

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON RULES, PRIVILEGES AND
ELECTIONS

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October 30, 2024
Start: 1:15 p.m.
Recess: 2:02 p.m.

HELD AT: 250 BROADWAY - COMMITTEE ROOM, 14TH
FLOOR

B E F O R E: Keith Powers, Chairperson

COUNCIL MEMBERS:

Adrienne E. Adams
Diana Ayala
Joseph Borelli
Justin L. Brannan
Selvena N. Brooks-Powers
Amanda Farías
Rafael Salamanca, Jr.

OTHER COUNCIL MEMBERS ATTENDING:

Christopher Marte

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

Michael Espiritu, nominee to the Health and
Hospitals Corporation

Vanessa Rodriguez, nominee to the Health and
Hospitals Corporation

2 SERGEANT-AT-ARMS: This is a microphone
3 check for the Committee on Rules, Privileges and
4 Elections. Today's date is October 30, 2024, located
5 on the 14th Floor. Recording done by Pedro Lugo.

6 COMMITTEE COUNSEL VIDAL: Good afternoon
7 and welcome to the New York City Council hearing of
8 the Committee on Rules, Privileges and Elections.

9 At this time, can everybody please
10 silence your cell phones.

11 If you wish to testify, please go up to
12 the Sergeant-at-Arms' desk to fill out a testimony
13 slip.

14 At this time and going forward, no one is
15 to approach the dais. I repeat, no one is to approach
16 the dais.

17 Chair, we are ready to begin.

18 CHAIRPERSON POWERS: Good afternoon and
19 welcome to the meeting of the Committee on Rules,
20 Privileges and Elections. I'm City Council Member
21 Keith Powers, Chair of this Committee, joined today
22 by Colleagues, Council Member Marte and Farías, and
23 we'll be joined by more Colleagues shortly.

24 I'd like to also acknowledge the
25 Committee Counsel, Jeff Campagna, Committee Staff

2 that worked on the appointments that we'll hear
3 today, Chief Ethics Counsel Pearl Moore, Director of
4 Investigations Francesca Dellavecchia, and Deputy
5 Director of Investigations Alycia Vassell.

6 We also want to apologize for the
7 relocation, and we're being joined now by Council
8 Member Brannan.

9 Today we'll be holding public hearings on
10 the proposed designations by the City Council,
11 Michael Espiritu, a resident of Manhattan, I believe
12 in the great District of District 4, and Vanessa
13 Rodriguez, a resident of the Bronx, to be members of
14 the Board of the New York City Health and Hospitals
15 Corporation. Both designations would be subject to
16 appointment by the Mayor. I want to congratulate you
17 both on your nominations.

18 Before we hear from the candidates, I
19 want to review the responsibilities of the
20 Corporation. The New York City Health and Hospitals
21 Corporation, commonly referred to as HHC, was
22 constituted pursuant to Chapter 1016 of the Laws of
23 1969 as a public benefit corporation whose purposes
24 are to provide and deliver high-quality, dignified,
25 and comprehensive care and treatment for the ill and

2 infirm, both physical and mental, particularly to
3 those who can least afford such services, B, extend
4 equally to all served comprehensive health services
5 of the highest quality in an atmosphere of the human
6 care and respect, C, to promote and protect as both
7 innovator and advocate the health, welfare, and
8 safety of the people of the State of New York and of
9 the City of New York, and to join with other health
10 workers and communities in a partnership to promote
11 and protect health in its fullest sense, the total
12 physical, mental, and social well-being of the
13 people. A Board of Directors consisting of 16 members
14 administers HHC. Pursuant to law, five of the
15 directors shall be the following officials or
16 successors, the Administrator of the Health Services
17 Administration, the Commissioner of Health, the
18 Commissioner of Mental Health, the Administrator of
19 Human Resources Administration, the Deputy Mayor,
20 City Administrator. Ten additional directors are
21 appointed by the Mayor, five who are designated by
22 the City Council. The President of HHC serves as the
23 16th Director.

24 Under current HHC bylaws, the Board of
25 Directors has established the following standing

1 COMMITTEE ON RULES, PRIVILEGES AND ELECTIONS 6

2 Committees, Executive Committee, Finance Committee,

3 Capital Committee, Medical and Professional Affairs

4 Committee, Quality Assurance Committee, Audit

5 Committee, Community Relations Committee, Strategic

6 Planning Committee, and the Equal Employment

7 Opportunity Committee. Each of the standing

8 Committees, except with the Audit Committee, shall be

9 composed of the Chair of the Board with the approval

10 of the majority of the Board. In addition to standing

11 Committees, the Board, by Resolution passed by the

12 majority of the whole number of Directors, may

13 designate special Committees. Each should consist of

14 three or more Directors, one of whom shall be the

15 Chair of the Board.

16 We've now been joined by Council Member

17 Diana Ayala as well.

18 The Chair of each Committee, both

19 standing and special, shall be designated by a

20 majority vote of the Board. The term of Director is

21 five years. The Mayor shall fill any vacancy which

22 may occur by reason of death, resignation, or

23 otherwise in a matter consistent with the original

24 appointment. The Directors do not receive

25 compensation for their services but are reimbursed

2 for actual and necessary expenses incurred by them in
3 the performance of their actual and official duties.

