

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON FINANCE JOINTLY
WITH THE COMMITTEE ON HOSPITALS

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May 22, 2025
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HELD AT: Council Chambers - City Hall

B E F O R E: Justin L. Brannan,
Chairperson for the Committee on
Finance

Mercedes Narcisse,
Chairperson for Committee on
Hospitals

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Dr. Mitch Katz
President and CEO of New York City Health +
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John Ulberg
Chief Finance Officer

Patsy Yang
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1 COMMITTEE ON FINANCE JOINTLY WITH THE
2 COMMITTEE ON HOSPITALS

5

3 SERGEANT AT ARMS: This is a microphone check on
4 the Executive Budget Hearing for 2022 on Finance,
5 joint with Hospitals, recorded by James Marino in the
6 Chambers on May 22, 2025.

7 SERGEANT AT ARMS: Good morning, good morning.
8 Welcome to the New York City Executive Budget hearing
9 on the Committee on Finance, joint with Hospitals.
10 At this time, please silence all electronics and do
11 not approach the dais. If you are testifying today,
12 make sure you fill out a slip at the back of the room
13 with the Sergeant at Arms. Chairs, you may begin.

14 CHAIRPERSON BRANNAN: Thank you Sergeant.
15 [GAVEL]. Okay good morning and welcome to day nine I
16 believe of Executive Budget hearings for FY26. I'm
17 Council Member Justin Brannan, I Chair the Committee
18 on Finance and will be hearing today from New York
19 City Health and Hospitals Corporation and I'm pleased
20 to be joined by my good friend and colleague Council
21 Member Mercedes Narcisse, who Chairs our Committee on
22 Hospitals.

23 We've been joined this morning by Council Members
24 Paladino, Brooks-Powers, Louis, Carr, Salaam, and
25 Gutiérrez. Welcome President and CEO Dr. Mitchell
Katz. It's always good to see you and your team.

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2 Thanks for all you do and thanks for joining us today
3 to answer our questions. I always like to set the
4 table before we start. Back on May 1, 2025, the
5 Administration released the Executive Financial plan
6 for FY26 to FY29 with a proposed FY26 budget of
7 \$115.1 billion. The Health and Hospitals Corporation
8 is not a city agency but under agreement with the
9 city, they do receive a city subsidy to administer a
10 programs. H+H Proposed FY26 subsidy of \$1.70 billion
11 represents one and a half percent of the
12 Administrations proposed FY26 budget in the executive
13 plan. This is a decrease of \$579.2 million, over 25
14 percent from the \$2.28 billion that was budgeted in
15 the preliminary plan just back in January. The
16 decrease seems to result from several actions.
17 Mostly a net reduction of asylum seeker funding
18 offset by increased funds for the H+H collective
19 bargaining agreement.

20 The Council's Preliminary Budget response called
21 for additional funding to support a range of mental
22 health programs, women's trauma informed care,
23 outpatient support at Lincoln Hospital and Health
24 psychologists at each of H+H maternal health

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2 departments, along with a call for a new trauma
3 hospital on the Rockaway Peninsula.

4 At this point in our city's history, especially
5 when it comes to mental health, our neighbors need us
6 to meet the demands of the time. We can't afford to
7 fall short. My questions today will largely focus on
8 H+H's utilization of city funds, school based health
9 and mental health centers, and vacancies at various
10 H+H hospitals.

11 I now want to turn it to my Co-Chair for this
12 hearing Council Member Narcisse for her opening
13 statement.

14 COUNCIL MEMBER NARCISSE: Good morning and thank
15 you Chair. Good morning to everyone and I am Council
16 Member Mercedes Narcisse, Chair of the Committee on
17 Hospitals. Thank you for attending today's hearing
18 on the city's fiscal 2026 Executive Budget for New
19 York City Health + Hospitals Corporation or H+H.

20 I would like to thank my fellow Council Member
21 Chair Justin Brannan for joining me for this joint
22 hearing. I would also like to thank my friend right,
23 Dr. Katz and his team who are with us today. Thank
24 you Dr. Katz.

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2 H+H proposed operating budget for Fiscal 2026
3 totals \$1.7 billion, which represent roughly 1.5
4 percent of the city's budget. The changes to H+H
5 budget sends the release of the Fiscal 2026
6 Preliminary Plan in January, are mostly related to
7 asylum seekers spending and funding from Medicaid.
8 However, the executive plan also includes new funding
9 for medical malpractice contracts and the mental
10 health continuum. Both of which we would like to
11 hear more details from the agency. We will also
12 review H+H Fiscal 2025-2029 Capital Commitment plan
13 for \$2.83 billion. The Capital Plan includes
14 significant funding for flood mitigation projects at
15 the Colar, Bellevue and South Brooklyn Hospitals.

16 These upgrades would ensure that hospitals are
17 fully equipped to operate in the event of a natural
18 disaster like Hurricane Sandy.

19 I applaud H+H for recognizing the need to invest
20 in storm proofing facilities and I am eager to hear
21 details on this capital project and the timeline to
22 complete them. In addition, we would like to discuss
23 the Council budget response items that were not
24 funded in the Executive Plan such as \$65 million
25 request to expand an emergency room at Metropolitan

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2 Hospital. The call to baseline \$5 million for the
3 mental health continuum and much more.

4 Lastly, we would like to emphasize the need for
5 H+H to ensure that hospitals have an adequate number
6 of physicians and those physicians receive H+H full
7 support at their work place.

8 The recent Doctor Council negotiation have
9 highlighted the typical conditions that physicians
10 face. And it is important that H+H has the right
11 plan in place to ensure physician retention and
12 workplace satisfaction.

13 Before we begin, I'd like to thank the Finance
14 Staff Amaan Mahadevan and Florentine Kabore and
15 Legislative Staff [INAUDIBLE 00:06:08] and Josh Rod
16 Newman(SP?) for their work preparing this hearing. I
17 would also to thank my Chief of Staff Saye Joseph. I
18 will now turn it back to Chair Brannan.

19 CHAIRPERSON BRANNAN: Thank you Chair Narcisse.
20 Before we get started, I also just wanted to get a
21 quick moment to thank everyone who makes these
22 hearings happen. It takes a small army of folks in
23 the mighty finance division to pull all these hearing
24 together. We are at about the halfway mark of
25 hearings. I especially today want to thank Flo and

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2 Amaan Mahadevan and I want to now turn it over to my
3 Committee Counsel Brian Sarfo who will swear you in
4 and we can get started.

5 COMMITTEE COUNSEL: Good morning. Do you affirm
6 to tell the truth, the whole truth, and nothing but
7 the truth before this Committee and to respond
8 honestly to Council Member questions? Dr. Katz?
9 Vice President Ulberg? Vice President Yang? You may
10 begin.

11 CHAIRPERSON BRANNAN: Doctor, set the mic.

12 DR. MITCH KATZ: Good morning Chair Brannan,
13 Chair Narcisse and members of the Committee on
14 Finance and Health. I'm Dr. Mitch Katz. I am the
15 proud President and CEO of New York City Health +
16 Hospitals and I'm also a primary care doctor.

17 I'm joined by John Ulberg, our very capable Chief
18 Finance Officer and Dr. Patsy Yang, who directs very
19 well our Correction Health Services.

20 I love your opening. I never thought in terms of
21 that we are only one in a half percent of the city's
22 budget. I think that we bring honor to the city for
23 one and a half percent but it also tells you a lot
24 about what the challenges will be because most of
25 Health + Hospitals is not New York City tax levy.

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2 Most of New York City Health + Hospitals has stayed
3 in federal revenue that we receive for the services
4 that we provide. And those revenue sources as we saw
5 in today's headlines are very much threatened by the
6 bill that was passed by the house. Overall that bill
7 could result in hundreds of millions of dollars. I
8 mean it has so many different provisions and it is
9 not at all easy to calculate how large a smack it
10 will be against Health + Hospitals because some of
11 the provisions say work requirements, which start in
12 2026, what has happened in other states like Arkansas
13 that have had that is - it doesn't result in more
14 people working, it just results in more people
15 falling off the roles because it's an obstacle. It's
16 forms to fill out. It's not about working; it's
17 about providing that you are working. If you do not
18 provide sufficient proof that you are working, you
19 get tossed off.

20 It also has provisions about decreasing the
21 states - decreasing the federal share. So, the state
22 would have to pay more toward Medicaid, which will
23 likely result in the state having large deficits and
24 it's likely that they will therefore have to shrink
25 what we get. There are shortenings of the enrollment

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2 periods. There are a variety of provisions that will
3 be harmful. The current law also says that if the
4 state continues to provide funding for immigrant
5 healthcare, that the federal government will cut the
6 amount that the state receives for others. There is
7 a cut of Medicaid for trans care, which we proudly
8 provide and the cut is not just for trans care for
9 children but trans care for adults as well.

10 I mean we; you know this bill is as new as this
11 morning's headlines but it's only getting worse so
12 far. I think we're in a very unusual state and all I
13 can promise you is that we will work closely with
14 you, with the Executive, with the OMB and we will put
15 our patients first in terms of protecting them. But
16 there's no way that the system could be the same if
17 we was hundreds of millions of dollars.

18 We would have to you know constrain the system.
19 There's no other way. We are very good at producing
20 revenue but you know, it's 300, 400, 500 million
21 dollars. I mean there's just no way that we could do
22 that without having to have many fewer services.

23 So, I apologize about starting on such a somber
24 note but I felt it was necessary because in some ways
25 the rest of our plan, which is based on, if you will,

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2 yesterday's financing is very good, right? The rest
3 of what I have to present because it's based on
4 yesterday, you know we're doing very well. We're
5 going to close fiscal year 2025 with a cash balance
6 of \$598 million, which is 20 days of cash on hand.
7 It's not what most private systems run at. They
8 usually run at six months cash on hand but for us,
9 it's doing well. We are breaking even. We closed
10 March having produced \$167 million more due to
11 patient care revenue. And again, we don't - we're
12 not interested in billing patients but we're very
13 interested in billing ensuring companies and we are
14 quite aggressive at doing so.

15 Our direct patient care revenue through March is
16 \$779 million higher than the previous year but again,
17 I'll point out, that's because the people have a
18 source of insurance. If the people have no source of
19 insurance, there's nobody to bill and so, the
20 increases that we've been - the fact that Health +
21 Hospitals over the last seven and a half years has
22 learned how to successfully bill insurance companies
23 so the city can get great services for its patients
24 without having to spend its own tax levy will not be
25 able to continue.

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2 We were grateful to receive \$3.6 million in
3 funding for the mental health continuum. The - I
4 should also mention one of the other programs that's
5 very much at risk is the Essential Health Plan, which
6 enables people who are undocumented to buy in, right?
7 They're paying their own way to get insurance but
8 that program is very much in jeopardy.

9 Uhm, so I feel like you know we had a very
10 successful preliminary hearing with all of you and
11 we're always happy to learn from you, to respond to
12 your questions, and as of yesterday, all of what we
13 said was correct but depending upon what that you
14 know final - the bill that was passed today by
15 Congress has to go to the Senate. You know we a
16 fellow Brooklynite you know is the minority leader
17 there and we hope that he will be able to you know
18 get the Senate colleagues to change that bill but
19 it's going to be a very difficult road for Health +
20 Hospitals if there are not substantial changes made
21 in that bill. Thank you.

22 CHAIRPERSON BRANNAN: Thank you doctor. I really
23 appreciate your candor. I think you're the most
24 honest about what these uncertainties could mean.
25 We've done seven days of hearings and no one has ever

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2 spoken as honestly as that and we appreciate that
3 because that's how we are seeing it to. There's no
4 good answer here. It's every day waking up and
5 waiting for the phone to ring to see what's next and
6 the fact is, we can't survive without federal grants
7 and federal subsidy in all of our agencies.

8 So, appreciate you being honest about that. It's
9 refreshing because we haven't heard that just yet and
10 we can't stick our heads in the sand about what could
11 come and that we need to be prepared. So, we
12 appreciate that doctor.

13 We've also been joined by Council Members Ayala
14 and Moya. I'm going to jump right in so we can
15 moving. The FEMA COVID funding, so the Executive
16 Plan included \$212.2 million in federal stimulus
17 reimbursements from FEMA in FY25. This is for COVID
18 related costs incurred during the pandemic.

19 Could you tell us to date how much COVID related
20 federal reimbursement funding has H+H claimed?

21 JOHN ULBERG: Yes, good morning. Yes, it's been
22 billions of dollars. It's probably somewhere over
23 \$1.5 billion in total and we can you know give you
24 the exact number there. The \$212 and there's an
25 additional \$250 million that's still you know being

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2 processed, represents the last amount of FEMA
3 funding, so-

4 CHAIRPERSON BRANNAN: So, how much is left to
5 claim?

6 JOHN ULBERG: So, there's this \$212 million
7 that's reflected here. There's another I think
8 around \$230 or so million; we're still working out
9 those final numbers. It's been approved by FEMA.
10 It's been passed from the state to OMB and it will
11 eventually come over to Health + Hospitals at some
12 point here soon but in total, it represents the total
13 amount of COVID claiming that we - you know we
14 process today, which is you know quite an
15 accomplishment. We would have never made it through
16 COVID without those dollars.

17 There was also, as you may recall, there was PRF
18 funding which was you know maybe another billion and
19 a half dollars. So, in total, the whole COVID
20 related expense was somewhere near \$3 billion.

21 So, for us, for Health + Hospitals, you know for
22 me, it represents the last chapter of COVID and
23 hopefully we never have to revisit that again but it
24 does show to me that government can work, right? We
25 stood up there services. The federal government

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2 responded you know almost immediately when we didn't
3 have any money. We were getting very close to having
4 no money and running out of money. So, through the
5 combination of what we call PRF funds and FEMA funds,
6 again in the neighborhood of \$3 billion and we're at
7 the very end of that process of claiming those
8 dollars.

9 CHAIRPERSON BRANNAN: Okay, so one of the things
10 we've spoken about at the past couple of budget
11 cycles is how we're handling the final expiration of
12 COVID dollars and there were a lot of what have
13 become you know crucial programs that became
14 permanent programs but it was propped up with
15 temporary money. Are you seeing challenges there to
16 how - for how to continue some of these programs that
17 people now rely on that may have been funded by money
18 that's expiring?

19 JOHN ULBERG: Yeah for us, no, I would say the
20 answer is that. We lived through you know the
21 problems that we were having with the temporary
22 nurses. You know we found ourselves in really a
23 financial pinch there because we had a lot of temp
24 nurses that were very expensive but happy to report
25 we've hired over 3,000 of our own nurses and we've

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2 gotten rid of - gotten rid of - we've no longer
3 continued the contract with our contract nurses and
4 we prefer to have our own.

5 So, I would say no, we've decanted ourselves out
6 of COVID I think very successfully. I think we came
7 out actually a little bit stronger.

8 DR. MITCH KATZ: I would just add because I know
9 the grant you mean. From that, that was a grant
10 where many of us, many of the departments had dollars
11 that we used for extensions but we had spent the
12 money in the period, so we weren't part of the
13 extension.

14 CHAIRPERSON BRANNAN: Got it.

15 DR. MITCH KATZ: So, like my sister department
16 DOHMH, they needed to continue to use those dollars
17 but our share was spent as John said on nurses and
18 so, it ended. We're not part of the extension.

19 CHAIRPERSON BRANNAN: Got it. That's great, it's
20 great to hear. Uhm, the Baby Box pilot; so the
21 preliminary plan included a new need of \$2.6 million
22 in FY26 and a baseline funding of close to \$3 million
23 starting in FY27 at Jacobi, Lincoln, Elmhurst, and
24 Kings County for the Baby Box Pilot program. Has the

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2 pilot started and if not, when does H+H plan to start
3 the project, the pilot?

4 DR. MITCH KATZ: The project is going. It's
5 going at Jacobi, Lincoln, Elmhurst in Queens. So,
6 yes it's going and yes we very much believe in it.

7 CHAIRPERSON BRANNAN: Has the scope of the
8 program changed at all since the preliminary hearing?

9 DR. MITCH KATZ: No.

10 CHAIRPERSON BRANNAN: Is it at Kings County too?

11 DR. MITCH KATZ: Not right now.

12 CHAIRPERSON BRANNAN: But we're going to get it
13 there?

14 DR. MITCH KATZ: Yes.

15 CHAIRPERSON BRANNAN: That's a good answer.
16 Correct, okay I want to talk about the DPT's, the
17 State directed payment templet application. New York
18 State share of the ICP payments totals about \$57
19 million. As you may know the Council is seeking a
20 change so that the nearly \$57 million reduction would
21 go only into effect if the Medicaid reimbursements
22 were approved or covered by alternate forms of
23 Medicaid funding. So, with the state budget now
24 enacted, I guess. After nearly six months, now that
25 the state has submitted the request to receive the

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2 Medicaid funding, what's the status update on the
3 states DPT request? Has it been approved?

