



OFFICE OF THE BROOKLYN BOROUGH PRESIDENT

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Brooklyn Borough President

City Council Committee on Hospitals Hearing on the Preliminary Budget 3.21.23

Good afternoon, Chair Narcisse and thank you for holding this hearing today. I am here to speak about the staffing crisis within our hospitals, and specifically, Health + Hospitals. Health equity in our hospitals is ensuring that patients receive the quality care and attention that they deserve; we can achieve health equity when we properly staff our hospitals and have pay parity. Funding for our public hospitals this budget cycle must consider the following:

Safe Staffing Ratios: Nurses are the backbone of the healthcare system. They spend the most time with our patients and serve as health educators, caregivers, and clinicians. They were at the frontlines during COVID-19 and have not stopped serving as our healthcare heroes. Nurses deserve the same care and respect that they dedicate to their patients every single day.

It has been nearly two years since New York's Nurse Staffing Law passed, but implementation has been disheartening and our hospitals are still operating at unsafe staffing ratios. As of February 2023, the Medical Intensive Care Unit (MICU) at H+H Kings County Hospital, for example, is operating at a 4.873 to 1 patient-to-nurse ratio,¹ far above the 2-to-1 ratio required by the State legislature and recommended by National Nurses United.² High nurse-to-patient ratios are related to a 7% increase in hospital mortality for each additional patient, as a result of infections like pneumonia, gastrointestinal bleeding, cardiac arrest, and 60-day mortality and readmission. Treatment costs for these issues could be mitigated when appropriate safe staffing ratios are put into place to prevent them from happening in the first place.³

Safe staffing also reduces stress, anxiety, burnout, and turnover among staff. This has the potential of saving costs for recruitment and training, which together can cost \$82,000 to \$88,000 per new hire. It reduces the need to resort to staffing agencies that may place temporary, less

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<https://public.tableau.com/app/profile/nysna/research/viz/nysnawebsitedash/NYSNAStaffingCaptains?publish=yes%5D>

² https://www.health.ny.gov/facilities/public_health_and_health_planning_council/meetings/2021-10-07/docs/codes_committee_agenda.pdf

³ <https://www.nysna.org/experience-and-research-show-safe-staffing-ratios-work-0#.ZBkSg3bMLKQ>



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qualified staff within facilities that becomes an overall cost liability. The crisis we face is not just a shortage in nurses, but in safe work environments, and it puts healthcare in peril.

Pay Parity: Not only are unsafe staffing ratios a risk for staff attrition, pay gaps between nurses in the public and private sectors are forcing nurses to leave our public hospitals. At the heels of private sector nurses winning historic agreements that enhanced safe staffing ratios and raised their pay by 19.9% this past January, we owe our public sector nurses the same, or we will witness a growing pay gap of \$19,000 between the public and private sectors.⁴

NYC Health + Hospitals accounts for 17% of hospital beds across New York City but bears a disproportionate share of social responsibility for patients who are low-income, people of color, Medicaid recipients, or uninsured – a population that has been marginalized for generations. We need infrastructure that ensures health equity for our most vulnerable patients, especially a representative workforce that can offer linguistically and culturally sensitive care. This is the same workforce that has been traditionally subjected to wage gaps with their White counterparts; we cannot let history repeat itself. Health equity comes from treating our healthcare workforce equally. Right now, we're not paying our public sector nurses what they need and deserve, so instead they're leaving for private institutions that pay more and provide better contracts. This creates a detrimental cycle of staff shortages that in turn affect staffing ratios.

We need a coordinated effort from our City and State government to set a new standard for how we support our public sector nurses, and to provide the funding and resources to achieve pay parity. Expense-reducing personnel initiatives in the preliminary budget simply cannot include a cut in wages for our frontline nurses.

Midwifery Care: Currently, New York City faces one of the most severe maternal mortality crises, with Brooklyn having the highest rates. Black and Brown birthing people are dying at 9.4 times the rate of their White counterparts. When I was elected, I promised that I would make Brooklyn the safest place to give birth. During my first year, I invested my entire capital budget of \$45 million to three Brooklyn H+H hospitals – Woodhull, South Brooklyn, and Kings County – so that they could improve their NICU and Mother-Baby Units and build state-of-the-art birthing centers. I hope that these capital investments will allow our hospitals to in turn, invest in its personnel.

⁴ <https://peoplesdispatch.org/2023/01/18/following-wins-in-the-private-sector-nyc-nurses-shift-fight-to-public-sector-hospitals/>



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Of these personnel improvements, I want to call attention to our midwifery workforce. Midwives are critical to reducing maternal death rates. Midwives work with patients throughout their prenatal and postpartum experience to offer clinical assessments, guidance and support, centering a philosophy that encourages natural births instead of cesarean births, which is often. In fact, my wife had two successful births at Woodhull Hospital in large part due to the care of midwives. A 2021 report by Nove et al shows that a facility with adequate staffing of midwives can avert 41% of maternal deaths, while even a moderate increase in staffing can avert deaths by 22%.⁵

When I started my fatherhood journey, I was disappointed to learn that of our three Brooklyn H+H hospitals, Woodhull is the only Brooklyn H+H hospital that has centered midwives in obstetric care for our birthing people. In 2019, 68.1% of its births were attended to by a licensed midwife, while this number was disproportionately lower at Kings County Hospital and Coney Island/South Brooklyn Hospital at 15.8% and 17.3%, respectively.⁶ I was further surprised to learn that at Kings and South Brooklyn hospitals, midwives were not always playing a leadership role, and some Birthing Suites housed only one midwife.

Midwives need to be a part of a patient's care journey from Day 1. I highly encourage the administration to consider investing in expanding midwifery care and ensuring that midwives are holding leadership positions, so that we can put a stop to this preventable maternal mortality crisis once and for all.

Thank you again for the opportunity to testify today. I look forward to working with the Council throughout the budget process to ensure that our public hospitals have the support they need to provide equitable and quality care.

⁵ <https://pubmed.ncbi.nlm.nih.gov/33275948/>

⁶ <https://health.data.ny.gov/Health/Hospital-Maternity-Information-Beginning-2008/net3-iygw/data>