4 Directors may only be removed for cause.

5 If appointed by the Mayor, Mr. Espiritu
6 will serve the remainder of a five-year term to
7 expire on March 20, 2029.

8 If appointed by the Mayor, Ms. Rodriguez
9 will serve the remainder of a five-year term to
10 expire on March 20, 2027.

11 I'd like to now welcome them both to come
12 up to, you can both sit at the table here, to be
13 sworn in.

14 Before we do that, I just want to offer
15 Council Member Marte an opportunity to say a few
16 words.

17 COUNCIL MEMBER MARTE: Thank you, Chair
18 Powers. The Manhattan Delegation is really excited to
19 nominate Dr. Michael Espiritu. He has tons of years
20 of experience at HNH working as a neonatologist in
21 Bellevue and now he's currently at Presbyterian
22 Hospital but his commitment is unwavering to
23 supporting New Yorkers all across the borough. He
24 comes from a family of doctors. His dad was an H and
25 H doctor in the South Bronx serving low-income

2 families there so I feel like he will represent us
3 fairly well on the Board and it's exciting to see him
4 take this role. Thank you, Chair.

5 CHAIRPERSON POWERS: Thank you. Thanks,
6 Council Member Marte.

7 We'll now have the Committee Counsel ask
8 you to raise your both right hands, if you can.

9 COMMITTEE COUNSEL CAMPAGNA: Please raise
10 your right hands.

11 Do affirm to tell the truth, the whole
12 truth, and nothing but the truth in your testimony
13 before this Committee and in answer to all Council
14 Member questions.

15 MICHAEL ESPIRITU: (INAUDIBLE)

16 VANESSA RODRIGUEZ: (INAUDIBLE)

17 CHAIRPERSON POWERS: Thank you. I'm going
18 to offer you both an opportunity to make an opening
19 statement.

20 We can start with Ms. Rodriguez first.

21 VANESSA RODRIGUEZ: Good afternoon, Chair
22 Powers and Members of the Rules, Privileges and
23 Elections Committee. I am deeply honored to present
24 myself as a candidate for the Health and Hospital
25 Board of Directors. Born and raised in the Williams

2 Bridge section of the Bronx, I received my
3 undergraduate degree from the College of New
4 Rochelle, the first in my family to achieve a degree.
5 With 20-plus years of experience in the healthcare
6 setting, I focused on HIV testing, PrEP, HIV primary
7 care, case management, program development, and
8 performance improvement. I have dedicated my career
9 to improving the quality of care and advocating for
10 patient-centered approaches within our healthcare
11 system. I have had the privilege of working directly
12 with healthcare providers, patients, and leadership
13 to help enhance patient outcomes using data-driven
14 models and streamlining processes within healthcare,
15 including depression and substance abuse screenings,
16 HIV prevention, women's health services, and cancer
17 screenings, to name a few. My success in leading
18 initiatives and improving performance has resulted in
19 two publications, including a 2014 report in the
20 MMWR, which is the Morbidity and Mortality Weekly
21 Report, which focused on routine HIV screening in New
22 York City healthcare setting, and in 2016, a report
23 in the Public Health Reports integrating routine HIV
24 screening in the New York City Community Health
25 Center Collaborative. I've also presented my program

2 outcomes and successes, data-driven results at
3 numerous conferences, to name a few, the U.S.
4 Conference on AIDS, the New York City Ring, Gilead
5 Focus Partner Summit, and the International AIDS
6 Conference. This past May, I received an award from
7 the United Hospital Fund for Excellence in Healthcare
8 and Quality Improvement Champion. Through these
9 experiences, I have cultivated a comprehensive
10 understanding of the challenges our health system
11 faces, from the lack of primary care providers, to
12 limited access point for insurance, to resource
13 allocation, to enhancing the patient experience. I am
14 passionate about advancing our hospital's mission to
15 provide high-quality, compassionate care to all
16 members of our community.