4 DR. MITCH KATZ: It has not been approved but
5 they have continued to send questions. So, that
6 generally means that they're you know planning on
7 approving it because why bother continuing to send us
8 questions about how it would work but so far, no
9 approval.

10 CHAIRPERSON BRANNAN: Okay. The Executive Plan
11 includes a one-time \$614.3 million allocation for the
12 Medicaid Initiative adjustment in FY25. Is this
13 additional Medicaid funding considered a contingency
14 plan if there's further cuts from Washington?

15 JOHN ULBERG: No, the 16 is really, I would say a
16 cash adjustment, an accounting adjustment. As Mitch
17 had mentioned, uhm you know we're in the process of
18 waiting an approval for the state directed payment
19 you know from CMS for actually this year and the \$600
20 million was actually in reserve with OMB and HRA to
21 fund the nonfederal share of that transaction and
22 since it looks like it's going to be delayed out of
23 our fiscal year, we're pulling those dollars back.
24 So, it's really like a cash transaction.

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2 So, we'd be very happy if the state directed plan
3 gets approved right by CMS and then we'll use those
4 dollars again for - transfer it back over to OMB and
5 HRA to cover the nonfederal share of Medicaid. So,
6 it's really just a bridge or an accounting adjustment
7 to get through this year.

8 CHAIRPERSON BRANNAN: In the event of the real
9 dooms day scenario of draconian federal Medicaid
10 cuts, what is OMB saying or the Administration
11 telling you as far as the contingency plan? Are they
12 asking you for a plan? Do they have a plan?

13 JOHN ULBERG: Well, I think at this point we're
14 really trying to figure out you know what is in the
15 bill and we spend a lot of time looking at it as well
16 as everybody else. So, we'll just have to piece that
17 together. Alright, we'll have to figure out what
18 really is you know the damage. You know the governor
19 needs to make some very important decisions. You
20 know we've never seen anything like this. I've been
21 doing Medicaid for almost 30 years and we've been
22 through some rough times. Obviously this is one of
23 the worst but I will say, right we have good
24 partnerships. You and our delegation, our friends in
25 Albany.

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2 CHAIRPERSON BRANNAN: Do you feel supported by
3 City Hall and OMB here? Are they checking in with
4 you?

5 JOHN ULBERG: Certainly, yeah absolutely.

6 CHAIRPERSON BRANNAN: But are they asking you for
7 a plan or do they have a plan?

8 DR. MITCH KATZ: I mean most of what we've been
9 working with them on is advocacy, especially for
10 members of congress pointing out how many Medicaid
11 recipients there are in their area. I told you a lot
12 about health and hospitals but there will be similar
13 problems with other safety net hospitals because they
14 too will get significantly less money and we know how
15 important hospitals are to communities. So, so far,
16 we've been trying to put most of our effort into
17 advocacy and to trying to make people understand. I
18 mean, I think one of the fundamental things people
19 miss is that the money for Medicaid doesn't go to the
20 recipient, right? The money goes to hospitals, to
21 doctors, right? So, we're trying to build up the
22 constituency to oppose it. You know if again, if
23 there rather major cuts happen, I have started
24 already looking at administrative decreases, how we
25 would have less administration. You have to be

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2 careful because some parts of administration make
3 your operation run better but part of focusing on
4 patients is saying you know they come first. So,
5 what are the things that you're going to do? But I
6 think the approach would have to be a constraining of
7 services. You'd have to look at all. We would have
8 to with you and others look at all of the services
9 we're providing and then figure out you know which
10 are the ones that are more essential than others.
11 Keep doing the ones that are most essential. Stop
12 doing the ones that we believe in but are not as
13 essential and hope that in a few years the world
14 changes and we have additional dollars and grow it
15 back.

16 I don't think there's any magic that's going to -
17 and I expect that the state will push out most of its
18 cuts. That is to say that they won't use the surplus
19 because generally you use surplus for one time. As
20 the Budget Chair you know that and I think they'll
21 view these as ongoing cuts right and they could
22 easily across and again it won't just be government,
23 right? I mean the state keeps open multiple safety
24 net hospitals in New York City with large annual

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2 subsidies. So, I think there's going to be a lot of
3 hurt all around.

4 CHAIRPERSON BRANNAN: Okay, I'm going to turn it
5 over to - sorry, we've also been joined by Council
6 Members Williams, Hudson, and Marmorato. I'm going
7 to turn it over to Chair Narcisse. Thank you doctor.

8 DR. MITCH KATZ: Thank you.

9 CHAIRPERSON NARCISSE: Good morning. It's just -
10 I don't even know how to start my questions because
11 I'm processing it. I was hoping that federal level
12 will understand how health is such a key factor in
13 any human beings lives. So, right now, I was hoping
14 that we were going to get it right but that's where
15 that hope collides with the reality and you have to
16 face this. And uhm for the insurances we're talking
17 about in New York City, most of the insurances as we
18 know, they are all driven by Medicaid and if we're
19 not getting that, your billing that you're counting
20 on, is not going to be there because they're going to
21 have that decrease. This is the reality that we're
22 dealing with.

23 We can have insurances but if the Medicaid
24 decrease, most of the folks that we're serving we
25 will not be able to bill. It's unfortunate looking

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25

2 at all this. So, Dr. Katz, we still have to get the
3 question and we're hoping for the best, even though
4 it's just hard right now.

5 In the Council's preliminary budget response, we
6 called for an addition of \$65 million in capital
7 funding to expand an emergency room at Metropolitan
8 Hospital, which was not included in the executive
9 capital plan. Can you provide a status update on the
10 request? Has there been any conversation between H+H
11 and OMB about this project?

12 DR. MITCH KATZ: We are talking to OMB and I
13 think they understand and I recognize Council Member
14 Ayala who has been such a great support of MET in so
15 many ways. The MET Emergency Department, someone
16 like the Elmhurst Emergency Department are both way
17 undersized for the volume of patients that they're
18 currently taking care of. And so, you cannot provide
19 the level of confidentiality, the level of infection
20 control because people are just too close to one
21 another.

22 In the case of MT, we have a specific plan about
23 how we would modernize that ED and we will keep
24 working with OMB but we don't yet have approval for
25 that.

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2 CHAIRPERSON NARCISSE: Thank you. Can we expect
3 this funding to be added anywhere in adoption? I
4 still hope.

5 DR. MITCH KATZ: We'll keep asking with OMB.

6 CHAIRPERSON NARCISSE: Okay. Were there any
7 other new capital projects that you submitted to OMB
8 for funding in Fiscal 2026? If yes, can you tell us
9 which projects?

10 JOHN ULBERG: We have a list of you know projects
11 in our capital plan that we submit every year. We
12 are at this point; we did get an acceleration of some
13 dollars from the outer years into the current year
14 and that will be useful but it's mostly to cover what
15 we would determine infrastructure needs. I mean this
16 is really you know projects to keep the lights on and
17 you know modernize our equipment and make sure that
18 our elevators work and the roof doesn't leak. And we
19 have a billion dollars of those needs. So, we
20 continue right to also you know make requests for you
21 know certain projects so that they're aware of those
22 but at this point, we're focusing more on our
23 infrastructure needs as our highest priority.

24 CHAIRPERSON NARCISSE: Can you provide a list to
25 us?

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2 JOHN ULBERG: Sure.

3 CHAIRPERSON NARCISSE: Thank you. Recently,
4 there have been complaints regarding the Elmhurst
5 Emergency Room that are similar to those at
6 Metropolitan Emergency Room. Patients in the
7 Elmhurst Emergency Room are experiencing extremely
8 long wait times. The staff does not have the
9 capacity to meet the demand and it's clear that the
10 emergency room needs to be expended to meet the
11 healthcare needs of the surrounding community, which
12 you alluded to.

13 Is H+H aware of the issues with Elmhurst Hospital
14 Emergency Room? Does H+H share my belief that
15 Elmhurst Emergency Room needs to be expanded but I'm
16 going to tell you from my own personal experience,
17 back then it was bad. So, I went to visit, it was a
18 shame. So, I don't know how we're going to get this
19 done. Is this part of the list of the capital?

20 DR. MITCH KATZ: Yes, but the list that John
21 refers is a \$2 billion list and we - our facilities
22 are you know way beyond their you know projected
23 life. We just keep things going because the people
24 need our services and we're going to keep going as
25 long as we can. To your point Chair, the volume, the

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2 average volume at Elmhurst is three times the size
3 that the ED was built for.

4 CHAIRPERSON NARCISSE: Hmm, hmm.

5 DR. MITCH KATZ: You build an ED, you know what
6 the size is. It's meant to handle a certain number
7 of patients per day and we handle three times that
8 amount at Elmhurst.

9 And you know in some ways it's a nice thing. The
10 community deeply trusts Elmhurst. People keep going
11 to Elmhurst.

12 CHAIRPERSON NARCISSE: Keep coming, yeah.

13 DR. MITCH KATZ: Right, there are other hospitals
14 that people could go to and they go to Elmhurst
15 because they feel safe at Elmhurst and they feel
16 cared for and they're not made to feel bad for being
17 poor. But at Elmhurst, in some ways is a more
18 challenging problem then MET because the, as you
19 know, the plot of land it's kind of landlocked. It's
20 got streets and you gave me an idea of street.

21 CHAIRPERSON NARCISSE: I gave you a street right.

22 DR. MITCH KATZ: But which I think is a very
23 interesting idea but that's part of our struggle has
24 been well, where would we build it, right? And you
25 have to build it somewhere where you're still running

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2 what you have right? We can't close half of Elmhurst
3 and knock it down and build something new, right? We
4 got to keep doing what we're doing and build
5 something new.

6 CHAIRPERSON NARCISSE: Yeah, but I have a
7 imagination of how it could be done since I've been
8 in the ER, so that's the reason I was talking about
9 Baxtor Streets. Since we have Chair for
10 Transportation with us, I think we need to make a
11 plan for that and I have my vision and we talk about
12 this offline because I think we can be still
13 functioning because the ramp where the ambulance
14 come, so that's where you're going to build that.
15 I'm not an engineer but we have ideas.

16 DR. MITCH KATZ: Oh I love the idea.

17 CHAIRPERSON NARCISSE: So we could use that. So,
18 thank you. Does H+H believe that this capital
19 project can be funded in a short term? In the near
20 future, a very short?

21 DR. MITCH KATZ: Not without help from OMB. OMB
22 would have to and I know and again, this is not to
23 put pressure on them. They have a lot of needs that
24 the city has and I'm not an expert on you know how -
25 how large the capital - their capital budget is to

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2 disburse but they know we need it and I think they
3 know you know that your Committee has discussed these
4 issues and sees them as critical. And MET and
5 Elmhurst ED's are at the top of our list. And I say
6 that also recognizing, a lot of what we use capital
7 for are things like the air handler goes down, right?
8 Well, if the air handler goes down, you can't run a
9 hospital. So, we wind up a lot of what people would
10 call capital dollars. In the end, we wind up
11 spending on coolers and boilers and elevators because
12 again, in the absence of you know other things, what
13 can you do? You can't run a hospital without an air
14 cooler. You can't run it without a boiler. Uhm, and
15 so, you know it's not as if we can take all the
16 capital dollars and use them to build new things. We
17 have to keep the existing things going. And again,
18 with space as well. That's always the challenge of a
19 hospital is you can't close it to build something
20 new, and so, you always are building on a working
21 hospital, which makes it more expensive always and
22 just physically more challenging.

23 CHAIRPERSON NARCISSE: So do you know how much
24 that will cost to get an emergency room at the
25 Elmhurst Hospital?

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2 DR. MITCH KATZ: We've talked with Elmhurst as a
3 multiphasic plan, so I don't know if we have -

4 JOHN ULBERG: I don't think we have the -

5 DR. MITCH KATZ: We have the estimate of just the
6 ED, right because again, the whole question with
7 Elmhurst is where.

8 JOHN ULBERG: Exactly.

9 DR. MITCH KATZ: You got to knock down something
10 or Baxter Street, I'm going to back and look at my
11 maps as soon as I'm done with this meeting because I
12 like that idea.

13 CHAIRPERSON NARCISSE: It could be an open street.
14 We have ideas but I'm going to continue that with the
15 Transportation Chair.

16 DR. MITCH KATZ: I'm so glad you have that close
17 connection with the Transportation Chair but I think
18 she's sinking into her seat.

19 CHAIRPERSON NARCISSE: Council Budget, the one
20 that not funded in the executive plan. In the
21 Council Preliminary Budget Response, we called on the
22 Administration to add \$6.3 million in the Executive
23 Budget to create 250 new residential treatment beds
24 for Rikers inmates. Why was this funding not
25 included in the Executive Plan?

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2 DR. MITCH KATZ: OMB and we are continuing to
3 talk about it. We are hoping to get approval from
4 City Council for the Just Home Project, which is
5 supportive housing for this population. But the
6 additional beds, we do not yet have funding for.

7 CHAIRPERSON NARCISSE: Okay. We called for \$5.3
8 million to be allocated for the purchase of two new
9 city scanners and an interventional radiology NGO,
10 single plan imaging system for Bellevue Hospital.
11 Why was this funding not included in their executive
12 plan?

13 DR. MITCH KATZ: Again, with all of this, we're
14 negotiating with OMB to see what they can support. I
15 would say that uhm, we were able through the funding
16 that we received from Mount Sinai to enable us to
17 take care of their patients who were previously cared
18 for at this rail, we were able to get funding for an
19 additional CT scanner at Bellevue.

20 CHAIRPERSON NARCISSE: Okay. The Council budget
21 response called for the additional \$5 million to
22 allow H+H to hire a maternal health focus
23 psychologist in each H+H maternity department. If
24 this funding is included in the adopted budget, in
25 which ways could this proposal be implemented and

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2 which hospitals are currently in urgent need of
3 mental health support for new mothers and their
4 families?

5 DR. MITCH KATZ: I think all the hospitals would
6 benefit from having additional mental health
7 personnel. I think part of either the
8 misunderstanding about maternal mortality is how many
9 of the deaths occur long after the delivery. Uhm,
10 and that there is a tremendous need to support new
11 moms in that first year. So, if the funding is
12 provided, we would expand. We certainly do our best
13 with existing mental health personnel and we try to
14 prioritize the needs of new mothers because we see it
15 as you know such an important issue.

16 CHAIRPERSON NARCISSE: Hmm, hmm. The Council
17 budget response also called for \$4.5 million to hire
18 60 new maternal health peer specialists to stop the
19 city's multiagency mental health and crisis response
20 teams in coordination with H+H.

21 Has there been any conversation between H+H and
22 OMB regarding this request?

23 DR. MITCH KATZ: I know OMB understands the
24 crisis about maternal mortality but we have not yet
25 got enough funding amount for it.

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2 CHAIRPERSON NARCISSE: Okay in both the Fiscal
3 2025 and Fiscal 2026 Council Preliminary Budget
4 Response, we call for the addition of \$300,000 for
5 the creation of the pilot women's concussion clinic,
6 which was not added in the Executive Budget. The
7 clinic would profile trauma informed care to domestic
8 violence survivors through H+H, or to be contracted
9 out. What are the agencies thoughts on the proposal
10 and how would you implement if the funding is made
11 available?

12 DR. MITCH KATZ: We have worked closely with our
13 sister department to end gender based violence in
14 Kings very close to your district has a sort of state
15 of the art program that really focuses on the risks
16 of suffocation and head trauma. So, if this gets
17 funded we would absolutely augment that program at
18 Kings and look at that as a pilot for other hospitals
19 as well.

20 CHAIRPERSON NARCISSE: In the Council's response
21 to the preliminary budget, we urge the Administration
22 to create a new outpatient building at Lincoln
23 Hospital, a project you indicated was a capital need
24 for the system during our Fiscal 2026 Preliminary
25 Hearing. Do you have an estimate of the full project

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2 course? Why was this funding not included in the
3 Executive Capital Plan? Has there been any
4 discussion between H+H and OMB on funding this
5 project?

6 DR. MITCH KATZ: At least on this one we have the
7 space right across the street from Lincoln and we
8 would not have to knock anything down. So, that's
9 the good part. The bad part is that the price tag is
10 \$600 million and at the moment, we don't have a
11 funding source for that.

