hearing.

To conclude, I would like to thank all the community members who have taken their time to testify today. Thank you to the healthcare professionals who take care of our fellow New Yorkers, and I want to say thanks to the Staff who have helped prepare this hearing, to all of your, and thank you to the Sergeants-at-Arms as well that keeps it going for us, so thank you. Thank you all so much. We have a lot of work to do, a lot of work ahead of us.

But, with that, I will say this hearing is adjourned. Thank you. [GAVEL]

C E R T I F I C A T E

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

Date July 14, 2025