17 As a Board Member, I would bring a
18 collaborative spirit and a strong commitment to
19 strategic, data-driven decisions, making that will
20 prioritize the well-being of our patients, address
21 disparities in healthcare access, and create an
22 environment where innovation and operational
23 excellence thrive. I'm confident that my expertise in
24 health promotion and improving quality of care equips
25 me to contribute meaningful to this Board. I look

2 forward to the opportunity to work with my fellow
3 board members and continue the legacy of excellence
4 within our healthcare system.

5 Thank you again for considering my
6 candidacy. I'm eager to learn and discuss how we can
7 work together to meet the evolving healthcare needs
8 of our community. Thank you.

9 CHAIRPERSON POWERS: Thank you. I
10 recognize we've been joined by Council Member
11 Salamanca. I believe Council Member Sanchez is on
12 Zoom as well.

13 You can go ahead.

14 MICHAEL ESPIRITU: Thank you, Chair
15 Powers, Honorable Council Members. I am humbled and
16 privileged to be considered for appointment to the
17 Board of New York City Health and Hospitals
18 Corporation, and to be able to be here before you
19 today. I thank Council Members Marte and Bottcher,
20 Chairs of the Manhattan Delegation, and the other
21 Council Members for this nomination, as well as the
22 Council Staff who have guided me through the steps
23 leading up to this today.

24 As Council Member Marte mentioned, my
25 father was an employee of HHC for many years

2 alongside his private practice, serving for decades
3 as a pediatric dentist in health clinics and school-
4 based clinics in the Bronx before his retirement, and
5 so I felt a bit of honor when I wore my own H and H
6 badge as I practiced neonatal medicine at the NICU in
7 Bellevue Hospital for nearly eight years, and I feel
8 quite honored now to be considered for the Health and
9 Hospitals Board. My experience is as a practicing
10 physician in the field of neonatal perinatal
11 medicine, and I think my experience more than
12 anything else, and that I've experienced firsthand
13 delivering care to the diverse population of New
14 Yorkers who rely on Health and Hospitals for quality,
15 compassionate, culturally sensitive healthcare,
16 really informs my approach to my potential work on
17 the board. I know how essential Health and Hospitals
18 is to the health and well-being of the city and its
19 inhabitants, and I'm eager for the opportunity to
20 assist in furthering its vital and important mission.
21 My guiding principle as a practicing physician has
22 always been to put the patient at the center of
23 everything, every decision and action so, if
24 appointed, I believe that just as it is my guiding
25 principle at the bedside, it would be my guiding

2 principle while working on the Board together with my
3 fellow Board Members, thinking first and foremost of
4 how decisions would maximize benefit to all New
5 Yorkers who come to and rely on health and hospitals
6 for care. In addition, I believe strongly in equity
7 as a guiding principle, keeping in mind that all New
8 Yorkers deserve to have access to the best quality
9 healthcare.

10 So, in closing, I wish to express my
11 sincere gratitude to the Council for even being
12 considered for appointment, and I look forward to
13 answering any questions that you may have. Thank you.

14 CHAIRPERSON POWERS: Thanks so much. Thank
15 you both for your testimony, and I want to ask a few
16 questions, and I'll offer an opportunity for
17 colleagues to ask questions as well.

18 I want to start with Dr. Espiritu. You, I
19 think, currently work at a hospital. You're now
20 seeking to serve on the Board of H and H. Have you
21 sought out a waiver from Conflict of Interest Board
22 in order to serve on that? What guidance have they
23 given you?

24 MICHAEL ESPIRITU: I spoke to the Conflict
25 of Interest Board last week, and they referred me to

2 the General Counsel, Andrea Cohen, at HHC, so I have
3 been in contact there. They advised me to wait until
4 the confirmation was complete before they would move
5 forward with creating a waiver.

6 CHAIRPERSON POWERS: So if we approve you,
7 then you will get the...

8 MICHAEL ESPIRITU: Yeah, they would move
9 forward with the waiver process.

10 CHAIRPERSON POWERS: I see. I want to talk
11 a little bit about, Bellevue Hospital, which is in my
12 District, and I'm very fond of. You, I believe your
13 specialty is neonatology.

14 MICHAEL ESPIRITU: Yes.

15 CHAIRPERSON POWERS: And we've discussed
16 here in the City Council disparities in mortality,
17 where black maternal mortality is five times higher
18 than mortality amongst white mothers here in New York
19 City. Can you discuss some of the reasons that you
20 see behind that disparity, any recent developments in
21 the field, or particularly in your work to address
22 that problem, and how you think H and H can or what
23 they should do to improve its own outcomes?