12 CHAIRPERSON NARCISSE: Hmm. H+H overall
13 headcount has increased by 2,128 position. When
14 comparing the third quarter of Fiscal 2025 with the
15 fourth quarter of Fiscal 2024, the largest increase
16 is in registered nurses. I'm not complaining there,
17 with six or nine additional budgeting positions.
18 There has also been a decrease of nine physicians
19 positions. What is H+H current overall vacancy rate?

20 DR. MITCH KATZ: So, yes, we so appreciate you as
21 the highest ranking nurse in the city and we have -

22 CHAIRPERSON NARCISSE: I don't know about all of
23 that, I'm not doing hands on anymore.

24 DR. MITCH KATZ: A nurse is a nurse. It's a
25 spirit not a procedure. We're very pleased to have

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2 our own nurses rather than registry nurses and I
3 thank the City Council for advocating for fair and
4 equitable wages for nurses because without that, we
5 could not have possibly done this and we work closely
6 with OMB and they helped us to get a fair contract
7 with the result that we are now able to hire our own
8 nurses.

9 The reason you see a decrease in the physicians
10 is only that they have moved from the city line to
11 the Pagni line because it's preferred by most of the
12 doctors. We generally give people at some of the
13 hospitals like Kings of Choice. They can be on
14 either line, right? We're anxious to recruit doctors
15 but there's no absolute decrease. Overall, we are
16 taking care of more people than we have taken care of
17 in recent history and we have more doctors and nurses
18 then we ever have.

19 CHAIRPERSON NARCISSE: I appreciate that. Do you
20 anticipate any major increases or decreases for any
21 of the headcount categories in the fourth quarter of
22 fiscal 2025? What about in Fiscal 2026?

23 DR. MITCH KATZ: Not in the fourth quarter of
24 2025. I think what happens beyond that is going is
25 going to depend on what that Medicaid, final Medicaid

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2 budget does and how the state handles how much of the
3 losses they need to push down to the counties.

4 CHAIRPERSON NARCISSE: What efforts is H+H making
5 to ensure that the system retains a sufficient number
6 of physicians?

7 DR. MITCH KATZ: We recruit hard. Our salaries
8 are comparable to other -

9 CHAIRPERSON NARCISSE: Nice to hear.

10 DR. MITCH KATZ: Other safety net systems. We're
11 not comparable to the private sector.

12 CHAIRPERSON NARCISSE: Okay.

13 DR. MITCH KATZ: But you know we are blessed with
14 many physicians who remember taking their immigrant
15 parents to Health + Hospitals and made a commitment
16 that they would you know give back by working at
17 Health + Hospitals.

18 You know generally you know as a rule of thumb;
19 my thing is that people will work for 80 percent of
20 the salary. The 20 percent can be mission but they
21 won't work for 40 percent of the salary. So, you got
22 to - you have to be in the ball park. We will never
23 be the highest payer and I tell people when I
24 recruit, if you want the highest salary, you're the
25 wrong person for Health + Hospitals. Don't come work

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2 to us because you want the highest salary. That's
3 not who we are. Come work for us because you'll have
4 comparable salary and you'll go to bed every night
5 knowing that you were taking care of people who
6 really needed you and I think that that has to be the
7 Health + Hospital transaction.

8 CHAIRPERSON NARCISSE: I got it because that's -
9 they didn't pay me much either.

10 DR. MITCH KATZ: No, we're an equal underpayer.

11 CHAIRPERSON NARCISSE: But I enjoy it like you
12 said. It's a passion. It's a calling but we have to
13 pay the bill too. How is H+H working to support its
14 physician in relation to the demanding working
15 conditions they face?

16 DR. MITCH KATZ: Yeah, it's a fascinating
17 questions because in the 40 years I've practiced
18 medicine, the world has changed, right? And 40 years
19 ago, it was shut up and do your job.

20 Doctors shouldn't be emotional. I remember being
21 told you know when I was crying about a patient a
22 knew quite well who was dying of cancer. I remember
23 being told by the senior doctor that I was being too
24 emotional.

25 CHAIRPERSON NARCISSE: Hmm, hmm.

DR. MITCH KATZ: Right I mean that was the idea, right? The idea was no emotion, do your job, come to work, you're sick, come to work, right? And we now recognize why that's inappropriate.

CHAIRPERSON NARCISSE: Yeah.

DR. MITCH KATZ: And you know it's taking a while for the systems to you know figure out you know how do we help people in very stressful jobs and what is the right answer? And some of the first answers were probably wrong. A lot of the first answers were okay, well we should have yoga classes and meditation and those things are good but it doesn't help if you make the job stressful and then say, okay for the next hour we're going to do yoga and then you go back to something really stressful. I think people realize that's not the answer. The answer is you have to make the whole job doable right? And then if the person wants to go to yoga after work, they can go to yoga but it isn't about taking breaks from things that are stressful. It's about making the job doable and you know this from, you know doctors have a lot of responsibilities, right? All the orders legally have to always be signed by doctors and it puts burden on doctors to do things that often really

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2 are not even doctor jobs, right? As a primary care
3 doctor, I have to sign off every request for durable
4 medical equipment for patients in the outpatient.
5 Why?

6 CHAIRPERSON NARCISSE: Hmm, hmm.

7 DR. MITCH KATZ: All of these patients have a
8 physical therapist. They could have a home nurse,
9 right but the rules say that a physician must sign
10 off. And so, we put huge requirements on doctors to
11 do things that are often not medical and it causes a
12 lot of stress to doctors.

13 CHAIRPERSON NARCISSE: Sure. So, why can't the
14 physical therapist do that and the doctor write it in
15 a note and the physical therapy can actually send the
16 patient home with that?

17 DR. MITCH KATZ: Because the regs don't allow it.

18 CHAIRPERSON NARCISSE: But anyway that's another
19 story.

20 DR. MITCH KATZ: You are correct about what would
21 be sensible.

22 CHAIRPERSON NARCISSE: The ideal, yeah.

23 DR. MITCH KATZ: Same, one of the ones I always
24 found fascinating is nutrition notes have to be
25

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2 signed off by the doctor, right? You know how little
3 most doctors know about nutrition.

4 CHAIRPERSON NARCISSE: Yeah.

5 DR. MITCH KATZ: So, what does it mean that a PHD
6 level nutritionist figures out the calorie counts and
7 the correct diet and then I sign off on it.

8 CHAIRPERSON NARCISSE: Hmm, hmm. It should be
9 enough to write it in the note. Okay, cancer
10 screening and support continues to be a pressing
11 issue for the system and desperately needs more
12 funding. In one of our recent conversations with our
13 team, it was stated that the system was looking for a
14 request of a half a million dollars for the addition
15 of two nurse practitioners to serve as navigators for
16 high risk cancer patients. We know cancer is hitting
17 home federal level everywhere. Has this request been
18 made? If yes, what is the status of this request to
19 OMB?

20 DR. MITCH KATZ: We've requested it. OMB hasn't
21 yet determined if they can or cannot fund it but we
22 certainly see it as pressing. I think the field
23 recognizes that unless you have cancer navigation,
24 people do not follow through. It's just too
25 difficult. It's emotionally stressful to people to -

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2 people are afraid of the results. Some of the things
3 like colonoscopy are fairly difficult procedures to
4 get done because of the requirements of taking the
5 medications to flush the system ahead of time.
6 Navigation makes a huge difference. So, we will keep
7 working with our OMB colleagues to see if they're
8 able to fund it.

9 CHAIRPERSON NARCISSE: Yeah, can you please
10 describe the available services for cancer patients
11 that H+H cares for including prevention care?

12 DR. MITCH KATZ: Certainly, so I mean, the
13 largest amount of cancer prevention care, of course
14 in primary care and we do very well, much better than
15 other systems in New York City in primary care
16 because we are a much more primary care system. So,
17 we all receive, when I was in clinic last night, you
18 know for every single patient, my epic chart tells me
19 when she is due for a pap smear. Who is due for a
20 mammogram? Who needs a pneumovax, right? All the
21 things are on the left hand corner. I think we're -
22 and we do very well. I think where the challenge
23 comes in is the navigation that's required. Let's
24 say a woman has the mammogram, generally, we're very
25 successful at that. Where it's more difficult is the

2 mammogram has a abnormality. Now, the process is not
3 simple, right? To go for the mammogram, pretty
4 simple. We have people who call, don't get your
5 appointment Tuesday 10:30, people come. We run into
6 problems is it's an abnormality, we're not sure.
7 Next step is a diagnostic mammogram, then you
8 probably need an ultrasound. Then you may need a
9 stereotypic biopsy right and multiple steps. Many of
10 those steps can't happen if you are at a clinic, they
11 can only happen at a hospital. Some things have to
12 be guided by ultrasound and so that's really where
13 the navigation is needed.

14 Same thing with colon cancer screening. Very
15 high rates of people doing the test for blood in the
16 stool. We do super well. Getting people who are
17 positive on that test to do the correct procedure
18 prior to the colonoscopy; if you don't flush the
19 system then the colonoscopy is not accurate. Making
20 sure they come. It's something people don't want to.
21 You have to have a ride to get home because of the
22 medication.

23 One of my own patients had an appointment. His
24 ride fell out, right and so he couldn't do it, right?
25 I mean if I needed the test, then my ride didn't

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2 work, I would be able to take an Uber, I would take a
3 bicycle, I would - but you know that wasn't
4 available. He didn't have the money for those other
5 things. So, that's where the navigation is so
6 critical.

7 CHAIRPERSON NARCISSE: Hmm, hmm and not only that
8 too people in denial when they first learn they have
9 cancer. So, they need that support to walk them
10 through or you don't see them. They go and pray.
11 Pray is good but the doctor probably is good.

12 DR. MITCH KATZ: Prayer is good.

13 CHAIRPERSON NARCISSE: Yeah.

14 DR. MITCH KATZ: Works better with treatment.

15 CHAIRPERSON NARCISSE: Yeah, what is the most
16 recurring type of cancer and what demographic
17 constitutes most of the cancer patients?

18 DR. MITCH KATZ: Well, because of who we take
19 care of, almost you know we have a very high
20 proportion of Black and Brown patients in all of
21 Health + Hospitals. So, that's what our data
22 reflects is you know their rates of cancer, which are
23 very high.

24 CHAIRPERSON NARCISSE: Which cancer is very high?

25

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2 DR. MITCH KATZ: Well, so the ones that are most
3 common in us and I can't honestly say I could tell
4 you, which is the highest, highest. It's colorectal,
5 breast and prostate that run the highest in general.

6 CHAIRPERSON NARCISSE: Yeah.

7 DR. MITCH KATZ: Lung too.

8 CHAIRPERSON NARCISSE: Lungs. And there is an
9 increase in Black male early age that's getting
10 diagnostic tests done.

11 DR. MITCH KATZ: Yeah, we dropped the screening
12 ages because of those increases.

13 CHAIRPERSON NARCISSE: That's right. Instead of
14 45, you have to bring them early.

15 DR. MITCH KATZ: Yeah, exactly.

16 CHAIRPERSON NARCISSE: What age?

17 DR. MITCH KATZ: 44. 44 is when we start talking
18 about mammograms. 45 is when we talk about colon
19 cancer. We'll go even younger if there's a family
20 history.

21 CHAIRPERSON NARCISSE: Much younger now because I
22 have some that I'm hearing from doctors in the -
23 under 30.

24 DR. MITCH KATZ: Yeah, me too.

25

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2 CHAIRPERSON NARCISSE: That's scary for Black
3 male.

4 DR. MITCH KATZ: It is scary.

5 CHAIRPERSON NARCISSE: Yes, we need to do more.
6 How can the Council - I know it's not too sexy to
7 talk about health, right? How can the Council
8 further advocate for the creation of new cancer
9 related programs or services within the system?

10 DR. MITCH KATZ: Well, I think part of what we've
11 tried to do is by doing the navigation. We think
12 that we also can save some money because especially
13 for higher level procedures, if someone doesn't show,
14 they're paying for the doctor and the technologist
15 but there's no revenue because the person didn't
16 show. So, we think you know using navigation
17 actually can help us to be more efficient. So, but
18 beyond that, we appreciate the City Council's support
19 of these programs and recognition that many of our
20 patients need a little extra help but they often
21 don't have the same level of family support that
22 people who are financially better off have.

23 CHAIRPERSON NARCISSE: Yeah, in the Executive
24 Commitment Plan, \$32 million was transferred from the
25 Correctional Health Outpost units, holding code to

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2 fund the Woodhull Unit. The total capital funding
3 for the Woodhull Unit is now \$306.8 million. During
4 our preliminary budget hearing, H+H stated that the
5 timeline for the Woodhull Units construction was
6 delayed beyond the original estimated completion date
7 of 2027.

8 H+H also stated that you were still waiting for
9 the feedback on the design from DDC after which you
10 would be able to begin the contracting process. Can
11 you please provide an update on the construction
12 process and timelines for Woodhull Unit?

13 DR. MITCH KATZ: Dr. Yang will explain.

14 PATSY YANG: Yeah, hi, thank you. The hope is
15 still to target 2027 for the completion of
16 construction for the units at North Central Bronx and
17 Woodhull. Design is still pending finalization, so
18 we are still waiting for uhm, the Department of
19 Correction and the State Commission on Correction to
20 give us feedback. It is getting tight but we are
21 still hoping for that.

22 CHAIRPERSON NARCISSE: Okay in the Fiscal 2025 to
23 end of 2029, Executive Commitment Plan, the total
24 funding for the North Central Bronx outpost unit
25 remains unchanged at \$265.6 million - \$269.6 million

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2 compared to the preliminary commitment plan.

3 However, about \$135 million of the funding was rolled
4 from Fiscal 2025 and Fiscal 2026 into Fiscal 2027.

5 Why was the funding rolled into Fiscal 2027? Is it
6 due to a delay in the construction timeline?

7 PATSY YANG: My understanding is that the rolling
8 of the funds is aligned with our targeted of 2027
9 completion of construction. it's sort of moving it
10 from the savings account to the checking account so
11 we can actually start that work.

12 CHAIRPERSON NARCISSE: Okay, I'm going to do a
13 last question so I can pass it back to my colleagues.
14 At the Preliminary Budget Hearing, you stated that
15 the timeline for the North Central Bronx Outpost Unit
16 was delayed beyond the original estimated completion
17 date of 2027 for the same reason as the Woodhull
18 Unit. What is the new timeline for the completion?
19 Do you believe that the project will be completed on
20 time?

21 PATSY YANG: It remains still 2027, end of 2027
22 completion for both units.

23 CHAIRPERSON NARCISSE: Both, okay. So, I'll pass
24 it back to Chair.

25

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2 CHAIRPERSON BRANNAN: Thank you Chair Narcisse.
3 We've been joined by Council Member Sanchez on Zoom.

4 Now, we're going to start with the Majority Whip
5 Brooks-Powers for her questions followed by Council
6 Member Louis.

7 MAJORITY WHIP BROOKS-POWERS: Thank you Chairs
8 and hello Dr. Katz and to your team. I just want to
9 thank you and the Administration for your
10 partnership, particularly on the effort for the
11 trauma facility in Far Rockaway.

12 And so, while we readily talk, I just wanted to
13 ask some of the questions for the record.
14 Particularly just wanting to hear from you Dr. Katz
15 on how Health + Hospitals has engaged with the New
16 York State Department of Health on the certification
17 of the Far Rockaway Trauma Center.

18 DR. MITCH KATZ: Well, I just want to commend you
19 Majority Whip for an incredible inclusive process
20 with the community and community leaders, elected
21 leaders, nonprofits on Rockaway Trauma Center and how
22 we've been at these meetings and the participants
23 have been very articulate about the need for a trauma
24 center and for everybody to understand the unfairness
25 within Manhattan. It probably would be five minutes

2 to a trauma center. If you were going to have an
3 emergency on Far Rockaway, it's 45 minutes with a
4 police escort and we know that because of the tragic
5 shooting of a police officer but of course it's not
6 just police officers, it's people who live there who
7 have to travel to Jamaica Hospital and there's just
8 no way to get there quickly. And as our Chief Nurse
9 would tell us, right, our Chair nurse would tell us,
10 you know minutes matter with trauma. When you're
11 bleeding, you got to stop the bleeding.

12 So, we have worked with the state and they have
13 indicated that they would be supportive of a trauma
14 center on Rockaway. They would be enable us to staff
15 that center at the level of a level one or a level
16 two trauma center. They will not certify level one
17 or level two unless it's a full hospital, but they
18 will certify a level three trauma center. If it's
19 like a micro- hospital, it's licensed as a hospital
20 and they have shown a willingness to work with us
21 because they recognize the how geographically
22 isolated Rockaway is.