24 MICHAEL ESPIRITU: I think things start
25 with prenatal care, and so aggressively plugging

2 women into prenatal care early in their pregnancy, in
3 the first trimester. I know during my time at
4 Bellevue, there were a lot of children that I took
5 care of whose mothers came into prenatal care late,
6 late registrants we call them, they came into
7 prenatal care late in the third trimester, where a
8 lot of monitoring, supportive care, nutritional
9 guidance, things like that throughout the pregnancy
10 were not really, were neglected until later on, and
11 so that certainly is a major factor in a lot of poor
12 outcomes. And then all of the other social
13 determinants of health that I think, you know, can
14 adversely affect the health of the developing baby
15 prior to pregnancy, nutrition being a major one so
16 lack of access to adequate nutrition, adequate
17 prenatal vitamins, prenatal care so I think an
18 important aspect of equity and improving neonatal
19 outcomes is aggressive really outreach to newly
20 pregnant mothers early in their pregnancy, you know,
21 being referred to prenatal care, to an obstetrician,
22 from whatever primary point of care they may come
23 into the system, whether it be their other primary
24 care doctor or other points of contact with our
25 system.

2 CHAIRPERSON POWERS: Thanks. In your
3 answers to the pre-hearing questions, you had
4 observed that Manhattan is served by many hospitals,
5 which could be to the detriment of residents of the
6 outer boroughs. Can you talk to us a little bit about
7 what role does H and H have for expanding services
8 where there might be a deficit, and as a Board
9 Member, where would you advocate to make services
10 more available?

11 MICHAEL ESPIRITU: Well, I certainly think
12 that we, you know, to promote equity and make sure
13 that high-quality healthcare is accessible to
14 everybody in the city, we need to identify those
15 areas where those services are less accessible, and,
16 you know, if we can build infrastructure. If not,
17 necessarily perhaps be creative and strengthen
18 primary health clinics, mobile outreach, even
19 telehealth, maximizing our capabilities to reach
20 people virtually or electronically if they can't very
21 easily, for those instances where you can take care
22 of problems that way, if they can't easily reach a
23 physical facility.

24 CHAIRPERSON POWERS: Thanks. In your pre-
25 hearing questions, I know you indicated not having

2 any prior board experience. I'm not sure you've been
3 a manager with direct reports, which is fine. We're
4 proud of the job you're doing. You're doing a very
5 good job. But the position which you're being
6 considered is the Board of the largest public
7 hospital system in the country. Can you talk about
8 your skills and experience and do you think will help
9 you make you a good fit for this, including to
10 fulfill the fiduciary and managerial duties of being
11 on the Board?

12 MICHAEL ESPIRITU: Sure. Yeah, as you
13 said, I have not been on a corporate board or in a
14 very high-level managerial position, although I'd say
15 in my daily practice, in my clinical work, I have
16 gained a lot of administrative experience sort of
17 collaborating with and managing together a lot of
18 diverse specialties, a lot of diverse colleagues that
19 come from different fields in order to accomplish a
20 common goal, which is to take care of our patients,
21 and so I think that that would be one of my assets as
22 well as just the perspective of a clinician, of
23 somebody that's delivered care firsthand in the HHC
24 system to the patients that we serve and so I think
25 that I would bring that perspective and expertise so

2 I would always have in mind the people that I have
3 had experience taking care of as a clinician at an
4 HHC facility.

5 CHAIRPERSON POWERS: Thanks. I just want
6 to switch over to Ms. Rodriguez. A similar question
7 to what I asked earlier, which is, in your current
8 role, it seems like you might need to ask for a
9 waiver from the Conflict of Interest Boards. Have you
10 sought that out? Have you received one?

11 VANESSA RODRIGUEZ: Yes. So I started the
12 process. I filled out the waiver form, I submitted it
13 last night and I haven't heard anything back yet, but
14 I do have a copy of...

15 CHAIRPERSON POWERS: You submitted your...

16 VANESSA RODRIGUEZ: The waiver.

17 CHAIRPERSON POWERS: Request for a waiver?

18 VANESSA RODRIGUEZ: Exactly.

19 CHAIRPERSON POWERS: You have yet to
20 receive it or get an answer back from Conflict of
21 Interest Board.

22 VANESSA RODRIGUEZ: Yes.

23 CHAIRPERSON POWERS: Okay. Can you talk a
24 similar question that I had asked at the end, which
25 is, this is serving on the Board of the largest

2 public hospital system in the country, which comes
3 with a tremendous responsibility both from care,
4 providing their healthcare, but also fiduciary
5 duties, managerial duties, and can you talk about
6 your experience to date that would make you qualified
7 to serve in that role?