23 MAJORITY WHIP BROOKS-POWERS: Thank you for that
24 and how has Health + Hospitals advocated for the
25 advancement of this critical proposal, including the

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2 \$300,000 needed to complete the NYCHA land transfer
3 for the trauma center site?

4 DR. MITCH KATZ: Yeah, well under your
5 leadership, we are continuing to work with the
6 executive and we have a meeting set up as you know on
7 the 29th with a variety of local leaders to access
8 the \$300,000. The Mayor has been very supportive of
9 that plot of land being used for a trauma center.
10 It's a piece of land owned currently owned by NYCHA
11 but there is no plan to build on that land. So,
12 we're not taking away housing. There's no plan for
13 it and it's an ideal site for a trauma center because
14 it's large. It doesn't have any residential property
15 close to it and it's very close to the A-Stop.

16 MAJORITY WHIP BROOKS-POWERS: Dr. Katz, I would
17 love to thank you, the Mayor, as well as my
18 colleagues in the Council for all of the work this
19 far. I know we have a long way to go. Chairs, I
20 just want to ask one more question, which is focusing
21 on the Far Rockaway Primary Care Center, which we got
22 to break ground on a couple of months ago.

23 The Executive Plan includes \$28 million for the
24 Far Rockaway Primary Care Center. This new
25 comprehensive community health center will expand

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2 access to primary care, women's health, dental,
3 vision, and mental health services for the Far
4 Rockaway community. The facility is expected to open
5 in calendar year 2027. On February 25, 2025, the
6 Administration announced that the construction of
7 this facility was underway.

8 Has the construction timeline for this center
9 changed at all since our last budget hearing?

10 DR. MITCH KATZ: No, we're on time on budget.

11 MAJORITY WHIP BROOKS-POWERS: Sounds great, thank
12 you Dr. Katz.

13 DR. MITCH KATZ: Thank you.

14 CHAIRPERSON BRANNAN: We have questions from
15 Council Member Louis followed by Salaam.

16 COUNCIL MEMBER LOUIS: Thank you Chairs. I like
17 the on time on budget. That's good. Hi, how are you
18 Dr. Katz?

19 DR. MITCH KATZ: Good morning.

20 COUNCIL MEMBER LOUIS: So good to see you and
21 your team. I'm a big fan. I used to work at Mount
22 Sinai Hospital, so your name rings bells all over the
23 place. I have four quick questions, so I'm going to
24 try to get them all out and then from there you can
25 answer them.

Alright, so is NYC Health + Hospitals currently meeting adequate staffing levels at Kings County Hospital and if not, how does the agency plan to rapidly scale staffing to absorb a possible patient surge resulting from SUNY Down States curtailment. So, we know that SUNY Down State asked for \$1 billion in funding that they didn't get that. They ended up getting \$750 million from the governor so there's a shortfall of \$250 million. So, I wanted to know is Health + Hospitals currently meeting current staffing levels to accommodate for whatever may happen at Downstate. With H+H system currently projecting \$598 million cash on hand, how would the potential displacement of services from SUNY Downstate effect Kings County's operational and financial trajectory and these two questions are about the Doula Initiative. I know it falls under DOHMH but my two quick questions about this is, have there been any administrative or overhead costs associated with incorporating doula's such as credentialing, facility upgrades or a staff training and if so, how is H+H tracking and budgeting for these costs? And how is H+H prioritizing the renovation of existing facilities and the strategic allocation of personnel

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2 in its capital and staffing plans to support the long
3 term success of doula based interventions?

4 DR. MITCH KATZ: Very good, well, thank you for
5 your questions and for your support. So, King -
6 right now and you know this is a change in Health +
7 Hospitals from seven and a half years ago. We staff
8 for our census. That didn't used to be the case. It
9 used to be you know there might be and again, our
10 Chair can talk about this. There might have been two
11 nurses and ten patients, two nurses and twelve
12 patients, two nurses and fifteen patients. We staff
13 for our census now and we staff according to the
14 state ratios.

15 Occasionally we do you know in honestly, we have
16 a lot of sick outs. Sick outs are hard to prepare
17 for because the schedule says you have four nurses
18 but what happens if you only have two nurses?
19 Because two are unexpectedly out sick. Kings has
20 already absorbed some of what used to be at
21 University Hospital because they've closed several of
22 their lines of service. So, we are much fuller
23 because of that but we will keep staffing up
24 depending upon what happens to that hospital and
25 again, you know before there are any drastic Medicaid

cuts, we can generally fund ourselves increased volume if it's just the volume. If we're not building anything, if we're - generally insurance will pay us our costs. Our costs are much lower than Mount Sinai, much lower than NYU because we don't pay people what they pay them, so we can generally make it work on Medicaid but obviously if there are a lot of people who lose insurance coverage, then we'll have the same expense because losing Medicaid doesn't make you healthier, in fact it makes you makes you sicker.

So, the same number of people will come but now they'll be no paying source, so that would take us to a different area. I'm a fan of doula's. I think that they make a difference for a lot of women and uh, we have done training. We have a training budget although I don't consider that a separate expense. We don't track it. We should be training on those things that are important to train for.

We have been blessed via the borough pres-Brooklyn Borough President. He has put all of his dollars to renovations at Kings Woodhull and at South Brooklyn and we think having you know low tech areas for women who are having normal vaginal deliveries is

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2 a very positive step and we want more beautiful and
3 also just sort of less institutional spaces and the
4 money he's given us will allow us to create these
5 birthing centers.

6 COUNCIL MEMBER LOUIS: And it's good to hear you
7 already have money in the budget for extended -

8 DR. MITCH KATZ: Yes, thanks, thanks to him.

9 COUNCIL MEMBER LOUIS: Thank you. Thank you
10 Chairs.

11 DR. MITCH KATZ: Thank you.

12 CHAIRPERSON BRANNAN: Okay we have questions from
13 Council Member Salaam followed by Restler.

14 COUNCIL MEMBER SALAAM: Thank you for your
15 testimony and good morning.

16 DR. MITCH KATZ: Good morning.

17 COUNCIL MEMBER SALAAM: On budget cuts and
18 staffing at Harlem Hospital specifically, the Fiscal
19 Year 2026 Executive Plan reduces Health + Hospitals
20 budget by over \$1.4 billion, nearly a 45 percent cut
21 compared to the fiscal year adopted budget.

22 How will these cuts affect patient care services,
23 patient care services and staffing at Harlem Hospital
24 specifically and are there any plan reductions in
25 staff or service for Harlem that the Council should

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2 be aware of and also, what safeguards are in place to
3 ensure Harlem residents do not experience diminished
4 levels of service?

5 DR. MITCH KATZ: You know I think Harlem has been
6 doing super well. I think George Leconte is an
7 excellent CEO for Harlem Hospital and we have a very
8 long standing Chief Medical Officer Dr. Maurice
9 Wright. We have no planned cuts. It's always at
10 this hearing a little bit challenging to because
11 you're the slice of the budget that you see is the
12 city levy. The city levy as we talked about at the
13 beginning is only one and a half percent of our
14 actual budget and so, a lot of the movements just are
15 about cash flow and which year the expense is going
16 to come in. Our overall budget is \$13.- are we 3?

17 JOHN ULBERG: Yeah 3.

18 DR. MITCH KATZ: \$13.3 billion. So most of you
19 know the work that happens you know at Harlem, uhm we
20 are you know funding through patient revenue and one
21 of the services at Harlem that I'm most proud of and
22 I think you will see tremendous growth is we have a
23 very nice collaboration now with the hospital for
24 special surgery where they're sending their doctors
25 to Harlem to do surgeries because as you know people

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2 do not like to leave the village of Harlem and do not
3 want even though you know for joint replacements,
4 many people choose to go to HHS because of their
5 expensive experience.

6 And now through this collaboration that's headed
7 by an African American Orthopedist who sees this as
8 his life mission, it's wonderful to see that the
9 patients at Harlem are getting an HHS experience at
10 Harlem and I think that's what we should aim for you
11 know everywhere.

12 COUNCIL MEMBER SALAAM: Thank you. Lastly, on
13 the capital projects and infrastructure upgrades, the
14 executive capital plan does not include upgrades for
15 Harlem Hospital. Meanwhile, Bellevue, Coler and
16 Woodhull are receiving significant capital
17 investments for flood mitigation and infrastructure.
18 Can you tell us why Harlem Hospital is excluded from
19 the major capital upgrades in this plan? And what
20 infrastructure risks exist at Harlem Hospital,
21 especially given its location and age? And lastly,
22 will H+H commit to a feasibility study for flood
23 protection or energy resilience upgrades at Harlem
24 Hospital?

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2 DR. MITCH KATZ: Right, so the capital needs of
3 Harlem are on our \$2 billion list. So, you know we,
4 you know we struggle, right? I mean we have \$2
5 billion of infrastructure needs. We know that the
6 city is not going to be able to support all of that
7 in any one year.

8 Harlem, there was a major issue that I was
9 involved, which was the leaking roof and we were able
10 to deal with that. I'm not aware and your question
11 will make me look back. I'm not aware that we have a
12 flood risk so much at Harlem. I'm trying to think
13 about the area around that obviously the flood
14 mitigations at MET and Bellevue are being paid for by
15 federal FEMA dollars that were given to us after
16 Super Storm Sandy. So, I mean, sadly our history as
17 a country is we wait for the disaster and after the
18 disaster, we give you a mitigation, right? It would
19 be wiser to do mitigations before you had the
20 disaster but that's not generally how it works,
21 right? We got a brand new South Brooklyn Health
22 Hospital. Why? And it's wonderful that we have it
23 because the Super Storm Sandy took out the old
24 hospital, right? So, you know we will continue to
25 prioritize Harlem. It's a very much appreciated

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2 hospital in that community. It's well loved and we
3 will continue to watch over it.

4 COUNCIL MEMBER SALAAM: And uhm, just in terms of
5 that, Chairs if you will, about the energy resilience
6 upgrades.

7 DR. MITCH KATZ: Yeah, it's not an area I know
8 much about.

9 JOHN ULBERG: Well, we keep close you know touch
10 with Harlem and it is reaching the point where like a
11 pipe will break, right and then that effects
12 operations, which then you know effects the budget.
13 But I think energy resiliency is something that we're
14 looking at across Health + Hospitals. We become more
15 energy efficient right; we'll make an investment like
16 a better air conditioning system or a better heating
17 and ventilation system that ultimately you know will
18 save us money but it's finding that initial capital
19 dollars so we can make that investment is where we
20 struggle but we try every day you know to find you
21 know capital dollars within our budget and put those
22 dollars to the best use we can.

23 COUNCIL MEMBER SALAAM: Thank you.

24 JOHN ULBERG: Thank you.

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2 CHAIRPERSON BRANNAN: Okay, we've been joined by
3 Council Member Ossè and now we have questions from
4 Council Member Restler.

5 COUNCIL MEMBER RESTLER: Thank you so much Dr.
6 Katz and team. I don't believe that I have ever seen
7 a more devastating bill pass the House of
8 Representatives for the people of New York City then
9 what the republicans did this morning. Could you
10 share an estimate with us on the loss of Medicaid
11 funding to New York?

12 DR. MITCH KATZ: To New York - I'll tell you
13 what, what I know about Health + Hospitals, right?
14 So, Heath + Hospitals, we're in the hundreds of
15 millions of dollars right? And so more than 300
16 million -

17 COUNCIL MEMBER RESTLER: I apologize for
18 interrupting. I just wanted to take a somewhat
19 broader perspective. You know it's been reported
20 that we're talking about 13 plus billion dollars in
21 cuts to Medicaid funding statewide.

22 DR. MITCH KATZ: Statewide.

23 COUNCIL MEMBER RESTLER: Is that consistent with
24 what you understand?
25

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2 JOHN ULBERG: Yeah, the Governor put out a set of
3 numbers.

4 COUNCIL MEMBER RESTLER: Thirteen and a half.

5 JOHN ULBERG: Thirteen and a half and I think uh
6 -

7 COUNCIL MEMBER RESTLER: And there were some
8 changes this morning that made things even worse.
9 So, 13, 14, \$15 billion in cuts to Medicaid and if -
10 which will lead to hospitals potentially closing,
11 gutting service areas, nursing homes closing, tens of
12 thousands of health care workers being laid off,
13 millions of New Yorkers losing their health care.
14 Thousands of people dying unnecessarily. There is
15 not - I can't be any more alarmist in the language
16 that I'm using because of just how devastating this
17 legislation would be for our communities. But what
18 we all know is that when more people lose their
19 health care coverage, they depend on Health +
20 Hospitals, right? So, in a world in which more New
21 Yorkers are losing access to the essential plan, more
22 New Yorkers are losing access to Medicaid, more New
23 Yorkers are uninsured.

24 You will be losing hundreds of millions of
25 dollars in direct funding and at the same time, be

2 expected to serve more New Yorkers. Is that the
3 right expectation?

4 DR. MITCH KATZ: You have it right; I don't see
5 it as alarmist. I think that's an accurate
6 portrayal.

7 COUNCIL MEMBER RESTLER: And could you describe
8 the impacts to Health + Hospitals directly? Last
9 time you were here, with Chair Narcisse, we asked
10 about are hospitals closures on the table? And you
11 said, you didn't believe so but that you might need
12 to close service areas. Have you started specific
13 contingency planning for what service areas would be
14 lost if this horrific draconian devastating
15 catastrophic legislation actually gets signed into
16 law by President Trump?

17 DR. MITCH KATZ: So, so far you know most of our
18 effort we've been on advocacy right? We've been
19 putting - working 24 hours, 7 days a week trying to
20 convince people to oppose the bill and that seems
21 like the right thing for this moment. I think
22 whatever the final bill is, uhm we - John will be in
23 charge of figuring out you know what is the cut to us
24 and part of what's going to be difficult is that it's
25 going to be a secondary answer because it's going to

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2 depend on how much of the cut to the state; does the
3 state absorb versus push down, right? So, we won't
4 know even when the bill is passed, I won't know the
5 number because I won't know how the state will deal
6 with it.

7 COUNCIL MEMBER RESTLER: Right, the state could
8 cut billions of dollars for education and public
9 safety and public health and all of these other areas
10 that might protect that Medicaid and essential plan
11 funding but it will be devastating to our communities
12 in lot of other ways. So, there's a series of
13 horrific choices that we have before us if this bill
14 comes to fruition.

15 DR. MITCH KATZ: Absolutely.

16 COUNCIL MEMBER RESTLER: But I do - so you think
17 it's too early to contingency plan and understand at
18 Coney Island Hospital at North Central Bronx, at
19 Woodhull, what are the direct impacts. You look at
20 the hospitals with low occupancy rates on the
21 inpatient side. You look at hospitals that have
22 service lines, that have low utilization or that are
23 costing you more than a generating revenue. You're
24 looking at all of this stuff. Are you able to
25 provide - paint a picture for just what this means

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2 for New York City? And I'm not - you said I'm not
3 being an alarmist.

4 DR. MITCH KATZ: I agree.

5 COUNCIL MEMBER RESTLER: I'm being total - I mean
6 this is just - this is the very tragic reality that
7 we are hurdling toward. It's important for New
8 Yorkers to understand what the impacts are. These
9 are not imaginary things. These are cuts that are
10 going to lead to more people suffering and dying and
11 we should understand it, right? So, is there - could
12 you give us any - I'm pushing you on this because I
13 think it's important for New Yorkers to know, this
14 will have direct impacts at Harlem Hospital, at
15 Woodhull Hospital in our communities. Can you lay
16 out for us or do you have a timeline for when you can
17 lay out for us what that horrific contingency
18 planning does look like?

19 DR. MITCH KATZ: Sure, well I can only tell you
20 the principles and of how I intend to do it because I
21 can't really plan without a number, right? I have to
22 have a number of what I'm planning for?

23 COUNCIL MEMBER RESTLER: Fair.

24 DR. MITCH KATZ: But I think I can have
25 principles of how I would go about dealing with a cut

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2 as devastating as this one. So, to the first part of
3 your question, the Health + Hospitals that I came to
4 had a lot of empty hospitals. A lot of services that
5 were losing large amounts of money. That is not
6 today's reality. Today's reality -

7 COUNCIL MEMBER RESTLER: Well, I just want to say
8 at that time, Health + Hospitals was perceived as the
9 single greatest threat, risk, vulnerability, to the
10 city budget.

11 DR. MITCH KATZ: Right.

12 COUNCIL MEMBER RESTLER: And we no longer talk
13 about that. It's such a distant memory that people
14 don't even remember it because of your leadership of
15 the institution.

16 DR. MITCH KATZ: Right, so we now are so
17 successful at billing insurance, not patients, we're
18 not interested in billing patients. We're interested
19 in billing insurance that the - I don't have - I
20 don't start by saying you know I have a you know
21 poorly performing low volume service that's costing
22 me more because I've been working on it and I do
23 every day. I hear this practice is under like, today
24 I was looking at a practice where I had to say I
25 wanted this doctor to work over here instead of here

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2 because there will be more patients over here, not
3 enough volume over here. So, there just isn't that
4 reality any more.

5 So, then what I would say is so the principle, we
6 will stay a system that provides a single standard to
7 everybody because I feel that's what distinguishes
8 us. If we weren't that, then we would be just like
9 every other system. We would just be looking for
10 money as the way to figure out what to cut.

11 COUNCIL MEMBER RESTLER: Can I ask two more
12 questions? Yeah, thank you sorry.

13 DR. MITCH KATZ: So, uh we will keep - so again,
14 so if you take my assumptions then it says that what
15 you have to do is you have to curtail services and
16 probably the services you would want to curtail are
17 probably specialty services. So, because you
18 probably you have to maintain emergency.

19 COUNCIL MEMBER RESTLER: Right.

20 DR. MITCH KATZ: Right because life and limb and
21 you and you want to maintain primary care because
22 that's the most cost effective.

23 COUNCIL MEMBER RESTLER: But aren't some of those
24 specialty services revenue generating?

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2 DR. MITCH KATZ: It turns out that because they
3 are so much more expensive to do, I would say if you
4 again if you had to cut something -

5 COUNCIL MEMBER RESTLER: Yeah, no, I'm not -

6 DR. MITCH KATZ: That's where - because you just
7 pay more for specialty services and again, if you're
8 trying to make a horrible change work, you got to say
9 what are you prioritizing. I don't see how you say
10 there's going to be less emergency services because
11 you know that's where will bleed to death and I don't
12 think you want to say less primary care.

13 COUNCIL MEMBER RESTLER: No, absolutely not. I
14 know that's your priority.

15 DR. MITCH KATZ: And so if you say those two
16 things then what's left?

17 COUNCIL MEMBER RESTLER: Ambulatory care,
18 outpatient care,

19 DR. MITCH KATZ: It is specialty care. It's you
20 know so does the person just again because you asked,
21 you know people see a cardiologist. Does everybody
22 see a cardiologist in the world? No, if you're poor,
23 you see your primary care doctor. Is your primary
24 care doctor as good as cardiologist if you have a
25 cardiac problem? No. Will he or she do okay? You

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2 know that's the kind of thing that I imagine is that
3 we're saying yes, we have a primary care slot. You
4 want to see a specialist. I understand that. I'm
5 sorry I don't have a specialist for you to see.

6 COUNCIL MEMBER RESTLER: Before I get in trouble
7 with the Chairs, I just want to try to briefly touch
8 on a couple things. I do appreciate that answer. I
9 do hope that you'd be open to planning in
10 conversation with the Hospitals Committee and the
11 Finance Committee and other interested Council
12 Members to understand the impacts in advance so that
13 we can try to make sure that New Yorkers know what's
14 coming if this horrible bill comes to fruition in the
15 community of course. We represent the community as
16 the City Council very proudly.

17 The other two things I just wanted to touch on.
18 One, I'm frightened by the restrictions on Medicaid
19 access for documented green card holding immigrants.
20 Uhm could you speak to what percentage of the H+H
21 patient population is foreign born?

22 DR. MITCH KATZ: Oh, is foreign born, very high.
23 I don't know that - you know of course we don't -
24
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2 COUNCIL MEMBER RESTLER: You don't track
3 immigration status thankfully but I wondered if you
4 could track just who's an immigrant.

5 DR. MITCH KATZ: I would think that we're at 60
6 to 70 percent.

7 COUNCIL MEMBER RESTLER: 60 to 70 percent, right
8 and that's not to say that every immigrant isn't a
9 citizen, it's just to say disproportionately when
10 we're unable to provide Medicaid to documented green
11 card holding immigrants, it will have a catastrophic
12 consequence on H+H and the need to reduce even more
13 of those specialty services.

14 Second and last, is - could you just help me? My
15 understanding is that over the last ten plus years,
16 we've seen a shift at the wealthier voluntary
17 hospitals where they serve more Medicaid patients
18 then they used to and I won't ask you to explain why
19 that's happened but could you just help me
20 understand? Doesn't this mean that the voluntaries
21 have just as much skin in this game as safety net
22 hospitals? That this would be devastating? Maybe
23 not just as much, that's probably too far but that
24 have significant skin in this game and that they
25 should be an existential threat to their business

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2 model if these cuts come to fruition for New York
3 City voluntary hospitals as well?

4 DR. MITCH KATZ: Yes. Well it's easy to explain
5 why.

6 COUNCIL MEMBER RESTLER: Okay thank you.

7 DR. MITCH KATZ: The reason why is because of
8 EMTALA, EMTALA means that an emergency room cannot
9 deny you care in an emergency and the city ambulances
10 go generally to the nearest hospital. So, if you are
11 somebody on Medicaid right and you have an emergency,
12 you're going to go to the nearest hospital. More
13 people have Medicaid then ever before and so the
14 other private nonprofits are doing more Medicaid.
15 The big difference and this was brought home to me by
16 one of my own patients, she called me to say that she
17 had had an accident. She was cared for by one of the
18 great private hospitals of New York City. She has
19 Medicaid and they gave her as her discharge
20 instructions, they said, please follow up with an
21 orthopedist and they gave her three names. She
22 called me to say, I called all three practices but
23 they said they wouldn't see me, I don't understand
24 it. Emergency Department told me that I had to be
25 seen in a week and they gave me these three names.

2 COUNCIL MEMBER RESTLER: Right.

3 DR. MITCH KATZ: Right and the story perfectly
4 explains the situation. There's no outpatient care
5 for Medicaid. The outpatient care is all with us.

6 COUNCIL MEMBER RESTLER: But with the emergency
7 rooms and inpatient hospitals correct?

8 DR. MITCH KATZ: But in the emergency and then in
9 the hospital if people need to be medicated -

10 COUNCIL MEMBER RESTLER: To in cost their
11 occupancy rates, they've served more Medicaid
12 patients.

13 DR. MITCH KATZ: Right and they will - those
14 patients will still come to the private hospitals and
15 they will still have to serve them under EMTALA and
16 so they will have quite large losses now because they
17 will not get paid.

18 COUNCIL MEMBER RESTLER: Well, we all know about
19 the stories of the voluntary hospitals, the ten
20 people down the block to the H+H facilities when they
21 don't want to serve the people that lack insurance
22 and you know we are hurdling toward a reality where
23 hundreds of thousands if not a million more New
24 Yorkers are going to be in exactly that situation and
25 it's going to be on your doorstep to find a way to

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2 provide care to all of these people and we might
3 again be in a situation where H+H becomes a big
4 vulnerability for the city budget because of these
5 dramatic cuts that we've seen out of Washington.

6 CHAIRPERSON NARCISSE: Council Member.

7 COUNCIL MEMBER RESTLER: I'm done. I'm done.
8 I'm sorry, thank you for the time.

9 CHAIRPERSON BRANNAN: I have a question from
10 Council Member Sanchez. Midwives and North Central
11 Bronx in Jacobi have been working under an expired
12 contract for nearly two years. I believe these are
13 NYSNA nurses. I understand that these midwives are
14 gearing up to go on strike, which is we know is
15 always a last resort. Could you talk about what
16 H+H's role is in ensuring negotiations move forward?

17 DR. MITCH KATZ: Yeah, I'm on it. This is - so
18 the particularly nurse midwives who are phenomenal,
19 NCB, Jacobi has an amazing group of midwives, well
20 known throughout the city.

21 One of our most successful midwifery services.
22 They are employees of PAGNY, not directly of the city
23 but now that the issue has been brought to me, I am
24 working with PAGNY and we believe that what my
25 investigation showed is that there has been - there

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2 was an offer made by PAGNY. You know negotiations
3 are always I offer you then you respond and then I
4 offer you and you respond. So, the last offer was by
5 PAGNY. I'm going to you know I want to urge you know
6 NYSNA to respond because that's how you ultimately
7 resolve contracts right. You don't have to agree
8 with the last offer that was made by the employer but
9 part of you know a union leader once taught me this.
10 The importance is not to disagree. The importance is
11 ultimately to agree. So, I hope that I can convince
12 NYSNA to make now a counter offer to the offer that's
13 been made. They don't have to accept the offer
14 that's made. They can make a counter offer and get
15 the negotiations back on track. It's not unusual.
16 The City Council helped me on the doctor issue,
17 right? Similar kind of issue and we resolved it and
18 there was a vote to strike and we resolved it, so
19 usually the problem is people need to negotiate.
20 They need to - it's not sufficient to say you know it
21 isn't right. Those midwives are working way below
22 wage but part of that is because the city midwives
23 have gotten a raise and they're still on two years
24 ago raise. Once they resolve the contract, they will
25 get back pay but it makes their current pay look

2 particularly awful. It makes it hard to keep people,
3 so it seems like my job here as with the doctors is,
4 you got to negotiate to both sides, right? It's got
5 to be resolved. We're not going to live without the
6 midwives.

7 CHAIRPERSON BRANNAN: Thank you. We've also been
8 joined by Council Member Brewer and now we go back to
9 Chair Narcisse.

10 CHAIRPERSON NARCISSE: Uhm, thank you, like we
11 said, I'm going to get on it with NYSNA so we can get
12 to an understanding. The Executive Capital
13 Commitment Plan includes funding for various flood
14 mitigation and for structure projects at H+H
15 facilities. These projects are presumably related to
16 the risk of H+H facilities facing the event of
17 natural disaster like Hurricane Sandy. What will the
18 \$14.5 million capital project for flood mitigation
19 efforts at Coler Hospital cover and what is the
20 timeline to complete it?

21 JONN ULBERG: Yeah so as we've been discussing,
22 we do have FEMA monies available for us in set aside
23 and the number is \$114 million at Coler. It is our
24 plan to spend those dollars. They were in our
25 capital plan in the later years and we've moved them

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2 forward. Uhm you know because again, it is our plan
3 to complete the project. It will not all happen you
4 know next year or the year after. We have pursuant
5 to FEMA rules, we're going to need an extension of
6 those dollars and FEMA is able, has the authority to
7 grant 30 month extensions. So, we're bringing those
8 dollars in our plan to show our commitment that it is
9 our intent to complete the project and we will you
10 know work with FEMA to secure the extension.

11 CHAIRPERSON NARCISSE: Okay. So you don't have
12 an exact timeline for it yet because you don't have
13 the money situated yet?

14 JOHN ULBERG: That will firm up here very soon,
15 right? We will be able to produce a timeline.

16 CHAIRPERSON NARCISSE: The capital plan include
17 \$90 million for a flood wall at Bellevue Hospital.
18 What details can you share on this project?

19 DR. MITCH KATZ: It's the same.

20 CHAIRPERSON NARCISSE: It's the same.

21 DR. MITCH KATZ: Yeah, it's the same.

22 CHAIRPERSON NARCISSE: The capital plan includes
23 \$35.1 million for H+H Sandy community development
24 block grant disaster recovery match. What
25

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2 specifically will this funding be used for and which
3 H+H hospital are targeted?

4 JOHN ULBERG: Yeah, FEMA has a requirement in
5 certain instances that the city or the state will you
6 know match their funding and the \$35 million is the
7 source through the community development block grant
8 where we show that match. It's a variety of
9 projects. It's just us putting up our commitment,
10 our share of the commitment to the project. We can
11 get you more specifics.

12 CHAIRPERSON NARCISSE: Okay, so you don't know
13 which hospital you're going to use it - you're
14 targeted from?

15 JOHN ULBERG: It's probably a series of
16 hospitals.

17 CHAIRPERSON NARCISSE: Series of hospitals.

18 JOHN ULBERG: Yeah, but it is really our share of
19 the FEMA dollars that we need to match.

20 CHAIRPERSON NARCISSE: Okay, the capital plan
21 include \$24.4 million for flood mitigation efforts at
22 South Brooklyn Health. What is the completion
23 timeline for this project? Are the flood mitigation
24 projects for South Brooklyn Health fully funded?

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2 JOHN ULBERG: Yes, it's fully funded and the
3 completion date is the end of calendar year '26.

4 CHAIRPERSON NARCISSE: '26.

5 JOHN ULBERG: That's well underway, yeah.

6 CHAIRPERSON NARCISSE: Thank you. And does H+H
7 have any additional flood mitigation projects plan in
8 the future? If so, can you describe? Can you share?

9 DR. MITCH KATZ: We do have few. We remember the
10 flood at Woodhull right, where we had to evacuate
11 Woodhull that was you know substantial damage to
12 electrical systems there. So, we have a project
13 ongoing at Woodhull. We have one at Elmhurst and we
14 have a few others that are in the works but those are
15 separate from Sandy.

16 JOHN ULBERG: One to Harlem.

17 DR. MITCH KATZ: Yes and one to Harlem, yes.

18 CHAIRPERSON NARCISSE: Okay, mental health. The
19 Executive Plan includes one-time additional city
20 funding of \$3.6 million in fiscal 2026 for the mental
21 health continuum. This program is a collaboration
22 between H+H and DOHMH and DOE to provide mental
23 health services in public schools. What will H+H
24 funding for this program be spent on?

25

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2 DR. MITCH KATZ: I invite members of City Council
3 to come and see one of these centers because I think
4 they're really terrific. They are focused on mental
5 health needs and they do - they both enable us to see
6 children who are having trouble in school and
7 importantly, the social workers and psychologists who
8 work in them will also go into the classroom to help
9 teachers on how to deal with disruptive behavior or
10 children who are having challenges in the classroom,
11 which I think is often missing, right. So, you might
12 have a wonderful psychologist who meets with the
13 child and helps them but most of the week is spent in
14 the classroom, right? You need to work with the
15 teacher to teach the teacher how to handle the young
16 person in a way that enables them to stay safely in
17 the classroom. And so, these 16 centers both provide
18 individual family group therapy for individuals and
19 they work with the teachers, which I think is a
20 particularly important part.

21 CHAIRPERSON NARCISSE: So, when you have the
22 teachers, you don't have the Para's?

23 DR. MITCH KATZ: You could have both but yes, I'm
24 think that you know you work with the family, help
25 the family to deal with the child at home. Work with

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2 the teacher, help the teacher to deal with the kid in
3 the classroom.

4 CHAIRPERSON NARCISSE: Okay, so the Para's are
5 resent too? Okay. I don't you don't have enough
6 psychologists or psychiatrists to do all of that so I
7 appreciate including the family because once you
8 include folks, they more likely can manage at home.
9 The child have to go home.

10 DR. MITCH KATZ: That is right.

11 CHAIRPERSON NARCISSE: Uhm, in our preliminary
12 budget response, we urge the Administration to
13 baseline \$5 million for our mental health continuum
14 across the three relevant agencies. This is a
15 program that has proved to be crucial for our
16 students. How would baseline funding further support
17 the program?

18 DR. MITCH KATZ: Well, it would help the program
19 to grow because we currently only have a year's
20 funding at a time. It's difficult for us to plan for
21 future years.

22 CHAIRPERSON NARCISSE: Okay. Alright, I will
23 turn it over to Chair Brannan. Thank you so much.

24 CHAIRPERSON BRANNAN: I'm going to turn to
25 Council Member Brewer but really quick, just a follow

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2 up from Council Member Sanchez. She tells me she
3 sent a letter to H+H back in December asking about
4 these nurses. Can you make sure you respond to her?

5 DR. MITCH KATZ: Yes.

6 CHAIRPERSON BRANNAN: Okay, Council Member
7 Brewer.

8 COUNCIL MEMBER BREWER: Thank you very much and
9 uhm, thank you for visiting with the head of uh Judge
10 Wang because he thought you were terrific and he's
11 got a great program so hopefully you can do something
12 together.

13 DR. MITCH KATZ: We are by the way.

14 COUNCIL MEMBER BREWER: Oh good.

15 DR. MITCH KATZ: We are sending the show van on
16 the days his court is working, so they can send the
17 clients directly to get services same day.