8 VANESSA RODRIGUEZ: Yes, so this would be
9 my first time serving on a board, but with my
10 experience in the healthcare setting with, as an
11 administrator, I do bring a background in leadership
12 and serving the community, being able to work day-by-
13 day with the physicians and understanding the
14 community and patients. I think that this allows me
15 to be a part of the Board and be able to serve as
16 best as I can. But I am here to learn more from the
17 Members because this is my first time, but we do have
18 large meetings and we're able to address community
19 needs, as I know the Board does as well, to assure
20 that the hospitals that are attached to H and H are
21 running smoothly. Also, my quality improvement
22 background, assuring the data and quality improvement
23 and performance improvement is striving at all of the
24 levels because we do want to make sure that any
25 social determinants of health is being addressed and

2 also cancer screenings, which is something that I
3 focus on.

4 CHAIRPERSON POWERS: In one of the prior
5 questions, you talked about social determinants of
6 health across the city, and what do you think H and H
7 can be doing to better address those social
8 determinants of health, especially the ones that are
9 having negative consequences? Here, we talk about
10 mortality, certainly talk about nutrition, other
11 issues that are having negative consequences in our
12 city. Can you talk more about the work that, if you
13 are the Board, you might encourage or think that H
14 and H can focus on to address those?

15 VANESSA RODRIGUEZ: Yes. So, I think H and
16 H can focus on improving patient longevity through
17 improved long-term access, increased access to
18 medical insurance. I know that that's a big issue for
19 a lot of patients. And the community getting
20 insurance and having affordable housing is another
21 major issue. Targeting the food access. I know that
22 focusing on the needs of the community, of the
23 patient, being able to have more access to resources,
24 community resources, such as more food pantries,
25 possibly doing some more hot-spotting to identify

2 where those areas that are having that need more
3 focus. Hiring what I call boots on the ground people
4 who can actually be there for the community and help
5 them fill out forms, because it's those little things
6 that really matter and that patients do look for,
7 right, because, especially somebody who is homeless,
8 who may also be suffering from diabetes, if they had
9 somebody who was there to actually help them and kind
10 of handhold them to the process, I think that's
11 something that will improve the social determinants.

12 CHAIRPERSON POWERS: Thanks. We've also
13 been joined by Council Member Brooks-Powers.

14 This is a question for both of you, and
15 then I want to go to Members' questions. Can you tell
16 us what you feel right now is the largest challenge
17 facing our public health system, particularly when it
18 comes to H and H? What do you feel is the largest
19 challenge? If you were to be appointed as a Board
20 Member, what do you see as the largest challenge
21 facing our public hospital system right now?

22 MICHAEL ESPIRITU: I think one big
23 challenge would be just making things as accessible
24 as possible to all New Yorkers, being able to get
25 them into primary healthcare to begin with, which

2 goes a long way in terms of prevention and, in the
3 end, sort of cost-cutting. If you can get them into
4 adequate primary care, get them low-cost accessible
5 health insurance so that a lot of the chronic disease
6 burden or more acute disease burden can be decreased,
7 and we can really maximize the capabilities and other
8 efficiencies that put more resources towards that can
9 improve the rest of our infrastructure and quality.

10 VANESSA RODRIGUEZ: I think that, similar,
11 just assuring that patients or the community, the
12 people that come into the hospitals, are getting the
13 primary care and they're not using the hospital
14 setting as a walk-in, but being able to get the care.
15 If they are an inpatient, get the services that they
16 need and are linked externally. I think that because
17 we do have a lot of people who are not insured, that
18 that may be one of the biggest challenges, just to
19 assure that everyone is getting the care they need
20 appropriately and the aftercare.

21 CHAIRPERSON POWERS: Thanks. I want to
22 turn it over to some Council Members, starting with
23 Council Member Salamanca.

24 COUNCIL MEMBER SALAMANCA: Thank you. Good
25 afternoon and welcome. I want to start your full

2 disclosure. I know that Ms. Rodriguez, she works for
3 an organization in my District called Urban Health
4 Plan. It's an extremely reputable organization, and
5 I'm extremely proud of the work that they do.

6 So, this question goes for both. One of
7 the concerns that I have as an elected official in my
8 time here in the Council, and I know that many of my
9 Colleagues, Council Member Farías, Council Member
10 Ayala, we share, well, Ayala and I, we share Lincoln
11 Hospital. Council Member Farías, I imagine a lot of
12 your constituents go to Lincoln Hospital too, right?
13 And so what we've seen is the conditions at times of
14 which the hospital may be. Physically, it's very
15 clean, but it's an older facility, and I've seen in
16 the time that I've been in the Council, I've given
17 about, I would say, a little under 15 million dollars
18 to Lincoln Hospital to address their capital needs,
19 whether it's their mammography equipment, their x-ray
20 equipment, and so, and we at times, as Council
21 Members, we wonder, well, why isn't HHC paying for
22 these pieces of equipment, and I know that the
23 funding may not always be available so as a Board
24 Member, right, for your (INAUDIBLE) borough, how
25 would you work with us on the Council to, number one,

2 help us identify the needs, even though each hospital
3 has its own president, I imagine you'll be working
4 with them, but also, how would you advocate at a
5 Board level to ensure that your Borough is actually
6 getting its fair share of dollars when you are
7 reviewing your financial statement and going over the
8 budget?