18 COUNCIL MEMBER BREWER: Fabulous. Thank you Gale
19 Brewer for setting that up. I appreciate it.

20 DR. MITCH KATZ: That was well done Gale Brewer.
21 Send Gale Brewer my appreciation.

22 COUNCIL MEMBER BREWER: Yes. Asylum seekers, so
23 my understanding, the executive plan has \$37.4
24 million in federal funding for the services in FY26.
25 The state and federal aids for these seekers have

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2 significantly decreased since as you know '25. Can
3 you confirm that the funding reductions in '26 are
4 solely due to HERC's closures and the census update?

5 DR. MITCH KATZ: Yes.

6 COUNCIL MEMBER BREWER: And what is H+H role in
7 the landscape as HERC's are shutting down? How are
8 you - you'd still have some?

9 DR. MITCH KATZ: Yes.

10 COUNCIL MEMBER BREWER: What's going on?

11 DR. MITCH KATZ: We're down I think to two and
12 the idea is that this -

13 COUNCIL MEMBER BREWER: The role in the
14 Roosevelt, is that why you say two?

15 DR. MITCH KATZ: Yes.

16 COUNCIL MEMBER BREWER: Okay.

17 DR. MITCH KATZ: That this is no longer an
18 emergency. We're working well with our sister agency
19 DHS to figure out how people are part of the regular
20 shelter system as needed but there's not going to be
21 going forward, a separate HERC, which I think again,
22 our role was always - this was an emergency. All
23 these people arrived. There was no way DHS could
24 have housed them when they were getting you know 500
25 people a day in addition to the regular people that

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2 they had to do. But now that that's no longer the
3 case, it should - we should be going from emergency
4 to a normal system.

5 COUNCIL MEMBER BREWER: Okay and then the Row and
6 Roosevelt are going to close when, do you know?

7 JOHN ULBERG: Do you know the dates?

8 DR. MITCH KATZ: Yeah, I think it's the end of
9 June. We might have to get back to you. I don't
10 want to say an incorrect date but they're closing.

11 COUNCIL MEMBER BREWER: Okay, where do asylum
12 seekers because there are some at HERC's now but also
13 in general seek medical care? Do they use the - many
14 of them have New York care obviously.

15 DR. MITCH KATZ: Right, so I mean the way that it
16 works best is oh, they're closing this summer.

17 COUNCIL MEMBER BREWER: This summer, okay.

18 DR. MITCH KATZ: So, the - many of the CBO's that
19 take care of people from different countries are very
20 good about getting them NYC care and then they work
21 with them to get the a first appointment and that
22 will usually be about where they are geographically.
23 We'll try to match the geography. We'll try to
24 spread the load but certainly in general, the highest
25 number have been at Bellevue and Metropolitan.

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2 COUNCIL MEMBER BREWER: Okay, they're not going
3 to get Medicaid right or they are?

4 DR. MITCH KATZ: They are not going to get it.

5 COUNCIL MEMBER BREWER: Some of them think they
6 are going to get it. Just FYI.

7 DR. MITCH KATZ: Not by the bill that got passed
8 this morning.

9 COUNCIL MEMBER BREWER: Exactly. What is the
10 total amount of FEMA funding? Maybe you talked about
11 this earlier for asylum seeker expenses that you've
12 claimed so far? Maybe you discussed that earlier.

13 JOHN ULBERG: Uh, we will have to coordinate that
14 with OMB. That's their job to -

15 COUNCIL MEMBER BREWER: So OMB would know that
16 number?

17 JOHN ULBERG: They will know, yes.

18 COUNCIL MEMBER BREWER: Okay, is there additional
19 FEMA funding or probably not to be claimed? Yeah,
20 okay.

21 The plan, the Executive plan includes a reduction
22 of \$94 million in state funding in '25. Can you
23 confirm that this reduction is due to the closure of
24 the sites at Floyd Benefit and Creedmoor and
25

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2 Randall's Island? All of which were funded by the
3 state I assume?

4 JOHN ULBERG: Yes, we've taken substantial
5 reductions from the preliminary budget, \$95 million
6 for this year and \$540 million for next year. So,
7 the budget has come down significantly right because
8 of the closures.

9 COUNCIL MEMBER BREWER: Okay and the savings from
10 the executive plan of \$65.5 million in city dollars
11 for '25 and 50 in '26. OMB stated that these savings
12 reflect the city funded asylum seeker sites that have
13 closed since January. Can you confirm that this is
14 what these savings reflect?

15 JOHN ULBERG: Yes, that's true and it's in the
16 numbers that I gave you.

17 COUNCIL MEMBER BREWER: Right, okay and then we
18 know the asylum sites that have already closed. I
19 have that number. I guess my question is I went to
20 court, so I got a whole bunch of asylum seekers
21 because when you go to court and they're under 21,
22 and I'm in charge of them and they don't get
23 deported, so I got them in my house all day long.
24 So, my question to you is, uhm on the healthcare
25 front, so they all have New York City care. So, they

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2 will go - I send them to the Ryan Health Center.

3 That's the kind of thing I should be doing correct?

4 So, that - but the Ryan Health Center, do they get
5 reimbursed by New York City Care or do they have to
6 eat it?

7 DR. MITCH KATZ: New York City Care right doesn't
8 reimburse anyone, right? That's just our way of
9 organizing what Health + Hospitals always did for
10 uninsured people.

11 COUNCIL MEMBER BREWER: Okay so it wouldn't apply
12 to any other institution just H+H?

13 DR. MITCH KATZ: Right, just to H+H.

14 COUNCIL MEMBER BREWER: Okay, alright, thank you
15 very much.

16 CHAIRPERSON BRANNAN: Thank you Council Member.
17 We've also been joined by Council Member Stevens and
18 with that, I think we are going to close. Chair
19 Narcisse.

20 CHAIRPERSON NARCISSE: I just want to say thank
21 you for being here and we're going to continue to
22 collaborate to make sure New York City remains the
23 best city ever despite everything happening around
24 us. Thank you so much.

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2 CHAIRPERSON BRANNAN: Thank you doc and your
3 team. Okay we're going to take a say 20 minute break
4 and then we're going to start public testimony.
5 Thank you. [01:42:40]- [02:00:05].

6 SERGEANT AT ARMS: Quiet down. Quiet down. We're
7 going to be starting. [02:00:11]- [02:00:15]. If
8 you would like to testify, please see one of the
9 Sergeant at Arms in the back to fill out a testimony
10 slip. Testimony should begin in a few minutes. No
11 food or drinks in the Chambers. Chair, you may
12 begin.

13 CHAIRPERSON BRANNAN: Thank you. Okay, [GAVEL].
14 Welcome back, we're now going to open the floor to
15 public testimony. I just have to read this little
16 disclaimer. I remind members of the public that this
17 is a formal government proceeding and that decorum
18 shall be observed at all times. As such, members of
19 the public shall remain silent unless you are of
20 course testifying. The witness table is reserved
21 only for people who wish to testify. No video
22 recording or photography is allowed from the witness
23 table. Furthermore, members of the public may not
24 present audio or video recordings as testimony but
25 they can submit transcripts of such recordings to the

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2 Sergeant at Arms for inclusion in the official final
3 hearing record. If you wish to speak at today's
4 hearing, make sure you fill out one of those little
5 slips in the back and then we'll call you up. Once
6 you've been recognized, you'll have two minutes to
7 speak on today's hearing topic, which is the
8 executive budget for Health + Hospitals for FY26.

9 If you have a written statement or additional
10 written testimony that you want to submit to us, just
11 hand it to the Sergeant at Arms and they'll give it
12 to us and you can also email written testimony if you
13 don't have it with you today. You can email that to
14 testimony@council.nyc.gov and it's got to be done
15 within 72 hours of this hearing.

16 Okay, we're going to start the first panel. We
17 have Judy Wessler, Kelvin Diamond, Bennett Mosse, and
18 Mateo Guerrero and David Alexis. You could begin.

19 DAVID ALEXIS: Beautiful. Good afternoon and
20 thank you for this opportunity to testify. Judy and
21 I - my name is David Alexis; I'm here with Judy
22 Wessler. We're here on behalf of The Commission on
23 the Public Health System. A citywide community based
24 health advocacy organization that over the last 30
25 years has been championing healthcare access equity

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2 across New York City and our mission is to ensure
3 that all New Yorkers, especially low income
4 residents, immigrants, and communities of color have
5 robust- access to a robust and equitable public
6 healthcare system.

7 I want to take a moment to you know skip a little
8 bit of what we were going to say originally because
9 the testimony that - or earlier in the hearing
10 discussion that uh by both Chairs of the Finance and
11 the Hospital Committee in addition to all the City
12 Council Members with the discussion they had with
13 Health + Hospitals addressed a lot of the concerns
14 that we were hoping to address and I think did a
15 very, very good job to help kind of paint of picture
16 of the state we're in with the massive cuts that are
17 going to come down from the federal government with
18 the Trump Administration.

19 And while there's much influx because we don't
20 know how much the state is going to absorb and what
21 not, we feel that the City Council has been doing the
22 work necessary to prepare for what could be very
23 catastrophic changes. And one of the things that I
24 think I really just want to just maybe restate or
25 just really edify is that as a result of the

2 dependence of these dollars that we get through
3 Medicaid reimbursements and whatnot, and this hole
4 that's going to be created, there is so much that
5 really kind of needs to be worked out, planned in
6 coordination with Health + Hospitals who is literally
7 going to be at the forefront of a lot of covering
8 these gaps of making sure that uhm, aware of the
9 shortfalls, the collaboration between a community
10 based organizations that are often times are walking
11 in tandem with the City Council, the city agencies.
12 And Health + Hospitals kind of need to really be very
13 much on the same page as this goes along.

14 So, seeing that at the end of the day, we're
15 going to - with the one million residents that really
16 rely on these critical services provided by Health +
17 Hospitals, this intensity with the closing of Mount
18 Best Israel Hospital in the assumption that you know
19 not only what's going - the patients are going to go
20 to Bellevue, the uncertainty that's happening with
21 SUNY Downstate. We've seen that Kings County is
22 going to - which a hospital that already has a huge
23 number of patients that it's seeing and we're seeing
24 a potentially increase. I know Council Member Louis
25 already addressed a little bit of that but overall,

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2 all these services will increase the need for
3 Medicaid beneficiaries who are going to be losing
4 their healthcare insurance to become insured and we
5 don't know how many of the federally qualified health
6 centers are going to stay in place to cover those who
7 without insurance, they're going to get the care that
8 they need.

9 So, we really are hoping to be apart of this
10 conversation with the city, with Health + Hospitals
11 around what is the plan, what is the nature of this
12 going to look like. How we're going to continue to
13 provide critical services for all these vulnerable
14 communities across the city. And I'm going to - I'll
15 refer to my uhm, to Judy to kind of talk about some
16 of the initial recommendations that we've been
17 thinking through as you know at the beginning of this
18 planning process.

19 JUDY WESSLER: Thank you so much and I just want
20 to complement Council Members for their excellent
21 questions and I was pleasantly surprised. I think
22 Dr. Katz did a great job too. So, it's good to see
23 the sort of synergy in working together. We do have
24 some proposals that are not necessarily on
25 everybody's table and think that there should be -

2 because what happened this morning in Congress and
3 you know the kinds of things that we could be facing
4 could be really disastrous and we can't go back that
5 far. I know we've been there in the past. We can't
6 go back that far.

7 So, some of the ideas are that uhm, the
8 affiliation contracts that H+H and I still call it
9 HHC has with Mount Sinai but particularly NYU
10 Langone, which has three different institutional
11 affiliations that they need to really be reviewed and
12 to see if they are necessary because there are costs
13 associated that go outside of the public system and
14 we need to really think about that and figure it.

15 And I don't know if people have seen it but NYU
16 Langone, they had the highest salaries and
17 compensations of any institution in New York City and
18 uhm, you know and they also had a what we call a
19 profit. They call surplus or excess revenue for on a
20 three month basis, \$300 million. So, looking at that
21 and looking at the potential of you know all of these
22 institutions get uhm tax exemptions and so, should
23 the city be doing that? Should those funds that come
24 in or should there be funds coming in and should they

2 be used for public health and public hospital
3 services?

4 And we have a proposal, a little written proposal
5 that we can work on more about that but what we need
6 to do and I believe that certainly the Council
7 Members that I'm looking at and the staff and others
8 that we know would agree with this that we can't go
9 back and you know not have access to care and have
10 all sort of - and we know that the private hospitals
11 are going to be referring to the public.

12 When Medicaid doesn't pay as much and when people
13 lose their insurance coverage. You know I had a
14 student that - a high school student that went around
15 and looked at the policies of some of these hospitals
16 and in the emergency room at NY Langone, there was a
17 hand written note, which unfortunately I wasn't smart
18 enough to take a picture of but if you don't have
19 health insurance, go down the block to Bellevue.

20 And you know, the clearest message in writing.
21 They don't usually put it in writing but this was in
22 writing. Uhm and so, we need to think strategically
23 about ways to make sure that our facilities, our H+H
24 facilities have the resources needed to take care of

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2 people and be in the community. So, and we look
3 forward to working with you on these. Thank you.

4 DAVID ALEXIS: Thank you.

5 CHAIRPERSON BRANNAN: Thank you.

6 MATEO GUERRERO: Good morning everybody. Chair
7 Narcisse and Council Members, thank you for the
8 opportunity to testify today. My name is Mateo
9 Guerrero and I am the Trans Justice Leadership
10 Program Manager at Make the Road New York and I'm
11 here to share our concerns with the budget and an
12 impact that it has particularly on trans and gender
13 nonconforming, nonbinary New Yorkers.

14 Our trans and gender expansive communities are
15 facing escalating threats from the federal
16 government, including the attempts to roll back
17 healthcare protections, attacks on gender affirming
18 care, and efforts to undermine our civil rights.
19 These policies are putting our lives at risk and it
20 is Black and Brown migrant, low income and youth,
21 young people who are experiencing the brunt of these
22 attacks. This is why today, we're urging the City
23 Council to stand with us and make bold and meaningful
24 investments in our communities health, housing, and
25 safety and we're asking the City Council to use every

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2 tool to expand and preserve programs and increase
3 services and protections for trans and gender
4 expansive care and people.

5 So the first one is fully funding the trans
6 equity fund at \$10 million and prioritized trans led
7 groups. The trans equity fund was created to address
8 deep disparities in health, housing and employment
9 for our communities, raising the fund from \$3.25
10 million to \$10 million is not just necessary but it
11 is urgent. This funding must go directly to trans
12 led organizations that are best equipped to reach,
13 support and heal our communities.

14 The second one is an investment of \$15 million to
15 protect TNB healthcare providers under attack by
16 thorough policy. As the White House and the
17 Department of Justice move to strip away healthcare
18 protections, New York City must step up. Trans
19 people rely on providers offering gender affirming
20 care, culturally competent care and these providers,
21 many of them, clinics and small community based
22 health centers are at risk of losing thorough
23 support.

24 The city must allocate \$15 million to ensure they
25 remain open and accessible. And the third one, is

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2 allocating \$10 million to support providers caring
3 for runaway and unhoused trans and queer youth. Too
4 many young people in our communities are pushed out
5 of their homes into dangerous situations. Our
6 shelters and service providers are the best that they
7 can but without sustainable city support, they cannot
8 meet the need and \$10 million is the bare minimum
9 required to help trans and queer youth survive and
10 rebuild their lives.

11 The budget is a moral document and it reflects
12 what the city values are and whether it is serious
13 about equity, inclusion and care and trans and gender
14 diverse people, especially trans migrants have been
15 told for too long to wait and we cannot wait anymore.
16 We ask the City Council to act boldly,
17 unapologetically, and with equity at the center.
18 Thank you so much.

19 CHAIRPERSON BRANNAN: Thank you very much for
20 your testimony. We've also been joined by Council
21 Member Rivera. Now, we'll have our next panel, Kayt
22 Tiskus, Carmen de Leon, Anabel Ruggiero, Richard
23 Flores, and Alexander Harris. Carmen, you want to
24 start? Just hit the mic.

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2 CARMEN DE LEON: Is it on? Okay, now it's on,
3 thank you. So, thank you Chair Justin Brannan and
4 Chair Mercedes Narcisse. I am Carmen de Leon, I am
5 the President of Local 768, the New York City
6 Healthcare Employees.

7 I am here today, actually I want to back up. I
8 really want to thank Dr. Katz for his leadership.
9 When I first came back to Health + Hospitals in 2014
10 as a per diem, basically working agency, there were
11 three hospitals slated for closure back then and
12 Halem Hospital, which is my hospital. I call it my
13 hospital because anytime I'm offered to work per
14 diem, I go to Harlem. I am currently on EO 75 lease
15 time from Harlem and I will be returning at the end
16 of the my term because that's my hospital. I grew up
17 in West Harlem. My father was in East Harlem so that
18 is my passion for Harlem.

19 But I do want to thank Dr. Katz because he saved
20 not only Harlem but Coney Island and I forgot what
21 the other hospital is. But today I'm here to - on
22 behalf of my members who cover anything from dental
23 assistance to physical therapy to the revenue
24 gatherers of the medical record specialists and many
25 more.

2 I have about 45 titles in the hospitals alone.
3 The first thing I would like to urge the Council is
4 to be able to restore as much as possible the
5 infrastructure funding. That infrastructure funding
6 is important. Harlem hospital I believe it was
7 either this past summer or the summer before, their
8 air conditioning went down and my members were
9 calling and I have to say the hospital in George
10 LaConte, they worked very hard to get that restored
11 back but it impacted services and it impacted the
12 healthcare of the members that were working in the
13 hospital.

14 The temperatures were up to like 85 degrees in
15 some situations within the hospitals. The other
16 hospital that was impacted was back in October of
17 2023 when Woodhull was flooded out. My members
18 stayed to help transport patients out of the ICU and
19 also stayed to work under those conditions because
20 there were some patients that were so critical in the
21 ICU, they could not move them. So they had to
22 operate on backup generators.

23 So, that's really important that that funding for
24 the infrastructure is restored as much as possible.
25 The other thing that I came here to testify is that

2 everything that we do with regard to infrastructure,
3 it is a priority because it has a domino effect on my
4 members and the communities at large. Because if we
5 can't offer the services to them, they are not going
6 to go outside of their community. They are going to
7 stay there. I can tell you at Harlem, I had four
8 generations at one time in the asthma room with me.
9 Actually it was three and then the child was in the
10 pediatric side. So, our communities use these
11 hospitals. This is generational care that we are
12 giving at these hospitals. This is generational care
13 that we are giving at these hospitals. If we can
14 expand by supporting the infrastructure, that's a
15 great thing. It also helps my members because it
16 generates more jobs for specialties.

17 So, for instance, nursing, there's still and I
18 was at the state when we testified for this for safer
19 staffing levels. Those levels are not able to be
20 followed and that impacts every single one,
21 especially me. I'm a respiratory therapist, so I've
22 worked in hospitals, not just Harlem but other city
23 hospitals and I've had my members come to me tell me
24 in an ICU because they didn't have enough staffing,
25 or because people called out because they were burnt

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2 out. They had two nurses working in a 14 bedded unit
3 trying to get nurses in. That impacts my members as
4 well because we're obligated to be able to take up
5 the care for any ventilator patients because the
6 nurses can't do it alone. The doctors can't do it
7 alone. I think that the last part of it is that I've
8 heard a lot of testimony today about how the privates
9 would send members of a community around the block to
10 the city hospital. I worked in that situation. I
11 used to work at NCB and at that time back in 2002,
12 that hospital that's around the corner from NCB would
13 not accept Medicaid at all. And so, I can tell you I
14 had one patient come into my asthma room. He was
15 having an MI and they discharged him from that other
16 hospital to bring him around the corner. So, I think
17 that we support the infrastructure of the hospitals
18 and that funding for that. We can still prevent
19 that.

20 A lot of my members and a lot of the communities
21 don't go to those other hospitals because they don't
22 know if they're going to be able to be seen or if
23 they cut Medicaid, those hospitals, even though we
24 have you know you have to see somebody, those
25

2 hospitals by practice will turn around and send that
3 individual back to the city hospital.

4 It's an expense and so they're not going to say
5 that oh, no, we except everybody because what they're
6 going to do is they're going to go oh, no, we can't
7 treat you and if they are immigrants, people of
8 color, those that are not necessarily educated to
9 their rights for healthcare, they will leave and they
10 will take the AMA and go around the corner.

11 I just you know I came here with a whole bunch of
12 other things to say but really, I am concerned with
13 the Medicaid cuts that happened this morning. It is
14 going to increase that population that will be seen
15 at the city hospitals. It is going to increase the
16 amount of money that will be drawn out of the Health
17 + Hospital system because of the inability for
18 citizens to pay or migrants. It doesn't matter. We
19 have some of our own citizens that do not have
20 Medicaid or they lost their Medicaid for whatever
21 reasons and they come to the public hospitals.

22 So I think it's kind of naive for us to think
23 that you know this will not impact or draw out money
24 from the public hospitals. I work at Harlem, we have
25 a huge, huge number of -

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2 CHAIRPERSON NARCISSE: Can you try to wrap it up
3 for us?

4 CARMEN DE LEON: Huh?

5 CHAIRPERSON NARCISSE: Can you try to wrap it up
6 for us?

7 CARMEN DE LEON: I'm sorry?

8 CHAIRPERSON NARCISSE: Wrap it up for us. Can
9 you give us a conclusion?

10 CARMEN DE LEON: Okay, so I'm just basically
11 saying, please support the infrastructure. Please
12 support any funding for staffing. I have social
13 workers, they are severely understaffed on social
14 workers and everybody is talking about mental health,
15 well that's an underfunded program if you don't have
16 that and thank you again.

17 KAYT TISKUS: Thank you Chairs Brannan and Chair
18 Narcisse. Thanks Council Member Rivera for being
19 here. Thanks for this mornings hearing and thanks to
20 all of you and to the folks who testified and for New
21 York City generally for trying to push back against
22 some of the terrible things that are happening right
23 now. It makes me really proud to live here as much
24 as I am very frightened.

25

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2 My name is Kayt Tiskus. I work with Collective
3 Public Affairs and two of the initiatives that I work
4 with are trans equity and the sexual assault
5 initiative and that's why I'm here today.

6 I don't need to tell you because everybody has
7 been telling you all morning how the Administration
8 took aim straight at the head of trans people the
9 very first day in office and really regards all
10 healthcare for anyone who's gender nonconforming is
11 gender affirming and is trying very hard to make it
12 impossible to access.

13 We were here to really support the City Council's
14 courageous decision to put in their executive budget
15 response \$15 million to support healthcare providers
16 who are providing that gender affirming care and
17 about to lose a lot of federal funding for doing so.

18 \$10 million for runaway homeless trans and queer
19 youth who are going to sort of need additional
20 support because their healthcare access is going to
21 get even shakier which tends to leave a lot of people
22 without housing and \$10 million to the trans equity
23 discretionary fund, which helps get people into
24 institutions, nonprofits care, to try to sort of stem
25 some of the bleeding.

2 I also want to note that the only part of sexual
3 assault funding that comes - the only people who do
4 sexual assault training, the only people who do
5 survivor support, that funding all comes from the
6 City Council. It doesn't come from the state. It
7 doesn't come from the Mayor's side. Looking for an
8 increase to two and a half million to sort of stem
9 the gap for folks who are survivors who are also
10 going to lose coverage. We're in the middle of moral
11 emergency and I really appreciate that this Council
12 is almost unique among government bodies, stepping up
13 to try to answer it. I think these hospital funding
14 priorities will literally save lives.

15 So, thank you for being here today.

16 ANABEL RUGGIERO: Hello, I am Dr. Anabel Ruggiero
17 and thank you for letting me have the opportunity to
18 speak. Today I am speaking on behalf of myself and
19 others members of transsexual men in New York City.
20 To be explicit, our organization receives no money
21 from the City of New York nor expects to in 2026.

22 I'm here in support of the NYC Trans and Queer
23 Provider Advocacy Coalition. Let's start by
24 contextualizing the Trump Admins treatment of
25 transpeople. On May 6, 1933, the Nazi's conducted

2 their first organized book burning. Their target,
3 Dr. Magnis Hershfield's nonprofit and its medical
4 records and research. The Institute of Sexology was
5 at the frontier of gender affirming care.

6 On February 12, 2025, the National Park Services
7 removed all references to trans people from the
8 Stonewall National Monument, which is located right
9 here in Manhattan. I don't have time to cover every
10 injustice here but my point is that trans people are
11 threatened by fascism today. There are actual very
12 real parallels between the Nazi's attempt to
13 eliminate trans people and Trumps attempt to erase
14 trans people from public life.

15 With that in mind, let's look at how much money
16 our coalition is asking for from New York City.
17 Based on census data a conservative estimate of the
18 number of trans people in New York City is about
19 50,000. I must stress that this is a lower bound.
20 Our coalition is asking for \$35 million. That sounds
21 like a lot but that's only \$700 per trans person in
22 New York City. We finding [INAUDIBLE 02:25:44]
23 administration. \$700 a person is a modest request.
24 With that said, I think more than what our coalition
25 asked for. Magnus Hershfields personal model and the

2 model of the Institute of Sexology was per sanctum
3 [INAUDIBLE 02:25:58], which is butchered Latin for
4 through science to justice. In that spirit, we can
5 find some new ideas from scientific literature.
6 There's plenty of promising review studies on
7 unconditional cash transfers. I would argue that the
8 research reaffirms Hershfield's belief that welfare
9 yields benefits to society in excess of the original
10 expense.

11 While I'm an engineer and not an economist, I do
12 personally believe that the best way for New York
13 City to provide funding is to achieve trans equity
14 would be to give trans people money directly with no
15 strings attached and this should be done above the
16 \$35 million we're asking for.

17 And if I can take one more second, I just want to
18 make something explicit for the record. If the
19 houses - uhm if the feral budget that the house
20 passed actually makes it through the senate side into
21 law, people are going to die across this country and
22 I am very, very afraid. Thank you.

23 CHAIRPERSON BRANNAN: Thank you.

24 ALEXANDER HARRIS: Good afternoon everyone and
25 thank you to Chairperson Narcisse, Council Member

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2 Brannan, and Council Member Rivera for helping in
3 this hearing and allowing us to speak. My name is
4 Alexander Harris, feel free to call me Alli and I'm
5 the Interim Manager of Public Policy and Efficacy at
6 Callen-Lorde Community Health Center. Which is a
7 health center that is providing affirming care to all
8 that are LGBTQ+. Folks who are living with HIV and
9 anyone who comes through our doors, regardless of the
10 ability to pay.

11 We're an FQHC for Federal Quality Health Center
12 and we are operating still with three sites across
13 the city. I want to thank you all for the
14 opportunity to testify today on behalf of our
15 patients and staff and their stakeholders that we
16 work with on a day to day basis.

17 Now, I'm going to take a moment with
18 vulnerability so bear with me. Over 16 years ago, I
19 personally arrived in New York City in the middle of
20 the great recession. I had maybe \$200 in my bank
21 account, aka to my name, a promise of a minimum wage
22 job, and a friends couch to sleep on for a few weeks.

23 In this moment of my life, the only certainty I
24 knew was that I needed medically transition to
25 survive whatever challenges came my way. Without

2 health insurance benefits, Callen Lorde enrolled me
3 as a patient without hesitation. In addition to
4 starting me on gender affirming hormone therapy, I
5 received essential services otherwise inaccessible to
6 me because I was uninsured.

7 Thanks to gender affirming care, I managed to
8 obtain my master's in public health and I still give
9 back to New York City's communities as a community
10 based health recenter, a public servant at Department
11 of Health and Mental Hygiene, a program administrator
12 and a policy advocate for gender affirming healthcare
13 benefits. I am living testament to why gender
14 affirming healthcare matters. Without it, I would
15 not be living the life in service to LGBTQ New
16 Yorkers, let alone speaking with you all today on
17 this matter.

18 Over the past four months, I'm sure you're aware,
19 federal policy changes, executive orders,
20 administrative downsizing, programmatic budget cuts
21 and research grant terminations demonstrate a clear
22 message to transgender and gender diverse communities
23 right here in New York.

24 We are not people and our lives are expendable.
25 Due to these rapid changes, institutions like Callen

Lorde face new struggles in addition to supporting our transgender and gender diverse patients living in a state of fear, abject panic, and sheer anxiety in anticipation of not knowing what's going to happen the next day.

Funding previously available for LGBTQ Health, HIV prevention, and health research has evaporated. Callen Lorde alone has already lost a half a million dollars annually in programming and \$1.5 million in research grants specifically for trans specific HIV prevention, mostly focusing on adolescents ages 13 to 24.

We expect this dedicated funding for trans and gender diverse New Yorkers will continue to dwindle across all social services. With the proposed budget reconciliation bill in Congress, which is now actually passed, Medicaid cuts will devastate New York's safety net institutions further. As you may be aware in New York City alone, nearly 850,000 residents, which translates to 2,300 or more of our patients at present, and millions of available hours and visits across our healthcare services will lose health insurance coverage completely. Buried within this bill's reconciliation language, I want to note

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2 two harmful measures that have really effected our
3 folks at Callen Lorde and our gender diverse New
4 Yorkers across the city. Specifically, Medicaid and
5 CHIP funding for gender transition procedures for
6 minors will be completely prohibited. ACA market
7 place plans from including - will be prohibited from
8 including coverage on gender transition procedures as
9 an essential health benefit, which also specifically
10 effects Callen Lorde but also our health centers
11 across the country offering gender affirming care.

12 Despite these threats to our patients, Callen
13 Lorde remains dedicated to serving our - excuse me.
14 Callen Lorde continues to remain dedicated to our
15 23,000 patients annually. And I want to make a note
16 here to is that this is not inconsequential. This
17 care we're talking about, it actually offering it at
18 a primary care level, lowers emergency room visits,
19 improves chronic disease management, and keeps our
20 people with AQVR patients living with HIV, which you
21 know we have so much around New York City and
22 globally virally suppressed. We have this evidence
23 from our data here in New York City and nationally
24 and even globally suggesting that we are able to
25 control and provide a better level of care and life

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2 for folks broadly. And our local evidence backs this
3 up.

4 When I mentioned our 23,000 LGBTQ patients
5 annually, I want to recognize that we have over 8,000
6 gender diverse, transgender, nonbinary patients. We
7 remain steadfast in our mission and we cannot offset
8 these harms without your support and I urge you as
9 New York City Council to invest in us and invest in
10 trans futures, which would mean \$15 million to
11 safeguard gender affirming care for institutions like
12 Callen Lorde, like H+H and the folks across the city
13 who really provide these services of care. \$10
14 million to expand housing for LGBTQ youth which will
15 be further mitigated or further erased or decrease
16 significantly nationally, which means New York City
17 will have a harder capacity to address those
18 concerns, let alone address the probably rising
19 threat to them broadly.

20 And we're also asking for \$10 million for
21 revitalized trans equity fund that prioritizes
22 transit organizations because Callen Lorde is one
23 institution and we are collaborators and we work with
24 our stakeholders across the city in order to ensure
25 that every persons care is taken care of. When I say

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2 we do case management services, I mean housing, I
3 mean enrollment in benefits, I mean things far beyond
4 the service that we provide, which typically are
5 about primary care, dental, behavioral health, etc.,
6 but we can't do it all. Pantry for their food or
7 otherwise, we can put them there, we are not the ones
8 who are able to support those services directly let
9 alone take on the financial disparity that we are
10 going to experience with these Medicaid cuts and
11 these cuts for services that are essential to gender
12 affirming care.

13 CHAIRPERSON NARCISSE: Can you do a conclusion
14 for us?

15 ALEXANDER HARRIS: Yes.

16 CHAIRPERSON NARCISSE: Thank you.

17 ALEXANDER HARRIS: As New Yorkers, we all have an
18 ethnical responsibility to protect each other and now
19 is the time to act. I really want to thank you for
20 your time today and the time you offered us and
21 Callen Lorde provided its written testimony along
22 with mine for the record.

23 Again, thank you so much for listening.

24 CHAIRPERSON BRANNAN: Thank you.

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2 UNIDENTIFIED: Thank you for allowing me to
3 testify today. I understand that this budget meeting
4 is for cuts that are happening citywide to residents.

5 CHAIRPERSON NARCISSE: Unfortunately, it's not
6 us, it's coming from the federal. We're trying.

7 UNIDENTIFIED: I'm currently a Blue Cross Blue
8 Shield member and I have Medicaid and Medicare.
9 Though I don't have the current numbers and data
10 present with me, I speak for myself and many others
11 when I say that the American Healthcare industry I
12 believe is in dire jeopardy, as everyone here as
13 stated.

14 I've been denied emergency room treatment at
15 Flushing Presbyterian Hospital after being
16 misdiagnosed for various medical conditions for over
17 a decade. Instead, I was illegally forced to
18 involuntarily - pardon me, involuntary mental health
19 evaluation even though I was there for a physical
20 ailment.