9 VANESSA RODRIGUEZ: So, thank you, Council
10 Member, for that question. So, I would first meet
11 with the Presidents of the hospitals to understand
12 what their needs are, understand the current funding
13 that was provided to them, and to hear exactly where
14 the funding that was given to them went to, and then
15 give the specifics, and then bring it back to my
16 Board Members to kind of get an idea of what would be
17 the next steps before we could, you know, if more
18 funding is needed, or, you know, where things were
19 allocated, and to bring that back to you as a Council
20 Member. That's what I would do.

21 MICHAEL ESPIRITU: In addition to that, I
22 think it would be important to look at what data
23 metrics potentially come from the hospitals and the
24 system, seeing what kind of improvements in quality
25 or efficiency are we getting from making a certain

2 investment, or buying this sort of equipment versus
3 another equipment, or making a different improvement.
4 You know, looking at the data there, seeing what is
5 really going to optimize the benefit for the patients
6 in that community that served at that hospital, you
7 know. Is getting a brand new machine going to, say,
8 provide a better benefit if you get this machine, or
9 this machine, or, say, devote funds to improving
10 maybe an emergency room bay so, you know, I think I'd
11 look at the data metrics, and also engage with the
12 community, see what their expectations are, or they
13 feel their needs are that may not be being met.

14 COUNCIL MEMBER SALAMANCA: Yeah. You know,
15 those are the right answers, but what I am looking
16 for, once you assume this position if you get
17 approved, is what we didn't have, and I don't know if
18 my Colleagues had this, whoever was representing at
19 least my Borough, I didn't have that opportunity to
20 have these conversations as to what the needs are so
21 I would really, myself and I imagine the entire
22 Delegation, would appreciate more than ever to have
23 that representative for the Borough come meet with us
24 and give us an update, at least yearly, as to what's
25 happening, and give us, you know, and we can

2 brainstorm what the vision is for our Borough, how we
3 can be of help.

4 I don't have much time, so I want to ask
5 one more question. My last question is, I know that
6 the goal of community health centers is to prevent
7 their patients from going into hospitals, right, to
8 the ERs, vice versa. How can you as a Board Member
9 advocate and work with HHC and your local hospitals
10 to work with the community-based organizations or
11 community health centers to have a better interaction
12 or communication with one another? I don't think many
13 of them speak often.

14 MICHAEL ESPIRITU: Yeah. I think that's,
15 yeah, I agree with you, that's important to
16 strengthen those ties and collaborate. You know,
17 certainly clinician-to-clinician is often, you know,
18 a point of contact that happens, you know, outside of
19 any sort of health system barrier that I think is
20 important to maximize on. Improving our electronic
21 data sharing, you know. Now, I believe HHC uses, for
22 the most part, EPIC, which is a widely used
23 electronic medical record system which a lot of other
24 hospital systems, a lot of other clinics and
25 practices use, and maximizing those capabilities

2 where you can share information among each other,
3 make referrals, contact other specialties so that a
4 patient moving from one place to another isn't
5 necessarily totally unknown to the clinic or provider
6 taking care of them.

7 VANESSA RODRIGUEZ: Because my background
8 is working in a community health center, me being on
9 the Board, I think that just working with the Board
10 Members to understand the importance of collaboration
11 and actually going in and seeing where the community
12 health centers are in the community of each of the
13 hospitals, setting some meetings, whether it is one-
14 on-one, just to understand and also work with the
15 hospital presidents so that they also know which
16 community health centers are around and where the
17 referrals are going to so I think really, my
18 background in community health center work coming
19 onto the Board can bring that to them so that they
20 understand how important it is, and it's not just,
21 you know, sitting on the Board and voting, but it's
22 really getting out there and knowing, not only the
23 hospital setting, but we want to make sure that
24 patients are getting the continuous care and not
25 coming to the ER.

2 COUNCIL MEMBER SALAMANCA: All right,
3 thank you. You know, I come from a background, a
4 healthcare background, and, you know, it's important
5 that when you go to the meetings, you just don't go
6 there, allow them to present a presentation, and then
7 you just vote aye on all. Question them. Question Dr.
8 Katz. I'm good friends with him, but question him.
9 You know, question on the methods that they're using,
10 question in terms of how they're planning on
11 utilizing their funding, and sure, what we want to
12 see is that that funding, that money is actually
13 coming to our hospitals, and we want to also serve as
14 a resource to you, and with that, congratulations
15 both of you on your nomination. Thank you, Mr. Chair.