21 I believe this is being utilized to treat various
22 illnesses, mental health, physical health, I
23 understand that but I was actually denied medical
24 treatment and I was sent on my way without being
25 treated at all. And despite the fact that US law

states that every citizen has a right to healthcare, it seems to me if you don't mind me saying that there seems to be a permanent underclass that has fallen victim to what I like to call in literary terms sickness onto death, as a Christian or existentialist Soren Kierkegaard once wrote. Too many times I've seen mentally ill homeless persons in various states of distress and they deny medical care after they've fallen ill or simply have gone somewhat insane after indeterminant periods of time without healthcare on the street.

So, in ending, it seems that what's apparent is that there needs to be relegislation of the law in order for there to be able to ensure medical care for all American citizens and what is - though it's true that the cuts in Medicaid and Medicare via the Trump Administration is being used as a culprit.

I'd like to know what's happened to the hypocritic oath by law. You go to the hospital. You have health insurance; you're covered by Medicaid. You're covered by Medicare but often too many times, you don't receive medical treatment or adequate medical treatment and if I can be so honest to say, I think that it shouldn't matter about your gender. It

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2 should matter that you're a human being and you need
3 medical help. Whether your young, whether you're a
4 baby, whether you're an adolescent, whether you're a
5 teenager, whether you're an adult, a senior citizen,
6 and it shouldn't matter what race or nationality you
7 are. We have the greatest healthcare system in this
8 country and there shouldn't be any reason I think
9 even despite what's happened in the world with COVID-
10 19 effecting people on various levels that they
11 shouldn't get adequate healthcare if its actually
12 there. And that's all I'd like to say.

13 CHAIRPERSON BRANNAN: Thank you. Thank you all
14 for your testimony. Okay, now we have Kelvin Diamond
15 and Bennett Mosse.

16 Please turn your mic on. There's a button on the
17 bottom there.

18 BENNET MOSSE: Okay good afternoon Chairpersons,
19 members of the City Council. I'm Bennett Mosse.
20 Beside me is Kelvin Diamond. We are delegates of the
21 organization of Staff Analyst Union and employees of
22 New York City Health + Hospitals.

23 On behalf of our members, I would like to thank
24 the City Council for their ceaseless commitment to
25 New York City Health + Hospitals and the healthcare

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2 of all New Yorkers regardless of income. Thank you
3 again.

4 CHAIRPERSON BRANNAN: Thank you. Thank you very
5 much. Okay, now we're going to move to Zoom. If you
6 are currently on Zoom and wish to speak, we're going
7 to call you. Whitney Walton.

8 SERGEANT AT ARMS: You may begin.

9 WHITNEY WALTON: Hello, good afternoon.

10 CHAIRPERSON BRANNAN: Good afternoon.

11 WHITNEY WALTON: So my name is Whitney Walton, I
12 am a Behavioral Health Social Worker with Jacobi and
13 I am a member of DC 37 Local 6768 and I'm grateful
14 for the chance to speak with you today. So, like I
15 said, thank you.

16 As a licensed social worker, we are critical to
17 our mission here at Health and Hospital. Many
18 provide essential daily services with their
19 foundational license master social worker, other
20 known as elements w credential.

21 But I want to take the time to highlight the
22 advanced capabilities of our licensed clinical social
23 workers, our LCSW's. So, achieving the LCSW requires
24 years of additional dedicated practice, significant
25 personal investment and passing rigorous

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2 examinations. Representing a deep commitment to
3 providing the highest level of care. While working
4 in a demanding hospital environment and critically
5 across the diverse communities we serve, LCSW's are
6 the forefront of addressing escalating mental health
7 needs. They offer expert clinical guidance and
8 therapy often to our most vulnerable populations.

9 This advanced level of practice and the demanding
10 task to achieve it, especially in the face of such
11 significant community needs, must be reflected in our
12 compensation. Therefore I am strongly proposing that
13 a prorated annual differential for established for
14 all social workers who earn their LCSW from the New
15 York State Department of Education.

16 This is more than fair compensation. It's a
17 vital strategic investment recognizing that the LCSW
18 will directly boost morale significantly improve the
19 retention of our experienced clinical staff or
20 essentials for our mental health service, delivery
21 and unlimited strengthens the community and quality
22 of comprehensive care. Including what we have spoken
23 about -

24 SERGEANT AT ARMS: Thank you, your time expired.

25

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2 WHITNEY WALTON: Okay sorry, I just want to say
3 thank you.

4 CHAIRPERSON BRANNAN: Thank you very much.

5 WHITNEY WALTON: Thank you.

6 CHAIRPERSON BRANNAN: Thank you Whitney. Now we
7 have Avi Severino.

8 SERGEANT AT ARMS: You may begin.

9 AVI SEVERINO: Good afternoon. My name is Avi
10 Severino and I'm a trans individual from the Bronx
11 and I'm here today calling on the City Council to
12 maintain and expand the \$15 million investment
13 towards gender affirming care across New York City.
14 I come before you just not just as an advocate but as
15 a living testimony to what this funding makes
16 possible. A few years ago, I experienced one of the
17 most severe mental health episodes of my life while
18 dealing with gender dysphoria but thanks to the
19 gender affirming services funded here in New York
20 City, I was able to access affordable care, thanks to
21 Callen Lorde.

22 Gender affirming care saved my life and without
23 access to those services, I would not be here in
24 front of you today. I represent just one of over
25 50,000 transgender individuals in the city who could

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2 tell you a similar story because without access to
3 gender affirming care too many of us are left without
4 the support we need to survive and as we witness a
5 rising wave of anti-trans legislation and rhetoric
6 sweeping across the country, it's critical that New
7 York City not only hold to the line but leads with
8 bold action. That's why I also strongly support the
9 expansion of other trans equity initiatives in this
10 budget like increasing the New York City trans equity
11 fund to \$10 million as well as investing in shelters
12 for trans youth. In this moment, the city must do
13 everything in its power to ensure that we remain a
14 safe haven but this legacy is not self-sustaining.
15 It must be actively protected. Let New York City not
16 just be remembered for where the fight for clear
17 liberation began but for how fiercely we chose to
18 protect it and how boldly we showed up for trans
19 lives when it mattered the most. Thank you Council
20 and Chairs listening and giving us the floor to
21 speak.

22 CHAIRPERSON BRANNAN: Thank you Avi. Now we have
23 Simone Sun or Simone June.

24 SERGEANT AT ARMS: You may begin.
25

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2 SIMONE SUN: Hello, thank you to the Council,
3 Chair and Committee for allowing us to speak today.
4 As many before have mentioned today and as you all
5 have been transparently discussing, the current
6 federal and federal, executive and legislative
7 attacks on public healthcare particularly on
8 transgender care and transgender people. It is of a
9 dire issue of our time.

10 I, like many others before who have spoken am a
11 testament to the benefit and necessity of gender
12 affirming care needed to be provided by any means
13 necessary.

14 I speak today as someone who received gender
15 affirming care funded in part by New York City at a
16 federally qualified health center that depends on
17 public funds. And so, I am here today to ask that
18 the New York City expand - maintain and expand the
19 \$15 million directed to gender affirming care in New
20 York City, as well as to increase the funding for the
21 trans equity initiative fund, as well as the creation
22 of shelters for trans youth potentially for those who
23 may be fleeing to New York City because of nationwide
24 anti trends oppression that is going on.

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2 I, again, would like to thank the Committee and
3 Council for giving us the opportunity to speak and
4 for fighting for the rights of all New Yorkers,
5 making sure that we get the rightfully owed
6 healthcare that we all are rightfully owed. Thank
7 you.

8 CHAIRPERSON BRANNAN: Thank you. Now we have
9 Martha Larson.

10 SERGEANT AT ARMS: You may begin.

11 MARTHA LARSON: Hi, I'm Martha. I'm a primary
12 care social worker at Bellevue Hospital. I've been
13 here for five years. I'm here because I'm active in
14 my union Local DC 37, Local 768 and I want to talk
15 about some of the needs of the members in my local.
16 I also want to speak to some of the things that we're
17 hoping to get in our contract. Just like Whitney was
18 talking about. We did a survey at the membership
19 last year and we found that the most important
20 economic demands for members are for longevity and
21 licensing differentials. City hospital social worker
22 turnover is a problem and certain areas struggle more
23 than others with retention. We need ongoing
24 differentials for longevity. We do currently have
25 them in our contract but they're low so we need to

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2 match inflation and we need differentials for
3 licensing. Something that Whitney was talking about.
4 There's currently no differential for people to get
5 their clinical social work license which takes time
6 and money to prepare for and city hospitals are now
7 billing more for social work services. This is
8 really important to retain quality workers, otherwise
9 social workers will go work elsewhere.

10 I also want to speak to demand for a language
11 differential. As you all know, we see a very diverse
12 population who speak many different languages.
13 Currently bilingual staff do not get any salary
14 differential and bilingual social workers are often
15 given differentials in different places. You know
16 other jobs, so it would be hard to recruit and retain
17 social workers that speak languages that our patients
18 speak. Thank you so much.

19 CHAIRPERSON BRANNAN: Thank you. Now we have
20 Carrie Hawks.

21 SERGEANT AT ARMS: You may begin.

22 CARRIE HAWKS: Thank you. Thank you for allowing
23 my testimony today. My name is Carrie Hawks and I'm
24 a trans New Yorker. I just want to reiterate that
25 trans care saves lives, particularly when trans

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2 people are facing hate and violence around the
3 country and around the world. The best suicide
4 prevention is an accepting and supportive
5 environment. That's means our homes and our cities
6 and our medical professionals. When I was a trans
7 teenager, I almost didn't make it to adulthood
8 because I didn't have the support I needed and
9 there's a reason that I moved from Missouri into New
10 York City, a city that respects me.

11 At this time, I'm asking the City Council
12 Executive Budget to include the \$15 million directed
13 to maintaining and protecting access to gender
14 affirming care in New York City. I support the NYC
15 Trans Equity Initiative including increasing the NYC
16 Trans Equity Fund to \$10 million to support
17 organizations supporting the trans community to
18 increase funding for the creation of shelters for
19 trans youth fleeing to NYC because of anti-trans
20 oppression and in the face of ongoing and escalating
21 attacks on the trans community particularly attacks
22 against gender affirming healthcare by the Trump
23 Administration and other people across the country.
24 The equity for transgender New Yorkers is already
25

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2 disproportionately faces will increase if the city
3 does not step up.

4 So, I am asking also that we not give into this
5 rhetoric, to let our rights be striped away because
6 the Trump Administration will try to prohibit the use
7 of federal healthcare including Medicare, Medicaid
8 and others for gender affirming care. This threatens
9 access to the necessary and lifesaving gender
10 affirming care for all trans, nonbinary and gender
11 nonconforming and expansive New Yorkers, especially
12 those who rely on publicly funded healthcare. Thank
13 you so much.

14 CHAIRPERSON BRANNAN: Thank you and we've been
15 joined by Majority Leader, Council Member Farias and
16 now we have Christopher Leon Johnson.

17 SERGEANT AT ARMS: You may begin.

18 CHRISTOPHER LEON JOHNSON: Yeah, hello, hello.
19 My name is Christopher Leon Johnson. Thank you
20 Chairs Brannan, Majority Leader Farias and Chair
21 Mercedes Narcisse for having this hearing today. So
22 I want to - I'm going to dive into it right now
23 quickly and I want to call on the City Council to add
24 the Worker Justice Project and the Street Vendor
25 Project into the Crisis Management system program,

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2 which will give them availability to access the
3 funding for Cure Violence Initiatives because there's
4 a lot of street vendors that go through a lot of
5 harassment with NYPD to the point that someone that
6 goes to the hospital and a number of these
7 deliveristas will get hurt on the street by people in
8 the City of New York and the street vendors too. So,
9 when they go into the hospital, I know that there's a
10 big language barrier and the majority of guys and
11 gals have a language barrier and it's a racial
12 barrier so they need to be able to speak to the
13 people that they trust, that they know they can trust
14 which is their own people, which is mostly Hispanic
15 people. And the Workers Justice project and the
16 Street Vendor Project are full Latino members so they
17 should be able to conversate with them more, just
18 like the Cure Violence organizations that are full
19 of African Americans only deal with the African
20 Americans with the like [INAUDIBLE 02:49:26]. So,
21 I'm calling on the City Council to add those two
22 nonprofits to the crisis management system so they
23 are able to access the funding like the crisis
24 management system which is up to \$100 million. I
25 believe that all these organizations should get \$1

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2 million out of that pie, out of that bucket, with the
3 Cure Violence organizations and I'm calling on the
4 City Council Mr. Brannan, Mr. Justin Brannan, on the
5 30th of this month, in May at 6 p.m.. I'm calling on
6 you our so-called income comptroller to come out with
7 a bike and bike down with us for the critical mass to
8 City Hall starting at 6:00 up in Union Square. We're
9 going to City Hall with a lot of trans all and all
10 these organizations. We're here to show solidarity
11 with everybody who been arrested by NYPD officers and
12 get summonses by NYPD officers and we all know how
13 that goes, if you don't want to take a summons, you
14 can go to the hospital because we all know -

15 SERGEANT AT ARMS: Thank you. Your time expired.

16 CHRISTOPHER LEON JOHNSON: So, I'm calling on you
17 Mr. Brannan to -

18 CHAIRPERSON BRANNAN: Okay, thank you.

19 CHRISTOPHER LEON JOHNSON: Thank you.

20 CHAIRPERSON BRANNAN: Okay, now we have Nate
21 Franco.

22 SERGEANT AT ARMS: You may begin.

23 NATE FRANCO: Good afternoon and thank you for
24 hearing us in this testimony honorable Chair and
25 Council Members. My name is Nathan Franco, I'm a

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2 Social Worker at Harlem Hospital where I've worked
3 for 15 years working on the inpatient medical units
4 to support patients in their transitions out of the
5 hospital to their next level of care, including the
6 orthopedic patients that Dr. Katz referred to earlier
7 with the HSS collaboration.

8 I believe in the work we do. I take pride in
9 helping my patients have the best possible chance for
10 recovery during what is often the hardest time of
11 their lives. Social Workers are an essential part of
12 our healthcare providing both direct patient care
13 through our clinical services, as my colleagues
14 already mentioned and also helping patients navigate
15 the complex healthcare systems we have. Dr. Katz
16 talked about navigation earlier particularly in
17 regards to cancer care but it does apply to many
18 other aspects of the healthcare system.

19 Where in these cases a simple misplaced fact or
20 an unreturned voicemail can lead to devastating
21 consequences as care is not utilized or followed up
22 on or made available. Over the past two years, Local
23 768, which I'm an officer, have surveyed our members
24 who are social workers in H+H to explore how case
25 load and productivity expectations have impacted

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2 quality of care and worker retention among the other
3 issues that my colleagues have talked about. The
4 results found that two-thirds of H+H's social workers
5 believe their caseloads are not appropriate and 97
6 percent of them believe that the quality of care
7 suffered as a result.

8 The findings demonstrate an overwhelming
9 agreement across social workers of all assigned areas
10 that an enforced limit on caseload would improve
11 quality of care, improve work/life balance and
12 increase the desire to continue serving our city
13 through Health + Hospitals. We have initiated
14 discussions with H+H about establishing caseload
15 limits as they have been accomplished for registered
16 nurses through state staffing legislation. Though
17 the limited funds available to H+H only made worse by
18 the federal bill we've all been talking about
19 represents a barrier -

20 SERGEANT AT ARMS: Thank you. Your time expired.

21 NATE FRANCO: Thank you.

22 CHAIRPERSON BRANNAN: Thank you very much.

23 CHAIRPERSON NARCISSE: Can you conclude for me
24 please because I'm listening to what you were saying
25 about that.

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2 NATE FRANCO: Gladly. Similar to class sizes in
3 the DOE, that the DOE is obliged to follow, H+H needs
4 the appropriate funding to establish caseload limits.
5 These have not been you know agreed to any way yet.
6 Uhm, while some areas of work such as outpatient
7 behavioral care are eligible for insurance
8 reimbursements to support staffing salaries, much of
9 the work we do is in the context of capitated payment
10 rates for inpatient services. So, social work time
11 does not get directly reimbursed by insurers.

12 So, as a result, our suggestion is additional
13 funding to develop as caseload limits and fund the
14 necessary staffing increases and we very much
15 appreciate you hearing us today. Thank you.

16 CHAIRPERSON NARCISSE: Thank you.

17 CHAIRPERSON BRANNAN: Okay, with that, this
18 hearing is adjourned. Joint Committee on Finance
19 with the Committee on Hospitals. Thank you. [GAVEL]

20 CHAIRPERSON NARCISSE: Thank you.

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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 15, 2025