16 VANESSA RODRIGUEZ: Thank you.

17 MICHAEL ESPIRITU: Thank you.

18 CHAIRPERSON POWERS: Thank you. We have
19 Council Member Fariás and other Colleagues after
20 that.

21 COUNCIL MEMBER FARIÁS: Thank you both for
22 being here today.

23 So, I do just want to reiterate what
24 Council Member Salamanca stated. I mean, it looks
25 like we're adding more diversity to the Board, and

2 people that are coming from our communities,
3 educated, and living in our communities that are
4 working in our communities that can add a lot of
5 value to what their surrounding that they're working
6 or living within can bring and highlight. You know,
7 the budget for H and H is over 3 billion dollars, and
8 so as much as we can push on where that money is
9 going, how it's being utilized in correlation to, you
10 know, what investments are being made, and how, what
11 the data is showing us of where it needs to go, we
12 are hoping and expecting you folks to be able to do
13 that for our institutions.

14 Just for both of you to answer, you both
15 were asked about care for people with Alzheimer's and
16 the H and H system. Many people in New York City who
17 live alone won't be able to manage care for
18 themselves and won't be able to afford the luxury
19 memory care facilities provided by private companies.
20 What should H and H be doing now to prepare for the
21 massive growth of people requiring long-term
22 cognitive supervision?

23 MICHAEL ESPIRITU: I think, you know, this
24 is a very important question, a very important, you
25 know, potential crisis that we'll have to deal with.

2 I think we'll need to look at our infrastructure and
3 see if there is space that may be repurposed, that is
4 potentially underutilized and may be repurposed to
5 help provide some care for memory care for aging and
6 dementia patients. I think it's going to be important
7 to collaborate with a lot of community organizations
8 that are there on the ground, assisting with the
9 elderly and patients with dementia, because I think
10 that's where a lot of the help is going to come from
11 is the community organizations and potential private
12 partners that are able to go into the homes and
13 provide some care and therapy.

14 VANESSA RODRIGUEZ: So, I think maybe in
15 the next 10 to 15 years, right, those that are in the
16 baby boomers may possibly be in that timeframe of,
17 you know, having some memory loss or full
18 Alzheimer's, and I think that we need to think about
19 who is going to care for them and who's going to help
20 care for them. So yes, collaborating with homecare
21 facilities, getting more nursing on board, getting
22 more long-term and short-term facilities because
23 there are going to be people who don't have family
24 members that will be able to assist and help them
25 with the day-to-day living for these folks so I do

2 think that really collaborating with the community,
3 seeing where their needs are, and being able to get,
4 you know, not only the hospitals, but the community
5 health centers and their nursing, home health aides,
6 case managers, really on board to help these folks be
7 able to, you know, still live, still live normal.

8 COUNCIL MEMBER FARÍAS: I appreciate the
9 thoughts on this. I do think that as we're seeing
10 with statistics, baby boomers, obviously they're the
11 largest group of people we will have to manage in
12 mass, and families are now getting smaller and
13 smaller, and lots of people are deciding to not have
14 extended families and have children, and so we will
15 continue to have a subset of people that will be
16 aging in place independently, and we do have to
17 prepare as a city for that.

18 And then I just, the last question, can I
19 get any thoughts around H and H's responsibility to
20 the maternal morbidity crisis that we have throughout
21 the city and any thoughts around how we should be
22 preparing or trying to counter some of the numbers
23 and statistics that we know some of our H and H
24 hospitals are facing specifically in like areas like
25 Brooklyn and the Bronx?

2 VANESSA RODRIGUEZ: I think looking at the
3 data, getting more education out to the community,
4 being able to get those that are underserved in the
5 health centers or in the hospitals to get that care
6 that is needed and nutrition, all the social
7 determinants of health do play a big part of, I
8 believe, on this so, if we get that under control, or
9 at some point, I think that you will see better
10 numbers and, yeah, I mean, I'm big on education, so,
11 you know, not knowing is not going to, you know,
12 assist that person that is falling into that
13 category.

14 MICHAEL ESPIRITU: Yeah, I agree with that
15 and really getting people into prenatal care early,
16 as early as possible, you know, making sure that, you
17 know, pregnancy tests are, you know, widely
18 available, and so that we can get mothers as early as
19 they know that they're pregnant into prenatal care.
20 Especially, you know, there's a lot of other chronic
21 health issues that are often seen together with
22 pregnancy that adversely affect the outcomes. Not
23 only maternal morbidity, mortality, but also neonatal
24 morbidity, mortality, such as, you know, uncontrolled
25 diabetes, other health issues, that the more that we

2 can get expected mothers into prenatal care early and
3 also adequate primary care so that the other
4 conditions that they may be dealing with that put
5 them at higher risk for adverse outcomes are
6 adequately controlled throughout pregnancy and by the
7 time that they give birth.

8 CHAIRPERSON POWERS: Thank you. Council
9 Member Ayala.

10 COUNCIL MEMBER AYALA: Dr. Espiritu, my
11 question is regarding, you know, you've worked at
12 Bellevue. You obviously have experience working in a
13 hospital setting. (AUDIO FEEDBACK) I don't know if
14 that's me or that's, oh, sorry. No, it's mine. Hold
15 on. I'm sorry. There must be something wrong with
16 that one.

17 Can you point to an incident or a
18 circumstance in your capacity as a physician in a
19 public hospital setting where, you know, the advocacy
20 of the Board would have been helpful to you?

21 MICHAEL ESPIRITU: Yeah, I could think of
22 one distinct example is during my time practicing
23 medicine at Bellevue, I was not an employee of HHC
24 but an employee of NYU School of Medicine because
25 that's where the physicians from NYU provide care

2 there at Bellevue, so I split my time between
3 Bellevue and practicing at NYU Langone, and I think
4 one of the starkest difference was, and now it's
5 different since EPIC was implemented, but the stark
6 difference in technological infrastructure that there
7 was a very rudimentary electronic medical record
8 system, I can't remember the name now, that was in
9 use for a long time there and so from a day-to-day
10 basis going back and forth to one facility where you
11 had all the information you need readily accessible
12 with a click of a button to a very sort of
13 rudimentary kind of documentation and lab result
14 system really provided a stark contrast at that point
15 and really provided an example of where a lot of, you
16 know, some investment at that point really could have
17 enhanced the quality of, or at least the ease of
18 giving care and, as a result, quality.

19 COUNCIL MEMBER AYALA: Absolutely. I
20 appreciate that. I mean, for me, it's really
21 important that whoever's representing the Health and
22 Hospitals that are in my District is going to be a
23 champion, right, for those hospitals. As Council
24 Member Salamanca referenced, you know, we've put in a
25 lot of money into our public hospitals and that's

2 money that could have gone, you know, into the
3 community as well. It could have gone for, you know,
4 our libraries, our public playgrounds, but that's not
5 the reality, you know, fiscally that we're in at
6 Health and Hospitals. I get that and I believe in,
7 you know, the idea of investing, right, because I
8 know that it's ultimately going to be helpful to my
9 community, but, you know, it's very important to me.
10 I've never heard from anyone on the Board. I have no
11 knowledge of anyone on the Board ever visiting any of
12 the public hospitals that I represent and that's
13 important. I think that life experience is important,
14 but also being able to make the comparisons, right,
15 between hospitals and how one functions as opposed to
16 the other. How, you know, more resources are sent to
17 one as opposed to the other. That's important because
18 you're going to be our representative voice, right,
19 the representative voice of those clinicians, those
20 nurses that are, you know, overworked and
21 understaffed, you know, equipment condition. I mean,
22 I had at Metropolitan Hospital, the MRI machine was
23 like in a, it still is, we've gotten them a modular
24 system, but it's in a mobile station parked in the
25 parking lot. It's freezing in the winter. You know,

2 if it's raining, you have to kind of stand, you know,
3 to the side so that you don't get wet while you're
4 waiting. I don't consider that an ideal scenario, and
5 I hope that that's the exception and not the rule,
6 but it hasn't been my experience so I will definitely
7 take a closer look at both applications and, you
8 know, I wish you luck, but obviously that is
9 something that's really important to myself and to
10 the people that I represent.

11 CHAIRPERSON POWERS: Thank you. We've also
12 been joined by Council Member Borelli as well.

13 Seeing no other questions from
14 Colleagues, I want to thank you guys and congratulate
15 you again, and you're both excused.

16 VANESSA RODRIGUEZ: Thank you.

17 MICHAEL ESPIRITU: Thank you very much.

18 CHAIRPERSON POWERS: We'll now open the
19 floor up to public testimony.

20 Are there any members of the public who
21 would sign up to testify in the appointments?

22 Seeing none. The public hearing on these
23 appointments is now closed. That concludes today's
24 business.

2 I want to thank everyone. I want to thank
3 the nominees and members of the public, my
4 Colleagues, Staff, and Sergeant-at-Arms. This meeting
5 is hereby adjourned. [GAVEL]

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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 November 1, 2024